Comprehensive mapping of sensory and sympathetic innervation of the developing kidney

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Abstract

The kidney functions as a finely tuned sensor to balance body fluid composition and filter out waste through complex coordinated mechanisms. This versatility requires tight neural control, with innervating efferent nerves playing a crucial role in regulating blood flow, glomerular filtration rate, water and sodium reabsorption, and renin release. In turn sensory afferents provide feedback to the central nervous system for the modulation of cardiovascular function. However, the cells targeted by sensory afferents and the physiological sensing mechanisms remain poorly characterized. Moreover, how the kidney is innervated during development to establish these functions remains elusive. Here, we utilized a combination of light-sheet and confocal microscopy to generate anatomical maps of kidney sensory and sympathetic nerves throughout development and resolve the establishment of functional crosstalk. Our analyses revealed that kidney innervation initiates at embryonic day (E)13.5 as the nerves associate with vascular smooth muscle cells and follow arterial differentiation. By E17.5 axonal projections associate with kidney structures such as glomeruli and tubules and the network continues to expand postnatally. These nerves are synapsin I-positive, highlighting ongoing axonogenesis and the potential for functional crosstalk. We show that sensory and sympathetic nerves innervate the kidney concomitantly and classify the sensory fibers as calcitonin gene related peptide (CGRP)$^+$, substance P$^+$, TRPV1$^+$, and PIEZO2$^+$, establishing the presence of PIEZO2 mechanosensory fibers in the kidney. Using retrograde tracing, we identified the primary dorsal root ganglia, T10-L2, from which PIEZO2$^+$ sensory afferents project to the kidney. Taken together our findings elucidate the temporality of kidney innervation and resolve the identity of kidney sympathetic and sensory nerves.

<u>Introduction</u>

Major functions of the kidney include the maintenance of body fluid and electrolyte homeostasis and modulation of blood pressure. These functions are maintained by a variety of intrinsic cellular mechanisms as well as extrinsic input from the nervous system (May et al., 2010; McMahon, 2016; Osborn et al., 2021). Peripheral neurons originating from ganglia innervate the kidney and are predominantly unmyelinated C-fibers (Kneupfer and Schramm, 1987; Booth et al., 2015; Osborn et al., 2021), although some myelinated renal afferent fibers have been reported in the kidney, yet their identity remains unclear (Simon and Schramm, 1983; Kneupfer and Schramm, 1987; Stella and Zanchetti, 1991). Kidney innervation consists of afferent sensory nerves that influence cardiovascular function through the relay of chemical and mechanical information from the kidney to the central nervous system (CNS), or efferent sympathetic nerves regulating renal function through the CNS (Osborn et al., 2021). Precise innervation and modulation of nerve activity maintains kidney physiology while aberrant nerve function is associated with several kidney diseases (DiBona & Kopp, 1997; Malpas, 2010; Sata et al., 2018). Therefore, modulating nerve activity is widely seen as a potential therapy to address kidney-related physiological disorders (Bhatt et al., 2022). Yet, to achieve such precise neuromodulation, an accurate mapping of the kidney nerve origins and a complete understanding of their molecular identity is necessary. Many studies to date have focused on sympathetic nerves and their regulation of mature kidney physiology. Therefore, we still lack detailed information about how both the sensory and sympathetic innervation of the kidney is established and how nerves pattern to reach their target cells and establish crosstalk.

Sympathetic nerves participate in the control of several kidney functions including vascular tone and glomerular filtration rate, sodium and water reabsorption, and renin release (Denton et al., 2004; DiBona, 2000; Fujisawa et al., 2011). They also modulate processes such as the release of cytokines to mediate inflammatory responses (Banek et al., 2016; Osborn et al., 2021; Veelken et al., 2008; Xiao et al., 2015). Overactivity of kidney sympathetic nerves contributes to the development and maintenance of hypertension (Osborn et al., 2021; Sata et al., 2018). In contrast to the numerous

functions for sympathetic nerves in both normal physiology and pathophysiology, our

understanding of kidney sensory nerve anatomy, classification, and their physiological

roles remain poorly understood (Osborn et al., 2021). Kidney sensory nerves have been

thus far been classified as transient receptor potential cation channel subfamily V member

1-positive (TRPV1$^+$) due to their response to capsaicin and have also been shown to

produce the nociceptor-associated neuropeptides calcitonin gene-related peptide

(CGRP) and substance P (Osborn et al., 2021; Tyshynsky et al., 2023). Sensory neurons

innervating the kidney project to the dorsal horn and synapse onto interneurons that

project to CNS sites regulating cardiovascular function and in turn feedback to modulate

kidney sympathetic nerve activity (Kopp, 2015). Recently, studies have established the

importance of mechanosensitive PIEZO2 sensory nerves in the urogenital system to

regulate bladder and sexual function (Lam et al., 2023; Marshall et al., 2020). However,

whether PIEZO2 sensory nerves are also present in the kidney is unknown. Lastly, a

recent study published by Cheng et. al. show parasympathetic cholinergic (ChAT$^+$ and

VAChT$^+$) nerves innervate the renal artery and pelvis with cholinergic ganglion found

within the kidney nerve plexus (Cheng et al., 2022). Whether these axons project to the

kidney cortex and associate with cells or structures within kidney has not been elucidated

to date. Initial studies of renal denervation in hypertensive patients led to a decrease in

blood pressure although further intensive trials reported that certain patients experienced

a rise in arterial pressure (Krum et al., 2013, 2014; Osborn & Foss, 2017; Schlaich et al.,

2009; Symplicity HTN-2 Investigators et al., 2010; Townsend et al., 2017). To date, this

method of controlling hypertension remains an attractive option with additional trials being

conducted. However, such procedures non-selectively target both sensory and

sympathetic nerves, therefore understanding the full extent of kidney nerve activity may

inform efforts to optimize renal denervation strategies.

Ganglia located externally send axonal projections to the kidney. It has been

reported that sympathetic innervation arises from the celiac, superior mesenteric,

aorticorenal ganglia, and partially from the paravertebral chain depending on the model

system being used (Barajas et al., 1992; Bell & McLachlan, 1982; Ferguson et al., 1986,

1988; Kuo et al., 1982). In rat, studies have shown that kidney sensory neurons project

from dorsal root ganglion (DRG) at level T6 to L4, the majority of which derive from DRG

at the level of T12–L3 (Donovan et al., 1983; Weiss & Chowdhury, 1998). However, the

origin of sensory axons which innervate the mouse kidney is unclear. Moreover, the

process of kidney innervation during development, in any model, has not been detailed

thoroughly aside from a few recent studies reporting the close association of nerves with

the developing kidney arterial tree (Honeycutt et al., 2023; Tarnick et al., 2023). In this

study, we provide detailed spatiotemporal mapping of mouse kidney sensory and

sympathetic neurons across embryonic and early postnatal development, as well as their

persistence in the adult. We establish when kidney innervation begins, origins in the DRG,

the spatial organization and growth of axons, their association with kidney cells and

structures, as well as the identity of the nerves across these different stages. Altogether,

we have generated a rich resource of knowledge surrounding kidney innervation that will

inform studies of both kidney development and physiological regulation.

Results

Spatiotemporal mapping of kidney innervation

Due to the lack of knowledge on how kidneys are innervated during development,

we set out to determine when neuronal axons first reach the kidney and how this network

subsequently expands. We generated spatiotemporal maps of kidney innervation

throughout development by performing wholemount immunostaining followed by 3D light-

sheet imaging of either whole urogenital systems (E12.5, E13.5) or individual kidneys

(E14.5, E16.5, E18.5, P0, P7). Kidneys and urogenital systems were immunostained with

the pan-neuronal marker α-tubulin class III (TUBB3, TUJ1) to visualize axons, the arterial

marker α-smooth muscle actin (SMA), and the endothelial marker CD31. Our previous

studies have shown that the nerves and vasculature are tightly aligned in the developing

kidney, therefore we wanted to further examine the association of these two networks at

the various developmental timepoints (Honeycutt et al., 2023). Male and female kidneys

were both examined, with no significant differences observed, therefore the data

presented is representative of either sex. At E12.5, no TUBB3$^+$ nerves or SMA$^+$ vessels

could be identified in the kidney, which was discerned by cytokeratin staining of the

ureteric tree (**Fig. 1A; Movie S1**). SMA$^+$ cells were primarily localized to the descending

aorta with no SMA$^+$ vascular mural cells yet found in the kidney, correlating with previous

investigations of kidney vascularization (**Fig. 1A**) (Daniel et al., 2018). Despite the lack of

axons in the kidney, we did observe the presence of ganglia and postganglionic nerve

fibers tracking with the descending aorta (**Fig. 1A**). As organogenesis continues, TUBB3$^+$

nerve fibers navigate towards the kidney and begin innervation at E13.5, closely

associating with SMA$^+$ mural cells which mark the maturing renal arteries (**Fig. 1B,**

arrowheads; Movies S2,S3) (Daniel et al., 2018; Honeycutt et al., 2023; Luo et al., 2023;

Tarnick et al., 2023). Despite the low SMA$^+$ vascular mural cell coverage at this timepoint,

an extensive CD31$^+$ endothelial network is established in the kidney by E13.5 (**Fig. 1B**).

At E14.5, SMA coverage was more extensive, marking several arterial branches

(**Fig. S1A**). Concurrently, the TUBB3$^+$ nerve fibers continue tracking with the major

arterial branches, only extending along the portion of endothelium with SMA$^+$ vascular

mural cell coverage (**Fig. S1A**). Additionally, axons track with the SMA$^+$ ureteric smooth

muscle layer (**Fig. S1A**). As development continues, axons grow and branch in

coordination with the arterial network, highlighting a tight neurovascular interplay as the

major arterial branches are established by E16.5 (**Fig. 1C; Movie S4**). Multiple nerve

fibers associate with a single arterial branch and the larger fibers may consist of multiple

axons which are tightly bundled (**Fig. 1C, arrowhead).** Once the major arterial branches

were established, the axonal network expanded via interstitial branching as observed at

E18.5 (**Fig. 1D; Movie S5**). The branching axons can be observed looping around

structures such as glomeruli (**Fig. 1D, arrowhead; Movie S5**). Subsequent imaging of

the postnatal kidney at postnatal day (P)0 (**Fig. S1B**) and P7 (**Fig. S1C**) revealed a

significant increase in nerve fiber density and arborization of the network due to continued

axonal growth and branching. Together, these data highlight the coordinated growth of

an extensive neuronal network as kidney organogenesis progresses.

