



PATIENT

Molly Field

SPECIES

Canine

BREED

Bichon Poodle

SEX

FS

AGE

3

WEIGHT

10.8kg

INTERPRETED BY

Dr. Leticia Utsch MV

IMAGING PERFORMED BY

MP

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr. Alzate

INVOICE

75058

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Presenting Complaint (seen yesterday 5.18.26) : Molly presents for bloody diarrhea and vomiting
Patient History:

- Vomiting started at 2:30 AM: 3 episodes total (first 2 were food, third was bile)
 - Last vomiting episode around 8:30 AM (bile)
 - Normal stool on morning walk, then liquid diarrhea approximately 1 hour later
 - Hematochezia noted by client (dabbed sample with paper towel)
 - No appetite since yesterday morning
 - History of eating inappropriate items (paper, trash) but not typically problematic
 - Guests staying with another dog, increased chaos in household
 - Guest took patient on walk yesterday afternoon so unknown if possible dietary indiscretion on walk
 - Possible ingestion of cat feces
- Molly returned today (5.19.26) showing no signs of improvement. Injections from previous day were repeated and Vitamin B12 injection was included.

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

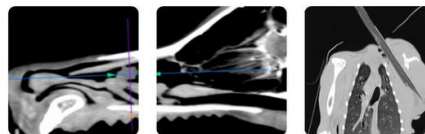
- The stomach is moderately filled with fluid and gas.
- The colon is mildly filled with ill-formed fecal material and gas.
- The small intestines are normally filled with fluid and gas.
- Liver, kidney and spleen have a normal size and shape.
- The peritoneal and retroperitoneal detail are normal appearing.
- The urinary bladder has a normal opacity. No stones seen.
- Bone structures are normal.

RADIOGRAPHIC DIAGNOSIS

- Fluid-filled stomach may indicate gastritis;
- Colonic appearance likely related to diarrhea, colitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Radiographic findings are most consistent with colitis and gastroenteritis. Given the clinical history, dietary indiscretion and infectious or inflammatory gastroenteritis are considered the primary differential diagnoses. No radiographic evidence of gastrointestinal obstruction or perforation is identified. Correlation with fecal testing and clinical progression is recommended. Supportive care, dietary management, hydration support, and symptomatic therapy may be beneficial, as clinically indicated. Additional diagnostics, including abdominal ultrasound or repeat imaging, may be warranted if symptoms persist or worsen.



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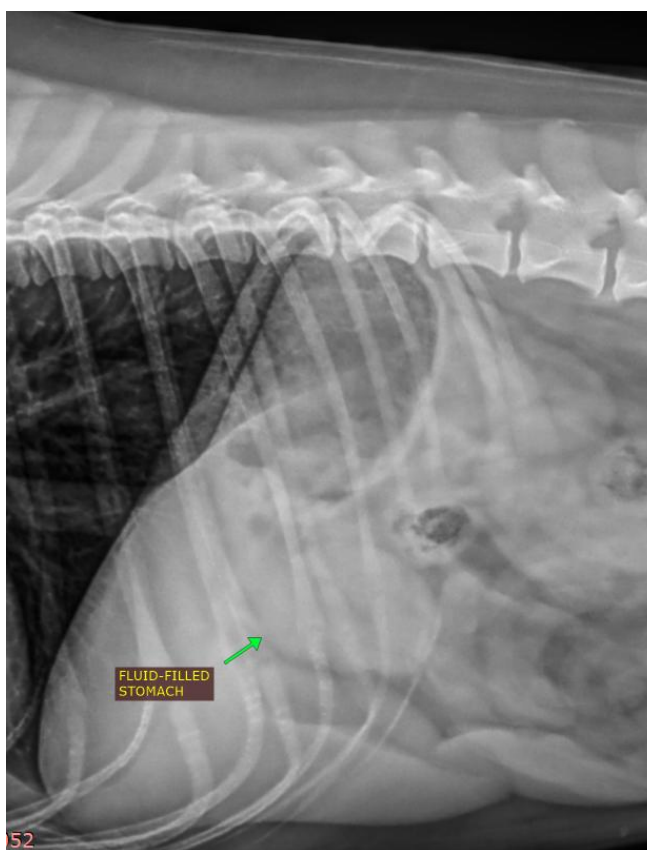
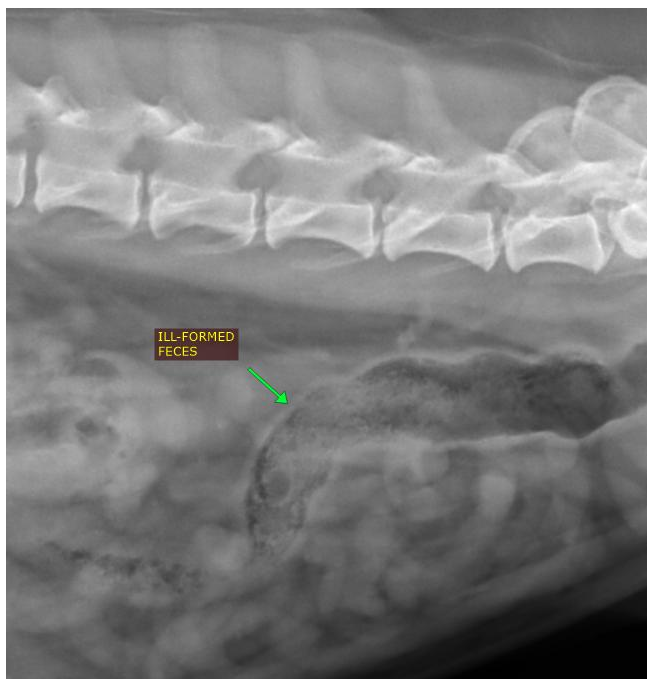
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Leticia Utsch MV

info@sonopath.com