

Effects of Atrial Natriuretic Peptide on Bicarbonate Transport in Long- and Short-Looped Medullary Thick Ascending Limbs of Rats

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Abstract

Atrial natriuretic peptide (ANP) is known to influence NaCl transport in the medullary thick ascending limbs (MAL), where the largest NaCl reabsorption occurs among distal nephron segments in response to arginine vasopressin (AVP). In the present study, we investigated the effect of ANP on bicarbonate (HCO_3^-) transport in the MAL using an isolated tubule perfusion technique. The HCO_3^- concentration was measured using free-flow ultramicro-fluorometer. We first observed basal HCO_3^- reabsorption in both long- and short-looped MALs (IMALs, and sMALs, respectively). AVP inhibited HCO_3^- reabsorption in both IMALs and sMALs, whereas ANP did not change HCO_3^- transport. However, in the presence of AVP, ANP restored the HCO_3^- reabsorption inhibited by AVP both in IMAL and sMAL. The effects of ANP on HCO_3^- transport was mimicked by cyclic GMP. The mRNA expression level of the vasopressin V2 receptor in IMALs was significantly higher than in sMALs, whereas expression of the V1a receptor was unchanged. In summary, AVP inhibits HCO_3^- transport, and ANP counteracts the action of AVP on HCO_3^- transport both in IMALs and sMALs.

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Introduction

Arginine vasopressin (AVP) plays a central role in urine concentration and dilution by the kidney [1–3]. AVP is known to stimulate NaCl reabsorption in the medullary thick ascending limbs (MAL) where AVP-stimulated Cl reabsorption is highest among the distal nephron segments [4–8]. Because water is not absorbed in MALs, they are considered a diluting segment [5,6,9]. There are two types of nephrons: long- and short-looped nephrons [9,10], which are classified according to their long- and short-looped MALs (IMALs and sMALs, respectively). The functional differences between IMALs and sMALs are not well known [10,11]. The proportion of IMALs and sMALs differs among animals [10]. Humans have a larger number of sMALs than IMALs. In contrast, rats and mice have a larger number of IMALs than sMALs. The pocket mouse has a 10-fold higher single-nephron glomerular filtration rate via long-looped nephrons compared with short-looped nephrons. We have previously shown that AVP-stimulated NaCl reabsorption occurs only in IMALs not in sMALs [11]. It appears that IMALs have a more important role in urine concentration than do sMALs [10].

The kidney plays a major role in not only NaCl and water reabsorption but also in acid excretion [12]. Acid excretion by the kidney consists of bicarbonate (HCO_3^-) reabsorption along the whole nephron and ammonia and titratable acid excretion in the distal nephron. The MAL has a large HCO_3^- absorptive ability and AVP inhibits this ability [13–18]. The effect of AVP on Cl transport is different between IMALs and sMALs, suggesting heterogeneity of NKCC2 in IMALs and sMALs [11]. However, it is not known whether the effects of AVP on HCO_3^- transport are different between IMALs and sMALs.

Intravenous administration of atrial natriuretic peptide (ANP) is also known to increase NaCl excretion by stimulating guanylate cyclase dependent-cGMP accumulation across almost all nephron segments [19–21]. We have previously shown that ANP counteracts the stimulatory effect of AVP on Cl⁻ reabsorption in IMALs but not in sMALs [11]. However, it is not known whether ANP influences HCO_3^- transport in IMALs and sMALs.

The aim of our study was to investigate the effects of AVP and ANP on HCO_3^- transport in IMALs and sMALs. We also examined the mRNA expressions of vasopressin V1a and V2 receptors in IMALs and sMALs using real-time PCR.

Methods

Ethics Statement

The protocols for all of the animal experiments were reviewed and approved by the Committee for Animal Experiments at Kitasato University Medical Center (25-2) and Kumamoto University Graduate School of Medical Sciences (18-059, 19-063).

