



## PATIENT

Junior Francisco

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

12.2 Pounds

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Dr. Michael O'Conner

## HOSPITAL NAME

Holy Family VH

## REFERRING VET

Dr. Blackmore

## INVOICE

36784

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: nasal discharge from right nostril improves on antibiotics, but then returns when off of them.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

The right nasal cavity presents complete obliteration with soft tissue dense material showing osteolysis/destruction of the nasal bony borders at multiple levels, including the palatine and maxillary bone, as well as the nasal septum and cribriform plate. There is marked shortening and atrophy of the conches noted. The margins to the aerated parts in the nasal exits are well defined. There is mild deviation of the olfactory bulb on the right side indicated.

The left nasal cavity shows mild swelling of the mucous membranes. The nasopharyngeal meatus is inconspicuous, as well as the laryngeal and pharyngeal structures. The tympanic bullae and external ear canals do not show particular findings.

There are different grades of inflammatory and degenerative changes of the teeth noted. An oronasal fistula is not recognized.

The images after contrast application show regular cervical lymph nodes.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Erosive, mildly aggressive process right nasal cavity

Incidental findings:

- Brachycephalic head formation with severe shortening of the nasal cavities, aplasia of the frontal sinuses and tentorium cerebelli, crowding maxillary teeth

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The images show a soft tissue-dense lesion in the caudal part of the right nasal cavity, which appears mildly aggressive, leading to multifocal osteolysis and/or pressure atrophy of the bony nasal borders. There is mild deviation of the right olfactory bulb noted. Differentials include chronic inflammatory changes as seen with hyperplastic mucous membranes and inflammatory polyp formation, which would be my favorite differential.

Neoplasia cannot be fully excluded. Common differentials include but are not limited to nasal carcinoma, squamous cell carcinoma, and or nasal lymphoma. As far as can be assessed, there is no evidence of regional metastases. The invasion of the cranial vault is thought to be of bad prognosis.



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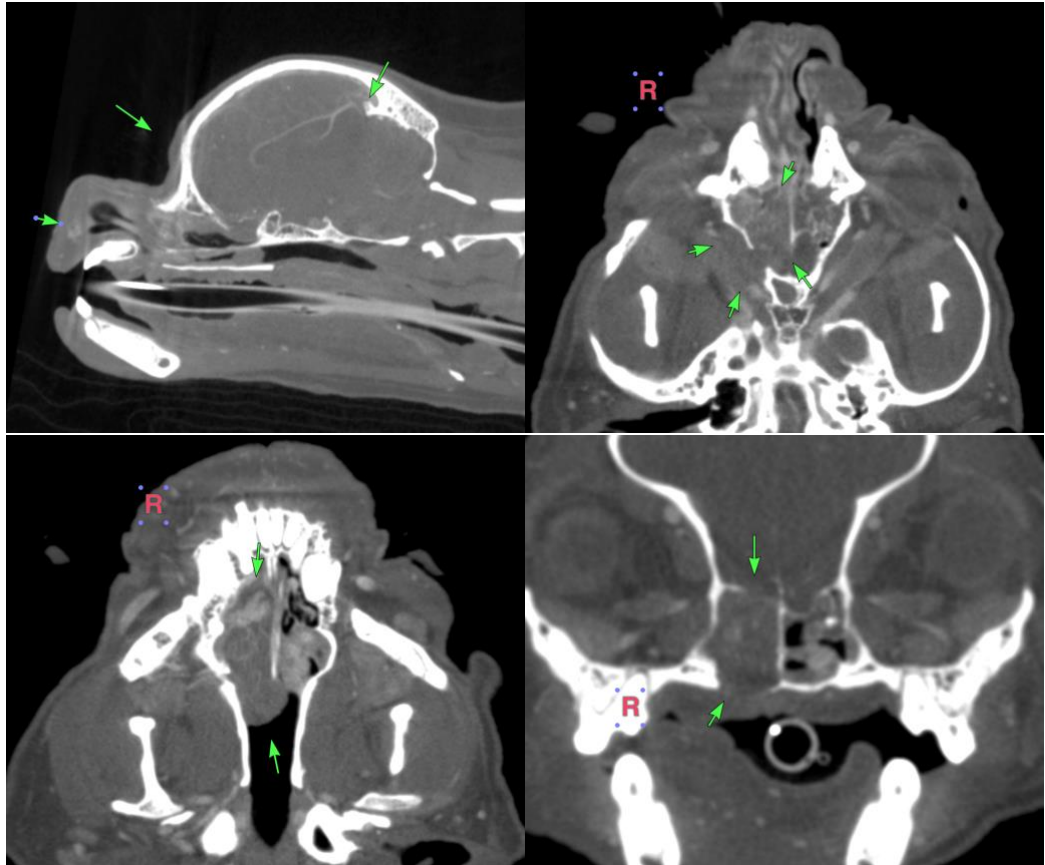
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**  
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