



## PATIENT

Sheamus Armstrong

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

2 Years 8 Months

## WEIGHT

59 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Bill McGee, DVM,  
DABVP

## HOSPITAL NAME

Bridgeport Animal  
Hospital

## REFERRING VET

Bill McGee, DVM,  
DABVP

## INVOICE

72047

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Annual recheck echocardiogram. He has a stenotic aorta. Recking for any progression of disease. No clinical changes

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.0	1.2	28	55	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	90	3.26	0.96	59	2.9	3.55	--

## Cardiac Presentation

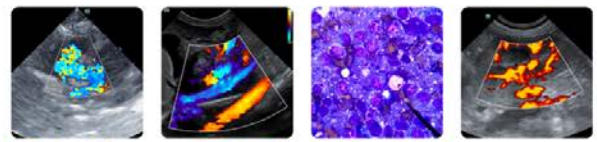
The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. Aortic outflow velocity was excessive at 3.26 m/sec, still compensated at that velocity. Aortic insufficiency noted at approximately 5.0 m/sec. No evidence of volume overload or significant secondary changes in the left ventricle. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible pericardial or free pleura fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

- Aortic stenosis and secondary aortic insufficiency, compensated at this time.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements indicated if not already performed. Recheck echo in one year, earlier if murmur grade increases or clinical signs initiate. However, this appears compensated at this time.



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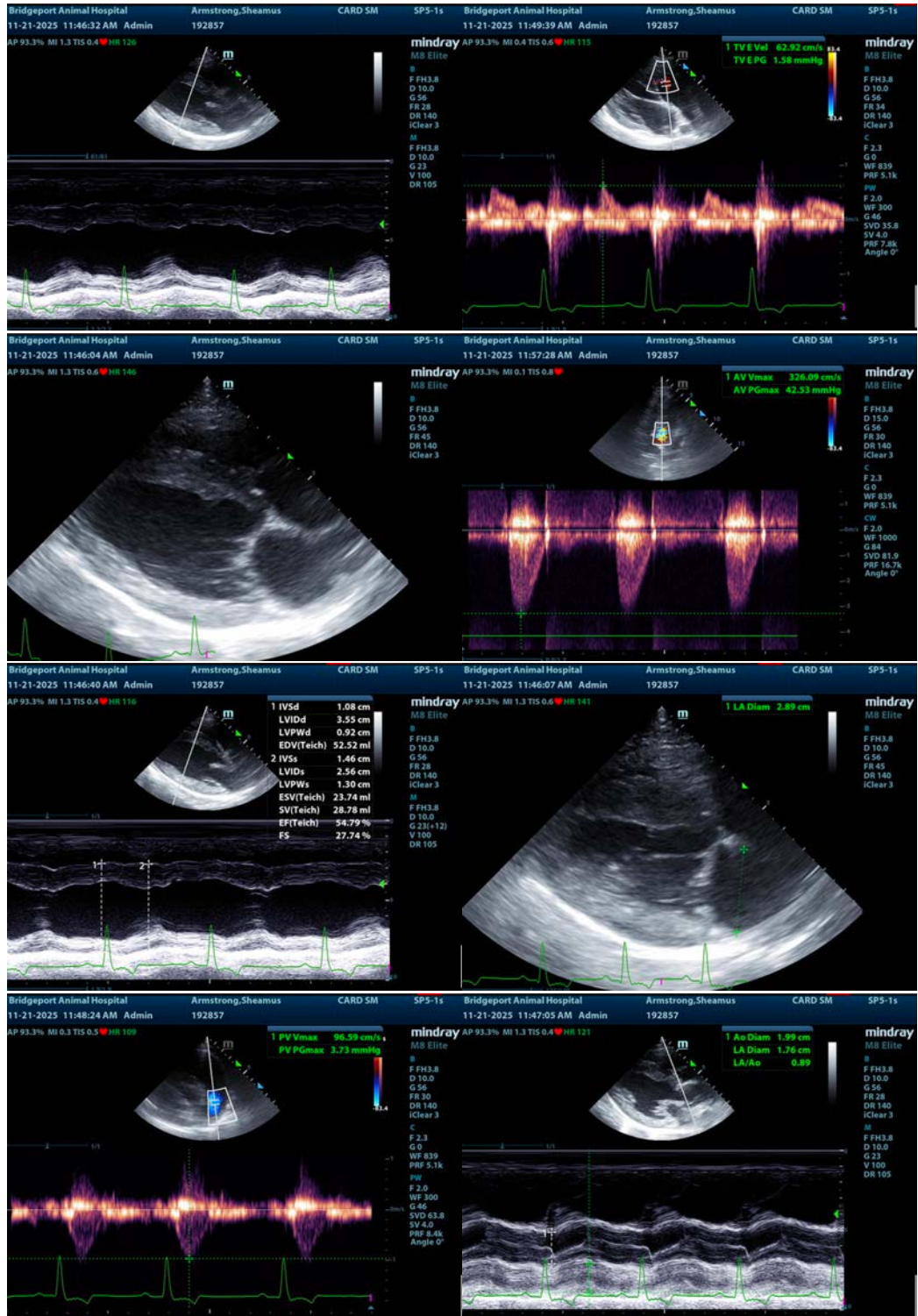
Bill McGee, DVM,  
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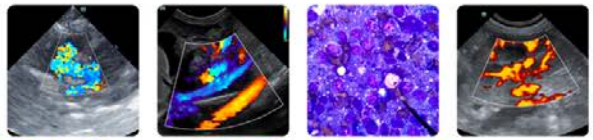
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
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