To visualize the innervation of target cells and structures within the developing

kidney at greater resolution, we performed confocal imaging on E18.5 kidney sections.

Supporting our wholemount 3D analyses, we observed the axons tightly associating with

SMA+ vasculature, with several fibers often being associated with any one arterial branch

(**Fig. 2A**). The nerves track with renal arteries and arterioles into the renal cortex and can

separate from the SMA$^+$ vascular mural cells to loop around and associate with the

Bowman's capsule of glomeruli (**Fig. S2B, Fig. 1D**) and tubule epithelia (**Fig. S2C**).

Overall, kidney innervation is tightly linked to arterial differentiation with axons
dissociating from the SMA$^+$ vessels to navigate towards or around kidney target structures
such as glomeruli.

Sensory nerves innervate the developing kidney

While we have mapped the spatiotemporal innervation of the developing kidney,
TUBB3 is a pan-neuronal marker labeling all nerve fiber types. It is well established that
the mature kidney is innervated by sympathetic neurons that modulate renal physiology,
however, the contribution of sensory nerves and the timing of sensory innervation in the
kidney is poorly understood (Kopp, 2015; Osborn et al., 2021). To visualize the
distribution and abundance of sensory neurons in the developing kidney, we crossed the
Trpv1^{Cre} line to the *Rosa(R)26^{tdTomato}* reporter line (*Trpv1$^{Cre/+}$;R26$^{tdTomato/+}$*) to label all
nociceptive TRPV1$^+$ sensory neurons. TRPV1$^+$ nociceptive neurons are thought to
comprise the majority of, if not all sensory nerves within the kidney and therefore labeling
this population should accurately represent the sensory contribution (Stocker & Sullivan,
2023; Tyshynsky et al., 2023). We performed wholemount imaging on
Trpv1$^{Cre/+}$;R26$^{tdTomato/+}$ kidneys at E16.5 to visualize the total complement of sensory
nerve fibers traced from the start of kidney innervation. TdTomato$^+$ signal extensively
overlapped with the pan-neuronal marker TUBB3 (**Fig. 2A**). To visualize these sensory
fibers and their association with kidney structures in greater detail, we examined sections
from *Trpv1$^{Cre/+}$;R26$^{tdTomato/+}$* kidneys at P1. The tdTomato$^+$ sensory nerves are found
adjacent to LRP2$^+$ proximal tubules and E-cadherin (ECAD)$^+$ epithelial structures (**Fig.
2B**). Additionally, sensory axons are found adjacent to arteries, arterioles, and glomeruli
(**Fig. 2C**). Taken together, these findings show that sensory nerves make up a significant
portion of the neuronal network in the developing kidney and associate with kidney
structures by early postnatal stages.

Nociceptive sensory afferent nerve identity and function can also be defined by the
production of neuropeptides such as calcitonin gene-related peptide (CGRP) and
substance P. To assess renal peptidergic sensory innervation, we immunostained kidney
sections at E14.5, E15.5, E18.5, P0, and adult stages using antibodies for CGRP and
substance P. At E14.5 we could not yet detect CGRP$^+$ or substance P$^+$ nerves (**Fig. S3A,**

S3B). However, by E15.5 we observed CGRP$^+$ sensory nerves that closely associated with renal arteries (**Fig. 3A**). To circumvent cross-reactivity issues due to several of our antibodies being raised in the same species, we crossed the transgenic podocin Cre line (*Pod-Cre^{tg}*) to the *R26^{tdTomato}* reporter (*Pod-Cre$^{tg/+}$;R26$^{tdTomato/tdTomato}$*) thereby labeling all glomerular podocytes with tdTomato. Assessing kidneys from these animals at P0, we found that CGRP$^+$ sensory nerves came in close proximity to glomeruli and proximal tubules (**Fig. 3B**). CGRP$^+$ sensory neurons were also found in adult kidneys, where they similarly associated with the vasculature and Bowman's capsule of glomeruli (**Fig. 3C**). In contrast to CGRP, substance P immunolabelling was not detected until E18.5 where these sensory nerves were observed adjacent to blood vessels and glomeruli (**Fig. 3D**). In the adult kidneys, substance P maintained this localization pattern and these fibers were similarly found associated with the vasculature and Bowman's capsule (**Fig. 3E**). Peripheral neurons innervating the kidney are predominantly unmyelinated C-fibers (Kneupfer and Schramm, 1987; Booth et al., 2015; Osborn et al., 2021). Yet, it has been suggested that some myelinated afferent fibers are present in the kidney (Simon and Schramm, 1983; Kneupfer and Schramm, 1987; Stella and Zanchetti, 1991), although it was unclear if these fibers were peptidergic. To address this, we assessed the colocalization of CGRP+ fibers and Neurofilament heavy polypeptide (NFH), a component of large diameter myelinated axons, in adult kidneys (**Fig. S4**). In the kidney cortex, a few NFH+ fibers were observed although they did not come in proximity to glomeruli and CGRP signal did not overlap with the fibers. In the renal pelvis, we observed minor overlap of NFH$^+$ and CGRP+ along the pelvic urothelium **(Fig. S4)**, supporting the presence, although sparse, of myelinated sensory fibers within the kidney.

PIEZO2 is a mechanoreceptor utilized by a subset of peripheral sensory neurons (Coste et al., 2010). PIEZO2$^+$ neurons innervate organs of the urogenital system such as the bladder to help coordinate urination and genital sub-regions to support sexual function (Lam et al., 2023; Marshall et al., 2020). Therefore, we used immunofluorescence staining of PIEZO2 on kidney sections to examine whether PIEZO2$^+$ neurons also innervate the kidney during development. At E15.5, we observed PIEZO2$^+$ neurons associating with CD31$^+$ large vessels (**Fig. 3F**). By P0, we found PIEZO2$^+$ neurons adjacent to glomeruli and proximal tubules (**Fig. 3G**). Collectively, our findings demonstrate the diversity of

kidney sensory innervation which consists of both nociceptive and mechanosensitive neurons. The timing of when these neurons and associated neuropeptides can be detected varies throughout kidney development. However, all can be detected by birth and follow a similar pattern of association with the renal vasculature, glomeruli, and tubules.

Retrograde tracing identifies the DRG origin of kidney sensory neurons

The somata of peripheral sensory neurons are located in DRG present along the spinal column. To identify the DRG that contain the sensory neurons projecting to the kidney, we performed retrograde tracing experiments. We injected into the right kidney (ipsilateral) of adult mice the fluorescently labeled neuronal tracer Cholera toxin subunit B (CTB). Four days after the injections, both the injected and non-injected kidney as well as the ipsilateral and contralateral DRG were dissected to determine the origin of kidney sensory innervation (**Fig. 4A**). By examining the fluorescent signal from all cervical, thoracic, lumbar, and sacral DRGs, we determined that kidney sensory innervation traces to the ipsilateral DRG of the lower thoracic (T10-T13), lumbar (L1-L6), and sacral (S1-S2) regions (**Fig. 4B**). However, the majority of sensory innervation projected from the lower thoracic (T10-T13) and upper lumber (L1-L2) regions (**Fig. 4B**). Ipsilateral kidney sections showed CTB$^+$ nerves near vasculature and glomeruli (**Fig. 4C**). Strikingly, we observed CTB$^+$ cells within the contralateral DRG of the upper lumbar region (L1-L2), suggesting these DRG may also innervate the kidney (**Fig. 4B**). Additionally, we observed a few CTB$^+$ nerve fibers around blood vessels in the contralateral kidney (**Fig. 4C**). No difference was identified between male and female mice in the tracing results obtained.

Next, we specifically traced PIEZO2$^+$ sensory neurons using the recombinant adeno-associated virus *pAAV-Flex-tdTomato* that we injected into the right kidney of *Piezo2$^{EGFP-IRES-Cre/+}$* mice (**Fig. S5A**). The tracing confirmed innervation of the kidney by PIEZO2$^+$ sensory neurons and shows that the majority of PIEZO2$^+$ nerves project from the lower thoracic (T10-T13) and lumbar (L1 and L2) DRG (**Fig. S5B,C**). Taken together, the retrograde tracing experiments validated sensory innervation of the kidney and uncovered their origins within the lower thoracic, lumbar, and sacral regions (**Fig. 4D, S5C**). The observation that CTB$^+$ cells were found in L1 and L2 contralateral DRG, along

with the presence of labeled axons in the contralateral kidney, suggests the possibility of

cross communication between the kidneys and DRG on the opposite sides of the body.

Sympathetic and cholinergic innervation of the developing kidney

Sympathetic postganglionic neurons produce tyrosine hydroxylase (TH), an

enzyme involved in catecholamine synthesis, and this marker has previously been utilized

in the adult kidney to localize sympathetic nerves (Tiniakos et al., 2004; Torres et al.,

2021). Thus, to determine the distribution of renal sympathetic nerves in the developing

kidney we performed wholemount immunolabeling with a TH antibody at E14.5 and P0

(**Fig. 5A,B**). At E14.5, TH$^+$ nerve fibers were detected in the kidney, overlapping with

TUBB3 and tracking with the arteries (**Fig. 5A**). By P0 the sympathetic nerves had

branched significantly with the arterial tree and the axons were found navigating around

structures such as LRP2$^+$ proximal tubules (**Fig. 5B**). We also examined kidney sections

and similarly observed TH$^+$ axons primarily associated with renal arteries at earlier stages

of development (**Fig. 5C**). By P0, the nerves could be found abutting glomeruli and

proximal tubules (**Fig. 5D**). We further validated sympathetic nerve identity by co-

immunostaining adult kidney sections with the sympathetic marker neuropeptide Y (NPY)

and TH. All NPY+ fibers examined, such as those adjacent to glomeruli, were TH+

confirming their sympathetic identity (**Fig. 5E**). We also investigated the overlap of TH+

and CGRP+ fibers and found them co-associating with glomeruli and in the renal pelvis

(Fig. S6A). We then quantified the percent of glomeruli that were innervated by either

TH+ fibers, CGRP+ fibers, or both. A previous study performed similar quantitation and

found CGRP+ fibers associated with ~48% of glomeruli in wild type adult mice (Tyshynsky

et al., 2023). Corroborating these findings, our analyses identified 40% of glomeruli were

associated with CGRP+ fibers. TH+ axons associated with 50% of glomeruli and ~37%

were innervated by both CGRP+ and TH+ axons. **(Fig. S6B)**. Taken together, these

findings show that sympathetic neurons innervate the kidney early in development,

tracking with the vasculature and colocalizing with CGRP+ fibers as they make their way

to nephron targets such as tubules and glomeruli in alignment with their known

physiological functions (DiBona, 2004; DiBona & Kopp, 1997; Osborn & Foss, 2017; Sata

et al., 2018).

