



**PATIENT PRESENTING CLINICAL SIGNS**

**Vinny Hospodavis** History: Weight loss, history of pancreatitis (vomiting, soft stool) Exam findings and abnormal lab values: Abdominal mass noted on PE in Oct 2021; noted on x-rays as far back as 2-2020.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BW 10-2021: RBC 6.46 (L)- normal 7.12 to 11.46 MCV 58 (H)- normal 39-56 MCHC 28.2 (L)- normal 28.5 to 37.8 BUN 40 (H)- normal 16-37 AST 109 (H)- normal 16-67 GGT 8 (H)- normal 0-6 ALT 111 (N)- normal 27-158 PLI 14.6 (H)- normal 0-3.5  
**Feline** Sending out blood work 1-4-22, will be back 1-6-22

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**  
**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

**SEX** Left kidney measures 3.52 cm length, right kidney 3.53 cm. The renal cortex appears coarse. The renal medulla appears hyperechoic. There are multiple hyperechoic, wedge-shaped striations with subtle withdrawals of the renal surface recognized on both sides. Both show a marked fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.  
**AGE** 15 Years

**Adrenal glands**

Both adrenal glands are normal.

**Spleen**

The spleen is inconspicuous in terms of size and shows diameters of 0.84 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are multiple strongly hyperechoic nodular-like lesions with a sharp margination and an inconspicuous periphery recognized.

**Liver/Gallbladder**

Liver images present multiple and severe changes including predominantly hyperechoic, cystic nodules, cysts and cystic lesions (s. pictures: irregular cyst central liver 1.00 x 1.87 cm, central liver cystic hyperechoic lesion 2.26 cm, right liver target-like, encapsulated lesion 0.97 cm, caudate lobe lobar, strongly hyperechoic nodule 2.83 x 2.73 cm).

**INVOICE**

13279 The gallbladder is moderately filled without signs of relevant sludge, a florid process or cholestasis. The cystic duct and common bile duct appear prominent. Obstruction is not recognized. The gallbladder wall is unremarkable.

**DATE**

1/6/22

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet Specialist  
 in Diagnostic Imaging

**HOSPITAL NAME**

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**REFERRING VET**

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**PATIENT**      **Gastrointestinal**

Vinny Hospodavis

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

**SPECIES**

**Pancreas**

Feline

All pancreatic parts displayed show enlargement of the pancreas (maximum transverse diameter 1.14 cm with distension of the central duct up to 0.26 cm), an undulating outline of the surface and a marked hypoechoic texture. The surrounding omental fat appears hyperechoic and mildly irregular.

**BREED**

DSH

**Free Abdomen**

There is no evidence of peritoneal or retroperitoneal effusion noted.

**SEX**

**Ultrasonographic findings**

Neutered Male

**PRIMARY**

**AGE**

15 Years

- Multiple hyperechoic and cystic liver lesions, hyperechoic nodules
- Enlargement of the pancreas with an undulating surface, a significant hypoechoic and irregular echotexture and hyperechoic surrounding fat tissue
- Mild distension cystic duct and common bile duct

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**SECONDARY**

- Multiple splenic myelolipomas
- Bilateral nephropathy with chronic infarcts

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hyperechoic, cystic lesions in the liver commonly represent cystic adenomas in older cats. Adenocarcinoma looks similar and cannot be excluded with ultrasound alone. I favor a neoplastic process in terms of size, number and appearance but FNA/biopsy are needed for further evaluation.

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The distended cystic/common bile duct are likely due to chronic inflammation and a more degenerative finding. Obstruction is not suspected, chronic increased resistance due to inflammation is a possible differential diagnosis.

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Findings of the pancreas reflect chronic-degenerative changes as well as signs of an active/acute pancreatitis. The hyperechoic periphery reflects mild steatitis/focal peritonitis. Chronic (cholangio-) hepatitis is likely and a common concomitant finding. The smaller cystic liver lesion would go along with that.

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**PATIENT**

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The multiple, strongly hyperechoic changes of the spleen are still consistent with benign myelolipomas. This is commonly an incidental finding without further relevance. Malignancy is not suspected.

**SPECIES**

Feline

Changes of the kidneys are bilateral and likely are degenerative representing structural nephrosis. Chronic infarcts are incidental findings. Clinical relevance is questionable.

