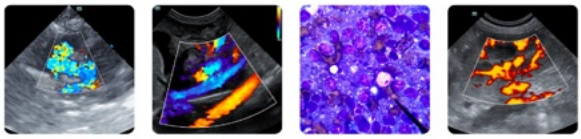

PATIENT

Cashew Allen

SPECIES

Reptile

BREED

Bearded Dragon

SEX

Female

AGE

5 years

WEIGHT

0.56 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc., MV Esp Ultrasound in Domestic and Wild Animals

IMAGING PERFORMED BY

Carri Underwood

HOSPITAL NAME

SVS Imaging MI-2

REFERRING VET

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PRESENTING CLINICAL SIGNS

- Hx of elevated Calcium.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cloacal lumen is normally distended. The wall appears thin and smooth. Anechoic fluid is present. A 1.13 cm hyperechoic structure with marked distal acoustic shadowing is identified within the lumen. This finding is most consistent with organized urate material, although a urolith is also possible.

Both kidneys are normal in size, shape, and echogenicity.

- Left kidney, cranial lobe (transverse view): 0.79×0.52 cm (height×width). The parenchyma is homogeneous and isoechoic relative to the surrounding caudal musculature.
- Right kidney: Not reliably measured; however, the visualized parenchyma appears within normal limits.

Both ovaries contain multiple vitellogenic follicles in advanced stages of maturation, with the largest measuring: 1.15×1.10 cm and 1.28×1.53 cm. Several follicles demonstrate mildly irregular or distorted margins. In some regions, the ovarian walls — normally not distinctly visible — appear thickened and hyperechoic, increasing suspicion for oophoritis.

Spleen

In small reptiles, the spleen is typically small and located immediately dorsal to the stomach/pylorus. Visualization may be challenging unless enlarged. In this case, abundant gastric contents limited evaluation, and the spleen was not definitively visualized.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is isoechoic relative to the surrounding fat and shows no sonographic evidence of hepatic lipidosis. Scattered small hyperechoic foci are present within the parenchyma. These do not produce distal acoustic shadowing and may represent small foci of fibrosis or mineralization.

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

Gastrointestinal

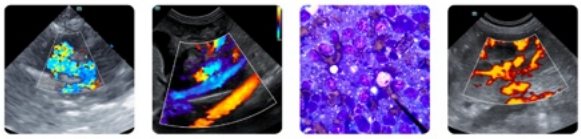
The stomach is distended with ingesta.

- Gastric wall thickness: 0.73 mm
- Pyloric wall thickness: 2.12 mm

Both appear within expected limits. Small intestinal wall thickness ranges up to 1.33 mm, within normal limits for species.

Fat Bodies

No sonographic abnormalities identified.



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Celomic Cavity

Anechoic free fluid is present within the left gonadal recess, most conspicuous in this region. Additional small-volume coelomic fluid may be present elsewhere but is less clearly visualized.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Multiple large, advanced-stage vitellogenic follicles occupying the majority of the coelomic cavity and resulting in marked displacement of adjacent visceral structures.
- Apparent ovarian wall thickening.
- Anechoic free coelomic fluid (left gonadal recess).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the presence of large, advanced-stage vitellogenic follicles in an adult female bearded dragon may represent physiologic reproductive cycling, the constellation of findings in this case is more consistent with follicular stasis. Several follicles are not uniformly spherical and demonstrate mildly irregular or subtly distorted margins. In normal vitellogenesis, follicles are typically round with smooth, well-defined contours. The altered shape observed here suggests early structural compromise rather than normal reproductive progression. Additionally, multiple follicles exhibit subjectively increased peripheral echogenicity relative to the central yolk material. In the context of retained, enlarged follicles and concurrent coelomic effusion, these changes raise concern for early degeneration and inflammatory involvement. The apparent ovarian wall thickening and altered architecture further increase suspicion for early oophoritis. A concurrent degenerative component (oophorosis) cannot be excluded, particularly if the process has been ongoing. The presence of even small-volume anechoic coelomic effusion, most conspicuous within the left gonadal recess, heightens concern for early reproductive-associated coelomitis. Scattered small hyperechoic foci within the hepatic parenchyma, in the absence of hepatomegaly, diffuse parenchymal alteration, or biochemical evidence of active hepatic disease, are most consistent with incidental focal mineralization, fibrosis, or hyperplasia. Taken together, the ultrasonographic findings strongly support a diagnosis of advanced follicular stasis with suspected early oophoritis and possible incipient coelomitis.