Previous studies showed that during development, TH may also be produced by
cholinergic parasympathetic nerves (Howard, 2005). A recent study demonstrated
parasympathetic innervation of the main renal artery and pelvis, yet there remains no
anatomic evidence of significant parasympathetic innervation into the kidney. To identify
whether there are cholinergic nerves in the developing kidney, we immunostained
sections at E14.5, E15.5, P0, and adult for the cholinergic marker vesicular acetylcholine
transporter (VAChT) (**Fig. S7**). We did not observe VAChT$^+$ nerves overlapping with pan-
neuronal marker TUBB3 at E14.5 (**Fig. S7A**) even though the first nerve fibers innervating
the kidney at E14.5 were TH$^+$ (**Fig. 5A**). By E15.5, we observed that TUBB3$^+$ nerves
overlapped with VAChT signal, and these nerves were primarily associated with the renal
artery in the kidney shown by CD31 immunostaining (**Fig. S7B**). Vascular-associated
innervation increased by E16.5, and we observed VAChT$^+$ fibers around proximal tubules
and glomeruli at P0 (**Fig. S7C**). In adults, the VAChT$^+$ fibers were found associated with
the kidney vasculature (**Fig. S7D**). In sum, these data lend support to the presence of
parasympathetic innervation into the kidney with axons reaching nephrons.
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Evidence for the establishment of neuroeffector junctions during kidney
development
In order to exert an impact on kidney development and physiology, neurons need
to establish functional crosstalk with kidney cells. To investigate the formation of
neuroeffector junctions, synapse-like structures that form between neurons and non-
neuronal cells, we characterized the cellular localization of a synaptic marker by
immunofluorescence on cryosectioned kidneys. Using an antibody raised against
synapsin I (SYN1), a membrane-associated phosphoprotein contained within small
synaptic vesicles of presynaptic nerves, we investigated if and at which stage SYN1 is
detected. At E14.5 SYN1$^+$ axons were observed around the vasculature (**Fig. 6A**). At
E16.5, there was similar localization of SYN1$^+$ nerves mainly associated with the
vasculature (**Fig. 6A**). By P0, SYN1$^+$ axons were localized near proximal tubules and
glomeruli (**Fig. 6B**). A similar pattern was retained in the adult with SYN1$^+$ axons found
along the vasculature and adjacent to glomeruli (**Fig. 6C**).

Next, we investigated the developmental expression of receptors associated with
various neuronal signaling mechanisms and known post-synaptic markers to understand
which kidney cells are responsive to neuronal signaling. We utilized a publicly available
single cell RNA-seq dataset from the E18.5 kidney to obtain the enrichment of these
factors in the various cells of the developing kidney (Combes et al., 2019) (**Fig. S8**). These
data show that a variety of cell types and structures including nephron progenitors,
stromal cells, renal vesicles, and the S-shaped body express α-adrenergic receptors
Adra1a and *Adra1b*, whereas *Adra2a* and *Adra2b* were enriched in the distal tubules,
ureteric epithelium, and proximal tubules (**Fig. S8A**). We also noted the β-adrenergic
receptor *Adrb2* was strongly enriched in the resident immune cells while *Adrb3* was
expressed by stromal cells (**Fig. S8A**). Next, we also looked for the expression of major
purinergic receptors in the developing kidney. Many of the ATP and Adenosine receptors
including *P2rx4, P2rx7, P2ry6, P2yr12, P2yr13, P2yr14, Lpar6,* and *Lpar4* showed
enrichment in the resident immune cells. Endothelial cells, tubule epithelium, and ureteric
epithelium showed expression of *Ador2a, P2ry1, Lpar6, Lpar4,* and *Adora1* while *P2rx4*
and *P2ry14* were moderately enriched in podocytes (**Fig. S8B**). Lastly, we observed the
enrichment of known post-synaptic markers or synapse-promoting markers like *Vamp2,*
Tenm3, Tenm4, Ephb1, Ephb3, Epha2, and Grm7 by podocytes, *Nlgn1, Epha2, Ephb1,*
and Ephb4 by endothelial cells, and *Gria3, Ephb2, Ephb3, Ephb4, Ephb6, Epha1, Epha4,*
Epha7, Tenm2, Dlg4, Dlg1, Nlgn3 by the distal and proximal tubules (**Fig. S8C**).
Collectively, the single-cell expression data provides evidence that cells within the
developing kidney express a variety of receptors and post-synaptic markers suggesting
they are competent to receive and respond to neuronal-derived signals.
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The spatial organization of nerves is conserved in the adult human kidney

Given the specific distribution of kidney nerves around important structures such
as glomeruli and tubules in the mouse, we aimed to validate that innervation of structures
in the human adult kidney was similar. First, we immunostained adult human cortex
cryosections with sympathetic nerve marker TH. We observed TH[+] axons looping around
glomeruli and associating with the Bowman's capsule similar to the mouse. These
sympathetic nerves were also found near epithelial structures (ECAD+) (**Fig. 7A; Movie**

S6). Next, we sought to confirm the presence of PIEZO2$^+$ mechanosensory afferents in

the adult human kidney. We identified PIEZO2$^+$ nerves that were closely associated with

glomeruli and vessels as well as the kidney epithelium (**Fig. 7B**). To validate that the

nerves were actively signaling we assayed for the presence of neuroeffector junctions by

immunostaining for SYN1. We observed SYN1$^+$ nerve fibers looping around glomeruli

and around tubules (**Fig. 7C, Movie S7**). Taken together, these data show that the close

association of both sympathetic and sensory nerves with vessels and nephrons is

conserved in humans.

Discussion

In this study, we set out to investigate the process of kidney innervation across

embryonic and postnatal mouse development. We generated spatiotemporal maps of

innervation using markers specific to various classes of axons and identified the presence

of both sensory and sympathetic nerves, as well as evidence for parasympathetic

innervation. High resolution imaging of kidney sections provided insights into the

association of nerves with kidney structures such as the vasculature, glomeruli, and

tubules and the possible establishment of neuroeffector junctions. Finally, we validated

that the human kidney shows similar associations of sympathetic and sensory nerve

subclasses with nephron structures. Altogether, we have garnered substantial new

insights into the process of kidney innervation with implications for both development and

physiological regulation.

The close association of nerves with kidney vasculature

We established that kidney innervation begins at E13.5 and coincides with the

initiation of arterial differentiation as vascular smooth muscle cells associate with the

nascent endothelium. In the developing kidney, it has been shown that arterial

differentiation is first established at E13.5 and progresses toward the kidney periphery

(Daniel et al., 2018; Luo et al., 2023). Our findings of a strict association of axons with

vascular smooth muscle cells correlates with a recent description of kidney innervation

as well as our own recent studies (Honeycutt et al., 2023; Tarnick et al., 2023). We

hypothesize that SMA+ vascular mural cells may be signaling to the axons, thereby

guiding the nerves as the arteries differentiate and grow. This has been shown in other

systems with axons responding to vascular-derived cues like artemin (*Artn1*) and

neurotrophin 3 (*Ntf3*) (Glebova & Ginty, 2005). In the kidney, *Ntf3* is expressed by

nephron progenitor cells and early developing nephrons whereas *Artn1* does not appear

to be expressed, as inferred from single cell RNA-seq data of the developing (E18.5)

kidney (Combes et al., 2019). Whether *Ntf3* or *Artn1* are expressed by the vasculature at

earlier stages and mediate kidney innervation not been investigated to date. Once

established, continued axonal growth and survival relies on neurotrophic factors such as

nerve growth factor (NGF). During nephrogenesis, NGF is produced by cortical,

medullary, and ureteric stroma (Combes et al., 2019; Glebova & Ginty, 2004).

Additionally, it was established that NGF is required for the complete sympathetic

innervation of the kidney via its interaction with its innate receptor tropomyosin receptor

kinase A (TRKA) (Glebova & Ginty, 2004). Moreover, proper innervation also requires

chemotactic guidance cues released by adjacent cells within the tissue. In the kidney, we

and others have established that proper patterning of the neurovascular network is

mediated by the guidance cue netrin-1 (Honeycutt et al., 2023; Luo et al., 2023). However,

we established that the endothelium is the primary responder to netrin-1 guidance cues,

with the nerves following the vascular pattern, suggesting the SMA$^+$ vascular mural cells

themselves play a significant role in guiding kidney innervation (Honeycutt et al., 2023).

While it has been established that netrin-1 plays a key role in synapse formation and

axonal regeneration in the brain, we do not know whether the same is true in the kidney

(Zheng et al., 2018). Additional studies are necessary to establish the full complement of

cues necessary for proper kidney innervation and the establishment of functional

crosstalk.

The diversity of kidney nerves

During kidney development, we found that both sensory and sympathetic nerves

innervate the tissue early in development and branch following the arterial tree. Sensory

nerves could be classified as nociceptive by TRPV1$^+$ lineage tracing. The limitation of this

approach is that as neurons mature, they may not remain TRPV1$^+$. As such, and with the

lack of our ability to identify a TRPV1 antibody that worked on our kidneys, this lineage

trace only serves as a proxy for TRPV1$^+$ nerves that innervate the kidney from the onset.
However, we were able to further classify the sensory neurons by their production of the
neuropeptides CGRP and substance P. CGRP$^+$ nerves were identified earlier in
development than substance P$^+$ nerves (E15.5 vs. E18.5), but both did not appear until
innervation had already been established for several days. With the importance of
neurotrophic factors for proper sensory afferent nerve function, these delays in production
could be due to changes in molecular cues required for their specific growth and function
(Ernsberger et al., 2020; Golden et al., 2010). The expression of their innate target
receptor on kidney cells could also play an important role in triggering neuropeptide
production. Despite these differences, all the sensory nerve markers showed similar
tracking with the vasculature and association with kidney target structures such as
glomeruli and tubules around E18.5 to P0.

