



PATIENT

Mable Fisher

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

Spayed Female

AGE

1 Year

WEIGHT

54.7

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Lilian Harper

HOSPITAL NAME

Scottdale VC

REFERRING VET

Dr. Valentine

INVOICE

36778

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Nasal mass: r/o benign (polyp) vs malignant vs fungal vs open. Mabel presented today for CT scan with contrast of her nasal cavity for evaluation of a small mass extending from her right nostril. We were able to collect a large sample for biopsy submission, though there is still tissue present farther back within the nasal cavity.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

The right nasal cavity shows nearly complete obliteration with a soft tissue dense material presenting well-defined margins to the aerated parts of the nasal exit and the left nasal cavity. There is mild deviation of the nasal septum to the left side noted. Relevant osteolysis or erosion of the nasal bony borders is not recognized.

Within the soft tissue dense mass unstructured calcified areas are noted with fluid accumulations. The rostral parts of the conches show severe shortening and atrophy. The left nasal cavity is inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected ossifying inflammatory polyp right nasal cavity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT images do explain the reported patient's history. The mass-like margins to the aerated parts underly the assumption of hyperplastic changes and/or polyp formation. Aggressive or invasive neoplasia is less likely regarding age and CT morphology. The unstructured calcifications within the soft tissue densities could show an ossifying inflammatory polyp as well as foreign material. I do not suspect dental rhinitis. The atrophy and shortening of the conches are consistent with chronic inflammation. Secondary bacterial/mycotic infection is common.



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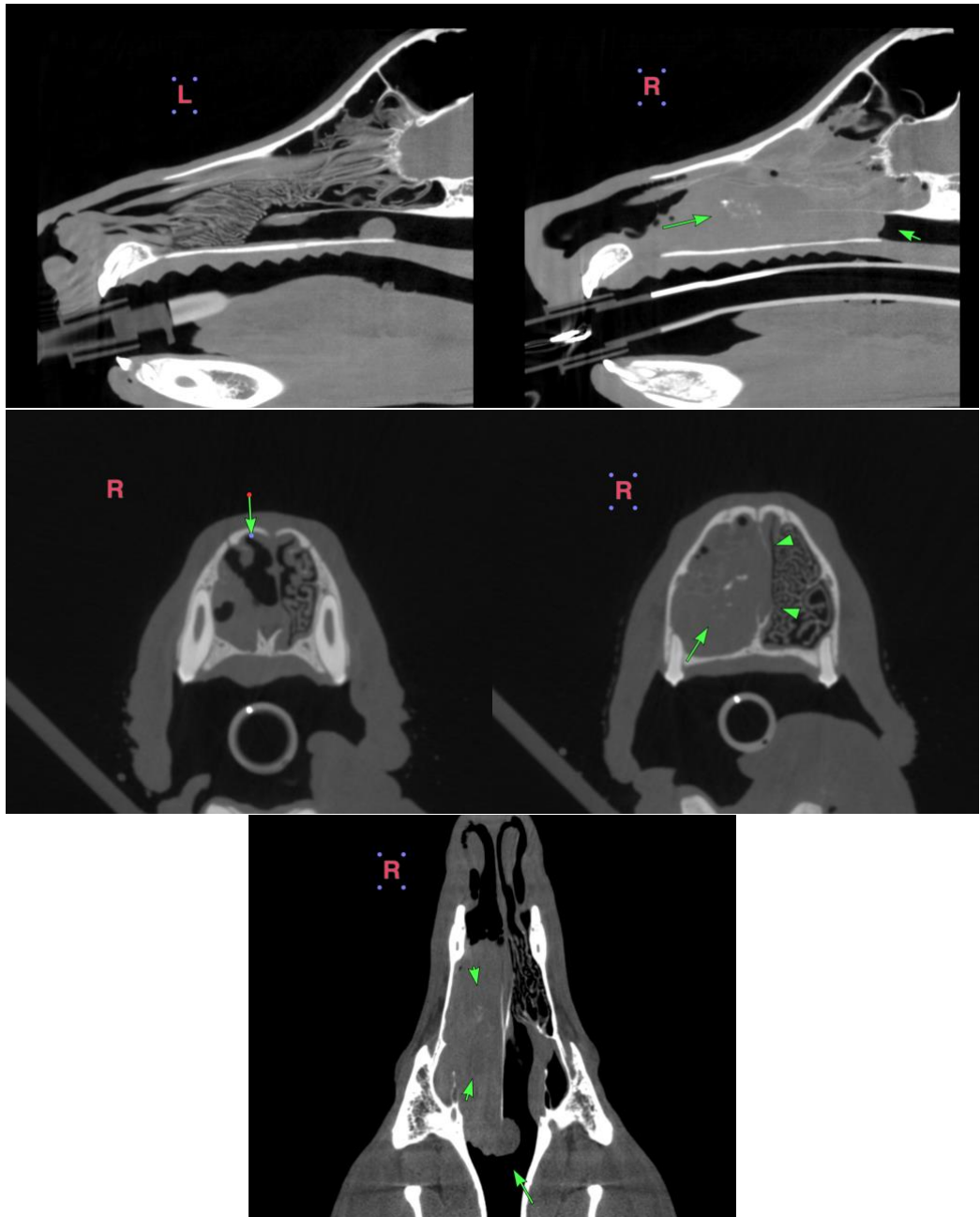
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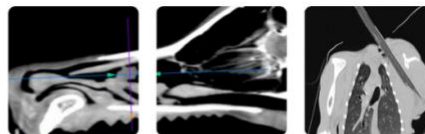
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com