Recommendations

• Coelomic fluid sampling is recommended to help confirm inflammatory involvement.
• From an ultrasonographic standpoint, the findings support consideration of ovariosalpingectomy.
Final treatment decisions, including the role of medical management versus surgical intervention, should be determined by the primary clinician in the context of the complete clinical picture.

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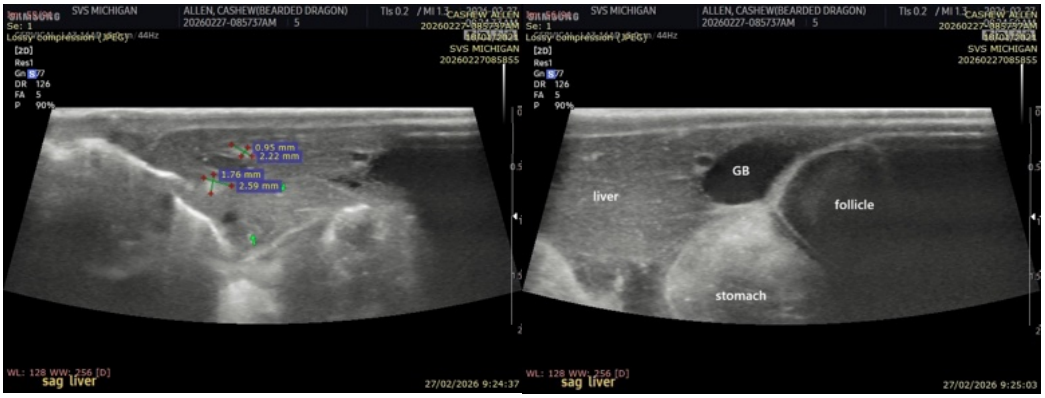

