



PATIENT

Luna Szyflingier

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

4.7

PRESENTING CLINICAL SIGNS

PU/PD

CKD

Abnormal PE/Chem/CBC/UA Results: Bw-Azotemia , Anemia TT4-wnl Heart murmur grade 2-3/6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND 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	4.7	NM	0.61	1.23	0.58	48	80
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	--	1.2	1.3		NM	1.25	NM

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 with no evidence of “smoke” or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened without overt insufficiency noted on Doppler or definitive evidence of SAM. The left ventricle presented borderline mild excessive free wall and septal thicknesses. The myocardium demonstrated increased echogenicity suggestive of some degree of LV fibrosis and ventricular remodeling, concurrent mildly prominent remodeled papillary muscle. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. Normal measured RVOT velocity. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Lara

INVOICE 24689

DATE 04/30/2026



PATIENT

Luna Szyflingier

be hypertrophied resulting in an altered cortex: medulla ratio. Moderate indistinct loss of corticomedullary distinction was also present. Mild bilateral pyelectasia was present. The renal medullary volume was subjectively reduced. The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

SPECIES

Feline

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

BREED

DSH

Spleen

The spleen not definitively visualized potentially owing to volume contraction.

SEX

FS

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild debris. The cystic and common bile ducts were normal.

AGE

12

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.

WEIGHT

4.7

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 mechanical/metabolic ileus, obstruction or foreign material.

INTERPRETED BY

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

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

Pancreas

The left pancreas was mildly prominent in size with capsule asymmetry and heterogeneous remodeled left pancreatic limb parenchyma.

IMAGING PERFORMED BY

Dr Sharkawy

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

HOSPITAL NAME

Kew Gardens Animal
Hospital

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild compensated HCM phenotype with LV myocardial remodeling/ fibrosis, adequate LV systolic function
- Normal left atrium
- Normal right atrium/ ventricle
- Bilateral chronic nephropathy and mild pyelectasia
- Suspect chronic pancreatitis with remodeling
- Mild gallbladder debris

