



PATIENT

Belle Tuccillo-Damato

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

5 Years

WEIGHT

87

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Catherine Walsh

HOSPITAL NAME

Greater Staten Island
Veterinary Services

REFERRING VET

Dr. Catherine Walsh

INVOICE

14683

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- P has a long history of urinary issues. Has been incontinent since 9 months old has always dribbled.
- historic vaginal prolapse
- Went to primary for ear infection, did routine bloodwork, found P was azotemic
- Sent out urine, rods found
- suspect pyelonephritis

Abnormal PE/Chem/CBC/UA Results: CREAT: 5.7 BUN 74, SDMA 28.6 phos 6.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild distended in size with normal tone. Normal visible urinary bladder wall. The trigone and cystourethral junction were free of overt pathology. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted. The visible proximal urethra was not definitively visualized owing to patient confirmation and size.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size with asymmetrical margination and indistinct corticomedullary architecture. Marked loss of corticomedullary border demarcation was also present. A small cortical cyst and pinpoint hyperechoic parenchyma foci were visualized which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. The left kidney measured 4.6 cm in length.

The right kidney was mildly larger than the left kidney with asymmetrical margination and indistinct corticomedullary architecture. Marked loss of corticomedullary border demarcation was also present. A small cortical cyst and pinpoint hyperechoic parenchyma foci were visualized which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

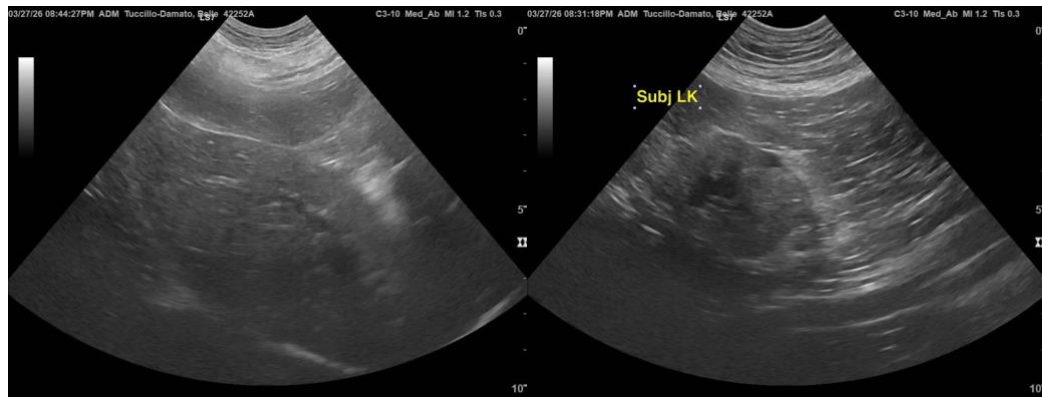
No overt lymphadenopathy or peritoneal effusion was present.

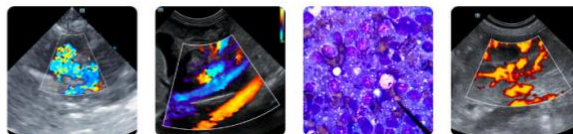
ULTRASONOGRAPHIC FINDINGS

- Marked chronic degenerative bilateral renal changes and subnormal renal size.
- Sonographically unremarkable mild distended urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys suggest dysplasia given patient's age, although severe chronic bilateral nephritis infection, scarring and fibrosis are all potentials. Correlation with urine culture and sensitivity is recommended. Definitive evidence of lower urinary tract, structural or congenital abnormality was not obvious, yet visualization of the entire urinary bladder and urethra was limited. Hospitalization with renal support and empirical therapy for UTI/pyelonephritis pending urine culture and sensitivity results with clinical monitoring is recommended. Very guarded prognosis given renal presentation.





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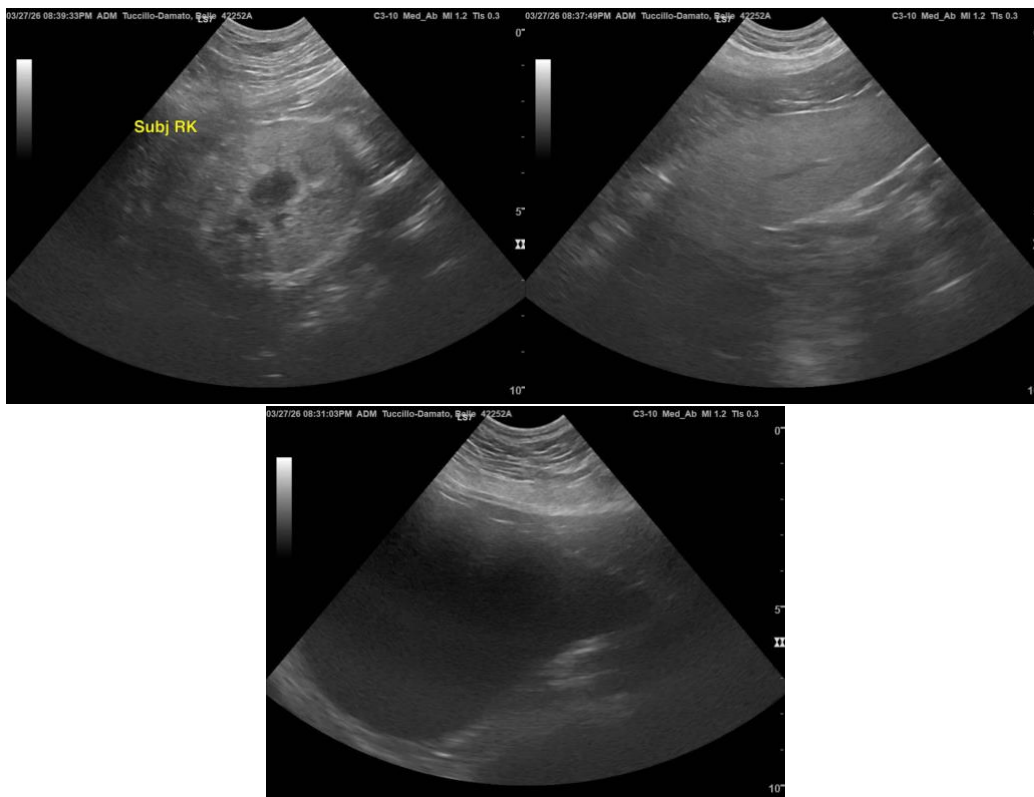
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com