



ANTENATAL FETAL UROLOGICAL ANOMALIES

Date of Referral:...../...../.....

Referring Dr:.....

Please circle appropriate category:

UROLOGY REFERRAL

Mr Barker, Mr Samnakay, Ms Khosa

1. Bilateral hydronephrosis > 7mm antero-posterior diameter.
2. Unilateral hydronephrosis >10mm antero-posterior diameter.
3. Dilatation of ureters, bladder anomaly eg ureterocele, thick walled bladder, exstrophy.
4. Unilateral suspected multicystic dysplastic kidney
5. Complicated duplex systems with any hydronephrosis, ureteric dilatation, ureterocele.
6. Hydrocolpos.
7. Suspected disorder of sex development (DSD).
8. Genitourinary tract mass or tumour.

Ring surgical registrar on call:

- Arrange postnatal investigations ,+/- antibiotic prophylaxis (Co-trimoxazole 1ml nocte) as per urology team

Fax referral to urology team 64562074

NEPHROLOGY REFERRAL

Dr Willis, Dr Crompton, Dr Larkins, Dr Mincham

1. Unilateral hydronephrosis 7 -10mm antero-posterior diameter, with no ureteric dilatation or bladder anomaly.

Note - Unilateral hydronephrosis < 7mm does not require further investigation or follow up.

2. Bilateral cystic kidney disease.
3. Simple duplex systems with no dilatation.
4. Pelvic kidney, horseshoe kidney, uncomplicated solitary kidney.
5. Any other renal abnormality.

- Request post-natal renal US at approx. 2 months of life at PCH; the form should be faxed to PCH radiology: 6456-0071.
- PCH Nephrology staff will follow up US results and will arrange clinic appointment if necessary. Please inform parents that if the US is normal, they will be contacted by letter and no follow up clinic appointment will be made.
- Antibiotic prophylaxis with Co-trimoxazole is not required for these babies.

If not routine, ring Nephrology Registrar or Consultant on call.

Fax nephrology referral to 64560097



Healthy kids, healthy communities

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Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Antenatal Fetal Renal and Urological Anomalies - Cont.

Brief history (include RPD measurements and gestations, other relevant findings):

Print Name: _____

Designation: _____

Signature: _____

Provider Number: _____

Ward: _____ Ext: _____

Parent Name: _____

Contact Number: _____