



PATIENT

Teddy Cimorelli

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

8Y, 12D

WEIGHT

11.60lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Megan Presutti, DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Megan Presutti, DVM

INVOICE

74203

DATE

3-16-26

PRESENTING CLINICAL SIGNS

- 3/4/2026: Teddy presents today with the following concerns: left eye inflamed and red/ face swollen.
- Patient is FIV positive, third eyelid covers about half of his eye, now red and swollen. Owner states that the kitten and him play and the kitten also might have scratched his chin, but won't let owner get a look at it because he has mouth pain due to teeth.
- 3/11/2026: Teddy presents today for Sedated oral exam.
- Any Concerns: Yes: Left eye is ulcerated. Owner would like you to look at it while the Patient is sedate
- Any Abnormal Behavior?: Yes: Lethargic
- Any medications and/or supplements: Gabapentin 100mg last night and 100mg this MA
- What time were medications given?: 7:40 AM
- Last Meal?: Last night 8pm
- Pet's diet: Sheba wet food and Rachel Ray Dry Food

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Facial swelling present. No additional information regarding coat condition, posture, or cleanliness provided.; Fear/Anxiety/Stress Score: 3/5 - Frantic, difficult to medicate.; Eyes: OS: Proptosis, elevated intraocular pressure, third eyelid protrusion, swelling, pain. OD: Clear, no discharge.; Nose/Throat: Facial swelling present; Oral Cavity: Difficulty eating, oral pain, possible mass or swelling in oral cavity.; Lymph Nodes: Several lymph nodes are enlarged.; CBC: Eosinophils 0.03; Basophils 0.00; Chem: Glucose 252; BUN 14; Potassium 3.4; Total Protein 9.7; Globulin 6.9;

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

In the nasal cavity, a moderate destruction of the conchal structures is appreciated.

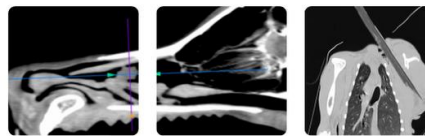
In the ventral aspect of the left orbital cavity, an ill-defined, uniform soft tissue attenuating and heterogeneous strong contrast enhancing mass is seen; extending caudally up to the level of the orbital fissure and rostrally along the left maxillary bone up absent triadan 206. The left ocular bulb is deviated rostr dorsally. The left maxillary bone and horizontal plate of the left palatine bone present permeative osteolysis. The mass is perforating the caudal aspect of the left nasal cavity.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The left tympanic bulla is obliterated by fluid attenuating material; the osseous lining of the left tympanic bulla is mild thickened. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The left submandibular and medial retropharyngeal lymph nodes and the left medial retropharyngeal lymph node are prominent, L>R, and present a mild heterogeneous contrast enhancement pattern.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

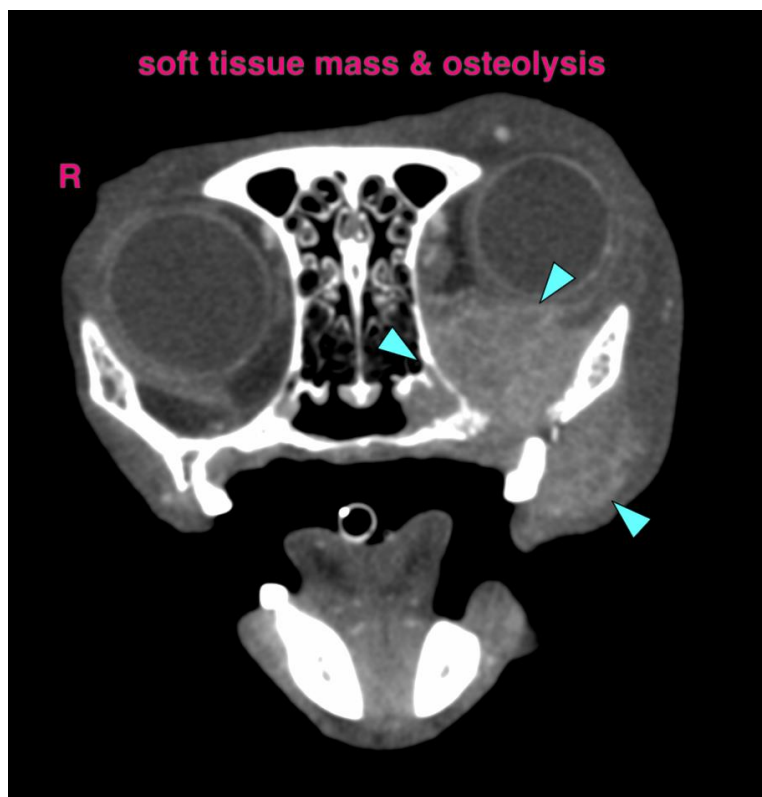
- Local invasive growing soft tissue mass ventral aspect left orbital cavity with polyostotic aggressive osteolytic lesions
- Secondary left sided exophthalmos
- Lymphadenopathy mandibular & medial retropharyngeal lymph nodes bilaterally and left lateral retropharyngeal lymph node
- Left sided otitis media – likely secondary to mechanical obstruction of the left Eustachian tube
- History of mild destructive rhinitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated soft tissue mass in the ventral aspect of the left orbital cavity is consistent with primary nasal soft tissue neoplasia – such as squamous cell carcinoma, melanoma, lymphosarcoma, other. Theoretically mycotic granuloma is a potential, but the odds are low. FNA sampling/biopsy can be performed for specification.

