



PATIENT

Eugene Koczorowski

SPECIES

Feline

PRESENTING CLINICAL SIGNS

- BCS 3.9
- Repeat echo from 2/2024 (report attached for reference)
- Grade 2/6 L systolic murmur
- Was on Amlodipine-owner is no longer giving.
- Hx of renal dz

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Elevated SDMA, Cre and BUN. Cardiopet 1500 Normal-Phos and T4 (2.0)

SEX

MN

AGE

9yr

WEIGHT

10.15lb

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	10.15lb	NM	0.77	1.64	0.71	48	82
FELINE CARDIAC PARAMETERS	LA/AO M-Mode	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.5	1.4		1.4	1.4	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Magnolia Veterinary Practice

REFERRING VET

Dr Goldstein

INVOICE
23817

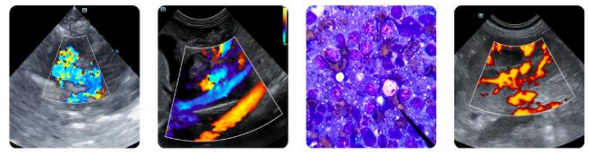
DATE
02/05/2026

Cardiac Presentation

The left ventricular wall is moderate to significantly hypertrophied with regions of irregularity. There is a diffusely hyperechoic endocardium consistent with fibrosis and ventricular remodeling. Papillary muscle hypertrophy with regions of remodeling. Normal left atrial dimension, no spontaneous contrast. No overt evidence of SAM of the mitral valve present, with an normal LVOT velocity seen on color flow. Normal to mildly dynamic LVOT profile. There is minor eccentric mitral regurgitation present secondary to SAM. Normal right atrial size. Normal right ventricle size. Normal measured RVOT velocity. No TR. No other obvious valvular regurgitation is present. Scant pericardial effusion noted of unclear origin, not considered clinically significant. No pleural effusion appreciated. No obvious cardiac tumors. No arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

Primary



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- Static ventricular hypertrophy exhibiting myocardial remodeling / fibrosis
- Normal LA

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar to static cardiac presentation compared to the previous study. HCM phenotype criteria is met, which is a rule out diagnosis once the patient is deemed euthyroid and normotensive. Continued monitoring of systemic BP and T4 levels suggested.

BREED

DSH

The lack of cardiac chamber enlargement continues to indicate that the current and future risk of complications secondary to the murmur is likely low. Given only minor MR, a benign /flow murmur is probable. No other indication for cardiac medication.

SEX

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Continued sonographic monitoring recommended for further prognosis. Recheck echo suggested in 6-12 months, sooner if clinical signs arise.

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Anesthetic risk is considered moderate. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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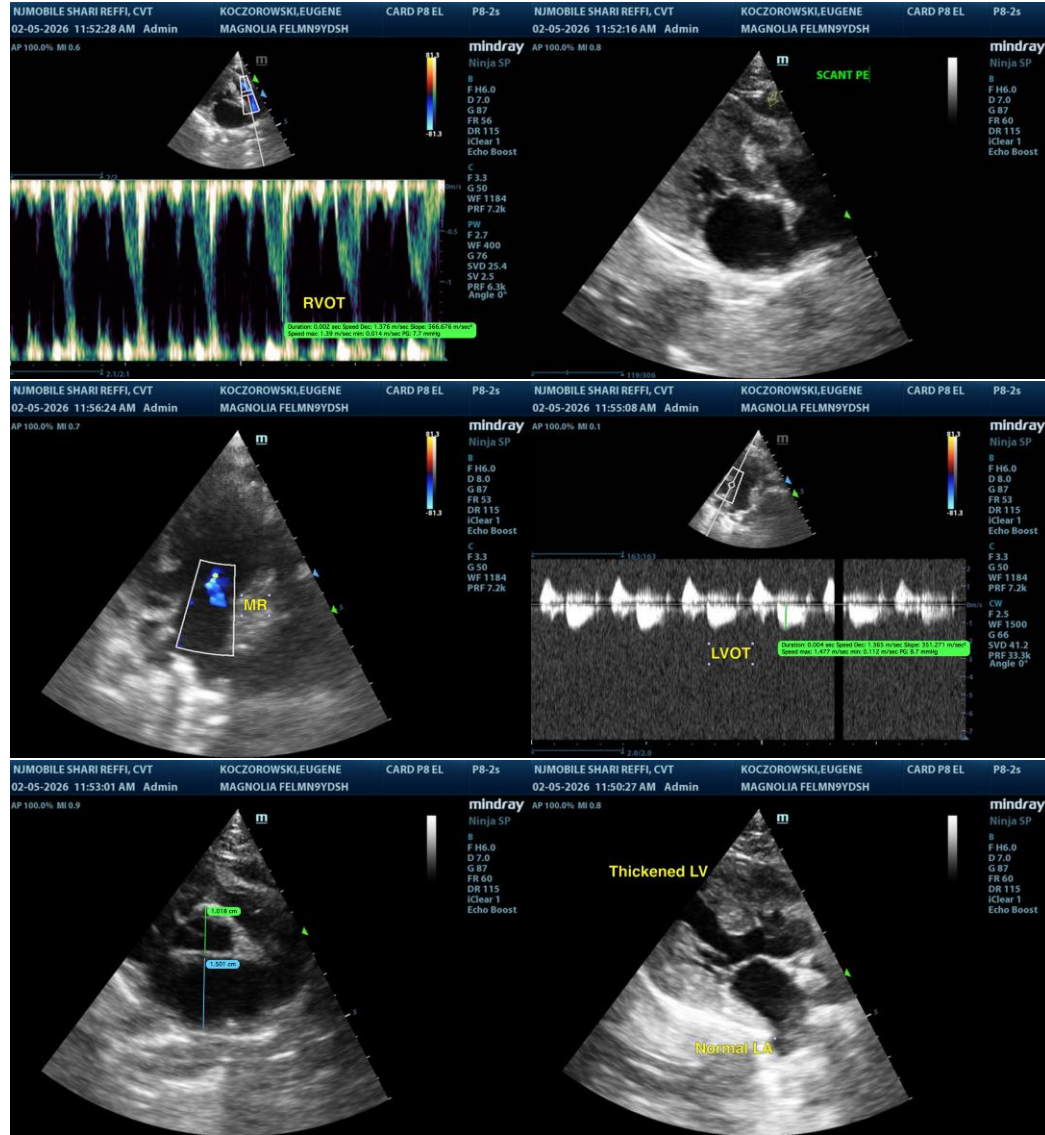
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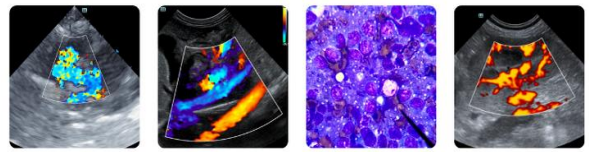
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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