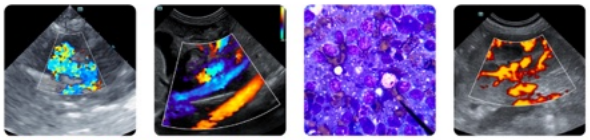


PATIENT

Penny Schultz

SPECIES

Reptile

BREED

Bearded Dragon

SEX

Female

AGE

8 years

WEIGHT

520 grams

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Eckert

INVOICE

71542

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Presenting Symptoms: Constipation in January, no defecation for 3-4 weeks before seen on 01-23. Mineralized tubular density palpated & visualized on rads cd coelom. Hx of MBD, limbs somewhat deformed but bone density appears appropriate on rads. Brief initial US suspected follicles present. Instituted soaks, abdominal massage, vibrational therapy, increased salad, pt passed large volume of compacted urates & stool on 01-27. Many pinworms on fecal, planning to treat w/ pyrantel.
- Reason for Ultrasound: Screening for follicles, eggs, intracoelomic abnormalities that may have contributed to constipation.
- On bloodwork, mild azurophilia, CBC otherwise wnl. Total calcium increased, slight elevation in globulin & slight decrease in ALT, otherwise wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloacal lumen is moderately distended. The wall appears thin and smooth. Luminal contents are anechoic. No accumulation of urates is identified at this time.

Both kidneys are subjectively normal in size, contour, and echogenicity. No mineralization or renomegaly is identified.

Left Ovary: There is a large number of ovarian follicles measuring approximately 9.52×9.58 mm. All follicles are similar in size and echogenicity. They demonstrate concentric hyperechoic vitellogenic layering with an anechoic central region, consistent with late vitellogenic follicles.

Right Ovary: Similar findings are present, with multiple follicles measuring approximately 8.83–9.00 mm. These follicles appear to be in advanced vitellogenic stages (ovulatory maturity).

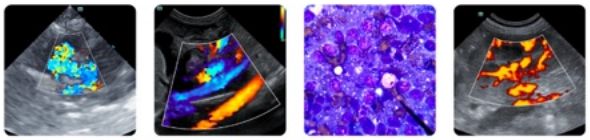
Spleen

The spleen could not be reliably visualized due to acoustic artifact from abundant gastric contents. In small reptiles, visualization can be limited unless splenomegaly is present.

Liver

The liver is subjectively normal in size, with smooth margins and uniform echotexture. The parenchyma is homogeneous and appropriately echogenic. No focal hepatic lesions or ultrasonographic evidence of hepatic lipidosis are identified.

The gallbladder is normally distended. The wall is thin and the contents are anechoic. No ductal dilation is observed.



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Gastrointestinal

The stomach is normally distended with ingesta. Gastric wall thickness measures 0.62 mm, and the pyloric wall measures 2.50 mm, both within expected reference ranges for this species.

The small intestinal wall measures 1.15 mm, which falls within published reference values for healthy bearded dragons (typically ~0.9–1.2 mm).

Although there is abundant ingesta present, there is no sonographic evidence of gastric or colonic impaction.

Fat Bodies

Right fat body measures 9.96 mm in thickness, homogeneous and normoechoic.
Left fat body measures 7.31 mm in thickness, homogeneous and normoechoic.

Coelomic Cavity

There is a mild amount of anechoic coelomic effusion, most evident within the gonadal recesses and minimally between hepatic lobes.

ULTRASONOGRAPHIC FINDINGS

- Bilateral advanced vitellogenic follicles (~9 mm).
- Mild anechoic coelomic effusion in gonadal recesses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination demonstrates bilateral, symmetric, advanced vitellogenic ovarian follicles measuring approximately 9 mm in diameter. The follicles are uniform in size and appearance and demonstrate concentric yolk layering typical of late vitellogenesis. Importantly, the follicles appear to be mature and approaching ovulatory readiness but remain intra-ovarian.

These findings raises concern for pre-ovulatory follicular stasis, particularly given the recent history of constipation and coelomic distension. In reptiles, large vitellogenic follicles can exert significant mass effect within the coelomic cavity, compressing the gastrointestinal tract and reducing motility. This mechanical displacement, combined with altered metabolic demands during vitellogenesis, can contribute to delayed gastrointestinal transit and episodes of functional constipation.

The mild coelomic effusion observed within the gonadal recesses may represent physiologic fluid associated with reproductive activity; however, it warrants monitoring, as increasing effusion in this context could suggest impending follicular degeneration or rupture causing coelomitis.

