



PATIENT

Baron Pastushenko

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

10Y, 10M, 16D

WEIGHT

8.6kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Geist

INVOICE

73381

DATE

1-19-26

PRESENTING CLINICAL SIGNS

History:

- Rhinoscopy: Retroflex nasopharyngoscopy was normal. The pharynx was packed with 2 gauze. In right nasal cavity there is mucoid discharge caudally but the mucosa appears normal otherwise. In the left nasal passage there is a large mass that obstructs most of the cavity. The mass was pale pink and friable. Multiple scope-guided biopsies of the mass were obtained. There was mild hemorrhage. The right nasal cavity was flushed rigorously. High pressure flushing of 30ml of fluid was administered through the right nares. A moderate amount of mucus was retrieved from the pharynx. As a result of the flushing, the two gauze were flushed inadvertently into the esophagus which were promptly retrieved utilizing a video gastroscopy foreign body graspers. The pharynx was subsequently packed with laparotomy pads and high pressure flushing was repeated twice more.

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The left nasal cavity and frontal sinus are completely filled with soft tissue- and fluid-dense material, presenting well-defined margins to the aerated parts of the nasal exits. The mass leads to osteolysis of the bony borders of the nasal cavity at multiple locations, including the maxillary bone and the nasal septum. The cribriform plate appears thinned. A pathologic meningeal enhancement or mass effect to the olfactory bulb on the left side are not recognized. The lesion crosses the nasal septum to the right in the rostral parts of the nasal cavities, which present marked osteolysis of the conchal structures on the left side. The images after contrast application show an inhomogeneous uptake in the left rostral parts.

The bony structures of the skull are inconspicuous apart from that. The neurocranium does not show particular findings as far as can be assessed.

There are different grades of degenerative findings at the level of the residual maxillary and mandibular teeth noted. Radiopaque foreign material is not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected invasive neoplastic lesion left nasal cavity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass-like margination on the left, the destruction of the bony borders and nasal septum as well as the inhomogeneous contrast uptake speak for an aggressive lesion that matches criteria for a malignant neoplasia. Final assessment is not possible with CT since chronic and advanced inflammatory issues could look similar. I would favor a malignant neoplasia. Differentials include but are not limited to nasal



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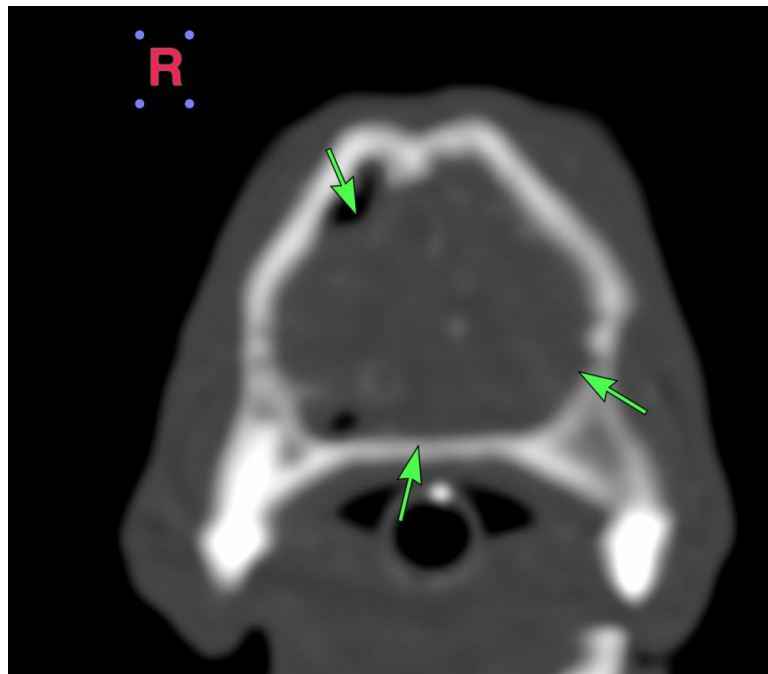
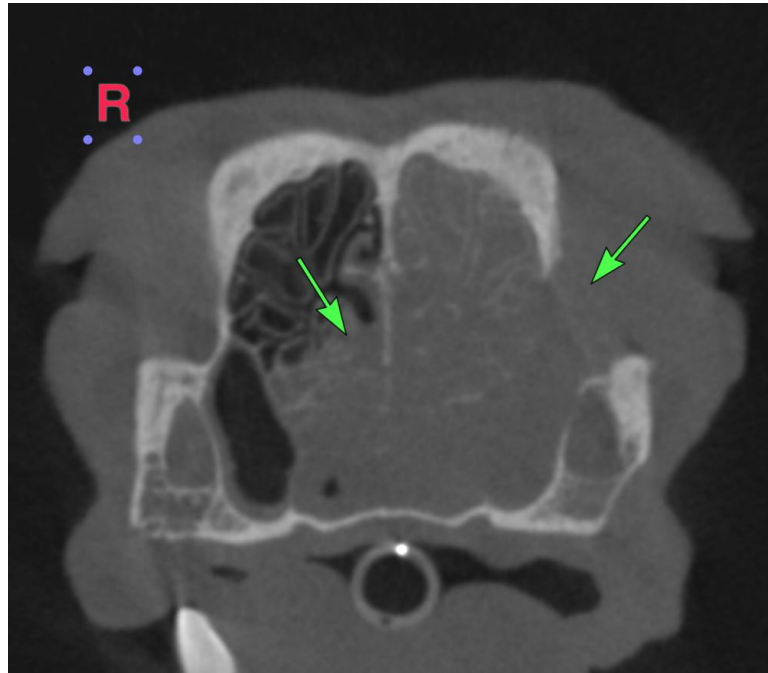
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carcinoma, squamous cell carcinoma and lymphoma. Biopsy/swap sampling -as already performed- are needed for further differentiation.





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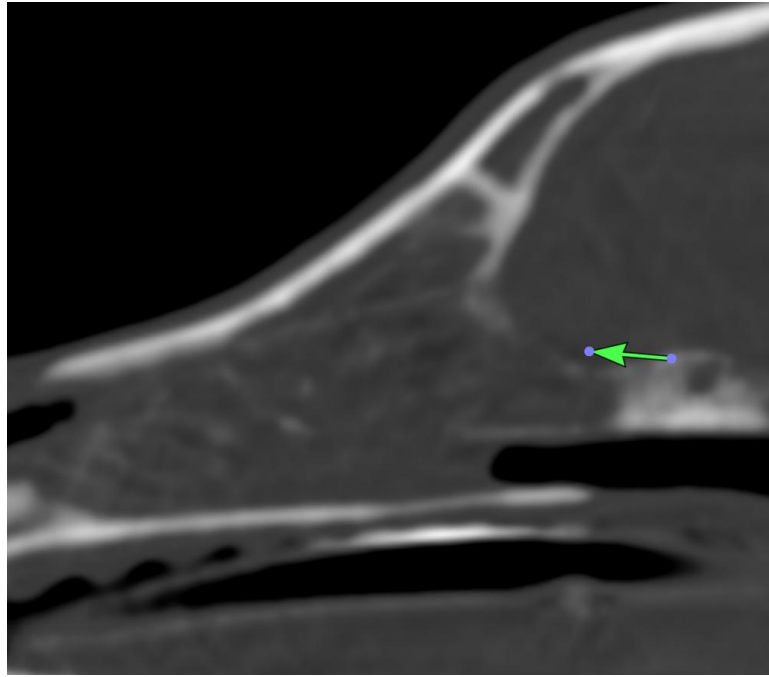
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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