Recent studies have established the expression of the *Piezo2* mechanosensory
receptor by stromal progenitor cells during kidney development, as well as
juxtaglomerular (JG) cells and glomerular mesangial cells in the adult kidney (Mochida et
al., 2022, Hill et al., 2023). While our antibody labeling did not detect these PIEZO2$^+$ cells,
this was also noted in the study by Mochida et al. where RNAScope *in situ* hybridization
was necessary to detect *Piezo2* expression. We have established the presence of
PIEZO2$^+$ sensory nerves in both the mouse and human kidney where they associate with
the vasculature, glomeruli, and proximal tubules. We hypothesize that these sensory
axons are poised to sense changes in pressure or volume within the kidney. It has been
established that PIEZO2$^+$ cells in the bladder communicate with pressure sensitive
PIEZO2$^+$ afferent nerves to mediate micturition (Marshall et al., 2020), and PIEZO2
signaling is critical for sexual function (Lam et al., 2023). We recently reported that
PIEZO2 in JG cells modulates renin levels (Hill et al., 2023). However, further
investigation is required to understand whether such communication between PIEZO2$^+$
kidney cells and PIEZO2$^+$ sensory neurons play a role in development or physiological
function. Interestingly, many of these sensory nerves are seen looping in a "hairpin"
fashion around glomeruli and tubules. Such anatomic position may better enable the
ability to sense changes in pressure, volume, filtration rate, and tubule physiology
ensuring homeostatic control. The looping may also enable innervation of structures

within the kidney without the need for a singular synapse to each kidney cell. These
findings further emphasize the need for studies investigating the physiological role of
sensory afferent nerves in the control of kidney development and function in health and
disease.

In addition to the sensory nerves, we also showed that TH$^+$ sympathetic efferent
nerves innervate the developing kidney. TH$^+$ axons were detected as early as E14.5 and
as development progressed, TH$^+$ nerves associated with the vasculature, tubules, and
glomeruli. Association with these structures correlates with the known physiological
functions of sympathetic nerves in modulating vascular tone, tubular sodium reabsorption,
and renin release by JG cells (Osborn et al., 2021; Osborn & Foss, 2017). It has been
established that renal sympathetic nerves contribute to the pathogenesis of hypertension.
Thus, procedures like catheter-based renal denervation are seen as novel therapies that
could reduce blood pressure in hypertensive patients (Esler et al., 2012; Krum et al., 2013,
2014). However, this procedure non-selectively targets all renal nerves and with our
observation of the significant overlap of sensory and sympathetic fibers innervating
glomeruli, a deeper understanding of the interplay between sympathetic and sensory
nerves in the mediation of physiology may inform efforts to optimize these ablation
strategies.

Most visceral organs are innervated by both sympathetic and parasympathetic
nerves. This is no exception to the kidney which was first hypothesized to harbor
parasympathetic nerves that enter the kidney along the renal vasculature (Furness, 1999;
Mitchell, 1950). Yet, there remains no significant anatomic evidence of extensive
parasympathetic innervation within the kidney, and this remains a topic of debate. In our
study, we observed TUBB3$^+$ nerve fibers which colocalized with the cholinergic marker
VAChT. However, this could represent a subset of immature sympathetic nerves
expressing both VAChT and TH, although as development progressed, we observed
VAChT$^+$ nerves in the cortex associating with structures such as tubules which are more
likely to represent mature, functional parasympathetic nerves. Higher resolution imaging
studies are needed to determine if these are sympathetic nerves expressing cholinergic
markers or whether they represent separate classes. Recently, research by Cheng et al.
on adult mouse renal arteries showed the presence of periarterial cholinergic nerves

which were separate from sympathetic and sensory nerve fibers (Cheng et al., 2022).
Together, these findings point to the potential for greater contribution of parasympathetic
activity in the modulation or kidney function than has been previously appreciated,
although further characterization is necessary.
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Common DRG projections to organs of the urogenital system

The regulation of kidney homeostasis is in part maintained by neuronal modulation.
Ablation of renal nerve activity is widely seen as a way to treat diseases like hypertension.
Accurate mapping and understanding the molecular identity of kidney nerves will help
guide such interventions. However, studies have largely focused on kidney sympathetic
nerves and only recently has the contribution of sensory neurons to physiological
regulation been more thoroughly investigated (Banek et al., 2016; Ong et al., 2019;
Osborn et al., 2021). Building on these previous studies, we found that kidney sensory
innervation is substantial and molecularly diverse. Axons from sensory neurons form an
extensive network in the developing kidney that continues to expand with maturation.
Validation of sensory innervation was provided by retrograde tracing and identified the
DRG origins of these nerves. Kidney sensory innervation traces to the lower thoracic
region from DRG T10-T13, the lumbar region from DRG L1-L6, and the sacral region from
DRG S1 and S2. We cannot absolutely rule out some leakage of tracer into the pelvis
and ureter, thus expanding the labeling to lower lumbar and sacral DRG, albeit at weaker
levels. Despite this variable DRG labeling, the majority of axons innervating the kidney
project from T10-13 and L1-L2. PIEZO2$^+$ neurons similarly traced to the DRG at these
levels. Tracing performed in the mouse bladder and prostate via the application of
FastBlue dye revealed similar projection of neurons from T13, L1, L2, L6, and S1 (Lee
et al., 2016). This suggests that organs of the genitourinary system are largely innervated
from common DRG. Interestingly, our CTB tracing experiment also showed that
contralateral DRG at L1 and L2 were positive for CTB. These data suggest that some
axons innervating the kidney might originate from contralateral DRG or that the same
DRG in the ipsilateral side sends axons to both kidneys. Concurrent retrograde labeling
of sensory nerves in the bladder and colon showed that dichotomizing afferent nerves
coming from an individual DRG neuron innervate both the colon and the bladder

(Christianson et al., 2007). Such connectivity is important for integrating sensory input
from multiple organs and likely plays a major role in conditions such as pelvic pain
disorders.
530
Establishing crosstalk during kidney development
During development the nerves lie in close association with the vasculature,
tubules, and glomeruli suggesting potential functional crosstalk. Sympathetic and sensory
nerves branch with the vasculature and dissociate to navigate through the tissue where
they appear to loop around glomeruli and lie adjacent to tubules. Such close association
likely allows for the formation of neuroeffector junctions with target structures and nerves
to functionally innervate multiple structures as axons navigate around them. As reviewed
previously (Barajas et al., 1984; DiBona & Kopp, 1997; Osborn et al., 2021), these fiber
varicosities could impact adjacent kidney cells by establishing neuroeffector junctions
more than 50μm away from the neurotransmitter release site, allowing for diffusion
throughout the interstitium and to target cells. To investigate the presence of
neuroeffector junctions in the kidney, we assessed the localization of synapsin I, which is
a major component of pre-synaptic vesicles and important for axonogenesis (Chin et al.,
1995). Early during development, we observed that synapsin I is mainly localized near
vasculature and this localization profile is extended to the glomeruli and tubules by E18.5.
Such findings agree with our current understanding of kidney development and
physiology. Mouse kidney development continues postnatally contrary to human kidney
development which is finished before birth (McMahon, 2016). We also know that the
mouse kidney forms around 90% of its nephrons towards the end of ureteric branching
with 40% of them differentiating after birth (Smyth, 2021). Yet, kidney function must be
established very early on in newborn pups. Thus, it is likely important to establish proper
innervation of the developing kidney to regulate homeostasis. Interestingly, data mining
through publicly available single cell RNA-seq datasets of E18.5 kidneys (Combes et al.,
2019) suggests that many AMPA (*Gria1*, *Gria3*, *Gria4*) and NMDA (*Grin3a*) receptors are
expressed by different nephron and stromal progenitors, as well as early proximal tubules.
While it has been established that glutamatergic signaling via NMDA maintains the
epithelial phenotype of proximal tubular cells through calcium signaling in a proximal

tubule cell line (HK-2) (Bozic et al., 2011), it remains unclear what role glutamate transport
may play in the proper development of proximal tubules. Overall, the expression of
neurotransmitter receptors and postsynaptic markers in the developing kidney suggests
the potential for several neuronal signaling mechanisms that regulate development and
function.

Limitations of our studies

To our knowledge, our study is the first to provide a thorough characterization of
kidney innervation detailing the spatial and temporal establishment of nerve networks
during development, including association and putative crosstalk with target structures.
Importantly, we establish that a significant portion of the nerve network consists of
sensory afferent axons with the novel identification of PIEZO2$^+$ mechanosensory
neurons. However, it is important to note some assumptions which guided our study. For
the classification of noradrenergic sympathetic nerves, we use TH as a marker. The
strong expression of TH by sympathetic ganglion near the descending aorta support our
finding that TH$^+$ sympathetic nerves are abundant in the developing kidney. However,
some TH$^+$ axons in the developing kidney may project from the DRG (Meerschaert et al.,
2020) thus we cannot omit that a certain percentage of these nerves may be sensory,
although this is likely to be a minor percentage given the low level of TH expression within
sensory ganglia prior to birth (Smith-Anttila et al., 2021). Additionally, the colocalization
of TH and NPY in adults suggests that any significant sensory nerve production of TH is
resolved by this point. Finally, we relied on the careful study of technical and biological
replicates but did not quantify axon metrics such as density or percent of sympathetic
versus sensory nerves aside from our adult glomerular quantitation. Hence, there is a
possibility that we did not identify more subtle differences among stages and classes of
nerves, in addition to sex differences. Future investigations are necessary to parse out
these details and to also determine the significance of these nerves to overall kidney
development and the establishment of proper function.

Materials and methods

Animals

All procedures and experiments were performed according to the guidelines of the

National Institutes of Health Guide for the Care and Use of Laboratory Animals and were

approved by the Institutional Animal Care and Use Committees of The University of North

Carolina at Chapel Hill (protocols 19-183 and 22-136) and performed under the policies

and recommendations of the International Association for the Study of Pain and approved

by the Scripps Research Animal Care and Use Committee (protocol 08-0136). Mice were

kept in standard housing with a 12-h light–dark cycle, with the room temperature kept

around 22 °C, and humidity between 30% and 80% (not controlled). Mice were kept on

pelleted paper (Scripps) or corncob (UNC) bedding and provided with paper square

nestlets and polyvinyl chloride pipe (Scripps) or hut (UNC) enrichment with ad libitum

access to food and water. Adult Swiss Webster (Taconic stock: SW MPF) and C57Bl6/J

(Jackson Labs (JAX) stock #: 000664) mice were purchased from the respective vendor

for experiments and in house matings. Swiss Webster incrosses were utilized for all

experiments involving only embryonic and postnatal wild type mice. C57Bl/6J mice were

utilized for maintenance of transgenic and knock-in lines and adult analyses. Mice utilized

for adult analyses were 8 weeks to 4 months of age. $Trpv1^{Cre}$ (JAX stock

#:017769)(Cavanaugh et al., 2011) were maintained as a homozygous line, $Pod\text{-}Cre^{tg}$

mice (JAX stock #:008205)(Moeller et al., 2003) were maintained as heterozygotes,

$R26^{tdTomato}$ (JAX stock #:007914)(Madisen et al., 2010) mice were maintained as a

homozygous line, and $Piezo2^{EGFP\text{-}IRES\text{-}Cre}$ (JAX stock #:027719) (Woo et al., 2014) mice

were maintained as heterozygotes.

