Incidental diagnosis on fetal imaging
Palpable abdominal mass caused by a large obstructed kidney
Intermittent flank/abdominal pain
Urinary tract infection (UTI)
Hematuria
Failure to thrive (FTT)
Nausea or vomiting
May present with renal injury if the patient has been involved in a trauma
Hematuria
Renal calculi
Hypertension

If hydronephrosis was seen antenatally, infant should be placed on prophylactic antibiotics after birth (50mg PO once a day Keflex).
A renal ultrasound should be obtained at 24-48 hrs of life.
Infant should have an appointment with urology 4-6 weeks after birth with a repeat renal ultrasound.

If a patient is symptomatic and radiographic evaluation reveals hydronephrosis during episodes of pain, also known as a Dietl's crisis, the patient may need to be taken to the OR. Urology should be notified of this immediately.

Patients who present with a UPJ obstruction in the setting of acute pyelonephritis should be treated with an acute dose of antibiotics.
These patients should also be placed on prophylactic antibiotics once the acute course of antibiotics has been completed. The following are prophylactic antibiotic recommendations commonly used:

Keflex - 10mg/kg/day
Amoxicillin – 10mg/kg/day (if less than 2 mos of age)
Bactrim – 2mg/kg/day (if greater than 2 mos of age)
Nitrofurantoin – 2mg/kg/dose (if greater than 1 mos of age)