Recommendations

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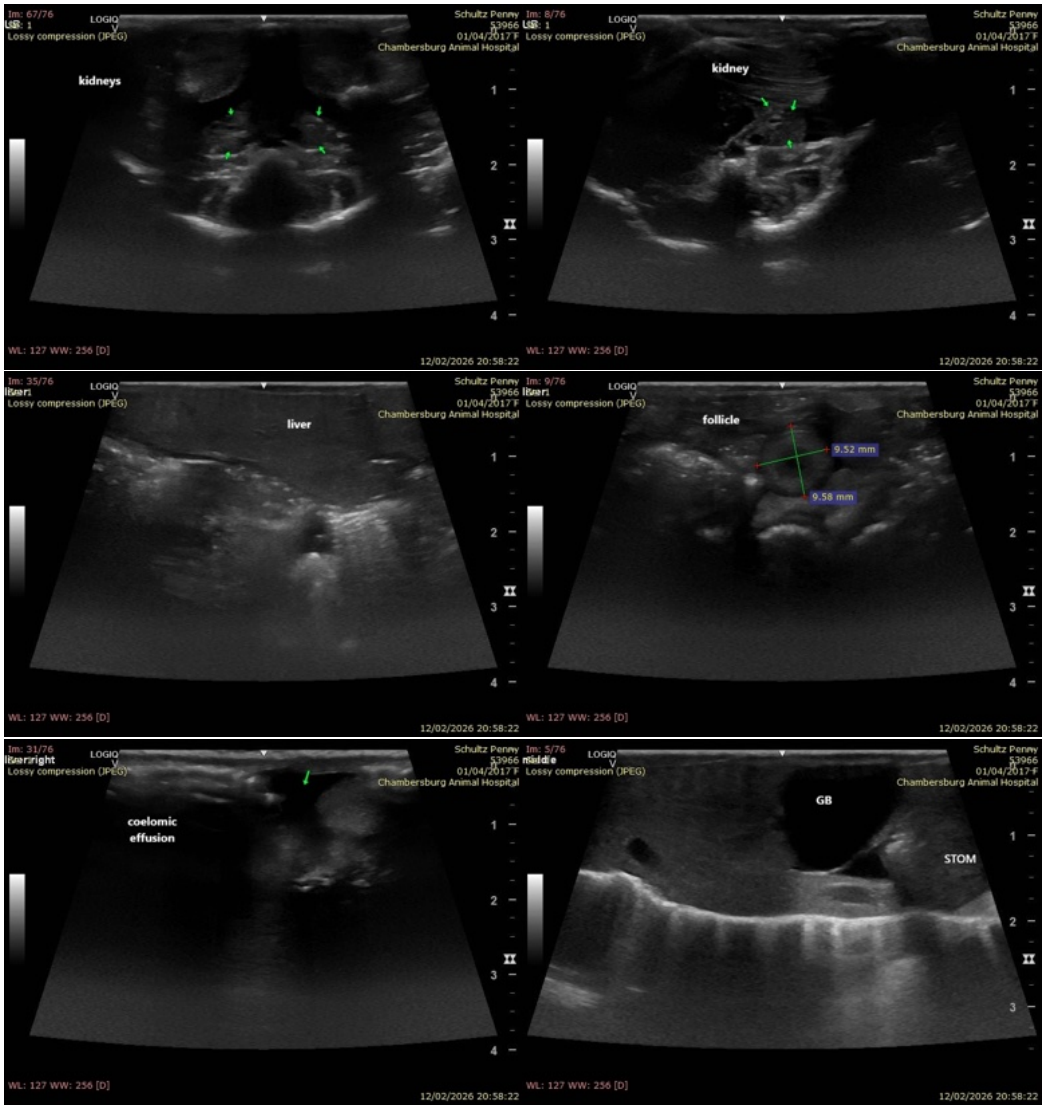
- Given the ultrasonographic findings and the patient's clinical presentation, elective surgical ovariectomy is strongly recommended at this stage while the patient remains clinically stable. Delaying intervention increases the risk of progression to pre-ovulatory follicular stasis, follicular degeneration, rupture, and secondary yolk coelomitis, which significantly worsens prognosis and surgical risk.
- If surgery is declined, strict optimization of husbandry parameters (UVB exposure, thermal gradient, hydration, photoperiod) and close short-term monitoring are essential. However, once advanced vitellogenic follicles persist without ovulation, progression to advanced follicular stasis and degeneration is common



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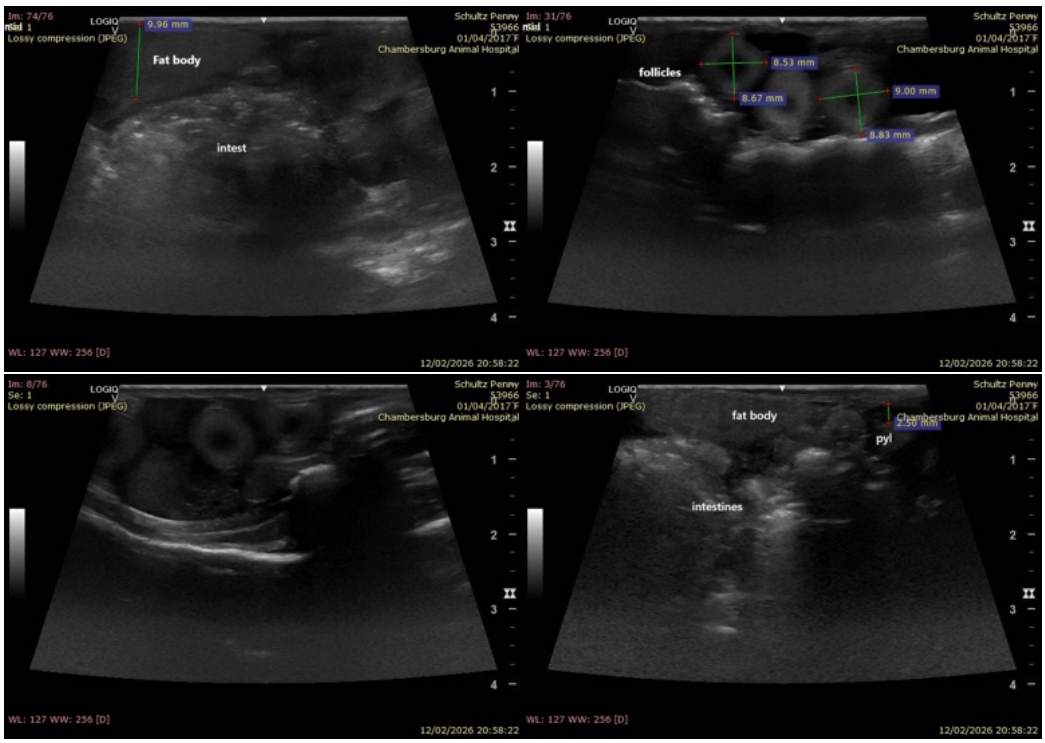

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com