Tissue collection and processing

For all mouse experiments, matings were set up in the afternoon and copulation

plugs found the following day were designated as embryonic day (E)0.5. The day of birth

was considered postnatal day (P)0. This occurred at E19.5, births earlier or later than

E19.5 were not utilized in these studies. At the desired developmental time point,

pregnant dams were sacrificed by CO_2 inhalation, and death was confirmed by cervical

dislocation. Mouse embryos were excised from the uterus and kidneys or whole

urogenital systems dissected in ice-cold 1x phosphate-buffered saline (PBS). For genetic

crosses, tail or ear clips were taken and incubated with DirectPCR lysis buffer (Viagen

Biotech, 102-T) containing 10µg/mL proteinase K (Sigma, 3115836001), incubated at

55°C overnight, and denatured at 95°C for 20 min the next day. Genotyping was

performed using JAX genotyping protocols and recommended primers with the following

PCR parameters: annealing temperature T_{anl} = 58°C, elongation time t_{elg} = 40 sec for 35

cycles. To ensure biological significance, we analyzed a minimum of 3 animals per

neuronal marker for both sexes at the following stages: E12.5, E13.5, E14.5, E16.5,

E18.5, P0, P7, and adults (6-10 weeks old). For tissue processing, all steps below were

performed on rotating shakers. Harvested kidneys or urogenital systems from embryonic

and postnatal mice were fixed by immersion in fresh ice-cold 4% PFA-PBS (Fishersci,

15714) at 4°C for 30 min, while kidneys obtained from juvenile and adult mice were fixed

by immersion in fresh ice-cold 4% PFA-PBS at 4°C for 2 hours. Next, all kidneys were

washed in ice-cold 1x PBS three times for 10 min each at room temperature and stored

at 4°C in 1x PBS until use. All kidneys destined to be sectioned were incubated in 30%

sucrose-PBS solution at 4°C overnight. The next day, kidneys were then embedded in

Tissue freezing media (Fishersci, 23730571) and sectioned at 12µm on a Leica cryostat

CM1850. Slides were stored at -80°C until use.

Human kidney tissue samples were obtained from the UNC Tissue Procurement

Facility and were de-identified and therefore were exempt from IRB approval. Tissue was

obtained as a frozen block. A small piece of tissue was removed with a razor blade, fixed

for 10 min in 4% paraformaldehyde, and subsequent processing for cryosectioning and

immunofluorescence was carried out as for the mouse.

Cholera Toxin B(CTB) and pAAV-FLEX-tdTomato retrograde tracing

Surgeries were performed as in Woodard et al., 2018. Briefly, mice were

anesthetized with isoflurane inhalation and surgery started after all-paw reflexes

disappeared. The right kidney was accessed via flank incision after the animal was

shaved from shoulder to rump and flank to spine with a shaver designed for pet grooming.

After appropriate cleaning of the surgical site, the skin was pinched with tweezers and a

cut of approximately 1cm from the spine and below the ribcage was made with scissors.

A similar cut was made on the muscle layer underneath the skin, the kidney was exposed

and carefully isolated with cotton-tip applicators from peripheral fat or connective tissues

in order to not disrupt nerve connections. Injections were made with a 10ul Hamilton
syringe attached to a 32G needle. Tracers were injected at an approximate rate of
1μl/30sec and the needle was left inside the tissue after injection for an additional 1
minute to avoid back-leak. For retrograde labeling of the DRG innervating the kidney, 4
injections of 3μl 0.2% CTB-555 (Invitrogen, C34776) were administered to 4 males and 4
females on a C57Bl6/J and Swiss Webster background. For retrograde labeling of the
PIEZO2$^+$ nerves innervating the kidney, 4 injections of 5μl of AAV PHP.S (Addgene,
28306-PHP.S, *pAAV-FLEX-tdTomato*; deposited by Viviana Gradinaru, Chan et al. 2017)
were administered to 2 males and 2 females which were *Piezo2$^{EGFP-IRES-Cre/+}$*. All injections
were administered directly into kidney tissue through the renal capsule. The 4 injections
consisted of one cortical injection per pole of the kidney, one injection in the medulla, and
one injection in the renal pelvis. After injections, the muscle and skin were closed with
sutures, and bupivacaine was administered for analgesia. After suturing, mice were
housed in a clean cage with heat pads underneath until ambulatory. Mice were
euthanized 4 days after CTB injections and 4 weeks after AAV PHP.S injections. Mice
were perfused with 30ml 1x PBS and 20ml 4% PFA-PBS with kidneys and DRG collected
for tissue sectioning and imaging.

Section immunofluorescence

Kidney sections for immunofluorescence were removed from the -80°C freezer and
allowed to equilibrate to room temperature for 10 min. Sections were rehydrated, and the
freezing medium was removed by incubating the slide in 1x PBS for 10 min in a Coplin
jar. After rehydration, excess PBS was removed from the slide then a hydrophobic barrier
was drawn around the section using a hydrophobic pap pen (Vector Laboratories, Cat#H-
4000). Sections were incubated for 30 min in blocking solution (ice-cold PBS solution with
4% donkey serum (Equitech-Bio, SD30-0100), 1% bovine serum albumin (Fishersci,
BP9706-100), and 0.25% Triton X-100 (Fishersci, BP151-500). Slides were then
incubated at room temperature for 2 hours covered from light with primary antibodies in
block solution (see Supplemental Table 1 for primary antibodies utilized; PIEZO2
antibodies were combined as a mixture for optimal detection although each work
independently as validated by co-immunostaining with GFP on DRG isolated from

Piezo2^EGFP-IRES-Cre/+ mice). After primary incubation, slides were washed 3 times for 5 min

at room temperature covered from light with wash solution (PBS + 0.25% Triton X-100)

before incubating them for 45 min at room temperature covered from light with the

appropriate Alexa Fluor secondary antibody (Life Technologies, 488, 568, or 647

conjugated; 1:1000) in blocking solution. Finally, slides were washed 4 times for 5min at

room temperature covered from light using wash solution with the last wash containing

DAPI diluted at 1:10000. Slides were mounted using Prolong gold mounting media

(ThermoFisher, P36930), and images were captured with a Zeiss 880 confocal laser

scanning microscope.

For the NFH, NPY/TH and CGRP/TH immunofluorescence, C57BL6/J adult mice

were euthanized via isoflurane overdose and transcardially perfused with 20 mL ice-cold

PBS pH 7.4 followed by 30 mL ice-cold 4% PFA in PBS. Kidneys were dissected and

fixed overnight in 4% PFA at 4ºC. Kidneys were then rinsed in PBS and cryoprotected in

30% sucrose for 24-48 hours at 4ºC prior to embedding and freezing in OCT medium

(Sakura). 20 µm sections were prepared on glass slides using a cryostat. Tissues were

allowed to air-dry for 30 minutes at room temperature and hydrophobic barriers were

drawn using a PAP pen (Vector Biolabs, H-4000). Slides were washed in PBS and

blocked in 5% Normal Donkey Serum (for NPY IHC, Sigma-Aldrich, D9663) or Normal

Goat Serum (all other experiments, Life Technologies, PCN5000) in PBS with 0.3% Triton

X-100 (PBST) for two hours at room temperature in a humidified chamber. Slides were

incubated overnight at 4ºC in the following primary antibodies in 0.1% PBST: CGRP, TH

(chicken), NFH, or NPY. Slides were washed in 0.3% PBST followed by PBS and then

incubated for two hours at room temperature in the following secondary antibodies in

0.1% PBST: donkey anti-goat 647 (Life Technologies, A21447, 1:1000), donkey anti-

chicken 488 (Life Technologies, A78948, 1:1000), goat anti-Rabbit 647 (Life

Technologies, A21245, 1:1000), goat anti-chicken 488 (Life Technologies, A11039,

1:1000). Donkey secondary antibodies were used for NPY staining experiments and goat

secondary antibodies were used for all other experiments. Samples were mounted using

Fluoromount G + DAPI (Life Technologies, 00-4959-52) and sealed with No. 1.5

coverslips and clear nail polish and stored at 4ºC. Samples were imaged on a Nikon AX

confocal microscope.

CGRP/TH glomeruli quantification

Maximum intensity z-projections were generated and glomeruli were identified from the DAPI signal as regions of interest (ROI). Each individual ROI was manually assessed for the presence of TH or CGRP immunoreactivity at the Bowman's capsule or at the juxtaglomerular region adjoining the glomerulus and the arterioles. ROI with immunoreactivity at either location were determined to be innervated. For the TH staining, substantial non-neuronal tubular immunoreactivity was observed that was readily distinguishable from nerve fibers. The tubular immunoreactivity was not used to quantify innervation. FIJI (2.0.0) and Prism 10 (10.1.1) software were utilized for analyses.

