



PATIENT

Silo Patel

SPECIES

Feline

BREED

Siamese Mix

SEX

Male Neutered

AGE

11Y, 4M

WEIGHT

4.6kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

CT

HOSPITAL NAME

Boca Park Animal
Hospital

REFERRING VET

Megan Elsarelli

INVOICE

73382

DATE

1-19-26

PRESENTING CLINICAL SIGNS

History:

- Patient was originally evaluated Nov. 2025 for sneezing. Bleeding had been seen in the days prior. There was no excessive discharge noted on PE at that time. When reevaluated in Dec. 2025, excessive green discharge with bubbling was noted or right nare. Left nare appeared to have minor amounts of discharge. Scant bleeding was noted on PE and owner reports more bleeding to the point of epistaxis had been noted. There was no notable airflow, but patient was moving. CT with rhinoscopy was recommended with specialist. Owner was unable to afford, so CT with blind biopsy was pursued with BPAH.

Abnormal PE/Chem/CBC/UA Results: Crusting and green discharge of right nare only on surgical presentation No overt airflow of right nostril Bloodwork showed slightly elevated BUN (40), low SDMA (13.9), and normal creatinine (1.8), microalbuminuria 0.4 (<2.5)

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right nasal cavity is completely filled with soft-tissue/fluid-dense material showing advanced atrophy/destruction of the rostral conches (ventral nasal concha) and lysis of the nasal septum with the lesion crossing the midline to the left. In addition to that significant osteolysis of the nasal bone is recognized with expansion. There are mass-like margins noted in the aerated nasal exits. The lesion presents an inhomogeneous contrast uptake in its caudal parts showing erosion of the cribriform plate with concomitant meningeal enhancement and mild displacement of the right olfactory bulb.

The neurocranium shows normal findings apart from that.

The right tympanic bulla is predominantly fluid-filled showing normal bulla walls. The temporomandibular joints and the nasopharyngeal meatus have no particular findings.

The residual maxillary/mandibular teeth show different grades of inflammatory and degenerative findings. An oro-nasal fistula is not detected.

The medial retropharyngeal and mandibular lymph nodes are inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected aggressive/invasive lesion of the right nasal cavity invading the cranial vault
- Fluid-filled right tympanic bulla



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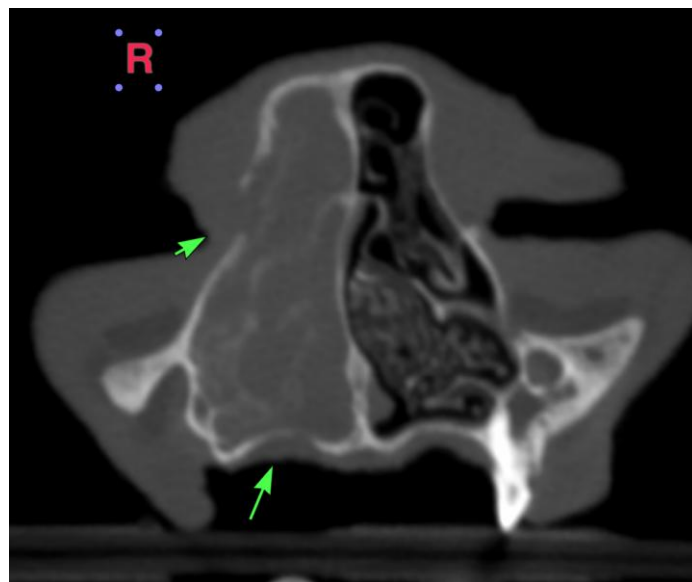
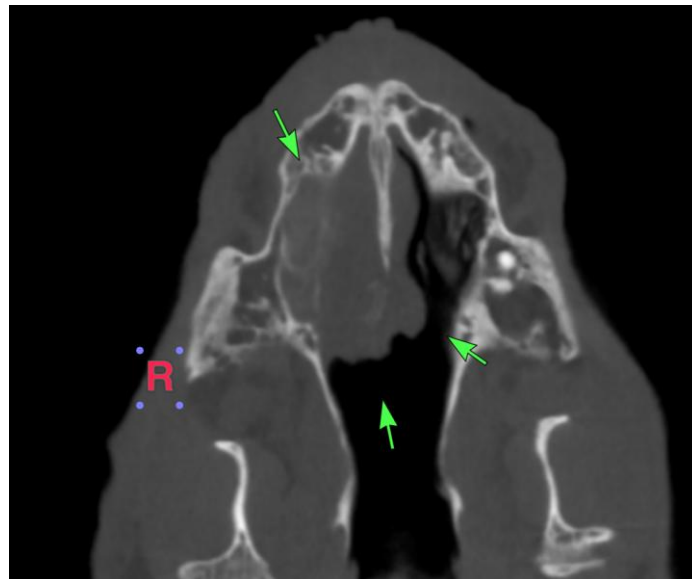
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass-like margination on the right, the multicentric osteolysis and the inhomogeneous contrast uptake speak for an aggressive lesion that matches criteria for a malignant neoplasia. I would exclude advanced inflammatory issues which could look similar. Radiopaque material is not detected. Differentials include but are not limited to nasal carcinoma, squamous cell carcinoma and lymphoma. The destruction of the cribriform plate and the invasion of the cranial vault are thought to be of bad prognosis.

