

# Algorithm: Antenatal Hydronephrosis

Postnatal  
Presentation

>48 hour of life, AP RPD  
(anterior-posterior renal pelvic diameter)  
**10 to 14 mm**  
CENTRAL calyceal dilation  
Parenchymal thickness **NORMAL**  
Parenchymal appearance **NORMAL**  
Ureters **NORMAL**  
Bladder **NORMAL**

>48 hour of life,  
**AP RPD  $\geq 15$  mm**  
PERIPHERAL calyceal dilation  
Parenchymal thickness **NORMAL**  
Parenchymal appearance **NORMAL**  
Ureters **ABNORMAL**  
Bladder **NORMAL**

>48 hour of life,  
**AP RPD  $\geq 15$  mm**  
PERIPHERAL calyceal dilation  
Parenchymal thickness **ABNORMAL**  
Parenchymal appearance **ABNORMAL**  
Ureters **ABNORMAL**  
Bladder **ABNORMAL**

Upper Tract Dilation (UTD) P1:  
**LOW RISK**  
MANAGE IN PRIMARY CARE

UTD P2:  
**INTERMEDIATE RISK**

UTD P3:  
**HIGH RISK**

Risk-Based Management,  
Postnatal Diagnosis

Follow-up ultrasound  
3 months  
  
Voiding cystourethrogram (VCUG)  
not recommended  
  
Antibiotics  
not recommended  
  
Functional scan  
not recommended

Refer to Urology within 3 months

Refer to Urology within 2-3 months

Continued UTD P1 → Repeat ultrasound at 6 months, then yearly for 2 years

UTD P1 stable → No further ultrasound recommended

UTD P1 worsens → Refer to Urology within 3 months