Wholemount immunofluorescence and tissue clearing

For mouse embryonic and postnatal kidneys or urogenital systems (E12.5-P7), we used a modified version of the original iDISCO protocol (Renier et al., 2014) for wholemount immunolabelling (see Supplemental Table 2) using validated antibodies and concentrations indicated in Supplemental Table 1. All steps are performed on rotating shakers. We first incubated whole pre-fixed tissue in 1ml blocking solution (ice-cold PBS solution with 10% (v/v) Heat Inactivated Sheep Serum (HISS) (ThermoFisher, 16070096) and 0.5% (v/v) Triton X-100) for 1hr at room temperature. Then, we incubated the blocked kidney in 1ml primary antibody in block solution for 7 days at 4°C while covered from light. The labeled kidney was then washed using 1ml wash buffer (PBS solution with 0.25% Triton X-100) for a whole day at room temperature covered from light with wash solution changed every 1 hour. After washing, labeled kidneys were incubated in 1ml secondary antibody in block solution at a concentration of 1:1000 for 3.5 days at 4°C while covered from light. After secondary antibody labeling, kidneys were washed again using 1ml wash buffer for a whole day at room temperature covered from light with wash solution changed every 1 hour. Before optical clearing, successful labeling was checked on a widefield Leica fluorescent microscope (Leica DMi8). Labeled kidneys were then embedded in 1% agarose (Fishersci, BP160-500) gel made with 1x TAE, the agarose block was cut to a size of 5mmx5mm to ensure proper mounting on the light-sheet microscope. To clear kidneys, we first dehydrated the agarose block in a methanol-H_2O (Fishersci, A433P-4)

series wash at room temperature (25%, 50%, 75%, and 100%) for 1 hour each minimum

covered from light. Next, dehydrated agarose blocks were incubated in 66% v/v

dichloromethane (DCM) (Sigma, 270997-2L)/33% v/v methanol for 3 hours at room

temperature covered from light. Following this, the agarose blocks were then incubated

in 100% DCM for 15min x 2 at room temperature covered from light. Finally, the fully

dehydrated agarose blocks were incubated in 100% v/v dibenzyl ether (DBE) (Sigma,

33630-1L) and stored at room temperature away from light. The blocks became

transparent and invisible within 5-7hr and were stored in DBE until imaging. The DBE was

changed out for fresh DBE before imaging the sample.

3D light-sheet and confocal imaging

All whole-mount images were obtained using the LaVision BioTec Ultramicroscope

II light-sheet system at the UNC Microscopy Services Laboratory (MSL). This light-sheet

is outfitted with an Andor Zyla 5.5 sCMOS detector, an Olympus MVPLAPO 2X/0.5

objective coupled to a zoom body ranging from 1.26x to 12.6x with a corrected dipping

cap and a working distance of 5.7mm. All whole-mount images in this study were imaged

with laser wavelengths: 488, 561, and 647nm as well as 3 angled light-sheet from one

side only with the following parameters: sheet NA of 0.016, horizontal focus set in the

middle of the sample, correction collar set at 3.5 and 2μm Z-spacing (step size). All tiff

images are generated in 16-bit. All confocal images were obtained using a Zeiss 880

confocal laser scanning microscope in the UNC Hooker Imaging Core via the Zen 2

software with 34-channel gallium arsenide phosphide (GaAsP) detectors. All images

obtained were imaged using a Plan-Neofluar 40x/NA:1.3 or 63x/NA:1.4 oil objective with

the following working distance respectively: 0.21mm and 0.19mm. Pinhole size of 1AU

set on the longest wavelength fluorophore with the same diameter size for all the rest. All

image acquisition settings can be found in Supplemental Table 3.

Image processing

Images, 3D volume, and movies were generated using Imaris x64 software version

9.9.1. All stack images obtained from light-sheet imaging were first converted into an

imaris file (.ims) using Imaris File Converter version 9.8.2. All wholemount images and

videos were obtained using the "snapshot" and "animation" tools in Imaris 9.9.1. files
obtained from Zeiss confocal microscope (.czi) were converted into an Imaris file using
Imaris File Converter 9.8.2. Tilescan images were stitched with 20% overlapped using
Imaris stitcher 9.9.1 and image analysis was done in Imaris version 9.9.1.

Receptor and postsynaptic marker scRNA-seq enrichment

To identify the kidney cell populations in which nerve associated receptors and
markers were expressed, the selected genes were analyzed for their relative enrichment
within the single cell RNA-seq data from E18.5 kidneys (Combes et al., 2019). Heatmaps
were generated in R (R Core Team, 2021) using the ggplot2 package (Wickham, 2009)
and ComplexHeatmap (Gu et al. 2016). Log fold change values were obtained from
Combes et al., 2019 Table S1 "lookup" tab.

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<u>Conflict of Interest</u>

The authors declare that they have no conflict of interest

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812 **Authors Contributions**

L.L.O. conceptualized the study, supervised research, designed and guided
experiments, interpreted data, helped assemble figures, and revised the manuscript. P-
E.Y.N. helped design and performed experiments, data analysis, interpreted data,
assembled figures, and wrote the manuscript. S.R.M. performed mouse surgery required
for retrograde tracing, helped guide experiments, and contributed to the Piezo2 analysis.
A.T. helped inject mice for retrograde tracing experiment. A.T. and M.G. dissected,
imaged and analyzed DRGs data. G.S. interpreted retrograde tracing data and supervised
A.T. and M.G. research. R.Z.H. performed NFH, NPY/TH, and CGRP/TH
immunostainings, interpreted the results, and assembled the associated figures. S.S.
immunostained and quantified the CGRP/TH innervation of glomeruli. R.Z.H. supervised
S.S. All authors contributed to the manuscript text relevant to their contributions.

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Figure 1. Kidney innervation commences at E13.5 as axons follow the differentiating arteries and continue to branch throughout development. (A) Pan-neuronal labeling (TUBB3, green) of an E12.5 urogenital system (UGS) shows that renal nerves are absent in the kidney at E12.5 as shown by immunostaining of the branching ureteric bud (cytokeratin, yellow). Ganglion and some postganglionic nerve fibers track along the descending aorta shown by smooth muscle actin (SMA, magenta). **(B)** Pan-neuronal labeling (TUBB3, green) of an E13.5 UGS shows that axons begin to innervate the kidney following the SMA+ vascular mural cells (magenta) of the developing arteries (white arrowhead, zoomed image). CD31 (yellow) highlights the extensive endothelial network that has formed but is yet to be coated with mural cells. **(C)** Axonal projections (TUBB3, green) continue to grow and branch following the developing arterial tree (SMA, magenta) at E16.5. Cytokeratin (yellow) marks the collecting duct system. Multiple axon bundles can be observed on an artery (white arrowhead, zoomed image). **(D)** By E18.5, axons (TUBB3, green) have undergone extensive growth with the arterial tree (SMA, magenta) and additional interstitial branching as the nerves navigate towards and around kidney structures such as glomeruli (NPHS2, yellow; white arrowhead, zoomed image) A minimum of n=3 kidneys were analyzed for each stage.

Figure 2: Nociceptive sensory afferent nerves innervate the developing kidney. (A) Wholemount immunostain of an E16.5 $Trpv1^{Cre/+};R26^{tdTomato/+}$ kidney showing tdTomato+ (magenta) axons colocalizing with the pan-neuronal marker TUBB3 (green). A magnified inset from the merged shows tdTomato$^+$ axons overlapping with TUBB3. **(B)** $Trpv1^{Cre/+};R26^{tdTomato/+}$ P1 kidney section showing native tdTomato signal (magenta) with immunostained proximal tubules (LRP2, green) and epithelium (ECAD, yellow). TdTomato+ axons navigate around and closely associate with these structures (white arrowheads). **(C)** $Trpv1^{Cre/+};R26^{tdTomato/+}$ P1 kidney section showing native tdTomato signal (magenta) with immunostained podocytes (to mark glomeruli, NPHS2, green) and endothelium (CD31, yellow). TdTomato+ axons extend along the vasculature and associate with glomeruli (white arrowhead). A minimum of n=3 kidneys were analyzed for each stage.

Figure 3: Peptidergic and mechanosensory afferent nerves are present in the developing kidney. (A) E15.5 kidney section immunostained for the neuropeptide CGRP+ (magenta) and pan-neuronal marker TUBB3 (green). CGRP+ nerves mainly associate with the kidney vasculature (CD31, yellow; white arrowhead) at this stage. **(B)** Sections of *Pod-Cre*^tg/+*;R26*^tdTomato/tdTomato P0 kidneys immunostained for CGRP+ (magenta). CGRP+ axons are found near (white arrowhead) glomeruli (tdTomato, green) and close to proximal tubules (LRP2, yellow). **(C)** Adult kidney section immunostained for CGRP (magenta) and colocalized with TUBB3 (green) shows CGRP+ axons closely associating with the vasculature (CD31, yellow) and in close proximity to glomeruli (white arrowhead). **(D)** E18.5 kidney section immunostained for substance P (SubP, magenta) shows overlap with TUBB3 (green). SubP+ nerves were found associated with the vasculature (CD31, yellow, white arrowhead). **(E)** Adult kidney section immunostained for SubP+ (magenta) and TUBB3 (green) shows SubP+ nerves along the vasculature (CD31, yellow) and in close proximity to glomeruli (white arrowhead). **(F)** E15.5 kidney section immunostained for PIEZO2 (magenta) and TUBB3 (green) show PIEZO2+ nerves associating with the vasculature (CD31, yellow; white arrowhead). **(G)** Sections of *Pod-Cre*^tg/+*;R26*^tdTomato/tdTomato P0 kidneys immunostained for PIEZO2 (magenta) show PIEZO2+ nerves closely associating (white arrowheads) with glomeruli (tdTomato, green) and proximal tubules (LRP2, yellow). A minimum of n=3 kidneys were analyzed for each stage.

Figure 4: CTB retrograde tracing shows axon trajectories and labeling of thoracic, lumbar, and sacral DRGs. (A) Schematic of retrograde tracing injection and timeline. CTB-555 was injected into the right kidney of adult mice. Three days following the injection both kidneys were dissected as well as the ipsilateral DRGs (injected side) and contralateral DRGs (non-injected side). **(B)** Sensory innervation primarily traces in the ipsilateral DRGs to the lower thoracic region (T10-T13), lumbar region (L1-L6), and sacral region (S1-S2). Tracing to the contralateral DRGs was observed in the upper lumbar region of L1 and L2. n=4 males and n=4 females, Scale bar =50μm. **(C)** Ipsilateral and contralateral kidney sections of CTB-injected kidneys. Immunostaining of the ipsilateral kidney section showed CTB+ staining (magenta) colocalizing with TUBB3 (green) near

1111 glomeruli (CD31, yellow, arrowhead) and vasculature (CD31, yellow). CTB$^+$ staining

1112 (magenta, arrowhead) colocalized with TUBB3 (green) near vasculature (CD31, yellow)

1113 in the contralateral (non-injected) kidney. **(D)** Schematic representation of the spinal level

1114 and DRG origin of kidney sensory afferent innervation.

