

Streamlining of Nephrology/Urology referrals

PRENATAL –

- **Pyelectasis/Pyelocaliectasis/Hydronephrosis/Pelviectasis**
- > 10 mm RPD unilateral – refer to Urology
- 7-10 mm RPD unilateral – refer to Urology discretion of MFM
- > 7 mm RPD bilateral – Refer to both Peds Urology and Nephrology

- **MCDK**
- Refer to both Urology and Nephrology

- **Enlarged or echogenic kidneys**
- Refer to Peds Nephrology (+Urology if accompanied by hydronephrosis)

- **Hydroureter**
- Refer to Peds Urology (+Nephrology if bilateral)

- **Absent Kidney**
- Refer to Peds Nephrology

- **Duplicated collecting system**
- Referral to Peds Urology only (+ Peds Nephrology if bilateral. No need for nephrology to see if no hydro or other renal anomalies)

- **Ureterocele**
- Refer to Peds Urology

- **Posterior Urethral Valves**
- Refer to Peds Urology and Nephrology

POSTNATAL

- **Mild Unilateral Hydronephrosis**
- Defined as: Unilateral pyelectasis, unilateral pelviectasis, unilateral SFU Grade I or Grade II hydronephrosis, or Renal pelvis diameter < 10 mm
- Urology Referral only

- **Severe Unilateral Hydronephrosis**
- Defined as: Unilateral pyelocaliectasis, unilateral pelvicaliectasis, unilateral SFU grade III (+) hydronephrosis or renal pelvis diameter > 15 mm
- Urology and Nephrology referral

- **Mild Bilateral Hydronephrosis: Defined as pyelectasis, SFU grade 1 or 2 hydronephrosis, or APRPD <10 mm**
- Urology referral only
- **Moderate-Severe Bilateral hydronephrosis, pyelectasis, pelviectasis, pyelocaliectasis, pelvicaliectasis, SFU grades III-IV hydronephrosis**
- Urology and Nephrology referral
- **MCDK**
- Peds Urology and Nephrology referral
- **Enlarged or echogenic kidneys**
- Peds Nephrology referral (+Urology if accompanied by hydronephrosis)
- **Hydroureter without hydronephrosis**
- Refer to Peds Urology only
- **Duplicated collecting system**
- Referral to Peds Urology only
- **Ureterocele**
- Refer to Peds Urology
- **Posterior Urethral Valves**
- Refer to Peds Urology and Nephrology
- **VUR with otherwise normal kidneys**
- Referral to ped urology with subsequent nephrology referral if evidence of reflux nephropathy

OTHER

- **Recurrent Febrile Urinary Tract Infections**
- Urology – Refer to nephrology if VUR or recurrent pyelonephritis diagnosed
- **Recurrent afebrile Urinary Tract Infections**
- Peds Urology referral
- **Daytime or Nocturnal Enuresis:**
- Refer to Rachel Doggett
- **Hematuria (aside from active stone disease):**
- Nephrology

- **Stones:**
- Urology for treatment, Nephrology for prevention of next stone

Based on prenatal findings, who does not need immediate U/S on DOL 1/2, VCUG or antibiotic prophylaxis postnatally?

- Unilateral grade 1 hydronephrosis
- Enlarged or echogenic kidneys (exception: these patients may need ultrasound soon after birth)
- Solitary kidney without hydronephrosis
- Grade 2 unilateral hydronephrosis? per MD call (some will, some will not)