



PATIENT

Oswald Levinson

SPECIES

Feline

BREED

Tabby

SEX

Male Neutered

AGE

15y

WEIGHT

15.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shark

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Nadir Shafik

INVOICE

13427

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: wobbly walking, arthritis.

Abnormal PE/Chem/CBC/UA Results: positive NT-proBNP, T4 border line, enlarged heart.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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	--	NM	0.55	1.4	0.51	45	78
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	--	1.25	1.4		NM	1.2	--

Adapted from June Boon, Veterinary Echocardiography, 1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt MR noted on doppler. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented echogenic remodeling consistent with age-related change/fibrosis and ventricular remodeling. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window. No evidence of arrhythmia present.

Incidental cystic appearing liver mass on brief transdiaphragmatic view of the liver.

PRIMARY FINDINGS

LV myocardial remodeling, adequate LV systolic function

- Normal LA
- Normal RA/RV



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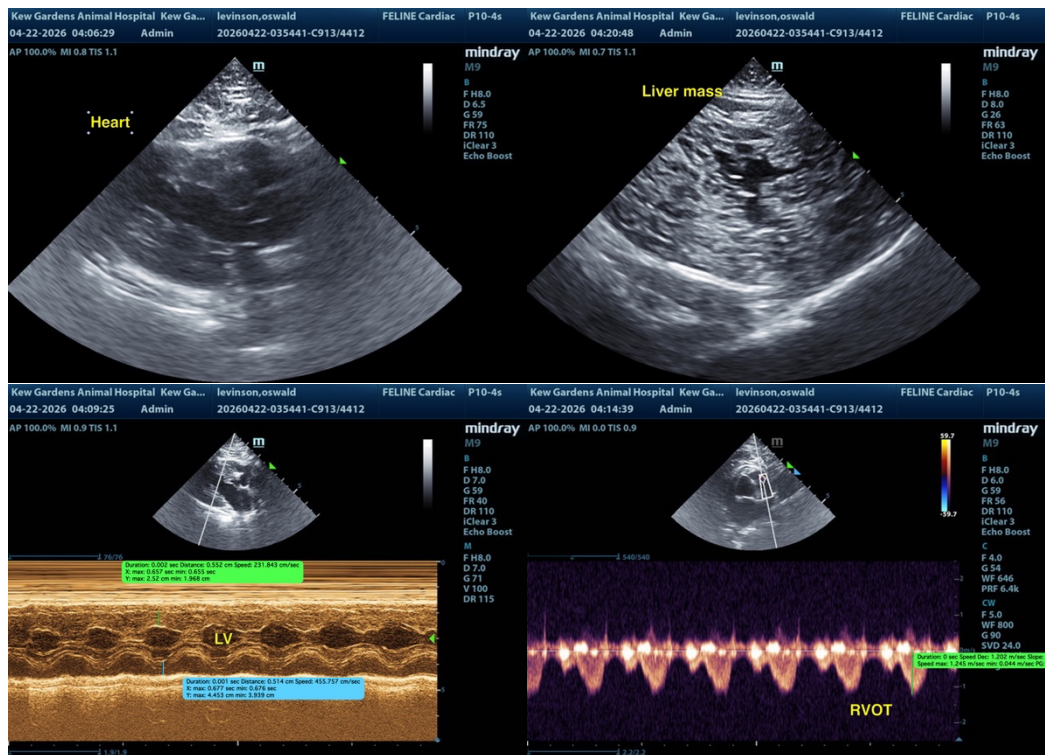
SECONDARY FINDINGS

- Incidental cystic appearing liver mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant clinical issues such as definitive HCM criteria, left or right heart chamber enlargement, LV systolic dysfunction or arrhythmia. LV myocardial remodeling potentially owing to early HCM phenotype not definitively excluded in conjunction with borderline abnormal T4 level. Regardless of classification, the lack of LA enlargement indicates the current and future risk of complication is low.

No indication for cardiac medications. Cardiac monitoring is recommended for further assessment and prognosis. Recheck echo suggested in 6 months if clinically indicated. Anesthetic risk is considered mild to moderate in conjunction with patient. If required, the following protocol is suggested with close monitoring. 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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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)

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