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Figure 5: Noradrenergic sympathetic nerves innervate the developing kidney. (A)

E14.5 wholemount immunostained kidney labeled with tyrosine hydroxylase (TH,

magenta) shows that the first innervating axons (TUBB3, green) are TH+. Cytokeratin

(yellow) marks the developing collecting duct system. **(B)** P0 wholemount immunostained

kidney labeled with TH (magenta) shows that the TH+ nerves have branched extensively

alongside the arterial tree (SMA, green). LRP2 marks the proximal tubules (yellow) and

the magnified inset shows TH$^+$ nerves (magenta) navigating around and in close proximity

to proximal tubules (white arrowheads). **(C)** E15.5 kidney section immunostained for TH

(magenta) and TUBB3 (green) shows TH+ axons around the vasculature (CD31, yellow;

white arrowhead). **(D)** Sections of *Pod-Cre$^{tg/+}$;R26$^{tdTomato/tdTomato}$* P0 kidneys

immunostained for TH (magenta) show TH$^+$ axons near glomeruli (tdTomato, green; white

arrowhead) and proximal tubules (LRP2, yellow)**.** A minimum of n=3 kidneys were

analyzed for each stage. **(E)** Image of the adult kidney cortex immunostained for the

neuropeptide NPY (magenta), TH (green), and the nuclear counterstain DAPI (blue).

Glomeruli are encircled in white dotted lines. No TH$^+$/NPY$^-$ fibers were observed. Image

is representative of n=2 male mice.

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Figure 6: Nerves form putative neuroeffector-junctions with kidney targets during

development. (A) Immunostaining of E14.5 kidney sections for synapsin I (SYN1,

magenta) shows overlap with TUBB3 (green) and association of axons with the main

artery (CD31, yellow; white arrowhead). **(B)** E15.5 kidney sections immunostained for

SYN1 (magenta) and TUBB3 (green) similarly show SYN1$^+$ nerves positive around the

vasculature (CD31, yellow). **(C)** Sections of *Pod-Cre$^{tg/+}$;R26$^{tdTomato/tdTomato}$* P0 kidneys

immunostained for SYN1 (magenta) show SYN1+ axons (TUBB3, green) near glomeruli

(tdTomato, green; white arrowheads, top panel) and proximal tubules (LRP2, yellow;

White arrowhead, bottom panel). **(D)** Sections of *Pod-Cre$^{tg/+}$;R26$^{tdTomato/tdTomato}$* adult

kidneys immunostained for SYN1 (magenta) show SYN1+ axons (TUBB3, green) along the arterioles near glomeruli (tdTomato, green; white arrowhead). A minimum of n=3 kidneys were analyzed for each stage.

Figure 7: Sympathetic and sensory nerves show similar structural associations in the adult human kidney. (A) Adult human kidney sections immunostained for TH⁺ sympathetic nerves (green) can be observed associating with glomeruli shown by Podocalyxin (magenta; top panel, white arrowhead) and in close proximity to epithelial structures (ECAD, yellow; bottom panel, white arrowhead). **(B)** Adult human kidney sections immunostained for PIEZO2 (magenta) show PIEZO2⁺ overlapping with TUBB3 (green) associating with glomeruli (Podocalyxin, yellow; white arrowhead, top panel) and the vasculature (Podocalyxin, yellow; white arrowhead, middle panel). PIEZO2+ sensory nerves were also observed near epithelial structures (LRP, green; ECAD, yellow; white arrowhead, bottom panel). **(C)** Adult human kidney sections immunostained for SYN1 (green) show SYN1+ axons near glomeruli (Podocalyxin, magenta; white arrowhead, top panel) and epithelial structures (ECAD, yellow; white arrowhead, bottom panel).

Figure S1: Innervation of the embryonic and postnatal kidney. (A) Wholemount immunostain of an E14.5 kidney for TUBB3 (green), SMA (red), and CD31 (grey). Axons track closely with the developing arteries despite the presence of an extensive CD31+ endothelial network. **(B)** Wholemount immunostain of a P0 kidney for TUBB3 (green), NPHS2 (podocytes, magenta), and LRP2 (proximal tubules, yellow). The neuronal network continues to expand and navigate towards and around kidney structures. **(C)** Wholemount immunostain of a P0 kidney for TUBB3 (green), SMA (red), and NPHS2 (podocytes, grey). The neuronal network has continued to grow as the vasculature expands and the last wave of nephrons differentiate.

Figure S2: Axons associate with kidney structures during embryonic development. **(A)** Image of an E18.5 kidney section immunostained for vasculature (SMA, magenta) and nerves (TUBB3, green). Axons are tightly associated with the SMA+ vasculature. **(B)** Image of an E18.5 kidney section immunostained for nerves (TUBB3, green) and

glomeruli (NPHS2, magenta). Axons approach the glomeruli and associate with the Bowman's capsule as they navigate through the kidney. **(C)** Image of an E18.5 kidney section immunostained for nerves (TUBB3, green) and tubule epithelium (ECAD, magenta). Axons are observed closely associating with ECAD$^+$ tubules. A minimum of n=3 kidneys were analyzed for each stage.

Figure S3: Kidney peptidergic sensory innervation is delayed. (A) E14.5 kidney sections immunostained for CGRP (magenta) shows that axons at this stage (TUBB3, green) that primarily associate with the vasculature (CD31, yellow) are not yet CGRP+. **(B)** E14.5 kidney sections immunostained for substance P (SubP, magenta) shows that axons at this stage (TUBB3, green) that primarily associate with the vasculature (CD31, yellow) are not yet SubP+.

Figure S4: Myelinated NFH+ fibers sparsely innervate the kidney cortex and pelvis. Image of the adult kidney cortex (left panel) immunostained for the CGRP (magenta), the cytoskeletal protein Neurofilament heavy polypeptide (NFH, green), and the nuclear counterstain DAPI (blue). A glomerulus is encircled in a white dotted line and the arrow indicates a single NFH+ fiber that does not approach the glomerulus and which is negative for CGRP immunoreactivity. These cortical NFH+ fibers were rarely observed. Image is representative of n=2 male mice. Image of the adult renal pelvis (right panel) immunostained for the CGRP (magenta), NFH (green), and DAPI (blue). The border of the pelvic urothelium is outlined with a white dashed line. NFH+ fibers were observed within the urothelium and occasionally these appeared to overlap with CGRP+, however, the density of CGRP immunoreactivity in the pelvis made it challenging to distinguish individual fibers. The asterisk (*) denotes a portion of nerve trunk comprised of multiple fibers containing both CGRP and NFH immunoreactivity. Image is representative of n=2 male mice.

Figure S5: pAAV-Flex retrograde tracing of PIEZO2$^+$ sensory nerves show labeling of lower thoracic and upper lumbar DRGs. (A) Schematic of retrograde tracing injections and timeline. pAAV-Flex-tdTomato was injected into the right kidney of

1204 *Piezo2GFPCre/+* mice. Three weeks following ipsilateral (injected side) and contralateral

1205 (non-injected side) DRGs were collected for analysis. **(B)** PIEZO2$^+$ renal sensory

1206 innervation primarily traces in the ipsilateral DRG in the lower thoracic region (T10-T13)

1207 and the upper lumbar region (L1-L2). Scale = 50μm. **(C)** Schematic representation of the

1208 spinal level and DRG origin of kidney PIEZO2+ sensory afferent innervation.

1209

Figure S6: Analysis of sensory and sympathetic innervation of glomeruli and the

renal pelvis. (A) Image of the adult kidney cortex (left) and the renal pelvis (right)

immunostained for CGRP (magenta), TH (green), and the nuclear counterstain DAPI

(blue). A glomerulus is encircled in a white dotted line and the border of the pelvic

urothelium is outlined with a white dashed line. There is both sensory and sympathetic

innervation of the arterioles adjacent to the glomerulus (white arrow) and the renal pelvis.

Sensory nerves in the renal pelvis project more superficially into the urothelium than the

sympathetic fibers. **(B)** Quantification of sensory and sympathetic innervation of glomeruli

from n=3 animals (2 male and one female) expressed as a percentage of the total

glomeruli. Total number of glomeruli analyzed is indicated above each bar. Error bars

represent mean +/- SEM.

1221

Figure S7: The cholinergic marker VAChT labels axons in the developing kidney.

(A) E14.5 kidney sections immunostained for VAChT (magenta), TUBB3 (green), and

CD31 (endothelium) show that axons (white arrowhead) are not positive for VAChT at

this stage. VAChT signal is primarily background, non-specific signal. **(B)** E15.5 kidney

sections immunostained for VAChT (magenta), TUBB3 (green), and CD31 (endothelium)

show that VAChT signal (white arrowhead) is similar to TUBB3 axonal signal (green). **(C)**

Sections of *Pod-Cretg/+;R26tdTomato/tdTomato* P0 kidneys immunostained for VAChT

(magenta) show VAChT+ axons near glomeruli (tdTomato, green; white arrowheads, top

panel) and proximal tubules (LRP2, yellow; White arrowhead, bottom panel). **(D)** Adult

kidney sections immunostained for VAChT (magenta), TUBB3 (green), and CD31

(endothelium) show that VAChT signal overlaps with TUBB3 and closely associates with

the vasculature.

1234

Figure S8: Differential enrichment of adrenergic, purinergic, and post-synaptic markers within the different cell clusters of the E18.5 kidney (A) Heatmaps showing relative enrichment of adrenergic receptors in the different kidney cell types (clusters) from E18.5 whole kidney scRNA-seq data (Combes et al., 2019). **(B)** Heatmaps showing relative enrichment of purinergic receptors in the different kidney cell types (clusters) at E18.5. **(C)** Heatmaps showing relative enrichment of post-synaptic markers in the different kidney cell types (clusters) at E18.5. The scale indicates log fold change relative to the other cell clusters. NP=nephron progenitor, PTA = pretubular aggregate, DT = distal tubule, CD = collecting duct, LoH=Loop of Henle, CnS=connecting segment. LogFC = log fold change differential expression.

