



PATIENT

Veda Drenski

SPECIES

Canine

BREED

American Pit Bull

SEX

Female Spayed

AGE

8Y, 3M

WEIGHT

83.0lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Aly / Ashley

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Derek Howell, DVM

INVOICE

72570

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Chronic unilateral (right side) epistaxis for 4 months. No improvement with antibiotics or anti-inflammatories.

COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right nasal cavity and frontal sinus are completely filled with soft tissue dense and fluid dense material, showing severe destruction and atrophy of the conches and indicate severe swelling of the residual mucous membranes. The margins to the aerated parts of the right nasal exit are clearly defined and mass-like. The images after contrast application present a heterogeneous and diffuse contrast uptake. The left nasal cavity is inconspicuous. The bony borders of the nasal cavities and frontal sinuses are intact and unremarkable, especially the cribriform plate and the nasal septum show no particular findings.

The nasopharyngeal meatus is regularly ventilated as well as the tympanic bullae and both external ear canals. There is significant root inflammation noted at the level of 110 and 310. An oro-nasal fistula is not noted.

The soft palate appears thickened and elongated with a suspected swelling in the caudal pharyngeal region. The neurocranium shows normal findings. The soft tissues of the head and neck show a mildly enlarged retropharyngeal lymph node on the right side.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unspecific findings right nasal cavity and frontal sinus
- Mild enlargement right retropharyngeal lymph node
- Root inflammation 110/310
- Questionable hyperplasia/elongation soft palate and pharyngeal region

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bony borders of the right nasal cavity and frontal sinus are intact. With that, there are no signs of an aggressive or invasive lesion. This does not exclude neoplasia. The margins to the aerated parts of the nasal exit on the right side indicate a mass as seen with nasal neoplasia. Differentials include chronic inflammatory changes (erosive rhinitis) as well as hemorrhage within the nasal cavity of unknown origin and neoplasia, for example lymphoma. For further assessment, rhinoscopy and biopsy are needed. The mild enlargement of the retropharyngeal lymph node on the right side is still consistent with reactive lymphadenitis. I do not suspect a dental issue and/or foreign material as a primary cause of the right nasal cavity changes. Extraction of the 110 and 310 are recommended.