Microperfusion of IMALs and sMALs

Both IMALs and sMALs were dissected from male pathogen-free Sprague-Dawley rats weighing 60–100 g as previously described [11]. In brief, an IMAL was confirmed by the attachment of a thin ascending limb from the inner medulla. A sMAL was thicker than an IMAL and was confirmed by the attachment of a thin descending limb, which comes from the outer stripe of the outer medulla. A IMAL has a straight end whereas a sMAL has a rounded end. Only one tubule (IMAL or sMAL) was obtained from one rat considering the viability of the tubules. Thus the sample number *n* indicates the number of perfused tubules and rats used. The dissection solution had the following composition (in mM): 130 NaCl, 5 KCl, 1 NaH₂PO₄, 1 MgSO₄, 1 Ca lactate, 2 Na acetate, 5.5 glucose, 5 L-alanine, 2 L-leucine, 10 HEPEs; the pH was adjusted to 7.4 by adding NaOH (final composition: Na⁺ 133, K⁺ 5, Cl⁻ 135, Ca²⁺ 1, Mg²⁺ 1, H₂PO₄⁻ 1, SO₄²⁻ 1, lactate⁻ 1, acetate⁻ 2, alanine⁻ 5, leucine⁻ 2, glucose 5.5, HEPEs 10).

To examine the effects of AVP or ANP on the transepithelial potential difference (PD) and HCO₃⁻ reabsorption, the tubule was washed for at least 20–30 min after starting microperfusion to remove intrinsic AVP. After two to three control collections were performed, AVP or ANP was added to the bath solution. From two to five experimental collections were started after 15 min, and then the AVP or ANP was removed from the bath. From two to four recovery collections were made after 20 min of washout.

To examine the effects of ANP in the presence of AVP, AVP was added to the bath from the beginning. Control collections were made 30 min after the start of the perfusion. Then, ANP was added to the bath and experimental collections were performed after 15 min. Recovery collections were made 20 min after the washout of ANP.

The perfusion solution and the bath solution were identical and the following composition (in mM): 118 NaCl, 25 NaHCO₃, 2.5 K₂HPO₄, 1 MgSO₄, 1 Ca lactate, 2 Na acetate, 5.5 glucose, 5 L-alanine, 2 L-leucine (final composition: Na⁺ 145, K⁺ 5, Cl⁻ 118, Ca²⁺ 1, HCO₃⁻ 25, HPO₄²⁻ 2.5, SO₄²⁻ 1, acetate⁻ 2, alanine⁻ 5, leucine⁻ 2, glucose 5.5). The solution was continuously gassed with 5% CO₂-95% O₂.

Measurement of PD and HCO₃⁻

The PD was continuously measured using calomel electrodes and agarose bridges (0.16 M NaCl). Agarose bridges were connected to the end of the perfusion pipette (perfusate) and the bath. The total CO₂ concentration is the sum of the bicarbonate, carbonate and dissolved CO₂ levels. Because the dissolved CO₂ is very small in amount, the bicarbonate concentration can be considered the total CO₂ concentration. The HCO₃⁻ concentrations in perfusate, bath, and collected fluid were measured using free-flow ultramicro-fluorometer as described previously [22]. The reagent for the determination of T_{CO2} (Sigma 130-UV) was protected from T_{CO2} in the air with oil at the injection port and CO₂ absorber (Ascarite II, Thomas Scientific, NJ) behind the reservoir of the reagent. The total CO₂ concentration in the perfusate was repeatedly measured during the experiments to check the stability of the solution. Because there was no fluid

transport in the IMAL and sMAL as we reported previously, the net bicarbonate transport ($J_{T_{CO_2}}$) was calculated as $J_{T_{CO_2}} = (C_O - C_L)V_L/L$, where C_O and C_L are the HCO₃⁻ concentration in the collected fluid and perfusate, respectively, V_L is the rate at which fluid is collected at the end of the tubule, and L is the tubule length. The perfusate and bath solutions were continuously bubbled with 95% O₂ - 5% CO₂. The tubules were perfused by identical perfusate and bath solutions. Because dissolved CO₂ is very small in amount and the viability of the perfused tubules was checked against the PD, any leak of CO₂ from the cell membrane can be ruled out. Because we could measure bicarbonate transport and the values were very close to the values reported by Good et al., we considered that our measurements of the bicarbonate would be accurate. To avoid CO₂ loss into the mineral oil in the collection pipette, the mineral oil was water-saturated, and the water was bubbled with 95% O₂ - 5% CO₂ before the experiments.

