



PATIENT

Scappy Martin

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

11Y

WEIGHT

10.6

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Lisa & Bailey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

72572

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Primary DVM noted left nasal discharge noted on exam in April 2025. Dental done in July, removed both maxillary canines/nasal fistulas were present. Tissues healed with oral abx, but nasal discharge persisted. Owner noted occasional epistaxis.

Abnormal PE/Chem/CBC/UA Results: low albumin, mild anemia, mild hyperglucosemia

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 dense material presenting osteolytic changes at multiple locations and an expansion of the mass-like lesion into the subcutaneous region, the left frontal sinus and left orbit. The lesion crosses the midline to the right side with severe deviation of the nasal septum and at the nasal exit. The margins to the aerated parts of the nasal exit and nasopharyngeal meatus are clearly defined. The images after contrast application show a prominent enhancement throughout the left nasal cavity. Secondary filling of the right frontal sinus and parts of the right nasal cavity are recognized.

The bony structures of the skull are inconspicuous. Both tympanic bullae and external ear canals are regularly ventilated. The dental changes described in the anamnesis are without relevant reaction. An oronasal fistula is not noted.

The cervical lymph nodes present mild enlargement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected malignant neoplasia left nasal cavity
- Mild enlargement cervical lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT changes match with multiple criteria for an invasive and aggressive lesion as seen with malignant neoplasia. Differentials include but are not limited to nasal carcinoma, squamous cell carcinoma and lymphoma as well as severe hyperplastic rhinitis/polyp formation (less likely). Currently, the borders to the cranial vault are intact. For further differentiation, rhinoscopy and biopsy are needed. Secondary bacterial infection is likely.



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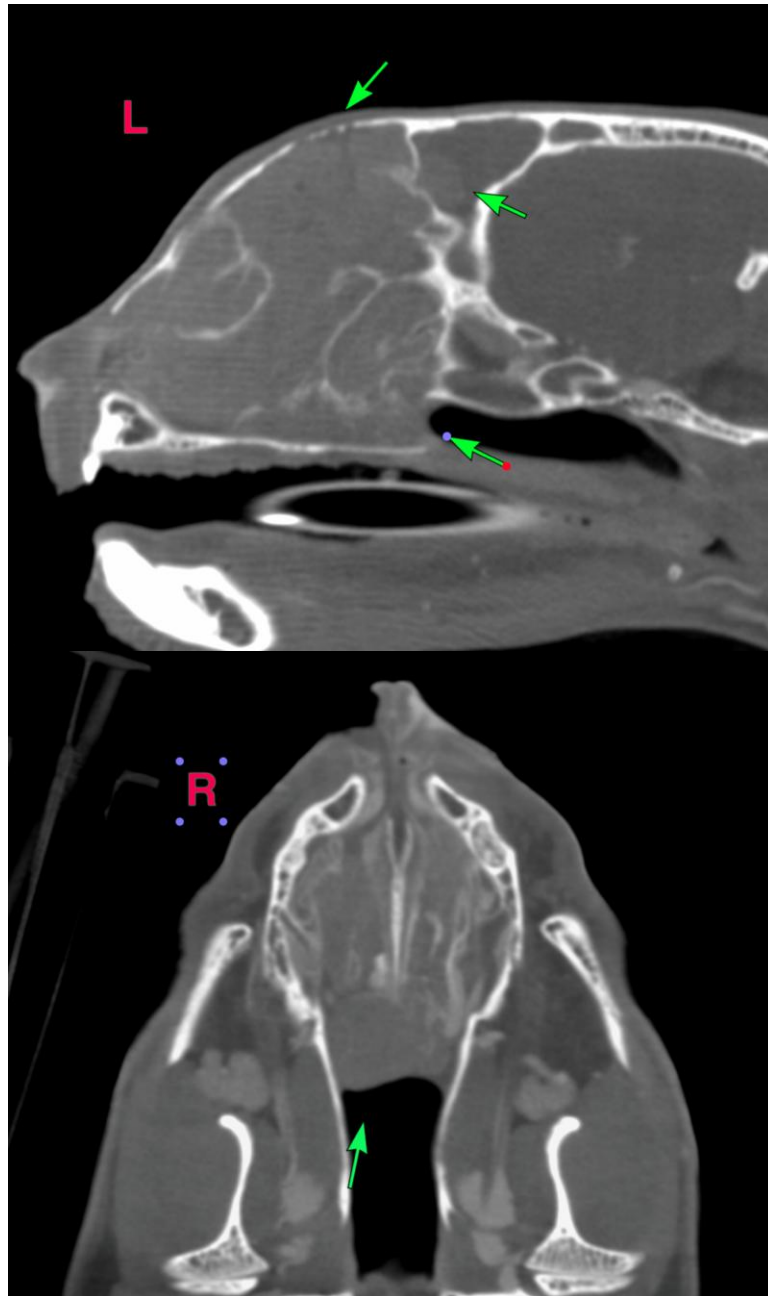
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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