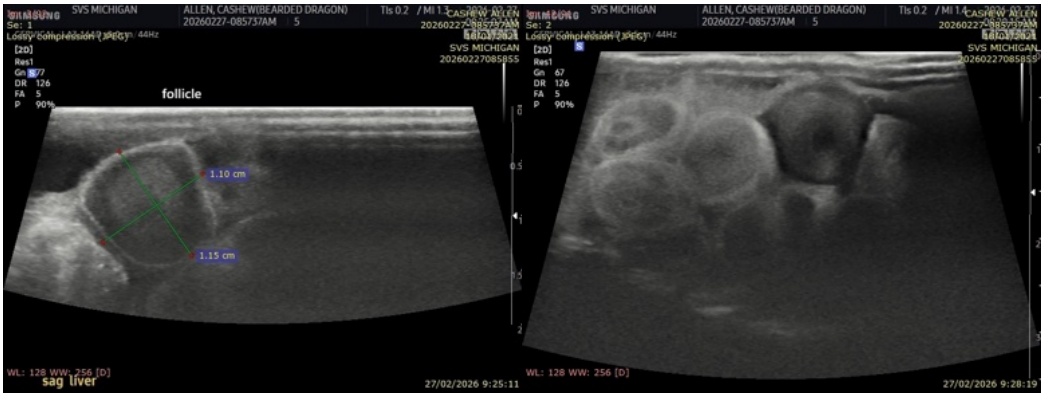

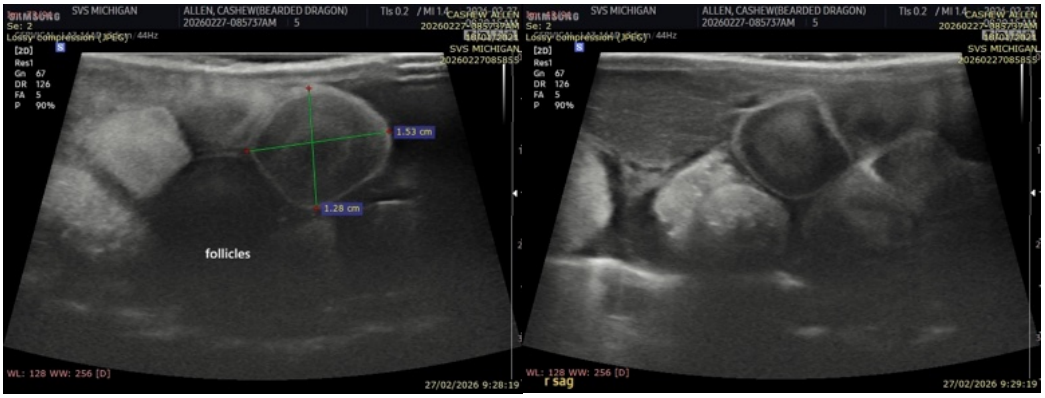

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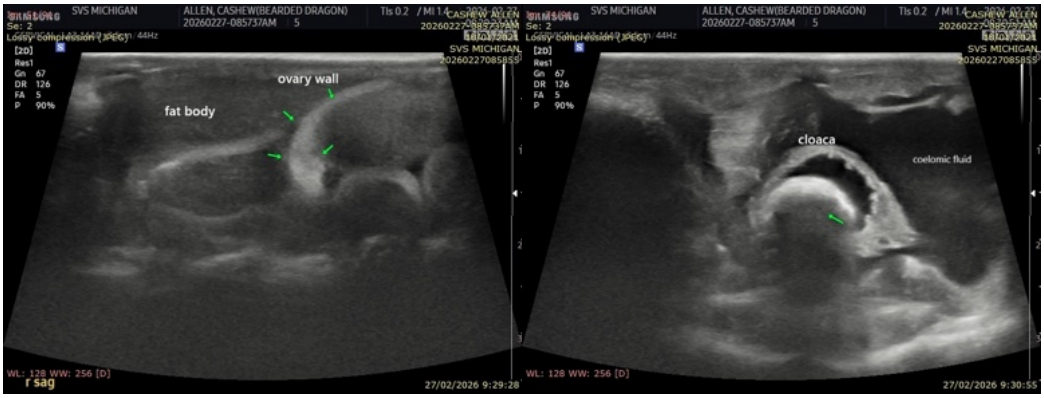

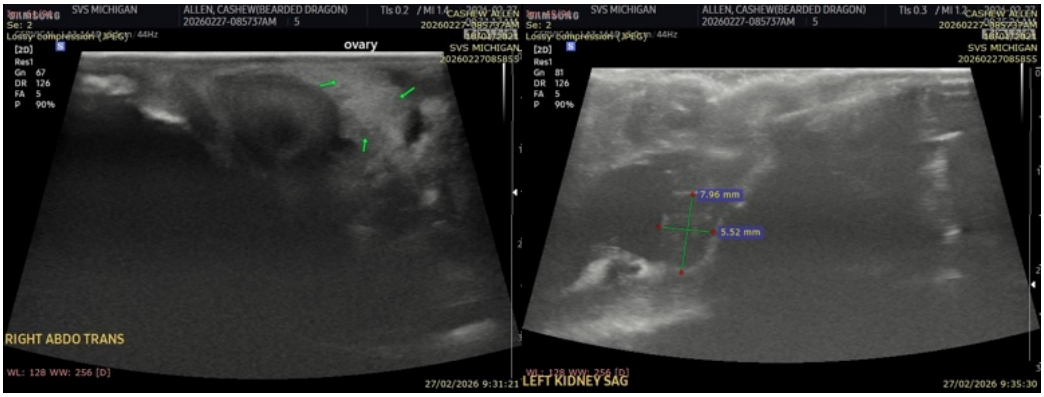

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.
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info@SonoPath.com