Real-time PCR with microdissected nephron segments

Isolation of mRNA from the renal tubules and reverse transcription were performed as described previously [23,24]. sMAL and IMAL were dissected as described above from control rats after 30 min incubation of kidney slices at 37°C in the 0.1% collagenase solution in the presence of vanadyl ribonucleoside complex (VRC). We performed a TaqMan quantitative real-time RT-PCR using an ABI PRISM 7900 sequence detection system (Applied Biosystems, CA, USA) to determine the mRNA expression level of rat V1a receptor (V1aR) and V2 receptor (V2R) and eukaryotic 18S rRNA. The following TaqMan 18S rRNA control reagents and products for TaqMan gene expression assays were purchased from Applied Biosystems: rat V1aR, Rn00583910_m1; rat V2R, Rn00569508_g1; and 18S rRNA, 4319413E. To quantify the mRNA expression level for V1aR, V2R and 18S rRNA, relative standard curves were prepared using diluted cDNA from the outer medulla of rat kidney in triplicate (dynamic range, 1 to 1024-fold; 4-fold serial dilution). The slopes and R² values of standard curve for V1aR, V2R and 18S rRNA were -3.346, -3.354 and -3.493, and 0.9984, 0.9993 and 0.9992, respectively. The amounts of V1aR and V2R were normalized to the amount of 18S rRNA.

Statistics

Between two to five measurements were averaged to obtain a single value for each experimental condition in each tubule. The results were expressed as the mean ± SE. Student's *t* test or analysis of variance followed by the multiple comparison of Dunnett was employed for statistical analysis. Statistical significance was obtained at *p* < 0.05. Dr. SPSS-II (Tokyo) was used for the analysis.

Results

Effects of AVP and ANP on PD and $J_{T_{CO_2}}$ in IMALs and sMALs

We previously reported that AVP stimulated the PD in IMALs but not in sMAL. Our present data confirmed the effect of AVP on the PD. AVP increased the PD in IMALs, but it did not change the PD in sMAL. Time course of the basal condition showed no change in the PD in IMALs and a decrease in sMALs (Figs. 1 and 2 and Series 1 and 2 in Table 1). Time course experiments on the basal condition showed no change in HCO₃⁻ reabsorption either in IMALs and sMALs (Fig. 2 and Series 2 in Table 1). AVP at a concentration of 10⁻¹⁰ M inhibited HCO₃⁻ reabsorption both in

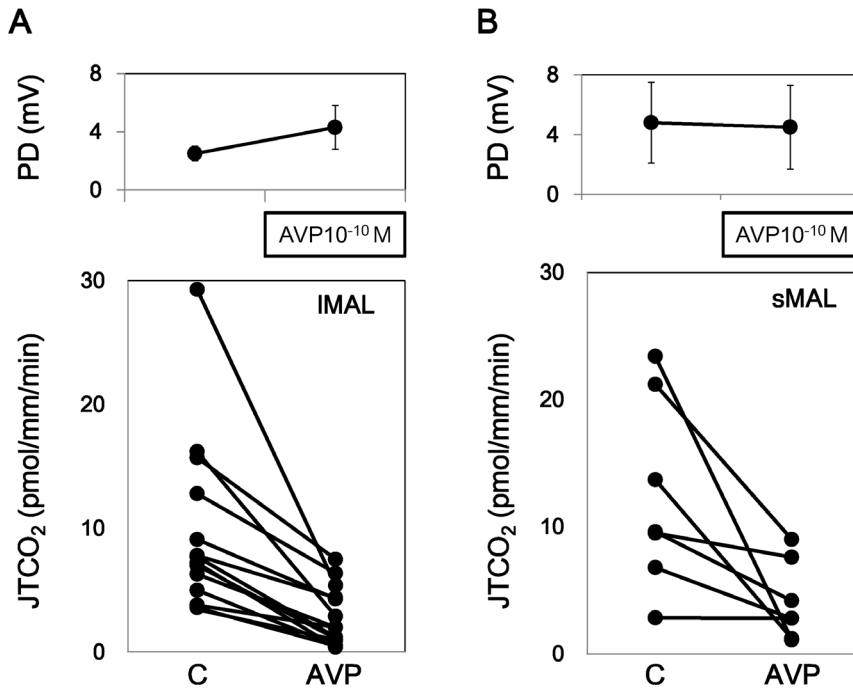


Figure 1. Effects of AVP on HCO₃⁻ transport in IMAL and sMAL. The addition of 10⁻¹⁰ M AVP to the bath decreased HCO₃⁻ absorption both in IMALs and sMALs, but the PD increased only in IMALs. doi:10.1371/journal.pone.0083146.g001

IMALs and in sMALs (Fig. 1 and Series 1 in Table 1). These data are compatible with the report by Good et al. [13,14].