Biopsy/swap sampling are needed for further differentiation.





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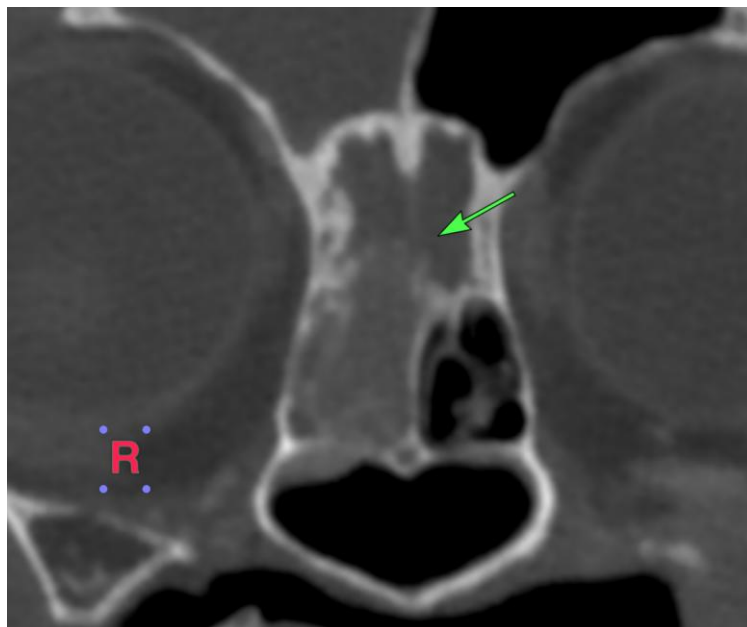
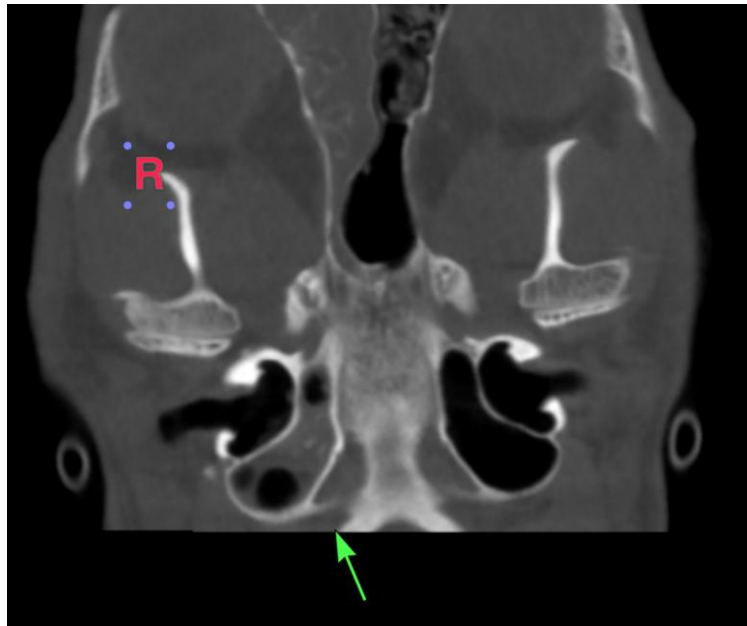
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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