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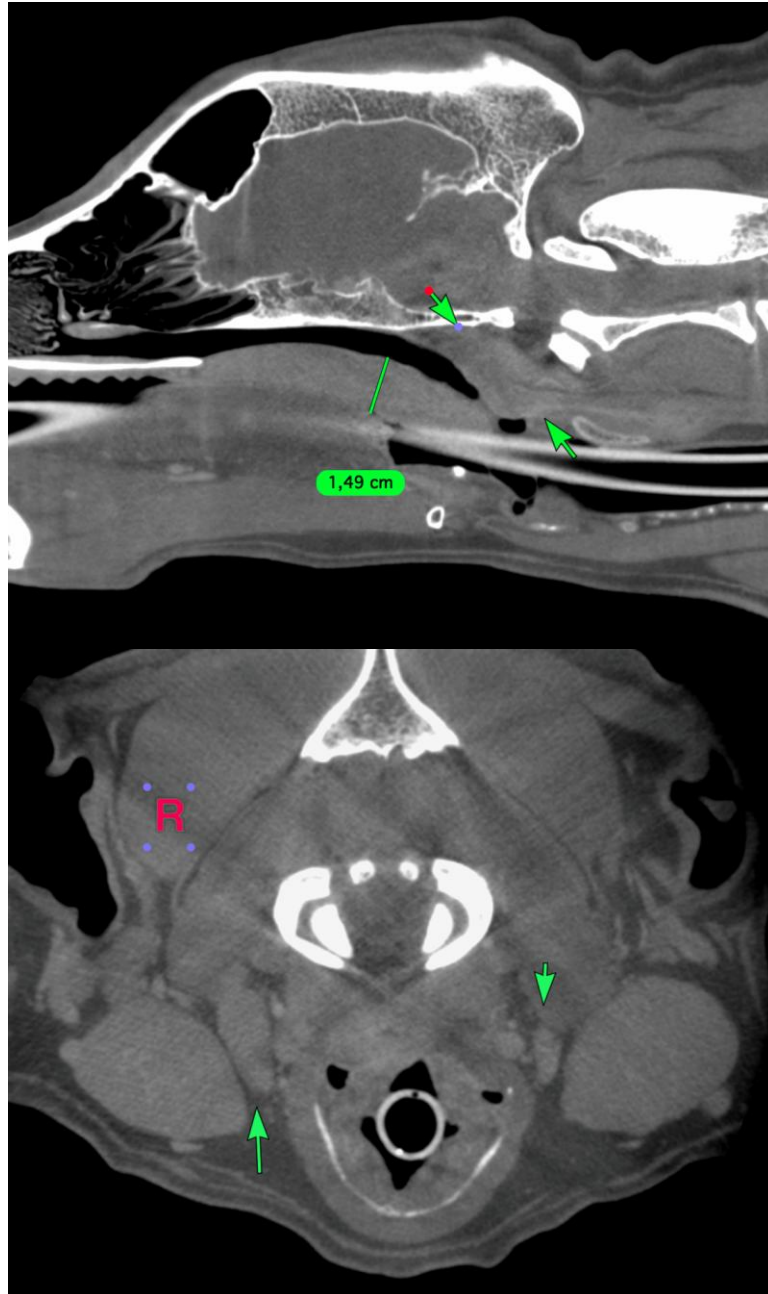
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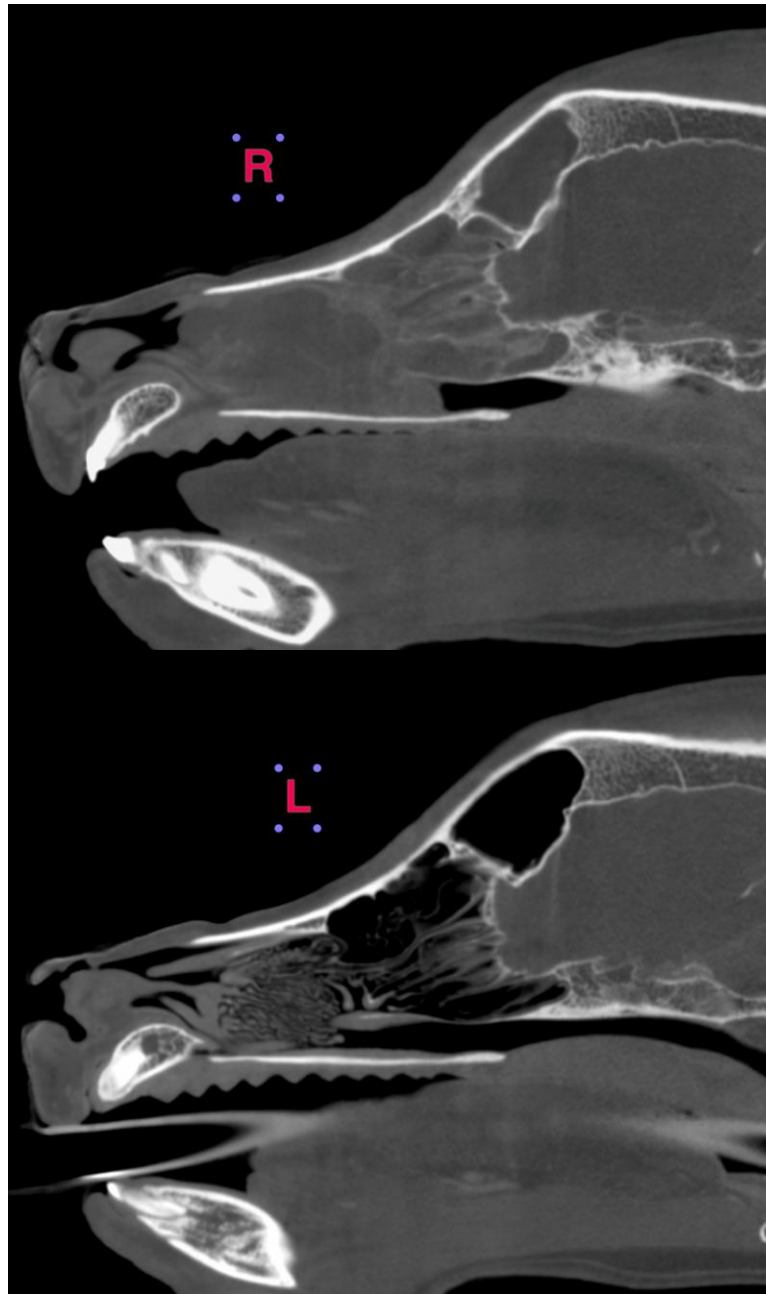
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