In contrast, ANP alone had no effect on HCO₃⁻ transport in IMALs (Fig. 3 and Series 3 in Table 1).

Effects of ANP and cGMP on the presence of AVP in IMALs and sMALs

Next, the effect of ANP was examined in the presence of AVP. AVP at a concentration of 10⁻¹⁰ M was present in the bath

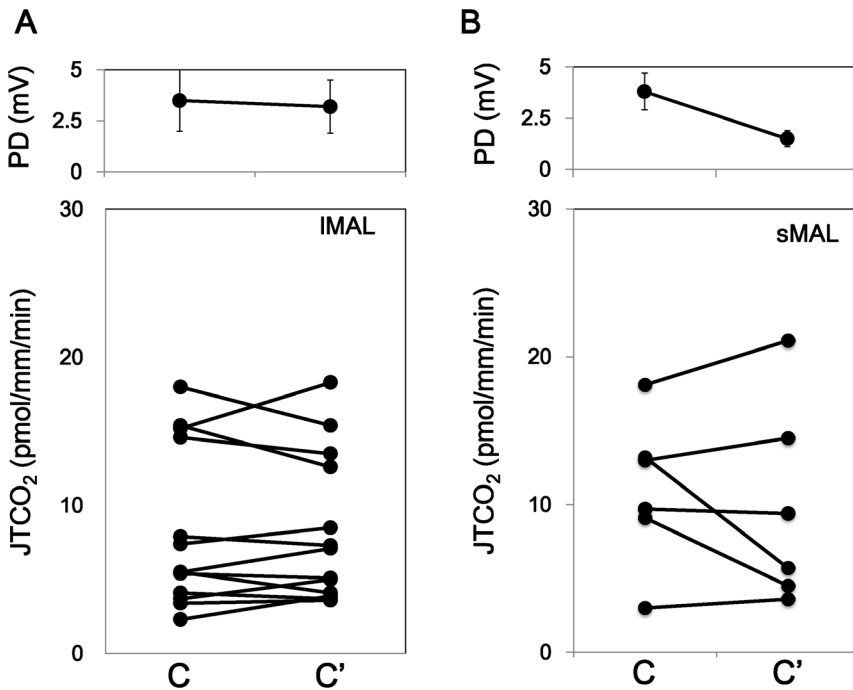


Figure 2. Time course of HCO₃⁻ transport in IMAL and sMAL. Vehicle was added to the bath after the collection during the control period. HCO₃⁻ transport was stable with time both in IMALs and sMALs, although the PD was decreased only in sMALs. doi:10.1371/journal.pone.0083146.g002

Table 1. Effects of AVP, ANP and cGMP on HCO₃⁻ transport in sMALs and IMALs.

