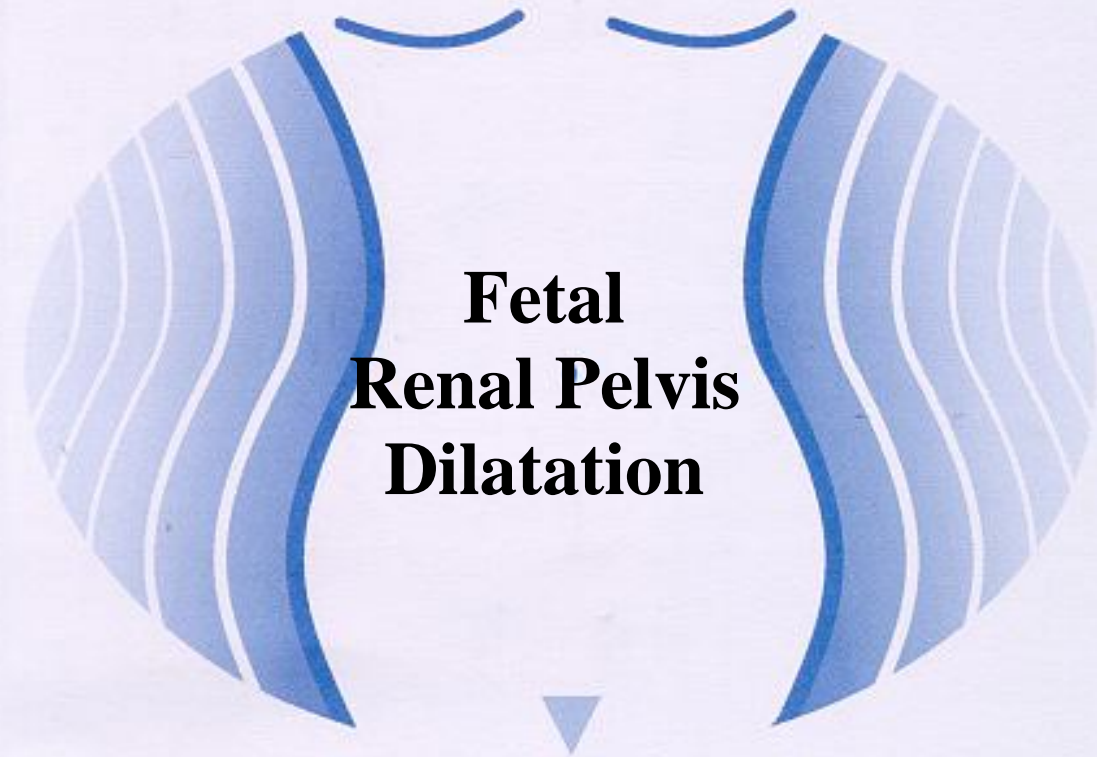


Obstetric and Gynaecological Ultrasound in Mulgrave (formerly Diagnostic Women's Ultrasound), has provided specialist pregnancy and gynaecological ultrasound services to Melbourne's South East and the Dandenong region since 1989.

Dr Simon Meagher is an obstetrician/gynaecologist who has specialised in ultrasound and prenatal diagnosis. He is the Director of Monash Ultrasound for Women, consultant staff specialist at the Mercy Hospital for Women and lecturer at both Melbourne and Monash Universities. He is well known for his clinical and procedural skills and academic achievements, having over 40 publications in local and international journals.

O & G Ultrasound provides a complete range of pregnancy and gynaecological ultrasounds and related procedures including prenatal genetic testing for Down Syndrome. Dr Meagher (obstetrician/gynaecologist/ultrasonologist), Associates and sonographers specialised in obstetric ultrasound, work with state of the art, high resolution ultrasound machines. Together with an experienced team of nurses and support staff, our aim is to provide you with the highest quality ultrasound service available.



Fetal Renal Pelvis Dilatation

Dr Simon Meagher

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The **ureter** is a narrow tube which drains urine from the kidneys to the bladder (refer diagram to the right). Where the ureter meets the kidney is called the renal pelvis. This normally measures less than 4mm at the 18-20 week scan.

In 1-2% of pregnancies the renal pelvis of the baby is dilated to around 4-10mm. This can be seen and measured at the mother's 18-20 week ultrasound examination. In most cases fetal renal pelvis dilatation is a normal variation which resolves in later pregnancy or shortly after delivery.

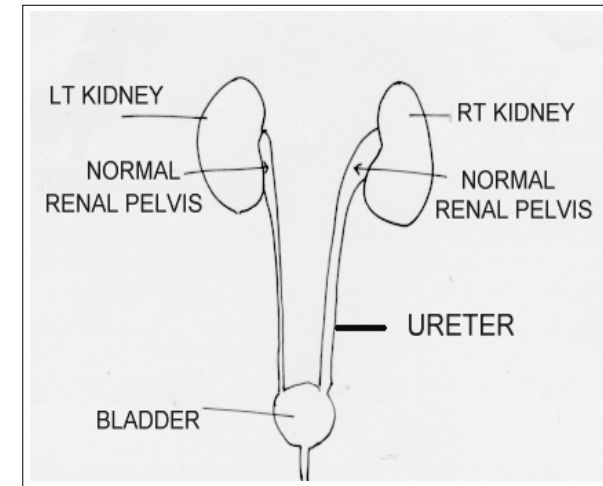
In some babies however, the dilatation may be due to reflux of urine or rarely obstruction of the ureter. Both of these conditions are treatable.

Where there is **reflux**, the urine flushes back up the ureters towards the kidneys each time the baby contracts its bladder to pass urine. In the majority of cases this resolves with time as the baby gets older and the valve mechanism between the bladder and ureters matures. With some babies however a short course of antibiotics is needed and only rarely is surgery performed to correct the problem.

With **obstruction**, the ureter may be partially blocked anywhere along its length from the kidney to the bladder. In the vast majority of babies the obstruction is mild and surgery is not required.

It is important to perform a follow up ultrasound at 28-32 weeks in all babies with renal pelvis dilatation, in order to identify those who will require treatment for related problems in the future. In the majority of babies with renal pelvis dilatation however, such treatment will not be required, and no long term kidney damage results.

NORMAL KIDNEYS AND URETERS



KIDNEYS WITH RENAL PELVIS DILATATION

