

## FETAL DIAGNOSIS SERVICE

### *Referral Criteria*

- abdominal wall defect
  - omphalocele, gastroschisis, Pentalogy of Cantrell, bladder extrophy
- amniotic bands
- CNS malformation
- congenital heart defect
- cystic hygroma (>17 weeks) (less than 17 weeks gestation should be referred to Medical Genetics)
- diaphragmatic hernia
- facial abnormalities
  - cleft lip and/or palate
- fluid collections in fetuses:
  - ascites, pleural effusion, or pericardial effusions (> 3 mm), subcutaneous edema
  - hydrops (> 17wks) (less than 17 weeks should be referred to Medical Genetics)
- gastrointestinal anomalies:
  - obstruction such as duodenal atresia “double bubble sign”
  - dilated bowel loops
- intrauterine growth restriction (IUGR) <26 weeks (defined as AC < 5%ile or any other two growth parameters < 5%ile)
- limb anomalies
  - reduction defects
  - shortening of long bones (< 1%tile)
  - clubfoot
- lung pathology such as CPAM or bronchopulmonary sequestration
- microcephaly (HC < 1%)
- fetal body masses
  - neck, face, back, such as sacrococcygeal teratoma
- neural tube defect (except anencephaly => to be referred to Medical Genetics)
- obstructive uropathy:
  - hydronephrosis >10mm
  - hydroureter
  - megacystis
- oligohydramnios detected before 26 weeks gestation
- polyhydramnios (DVP > 8cm or AFI > 250mm)
- renal anomalies:
  - dysplastic
  - multicystic
  - agenesis
  - ectopic
  - duplex collecting system
- skeletal dysplasia
- ventriculomegaly (10mm or greater)