	L (mm)	[TCO ₂] _p (mM)		NCR (nl/mm/min)	[TCO ₂] _c (mM)	J _{TCO₂} (pmol/mm/min)	PD (mV)
Series 1 (C = control, E = 10 ⁻¹⁰ M AVP)							
IMAL (n = 13)	0.63±0.10	23.7±1.0	C	2.68±0.47	19.4±1.0	9.6±1.9	2.5±0.5
			E	1.93±0.29	21.9±1.1	2.9±0.6*	4.3±1.5*
sMAL (n = 7)	0.71±0.08	26.3±0.6	C	2.85±0.64	21.3±0.7	12.4±2.6	4.8±2.7
			E	2.31±0.33	24.1±0.7	4.1±1.1*	4.5±2.8
Series 2 (C = control, E = control)							
IMAL (n = 13)	0.72±0.08	23.9±1.1	C	3.08±0.68	20.2±1.0	8.3±1.5	3.5±1.5
			E	2.13±0.24	19.8±1.0	8.3±1.4	3.2±1.3
sMAL (n = 6)	0.61±0.11	26.3±0.7	C	2.12±0.42	20.4±1.0	11.0±2.1	3.8±0.9
			E	1.99±0.38	21.1±0.4	9.8±2.5	1.5±0.4*
Series 3 (C, C' = control, E = 10 ⁻⁸ M AVP)							
IMAL (n = 7)	0.63±0.07	27.9±0.4	C	3.06±0.42	23.6±0.7	12.1±3.6	2.5±0.3
			E	2.56±0.27	24.8±1.0	8.3±3.0	1.8±0.3*
			C'	2.30±0.39	23.9±0.9	8.1±3.5	1.7±0.4*
Series 4 (C, C' = 10 ⁻¹⁰ M AVP, E = 10 ⁻¹⁰ M AVP+10 ⁻⁸ M ANP)							
IMAL (n = 8)	0.72±0.09	22.5±1.0	C	1.57±0.30	20.5±1.0	2.2±0.4	2.4±0.6
			E	1.90±0.45	19.3±0.9	4.7±0.7*	1.8±0.5*
			C'	1.40±0.14	20.0±1.1	2.6±0.6	1.6±0.5*
sMAL (n = 3)	0.69±0.08	27.5±0.1	C	2.77±0.39	26.4±0.3	2.5±0.6	2.7±0.2
			E	2.92±0.41	26.3±0.2	4.4±0.1*	1.9±0.2*
			C'	2.84±0.06	26.8±0.2	1.9±0.7	1.0±0.3*
Series 5 (C, C' = 10 ⁻¹⁰ M AVP, E = 10 ⁻¹⁰ M AVP+10 ⁻¹⁰ M ANP)							
IMAL (n = 8)	0.66±0.06	26.8±0.6	C	2.19±0.25	24.4±0.9	3.6±0.7	2.5±1.5
			E	3.21±0.41	24.4±0.7	6.5±0.8*	2.0±1.3
			C'	2.68±0.42	25.8±0.5	3.4±1.0	0.5±0.1*
Series 6 (C, C' = 10 ⁻¹⁰ M AVP, E = 10 ⁻¹⁰ M AVP+10 ⁻⁴ M cGMP)							
IMAL (n = 5)	0.58±0.09	26.6±0.8	C	2.22±0.58	24.0±0.4	4.0±0.3	1.7±0.8
			E	2.47±0.39	23.8±0.7	5.6±0.4*	1.1±0.7*
			C'	3.29±1.32	25.4±0.7	2.9±0.6	0.6±0.2

Values are mean ± SE. Abbreviations: L, tubular length; C, control period; E, experimental period; C', recovery period; [TCO₂]_p, total CO₂ concentration in perfusate and bath; [TCO₂]_c, total CO₂ concentration in the collected solution; J_{TCO₂}, net bicarbonate absorption, NCR, normalized collection rate; PD, transepithelial potential difference;

*p<0.05 vs. control period.

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throughout the experiment. ANP at a concentration of 10⁻⁸ M reversibly stimulated J_{TCO₂} in IMAL (Fig. 4B and Series 5 in Table 1). The effects of low doses of ANP (10⁻¹⁰ M) and cGMP (10⁻⁴ M) were examined in IMALs. ANP at a concentration of 10⁻¹⁰ M also reversibly stimulated AVP-inhibited J_{TCO₂} (Fig. 4A and Series 4 in Table 1). cGMP at a concentration of 10⁻⁴ M mimicked the effect of ANP on J_{TCO₂} (Fig. 4C and Series 6 in Table 1).

ANP at a concentration of 10⁻⁸ M also reversibly stimulated J_{TCO₂} in sMALs (Fig. 5 and Series 4 in Table 1).

mRNA expression levels of vasopressin V1a and V2 receptors

The expression levels of V1aR and V2R in IMALs and sMALs were examined using real time PCR. V2R mRNA expression in IMALs was significantly higher than in sMALs (1.38±0.11* and 1.00±0.02 in IMALs and sMALs, respectively, n = 5, * p<0.05 vs. sMAL, Fig. 6). In contrast, V1aR mRNA expression was not significantly different between in IMALs and sMALs (0.82±0.28

and 1.00±0.24 in IMAL and sMAL, respectively, n = 3–4). The V2R/V1aR ratio in IMALs was higher than sMALs (1.7 and 1.0, in IMAL and sMAL, respectively, Fig. 6). To confirm the absence of possible contamination by outer medullary collecting ducts (OMCDs) in IMALs and sMALs, the V2R mRNA expression level was compared in OMCDs, IMALs, and sMALs. The expression of V2R mRNA was 10 times higher in OMCDs (9.60±0.74, n = 5) than in IMALs and sMALs, suggesting highly pure IMAL and sMAL samples.