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**INTERPRETED BY**

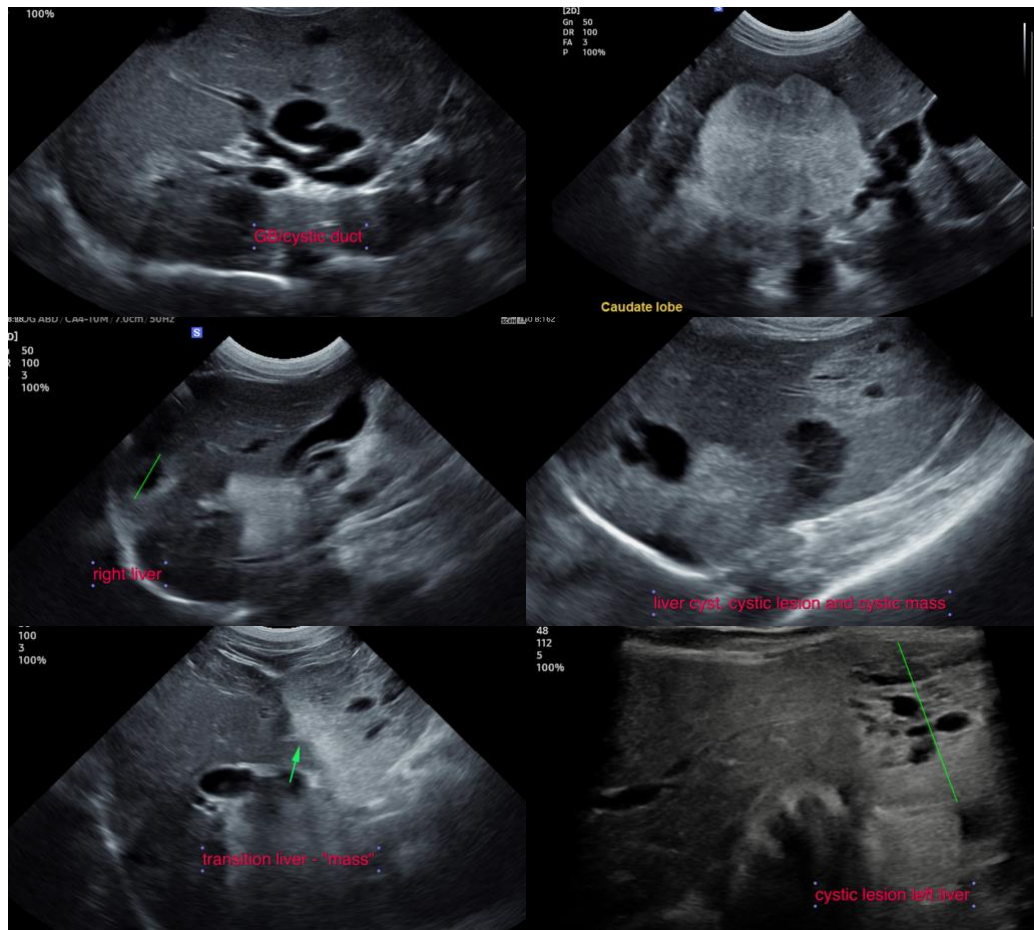
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German Board  
Certified Vet Specialist  
in Diagnostic Imaging

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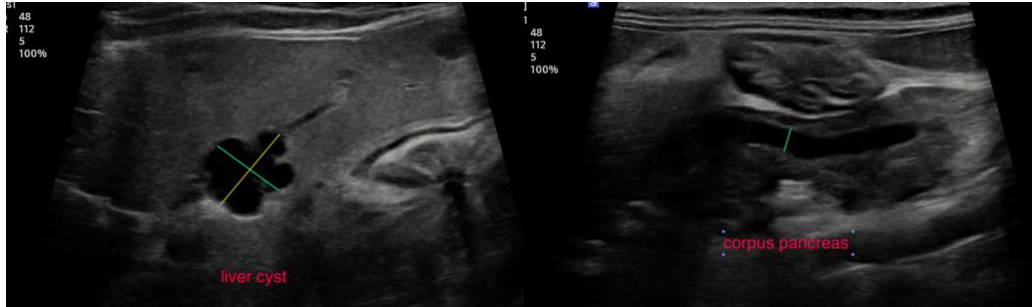


**PATIENT**

Vinny Hospodavis

**SPECIES**

Feline



**BREED**

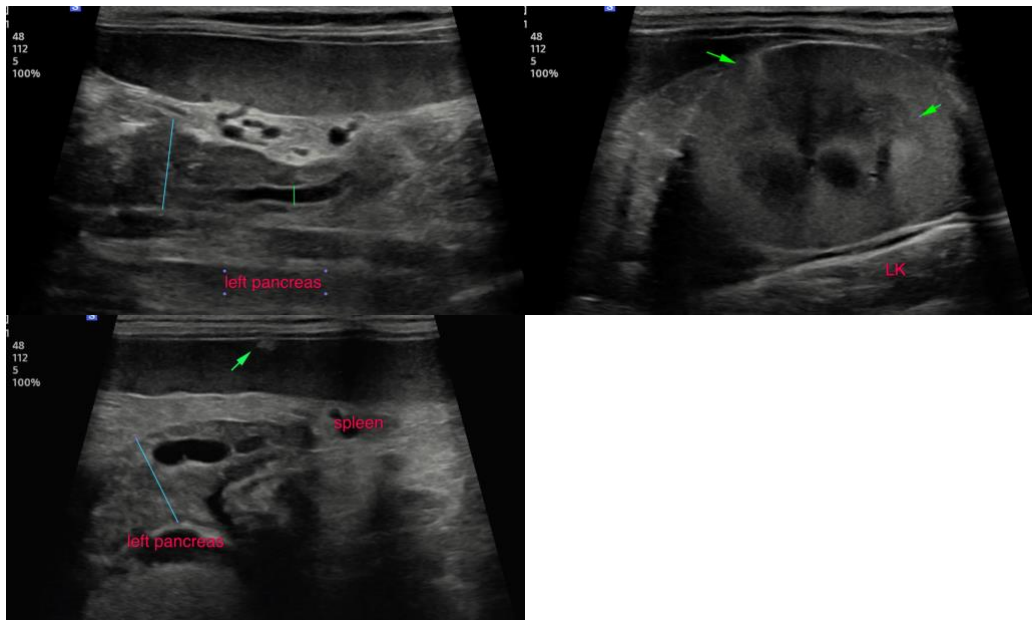
DSH

**SEX**

Neutered Male

**AGE**

15 Years



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**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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**DATE**

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