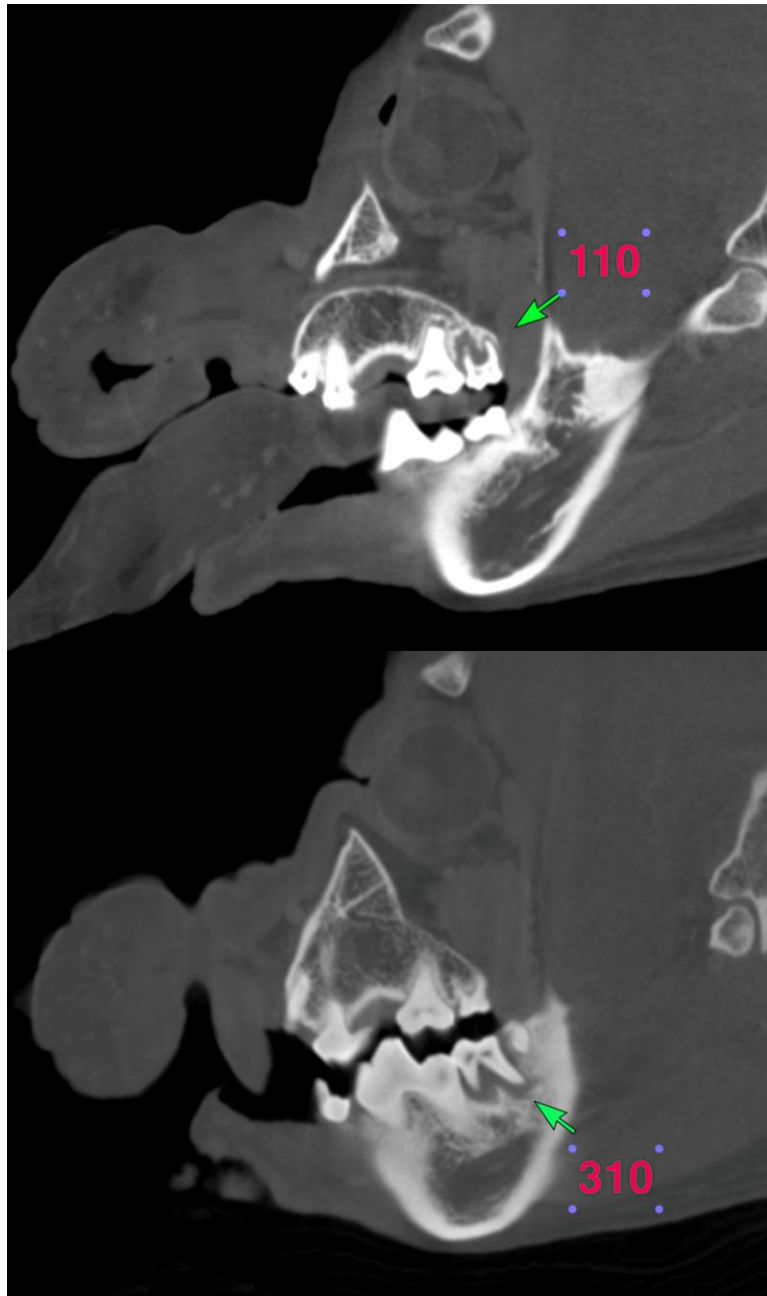
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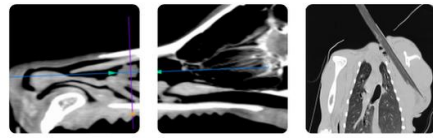
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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