Discussion

Our data showed that AVP inhibited J_{TCO₂} and that ANP counteracted the effect of AVP both in IMALs and sMALs. The effects of AVP and ANP opposed each other in IMALs and sMALs with respect to bicarbonate transport but only in IMALs with respect to chloride transport.

Acid-base regulation is an important role of the kidney alongside water and sodium excretion. Filtered bicarbonate from

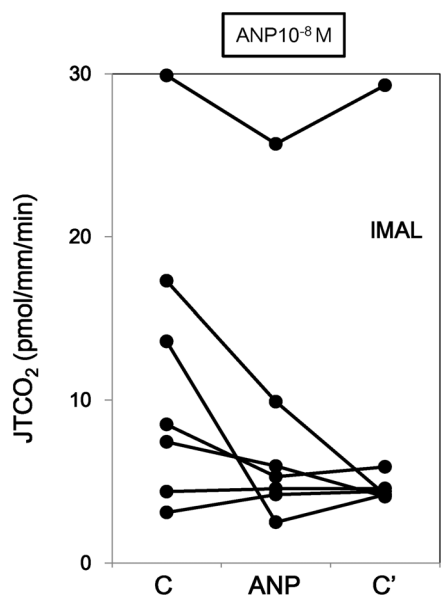


Figure 3. Effect of ANP on HCO₃⁻ transport in IMALs in the absence of AVP. ANP at the concentration of 10⁻⁸ M did not cause changes in HCO₃⁻ absorption in IMALs in the absence of AVP. doi:10.1371/journal.pone.0083146.g003

the glomerulus is completely reabsorbed by the nephron: 70–85% by proximal tubules, 10–20% by thick ascending limbs, 3–5% by distal convoluted tubules, and 2% by the collecting ducts [12]. HCO₃⁻ reabsorption in the distal nephron is regulated by vasopressin and aldosterone [1,12–18,25,26]. Because vasopressin and aldosterone are key factors to regulate body fluid, HCO₃⁻ reabsorption in the MAL should be correlated with the maintenance of body fluid homeostasis. The effect of AVP on

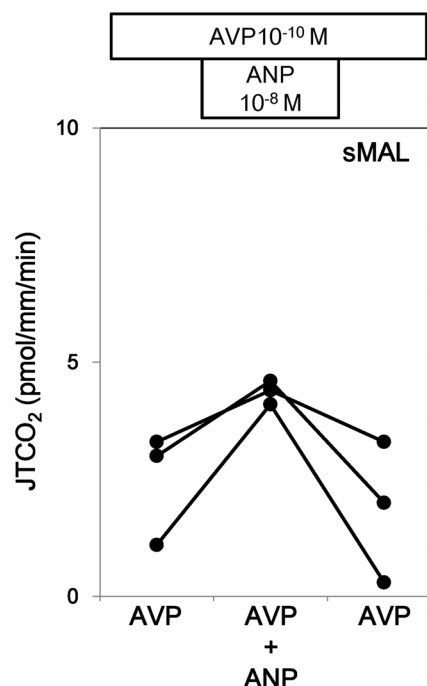


Figure 5. Effect of ANP on HCO₃⁻ transport in the presence of AVP in sMALs. ANP at the concentration of 10⁻⁸ M stimulated HCO₃⁻ reabsorption in the presence of 10⁻¹⁰ M AVP in sMALs. doi:10.1371/journal.pone.0083146.g005

HCO₃⁻ transport is different between the MAL and the collecting duct [12–18,25–27]. AVP inhibits HCO₃⁻ reabsorption in the MAL, while it stimulates reabsorption in the cortical collecting ducts. HCO₃⁻ transport in the MAL has been extensively examined by Good and colleagues [13–18]. Vasopressin is known