Suppl. Table 1: Wholemount tissue processing steps for iDISCO⁺ and light-sheet microscopy

Suppl. Table 2: Imaging parameters utilized in this study

Suppl. Table 3: List of primary antibodies used in this study

Movie S1: Movie associated with Fig. 1A

Movie S2: Movie associated with Fig. 1B

Movie S3: Movie associated with Fig. 1B

Movie S4: Movie associated with Fig. 1C

Movie S5: Movie associated with Fig. 1D

Movie S6: Movie associated with Fig. 8A

Movie S7: Movie associated with Fig. 8C

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure S1

Figure S2

	TUBB3	SMA	Merge
A E18.5			

	TUBB3	NPHS2	Merge
B E18.5			

	TUBB3	ECAD	Merge
C E18.5			

Figure S3

Figure S4

Figure S5

A

B

Piezo2^{GFPCre/+}

pAAV-Flex-tdTomato DAPI

Ipsilateral

T10 T13 L1 L2
T12 T13 L1 L2

C

Figure S7

Figure S8

Supplementary Table 1

	Steps	Modality	Time	Temperature	Volume (mL)
1	Blocking: PBS, 10% (v/v) HISS, 0.5% (v/v) Triton-x 100	passive perfusion on rocker cover from light	1hr	RT	1mL/Kidney pair
2	Primary Antibody Solution: PBS, 10% (v/v) HISS, 0.5% (v/v) Triton-x 100, Primary antibody	passive perfusion on rocker cover from light	7 days	4℃	1mL/Kidney pair
3	Wash Solution: PBS, 0.25% (v/v) Triton-x 100	passive perfusion on rocker cover from light	1 days	RT	1mL/Kidney pair
4	Secondary Antibody Solution: PBS, 10% (v/v) HISS, 0.5% (v/v) Triton-x 100, Secondary antibody	passive perfusion on rocker cover from light	3.5 days	4℃	1mL/Kidney pair
5	Wash Solution: PBS, 0.25% (v/v) Triton-x 100	passive perfusion on rocker cover from light	1 days	RT	1mL/Kidney pair
6	Embed kidneys in 1% Agarose gel to a 5x5mm block	n/a			
7	Methanol Dehydration: 25% (v/v) Methanol in water	passive perfusion on rocker cover from light	1hr	RT	5mL/Kidney pair
8	Methanol Dehydration: 50% (v/v) Methanol in water	passive perfusion on rocker cover from light	1hr	RT	5mL/Kidney pair
9	Methanol Dehydration: 75% (v/v) Methanol in water	passive perfusion on rocker cover from light	1hr	RT	5mL/Kidney pair
10	Methanol Dehydration: 100% (v/v) Methanol	passive perfusion on rocker cover from light	1hr	RT	5mL/Kidney pair
11	DCM Dehydration: 66% (v/v) DCM/33% (v/v) Methanol	passive perfusion on rocker cover from light	3hrs	RT	5mL/Kidney pair
12	DCM Dehydration: 100% (v/v) DCM	passive perfusion on rocker cover from light	15min	RT	5mL/Kidney pair
13	DCM Dehydration: 100% (v/v) DCM	passive perfusion on rocker cover from light	15min	RT	5mL/Kidney pair
14	100% (v/v) DBE Incubation	cover from light	Indefinitly	RT	5mL/Kidney pair

Supplementary Table 2

Figures		System	Objective Specifications				Zoom	Total Magnifdication	Acquisition/Visualisation Prameters			Data size
			Magnification	NA	RI	WD			Image pixel size	Z-step	Note	
Figures												
1	A	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	3.2x	6.4	0.95 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	47.8 GB
	B	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	2.5x	5.0	1.22 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	38.8 GB
	C	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	4x	8.0	0.75 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	40.0 GB
	D	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	2.5x	5.0	1.22 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	59.8 GB
2	A	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	4x	8.0	0.75 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	55.9 GB
	B	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	n.a	2D single slice	40.28 MB
	C	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	7.9µm	3D recontruction; Maximum intensity projection	360.88 MB
3	A	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	160.53 MB
	B	LSM 900	40x oil	1.4	1.51	0.13mm	n.a	40	0.07 µm/pixel	n.a	Tile Scan 3x3; 2D single slice	454.14 MB
	C	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	59.81 MB
	D	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	26.68 MB
	E	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	106.24 MB
	F	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	106.23 MB
	G	LSM 900	40x oil	1.4	1.51	0.13mm	n.a	40	0.07 µm/pixel	n.a	2D single slice	40.17 MB
4	B	LSM 780	20x	0.8	1.0	0.55mm	0.6	20x	0.69 µm/pixel	n.a	2D single slice	4226 KB
	C	DMi8	20x DMi8	0.4	1.0	6.2-7.5 mm	n.a	20x	0.32 µm/pixel	n.a	2D single slice, Ipsilateral kidney image	38.1 MB
		DMi8	20x DMi8	0.4	1.0	6.2-7.5 mm	n.a	20x	0.32 µm/pixel	n.a	2D single slice, Cintralateral kidney image	36.6 MB
5	A											
	B	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	2x	4	1.54 µm/pixel	2.0µm	3D recontruction; Maximum intensity projection	49.2 GB
	C	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	26.68 MB
	D	LSM 900	40x oil	1.4	1.51	0.13mm	n.a	40	0.07 µm/pixel	n.a	2D single slice	40.17 MB
	E	LSM 900	40x oil	1.4	1.51	0.13mm	n.a	40	0.07 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	203.39 MB
6	A	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	n.a	2D single slice	144.91 MB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	26.68 MB
	B	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	0.90µm	3D recontruction; Maximum intensity projection	361.31 MB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	0.50µm	Tile Scan 2x2; 3D recontruction; Maximum intensity projection	3.11 GB
	C	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.12 µm/pixel	0.90µm	3D recontruction; Maximum intensity projection	920.56 MB
7	A	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	1.8µm	Tile Scan 3x3; 3D recontruction; Maximum intensity projection	3.96 GB
	B	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 2x2; 2D Single slice	106.23 MB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 3x2; 2D Single slice	159.22 MB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	0.54µm	Tile Scan 2x2; 3D recontruction; Maximum intensity projection	2.9 GB
	C	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	1.8µm	Tile Scan 3x3; 3D recontruction; Maximum intensity projection	3.73 GB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	0.95µm	Tile Scan 2x2; 3D recontruction; Maximum intensity projection	2.17 GB
Sup. Figures												
S1	A	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	3.2x	6.4	0.95 µm/pixel	1.4µm	3D recontruction; Maximum intensity projection	38.2 GB
	B	UM II	2x; corr.-3.5	0.016	1.56	5.7mm	1.6x	3.2	1.95 µm/pixel	2.0µm	3D recontruction; Maximum intensity projection	56.5 GB
	C	UM II	2x; corr.-3.6	0.016	1.56	5.7mm	2x	4	1.54 µm/pixel	2.0µm	3D recontruction; Maximum intensity projection	54.2 GB
S2	A	A.D. SDC	25x	0.95	1.33	2.4mm	n.a	25x			3D recontruction; Maximum intensity projection	4.82 GB
	B	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	26.29 MB
	C	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.42 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	8.2 MB
S5	B	LSM 780	20x	0.8	1.0	0.55mm	0.6	20x	0.69 µm/pixel	n.a	2D single slice	4226 KB
S7	A	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.83 µm/pixel	n.a	Tile Scan 3x3; 2D single slice	18.22 MB
	B	LSM 880	20x	0.8	1.0	0.55mm	n.a	20	0.83 µm/pixel	n.a	Tile Scan 3x3; 2D single slice	18 MB
	C	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	2D single slice	26.7 MB
		LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	106.23 MB
	D	LSM 880	40x oil	1.3	1.51	0.21mm	n.a	40	0.08 µm/pixel	n.a	Tile Scan 2x2; 2D single slice	100 MB

Legend of abbreviations

Imaging Systems

UM II	LaVision BioTec - UltraMicroscope II
LSM 880	Zeiss confocal LSM880 with Airyscan
LSM 900	Zeiss confocal LSM900
A.D. SDC	Andor Dragonfly Spinning Disk Confocal
DMi8	Leica DMi8 Inverted Fluorescent Microscope
LSM 780	Zeis confocal LSM 780
NA	Numerical aperture
RI	Refractive index
WD	Working distance
n.a.	not applicable

Objectives

Olympus MVPLAPO 2X/0.5; correction
2x corr.	colar 3.5
20x	Plan-Apo 20x/0.8WD 0.55mm
20x	
DMi8	HC PL Fluotar L M25
40x	Plan-Neofluar 40x/1.3 oil WD0.21
40x	40X/0.6 LD Plan Neo

Supplementary Table 3

Antibody	Vendor	Cat #	Host	Dilution IF	Dilution WM	Alternate name, labels
CD31	BD Pharmingen	550274	Rat	1:100	1:50	Pecam1, Endothelial cell
CGRP	Immunostar	24112	Rabbit	1:250	n/a	Calcitonin Gene-Related Peptide, Peptidergic sensory nerve
CytoK	Sigma-Aldrich	C2931-.2ML	Mouse IgG1	1:500	1:250	Cytokeratin, Ureteric tree
ECAD	Invitrogen	131900	Rat	1:500	1:250	E-cadherin, Tubule epithelium
LRP2	MyBiosource	MBS690201	Mouse IgG1	1:500	1:250	Megalin, Proximal tubule
NFH	Abcam	AB4680	Chicken	1:1000	n/a	Neurofilament heavy polypeptide,
NPHS2	Invitrogen	PA579757	Rabbit	1:500	1:250	Podocin, Podocytes, Glomeruli
NPY	Novus Biologicals	NBP1-46535SS	Chicken	1:250	n/a	Neuropeptide Y, Sympathetic nerve
PIEZO2	Novus Biologicals	NBP1-78624	Rabbit	1:250	n/a	Mechanosensitive sensory nerve
PIEZO2	Novus Biologicals	NBP1-78538	Rabbit	1:250	n/a	Mechanosensitive sensory nerve
PODXL	R&D Systems	AF1658	Goat	1:500	1:250	Podocalyxin, glomeruli, endothelium
SMA-488	Invitrogen	53-9760-82	Mouse IgG2a	1:500	1:250	Smooth muscle actin, Arterial tree
SubP	Immunostar	20064	Rabbit	1:100	n/a	Substance P Peptidergic sensory nerve
SYN1	Invitrogen	51-5200	Rabbit	1:1000	n/a	Synapsin I, Synaptic vesicle marker
TH	Milipore Sigma	AB152	Rabbit	1:500	1:250	Tyrosine Hydroxylase Noradrenergic sympathetic nerve
TH	Abcam	AB76442	Chicken	1:250	n/a	Tyrosine Hydroxylase Noradrenergic sympathetic nerve
TUBB3	BioLegend	801202	Mouse IgG2a	1:500	1:250	Class 3 Tubulin Pan-neuronal marker
TUBB3-594	BioLegend	801208	Mouse IgG2a	1:500	1:250	Class 3 Tubulin Pan-neuronal Marker
VAChT	SySy	139105	Guinea-Pig	1:100	n/a	Vesicular acetylcholine transporter, Parasympathetic (Cholinergic) nerve
RFP	Rockland	600901379	Chicken	1:500	1:250	Recombinant RFP (tdTomato)