Consult nephrology promptly if significantly abnormal kidney tissue or renal parenchyma on fetal imaging, especially if bilateral findings or difficulty with urination.

Monitor upper extremity blood pressure on any infant with abnormal fetal kidney appearance. Consult Nephrology if hypertensive.

Perform initial renal ultrasound1 (“Renal US”)2 based on prenatal UTD classification.

UTD A1: First ultrasound at 4 weeks of age

- UTD Resolved
  - No Further Action Required
- UTD P1
  - PCP to order renal ultrasound at 4 months of age 4
- UTD P2 or P3
  - Consult with Urology and Nephrology 3

UTD A2-3: First ultrasound by 48 hours of life, review results prior to discharge

- UTD P1
  - PCP to order renal ultrasound at 4 months of age 4
- UTD P2 or P3
  - Consult with Urology and Nephrology 3

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1 Ultrasound results do not replace clinical concern for renal/bladder function. Please advise outpatient physician and parents that fever, increased fussiness, vomiting, or feeding difficulties could be a sign of a urinary tract infection.

2 "Renal US" is ordered as “US Retroperitoneal” in Epic.

3 Review Renal US with Urology and Nephrology. Further workup may include RFP and/or VCUG, or outpatient follow-up.

4 Please see outpatient guideline for further guidance on imaging and follow up at 4 and 12 months.

Reference: April 2020 Intermountain CPM: Perinatal Assessment and Referral for Urinary Tract Dilation (UTD)

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