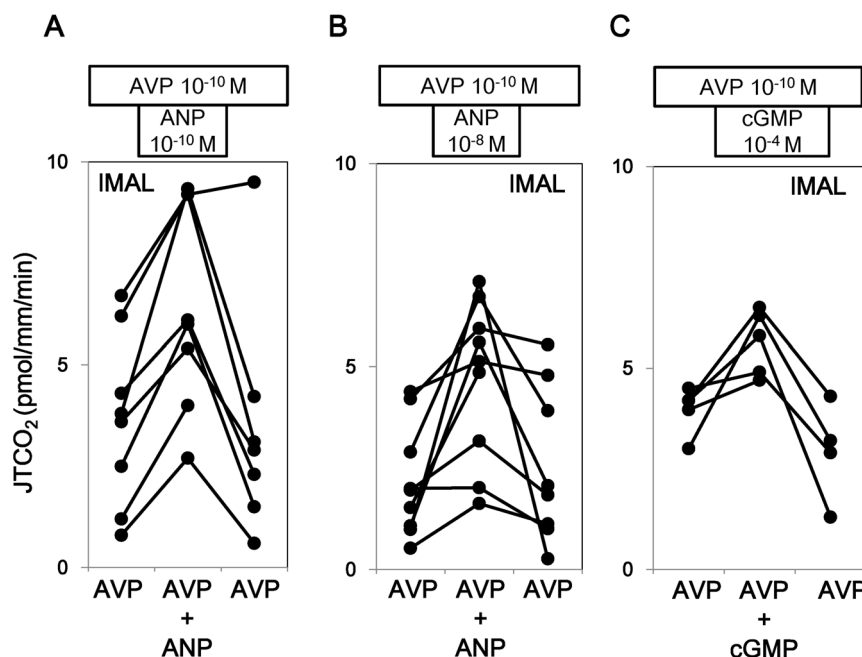


Figure 4. Effects of ANP and cGMP on HCO₃⁻ transport in the presence of AVP in IMALs. ANP at the concentration of 10⁻¹⁰ M and 10⁻⁸ M significantly increased HCO₃⁻ reabsorption in the presence of 10⁻¹⁰ M AVP in IMALs (A and B, respectively). cGMP at the concentration of 10⁻⁴ M mimicked the effect of ANP on HCO₃⁻ transport in the presence of 10⁻¹⁰ M AVP in IMALs (C). doi:10.1371/journal.pone.0083146.g004

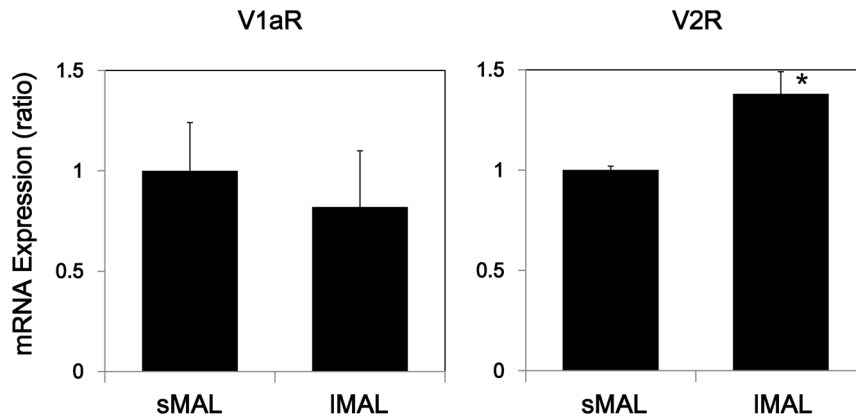


Figure 6. Expression levels of V1aR and V2R mRNA in sMALs and IMALs. The expression levels of V1aR in sMALs and IMALs were examined using real time PCR. sMALs and IMALs were dissected out of control rats after 30 min of incubation of the kidney slices at 37°C in a 0.1% collagenase solution in the presence of VRC. * $p < 0.05$ vs. sMAL, $n = 3-5$. doi:10.1371/journal.pone.0083146.g006

to inhibit HCO₃⁻ transport in the MAL by regulating the Na⁺/H⁺ exchanger, NHE3, in the apical membrane [15,17]. However, Good et al. reported that NHE1 in the basolateral membrane has a major role in basal HCO₃⁻ transport in the MAL [15,17].

AVP is known to induce NaCl reabsorption via NKCC2 in the MAL [5,6]. We have shown that AVP stimulates Cl⁻ reabsorption in IMALs but not in sMALs, indicating the different effect of AVP on NKCC2 in IMALs and sMALs [11]. In contrast, HCO₃⁻ transport in the MAL is not dependent on furosemide-sensitive NaCl reabsorption via NKCC2 [5,27]. Inhibition of HCO₃⁻ reabsorption by AVP and the counteracting effect of ANP occur both in IMALs and sMALs to the same degree. Thus, the regulation of HCO₃⁻ transport and Cl⁻ transport by AVP and ANP are independent each other. Regulation of HCO₃⁻ transport by AVP is caused by the activation of the Na-H exchanger (NHE) in the apical and basolateral membranes [15,17,18]. The lack of a difference in HCO₃⁻ transport between IMALs and sMALs suggests that the NHE in IMALs and sMALs are functionally same, whereas the NKCC2s in IMALs and sMALs are functionally different. It would be interesting to compare the distributions of NKCC2 isoform A, B, and F between IMALs and sMALs.