REFERRING VET

Dr Lara

INVOICE

24689

DATE

04/30/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Luna Szyflingier

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

4.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr Lara

INVOICE

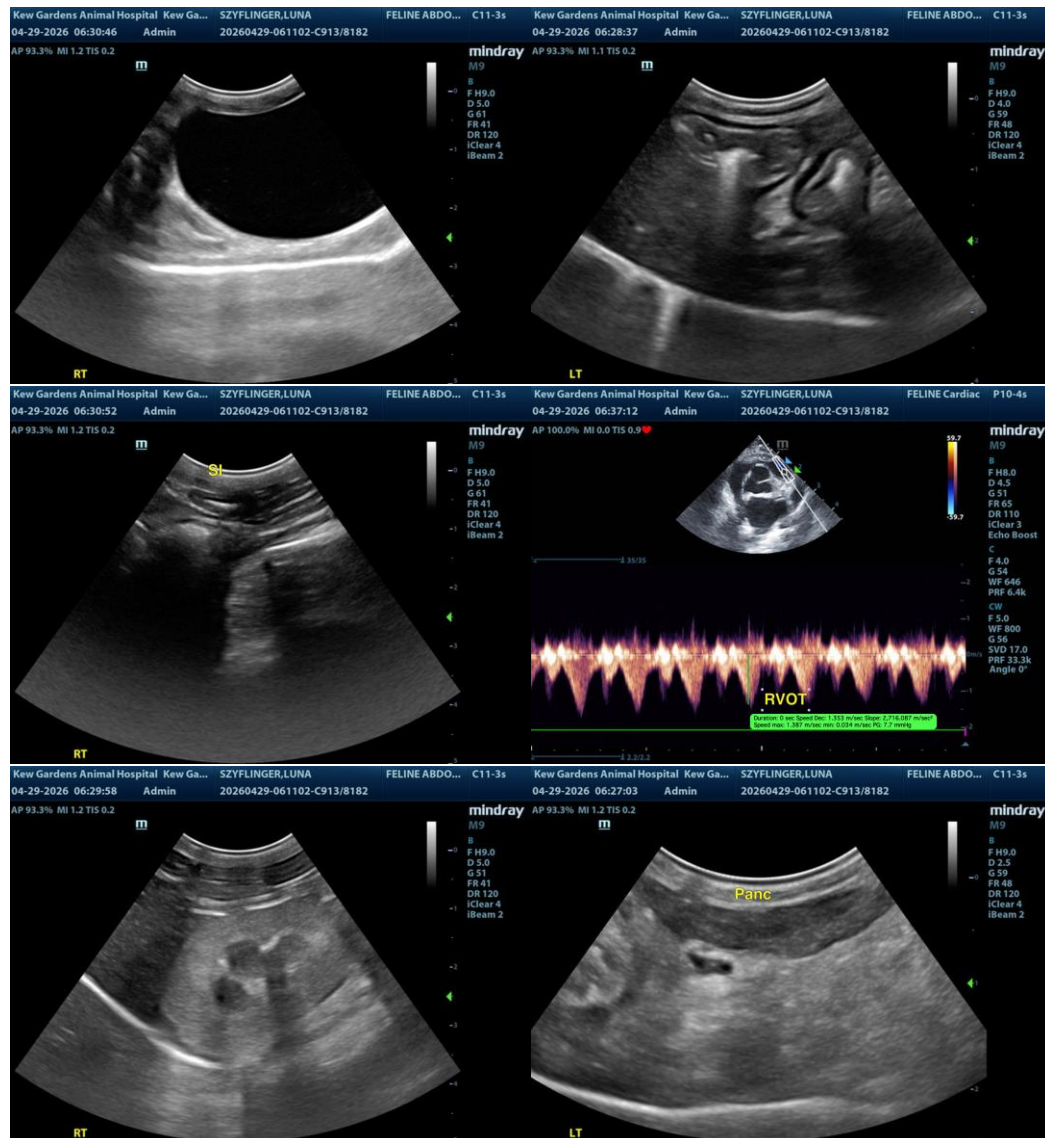
24689

DATE

04/30/2026

HCM is a rule out diagnosis once the patient is deemed euthyroid and normotensive. Assessment of systemic BP given azotemia for evidence of hypertension is recommended. The current lack of left atrium enlargement indicates the current and future risk of complication is low and likewise indicates the hemodynamic effects of the heart murmur are low. No other indication for cardiac medication.

CKD therapy with appropriate renal fluid support is recommended with clinical monitoring. Recheck echo indicated if evidence of cardiac clinical signs or fluid overload. A spec FPL suggested to correlate with the pancreas.





PATIENT

Luna Szyflingier

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

4.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

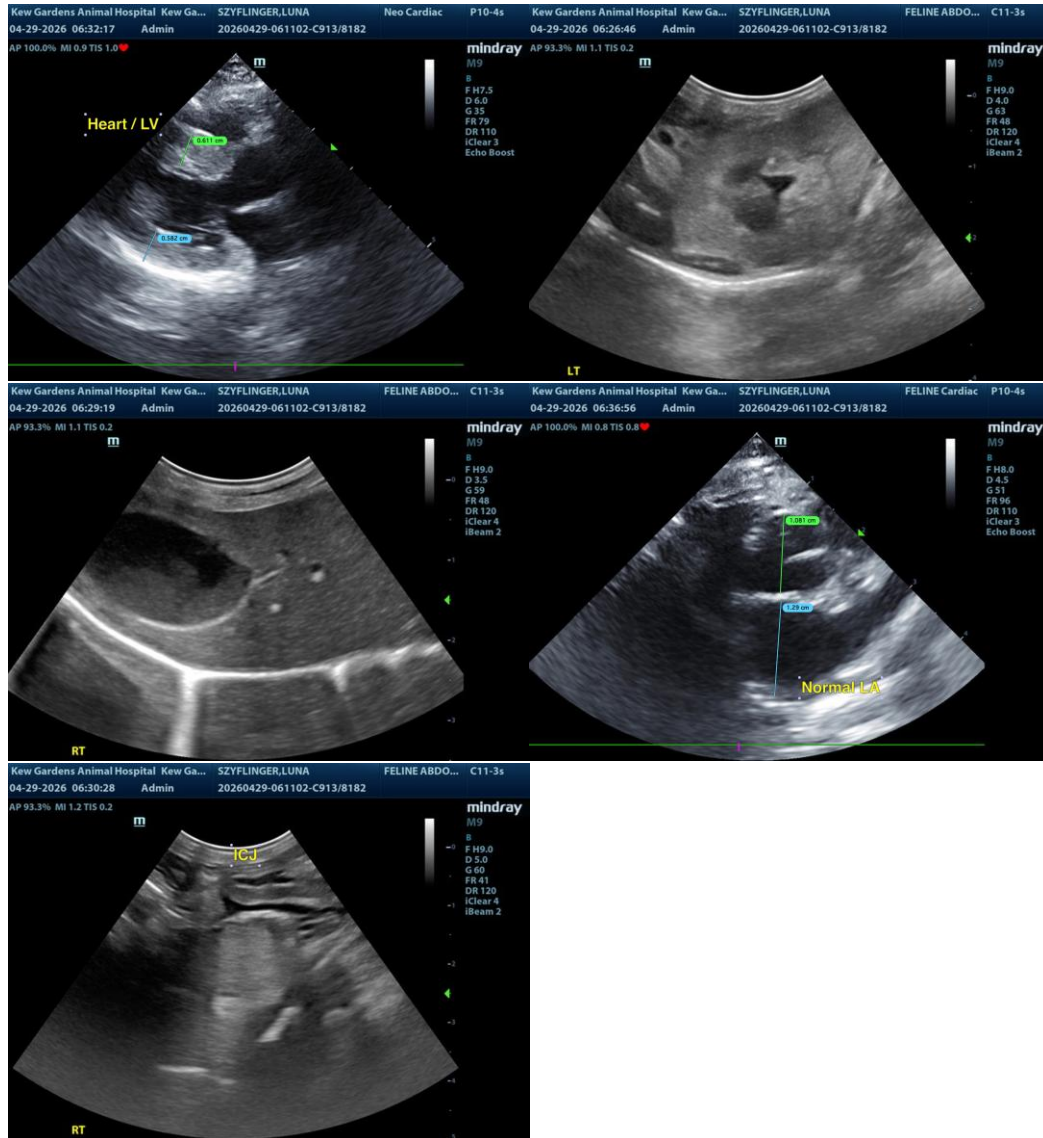
Dr Lara

INVOICE

24689

DATE

04/30/2026



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