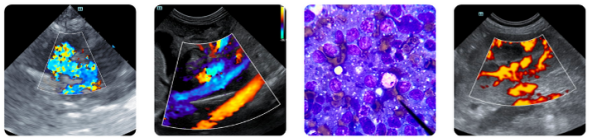


PATIENT

Copper Taylor

SPECIES

Reptile

BREED

Bearded Dragon

SEX

Male

AGE

6

WEIGHT

230g

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Stiff

HOSPITAL NAME

Steamboat Veterinary Hospital

REFERRING VET

Dr. Bosses

INVOICE

10775

DATE

11/20/2025

PRESENTING CLINICAL SIGNS

2+ week history of inappetence - Has not had a normal bowel movement in about 2 weeks - Straining when in the bath – Lethargic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloacal lumen is moderately distended. The wall appears thin and smooth, and the urine is anechoic. A moderate accumulation of urates is also observed within the lumen.
Both kidneys are normal in size, shape, and echogenicity.

- Left kidney (cranial lobe) transverse view: 0.64×0.25 cm (height × width).
- Right kidney (cranial lobe) transverse view: 0.54×0.34 cm (height × width).

Reproductive System

Testicles (the right and left cannot be determined due to lack of labeling):

- 1.26×0.65 cm
- 1.06×0.65 cm

Spleen

In small reptiles, the spleen is typically small and located immediately dorsal to the stomach/pylorus. Visualization can be challenging unless it is enlarged. In this case, artifact from abundant gastric contents prevented its visualization.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears mildly heterogeneous and hyperechoic compared to the falciform fat, with a coarse echotexture.

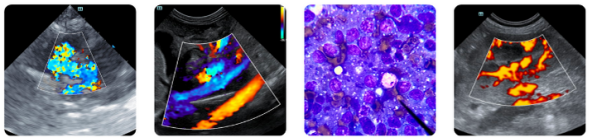
The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic.

Gastrointestinal

The stomach is markedly distended with ingesta. The gastric wall (0.65 mm) and pyloric wall (2.74 mm) appear normal. At the level of the pylorus, the luminal content becomes highly reflective, producing intense acoustic shadowing.

The small intestine is moderately dilated, with some loops showing a mild fluid pattern. The intestinal wall thickness ranges from 1.79 to 2.60 mm.

There is a drastic change in diameter in one of the intestinal loops, from 0.4 cm to 1.32 cm, and it appears that a moderate amount of ingesta has accumulated in this area. This could represent a stenosis caused by neoplastic growth within the GI tract obstructing that segment, leading to the change in diameter and the apparent obstructive pattern. A mass cannot be ruled out due to the amount of material present.



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Fat Bodies

Reduced in size, heterogeneous, with a multinodular appearance.

Celomic Cavity

A large amount of very turbid free fluid is observed within the mesenteric and gonadal recesses and the hepatopericardial recess.

There is a 1.68×0.40 cm elongated, hypoechoic, parenchymal-appearing structure near the major vessels that resembles an enlarged lymph node.

Partial atelectatic (collapsed) lung is observed.

PRIMARY FINDINGS

- Dilation of small intestinal loops.
- Abrupt change in intestinal diameter from 0.4 cm → 1.32 cm, with ingesta accumulation at the transition point.
- Large amount of very turbid free coelomic fluid.
- Enlarged hypoechoic coelomic lymph node–like structure (1.68×0.40 cm) near major vessels.
- Liver mildly hyperechoic and heterogeneous with a coarse echotexture.
- Fat bodies reduced in size, heterogeneous, and multinodular.
- Apparent partial atelectatic lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings indicate a severe, multisystemic clinical syndrome centered around a mechanical gastrointestinal obstruction.
The abrupt change in intestinal diameter, together with proximal dilation and the presence of highly reflective material near the pylorus, strongly suggests a true obstructive lesion rather than functional ileus. Accumulated ingesta at the transition point supports this.

The large volume of turbid coelomic effusion is highly concerning and consistent with coelomitis. Mechanisms include bacterial translocation, intestinal wall compromise, or early leakage/perforation. The enlarged coelomic lymph node further supports a significant inflammatory or infiltrative process, although a neoplasic process cannot be ruled out.

