



Antenatal Foetal Renal and Urological Anomalies

Date of Referral:

This referral has been approved by a Neonatal SR/Consultant:

Dr _____

Addressograph Label

(Please include maternal UMRN or details of any external foetal imaging)

Please indicate Urology or Nephrology below:

UROLOGY REFERRAL: Attention Mr Barker, Ms Khosa, Mr Samnakay

1. Bilateral hydronephrosis of any dimension.
2. Hydronephrosis greater than 10mm antero-posterior diameter (APD), any dilatation of ureters, bladder anomaly e.g. Ureterocoele, posterior urethral valves, exstrophy.
3. Unilateral multicystic dysplastic kidney.
4. Complicated duplex systems with any dilatation.
5. Hydrocolpos.
6. Suspected disorder of sexual differentiation (DSD).
7. Genitourinary tract mass or tumour.
 - Ring surgical registrar on call: 0424 072 490 or 9340 8186.
 - Arrange postnatal investigations +/- antibiotic prophylaxis as per Urology team.
 - After verbal discussion, fax referral to urology team on 9388 7710.

NEPHROLOGY REFERRAL: Attention Dr Crompton, Dr Hewitt, Dr Willis

1. Unilateral hydronephrosis 7 to 10mm APD with no ureteric dilatation or bladder anomaly.

Note - Unilateral hydronephrosis of less than 7mm does not require further investigation or follow up.
2. Bilateral cystic kidney disease.
3. Simple duplex systems with no dilatation.
4. Pelvic or other ectopic kidney, horseshoe kidney, uncomplicated solitary kidney.
5. Any other renal abnormality.
 - Fax nephrology referral to 9388 7710.
 - If not routine, ring PMH and discuss with nephrology Registrar or Consultant.
 - Start antibiotic prophylaxis with Cotrimoxazole suspension (1mL nocte).
 - Unless otherwise decided, KEMH staff to please request post-natal US at approx. 2 months of life (PMH Nephrology staff will follow up US dates & results and will arrange clinic appointment accordingly).
 - Please inform parents that if 2 month US is normal, they will be contacted by letter and no follow up clinic appointment will be made.

Antenatal Foetal 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: _____