



Male with any 2

- 1) Right hydronephrosis or hydroureter
- 2) Left hydronephrosis or hydroureter
- 3) Abnormal appearing bladder
- 4) Abnormal amniotic fluid level
- 5) Delayed UOP > 24 hours of life
- 6) Dribbling urine stream
- 7) Abnormal abdominal wall exam

Prenatal Renal Anomaly

Number of Kidneys

no

yes

- 1) Amox
- 2) Inpt peds neph
- 3) **Inpt VCUG**

One kidney

Two kidneys

- 1) Orthotopic and
- 2) SFU A1-2 and
- 3) RPD < 10mm

Recommendations...

- 1) **US at 2-4 weeks** and outpt peds neph f/u

- 1) Ectopic or
- 2) SFU A3-4 or
- 3) RPD > 10mm or
- 4) Has hydroureter or
- 5) Echogenic parenchyma

Recommendations...

- 1) Do not plan to discharge prior to 48 hours
- 2) Start amoxicillin prophylaxis at 20 mg/kg/dose QHS
- 3) Request inpatient peds neph consult
- 4) Check RFP at 48 hours
- 5) **May consider inpt US or VCUG**

Two kidneys

- 1) Serial prenatal US demonstrated in utero resolution of hydro AND
- 2) No prenatal US showed RPD > 10mm

Recommendations...

- 1) No required postnatal imaging and no subspec consult required

- 1) One or both kidneys with SFU A1-2 and
- 2) RPD < 10 mm and
- 3) Normal echogenicity

Recommendations...

- 1) US at 2-4 weeks and outpt peds neph eval
- 2) If hydroureter start amox prophylaxis at 20 mg/kg/dose QHS

- 1) One kidney SFU A3-4 or
- 2) RPD > 10 mm with or without hydroureter or
- 3) Ureterocele noted in utero

Recommendations...

- 1) Amox prophylaxis at 20 mg/kg/dose QHS
- 2) US at 1-2 weeks
- 3) and outpt peds neph eval

- 1) Both kidneys SFU A3-4 or
- 2) Both kidneys with RPD > 10 mm

Recommendations...

- 1) Do not plan to discharge prior to 48 hours
- 2) Start amoxicillin prophylaxis at 20 mg/kg/dose QHS
- 3) Request inpatient peds neph consult
- 4) Check RFP at 48 hours (based on the severity of prenatal findings and the RFP result we can determine if pt should get any **inpatient imaging**)

Cystic kidney

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graph TD; A[Cystic kidney] --> B["If cystic, dysplastic, echogenic single kidney OR bilateral cystic, dysplastic, echogenic kidneys OR low amniotic fluid levels..."]; A --> C["If cystic, dysplastic, echogenic unilateral kidney with normal contralateral kidney and normal amniotic fluid levels..."]; B --> D["Recommendations..."]; C --> E["Recommendations..."];
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If cystic, dysplastic, echogenic single kidney
OR bilateral cystic, dysplastic, echogenic
kidneys OR low amniotic fluid levels...

Recommendations...

- 1) Do not plan to discharge prior to 48 hours
- 2) Request inpatient peds neph consult
- 3) **Inpatient renal US**
- 4) Check RUE BP
- 5) RFP at 48 hours

If cystic, dysplastic, echogenic unilateral
kidney with normal contralateral kidney
and normal amniotic fluid levels...

Recommendations...

- 1) **US at 2-4 weeks** of life and outpt
peds neph eval