Atelectasis of one lung and the presence of thoracic fluid indicate systemic decompensation and may impair respiratory function and anesthetic safety.

The liver's hyperechoic, coarse appearance may reflect hepatic lipidosis due to prolonged anorexia, or systemic inflammatory/metabolic derangement.

Markedly reduced and abnormal fat bodies with possible abscesses or neoplasic nodules.

Overall, this constellation of findings places the animal in a critical state, with a high likelihood that surgical intervention will be required once stabilization is achieved.

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Main differential diagnoses

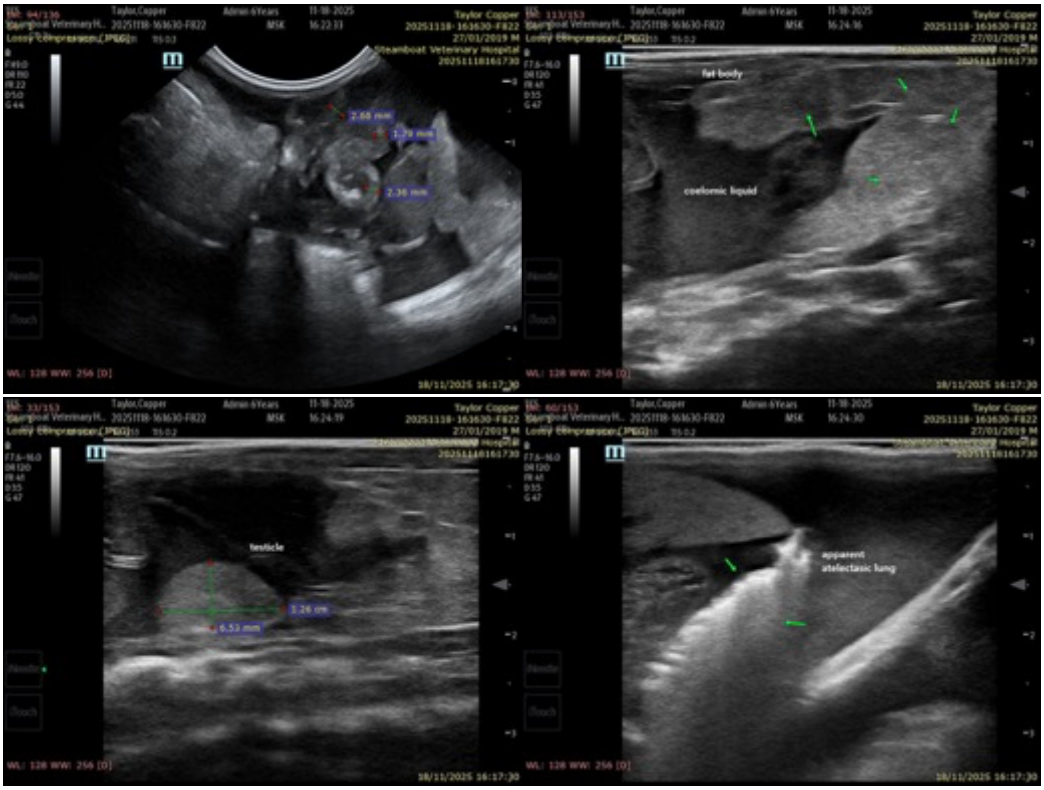
- Septic or inflammatory coelomitis secondary to GI obstruction or bacterial translocation.
- Disseminated neoplastic disease.

Recommendations

- Immediate stabilization.
- Surgical exploration (coeliotomy) is strongly recommended.

If not feasible:

- Broad-spectrum antibiotics.
- Coelomic fluid tap: Obtain sample for cytology, Gram stain, and culture/sensitivity.



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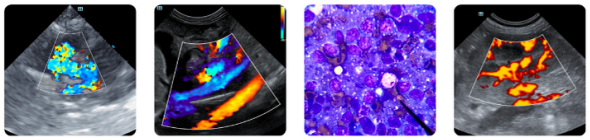

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com