

**PATIENT PRESENTING CLINICAL SIGNS**

PATIENT Odie Burton
PRESENTING CLINICAL SIGNS History: P has had nasal discharge for a couple months now. Not much improvement with medications. Dental was performed and teeth were extracted. Swelling between eyes still present. P seems to be having neurological deficits.

SPECIES

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: Blood work done on 8/9/2021 showed an elevated ALT of 293.

BREED

BREED Boxer

SEX

SEX Neutered Male

AGE

AGE 8 Years

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

There is severe destruction of the bony borders of the nasal cavities recognized. Originating from the left the frontal, maxillary and palatine bone are affected, the nasal septum and conches are destructed forming a mass-like filling of the left nasal cavity and both frontal sinuses. The mass extends into the nasal exit on the left crossing again the midline to the right showing well-defined margins. The cribriform plate shows significant lysis on both sides with protrusion of the mass into the cranial vault.

Both tympanic bullae are moderately filled with fluid-dense material. The tympanic bulla wall bilaterally is hyperostotic. The nasopharyngeal meatus reveals swelling of the mucous membrane.

The left medial retropharyngeal lymph node is moderately enlarged, still having regular shape.

COMPUTED TOMOGRAPHIC DIAGNOSIS**INTERPRETED BY**

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

- Advanced nasal neoplasia with multifocal lysis of the nasal borders and invasion into the cranial vault
- Lymphadenopathy of the left medial retropharyngeal lymph node
- Secondary and incidental signs of an otitis media

HOSPITAL NAME

State Avenue VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings are highly suspicious for an aggressive nasal lesion as commonly seen with malignant nasal neoplasia. Differentials include but are not limited to nasal carcinoma, nasal lymphoma and esthesioneuroblastoma. Destruction of the bony borders is severe; crossing of the midline and invasion of the cranial vault reveal a bad prognosis.

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

12727

DATE

8/24/21



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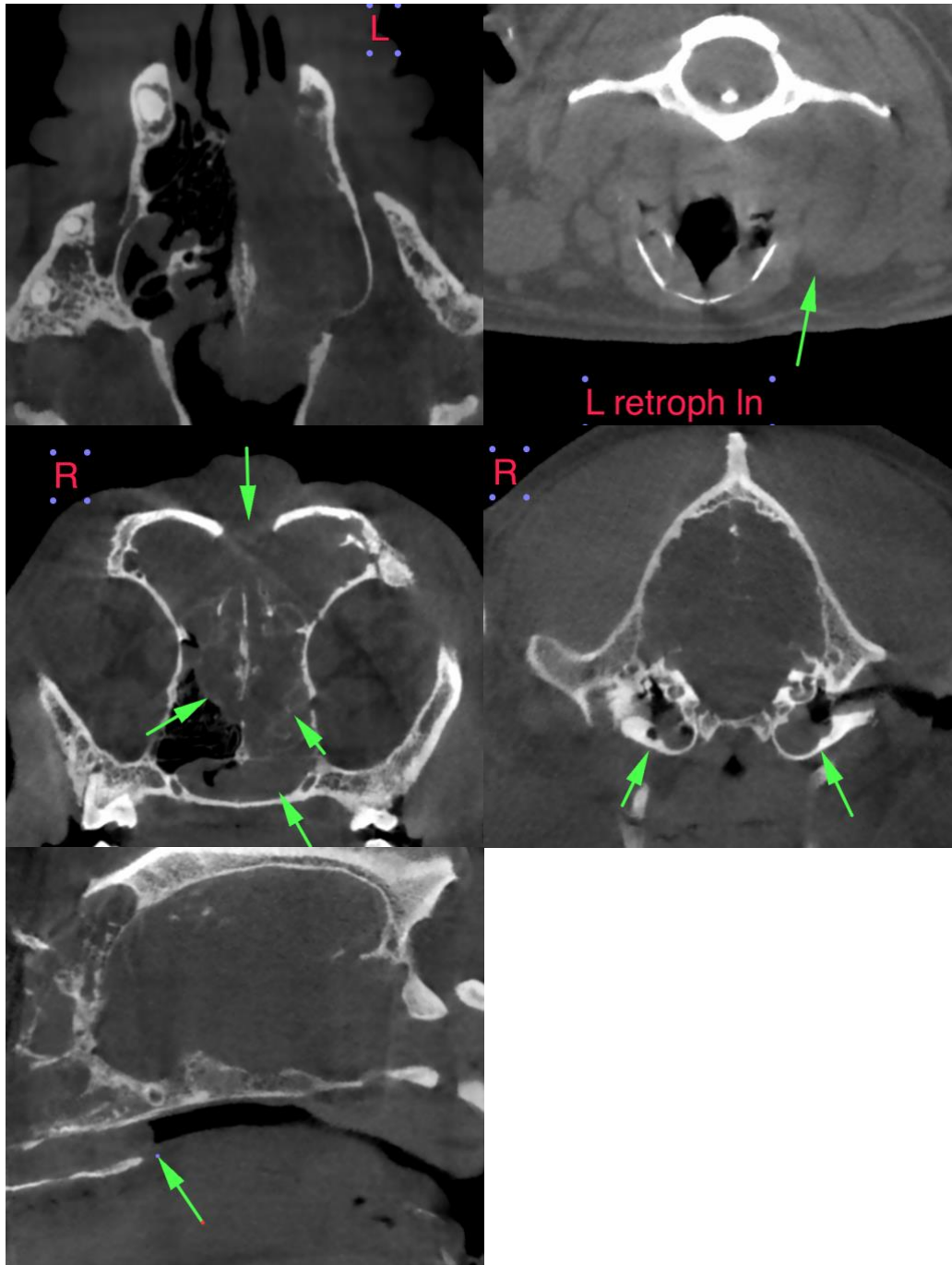
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com

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