The odds for reactive metastatic spread to the regional lymph nodes are increased.

Consider full tumor staging.





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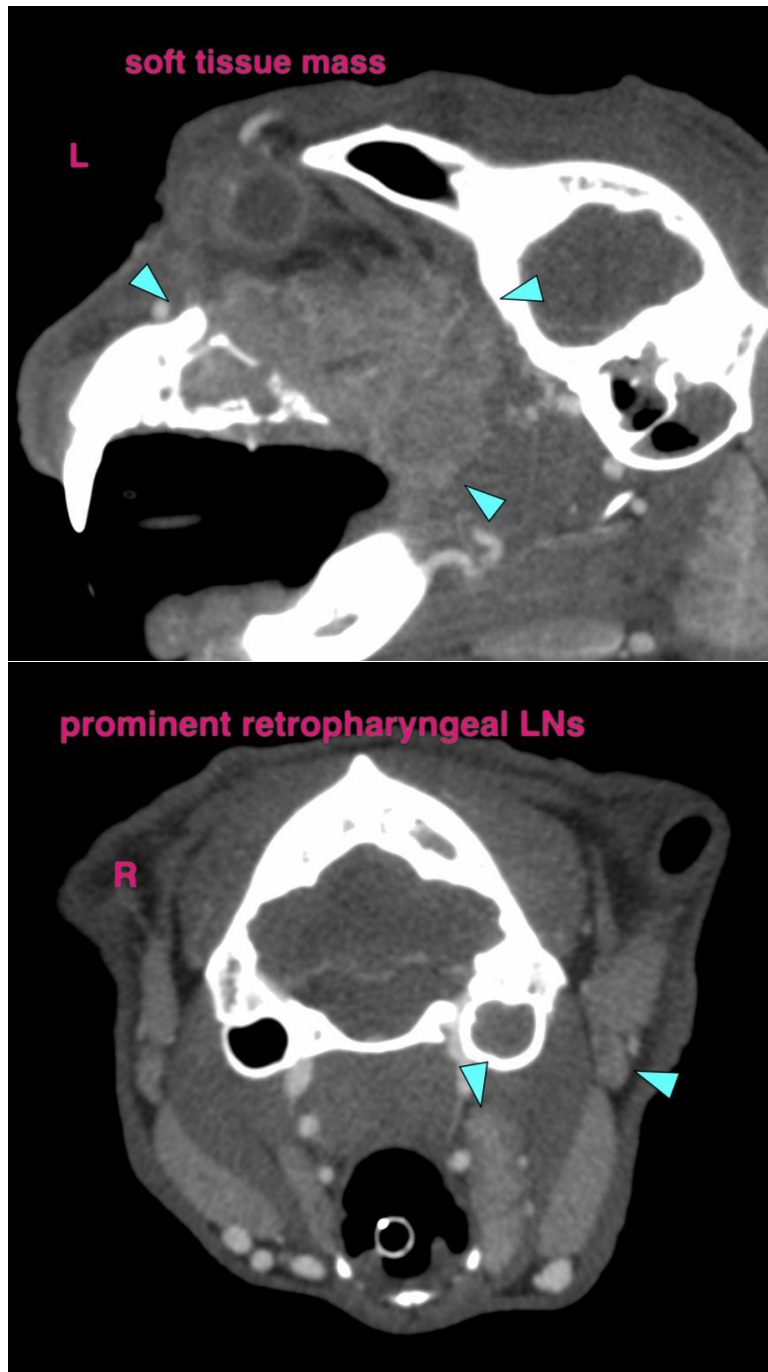
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com