The diuretic action of ANP is now used clinically. ANP has diuretic and natriuretic effects in various segments of the nephron including the MAL [1,11,19–21,28–32]. The effects of ANP on sodium excretion are mainly caused by the action in the thick ascending limb and collecting duct [1,11,20,21,29–32]. The effects of ANP on glomerular filtration and proximal tubule sodium transport have been less well studied [1,33]. Our data show that ANP participates in the regulation of not only NaCl excretion but also acid-base balance in the MAL. In our experiments, ANP did not have a direct effect on HCO₃⁻ transport in the MAL. Stimulation of HCO₃⁻ transport by ANP was observed only in the presence of AVP, suggesting that ANP might inhibit the vasopressin-dependent protein kinase A (PKA) pathway. Vasopressin stimulates cAMP generation and subsequent PKA activity via V2R by activating adenylyl cyclase, while ANP stimulates cGMP generation [19,20,34]. We showed that cGMP mimicked the effects of ANP in the MAL in the presence of AVP. Good et al. have shown that PGE2 stimulates HCO₃⁻ reabsorption in the presence but not in the absence of AVP [16]. The effects of PGE2 and ANP look the same in terms of their inhibitory effects on the vasopressin-induced decrease in bicarbonate transport. However, the effects of ANP and PGE2 on AVP-dependent cAMP

generation are different [11]. We have shown that ANP does not change AVP-dependent cAMP accumulation [21], whereas PGE2 inhibits vasopressin-dependent cAMP generation in the MAL [11]. It is hypothesized that PGE2 inhibits upstream of PKA whereas ANP inhibits downstream of PKA pathway. AVP is known to stimulate the PKC pathway via V1aR in the intercalated cells of the collecting ducts [35]. Activation of PKC by luminal AVP causes a decrease in the AVP-dependent cAMP accumulation in initial inner medullary collecting duct [34]. If ANP stimulates PKC activity, a decrease in AVP-dependent cAMP accumulation would occur. Therefore, the oppositional effect of ANP on AVP action would be PKC independent in the MAL.

Our data showed that IMALs express V2R more than do sMALs. V2R has a major role in the antidiuretic action of AVP and is present in IMALs, sMALs and the principal cells of the collecting ducts [1,34,36]. In contrast, V1aR is present in IMALs, sMALs, and the intercalated cells of the collecting duct and has an important role in V2R-mediated vasopressin effects, including on HCO₃⁻ transport [1,23,37–40]. How V1aR and V2R participate in HCO₃⁻ transport in the MAL is not clear yet [1,23,38–40]. In the collecting duct, vasopressin stimulates acid excretion in the intercalated cells by regulating the action of aldosterone [23]. V1aR is essential for the nucleocytoplasmic transport of mineralocorticoid receptor in the intercalated cells [35]. The lack of V1aR causes type 4 renal tubular acidosis [23]. Although mineralocorticoid receptors are present in the MAL, the nature of interaction between V1aR and mineralocorticoid receptors in the MAL is not yet known [41,42]. Good et al. have reported nongenomic regulation of NHE3 by aldosterone in the MAL [18]. The present study may imply a different mechanism of HCO₃⁻ transport by AVP in the MAL compared with the collecting duct because both V1aR and V2R are present in a single type of cell in the MAL. The role of V1aR in HCO₃⁻ transport in the MAL and its interaction with aldosterone and ANP needs to be examined further.

In conclusion, the present study clearly shows that AVP inhibits HCO₃⁻ reabsorption in both IMALs and sMALs and that ANP counteracts the action of AVP on HCO₃⁻ reabsorption in both IMALs and sMALs.

Author Contributions

Conceived and designed the experiments: HN YI YN KT. Performed the experiments: HN YI YN TM YY TI HI TM. Analyzed the data: HN YI

TM. Contributed reagents/materials/analysis tools: KK HS KT. Wrote the paper: HN YL.

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