



## PATIENT

Penny Schultz

## SPECIES

Reptile

## BREED

Bearded Dragon

## SEX

Female

## AGE

8 years

## WEIGHT

0.5 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Mary Pearce

## HOSPITAL NAME

Chambersburg AH

## REFERRING VET

Dr. Eckert

## INVOICE

73647

## DATE

3/19/26

## PRESENTING CLINICAL SIGNS

- Presenting for a progress ultrasound scan due to previously diagnosed follicular stasis.
- Last ultrasound for comparison was submitted 2/12/26.
- O declined sx and elected medical management.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The cloacal lumen is moderately distended, and the wall appears thin and smooth. The luminal contents are anechoic. No accumulation of urates is identified.

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

- Left kidney (cranial lobe, transverse view): 0.60 × 0.35 cm (height × width).
- Right kidney (cranial lobe, transverse view): 0.61 × 0.37 cm (height × width).

### *Reproductive System*

Both ovaries remain markedly distended with numerous follicles extending cranially to the level of the liver. Left ovary: Multiple large follicles measuring approximately 1.13×1.23 cm and 1.09×1.18 cm. Right ovary: Similar findings are present, with multiple follicles measuring approximately 1.02×1.03 cm. The yolk layers of all follicles appear more hyperechoic compared to the previous examination.

### *Spleen*

Limited visualization.

### *Liver*

The liver is subjectively normal in size, with smooth margins and uniform echotexture. The parenchyma is homogeneous and appropriately echogenic. A small focal hypoechoic foci measuring approximately 4.48×6.28 mm is identified.

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

### *Gastrointestinal*

The stomach is normally distended with ingesta. Gastric wall thickness measures approximately 0.68 mm. The pylorus was not visualized in this examination. The small intestines appear normal. There is no sonographic evidence of gastrointestinal impaction.



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**Fat Bodies**

Fat bodies appear slightly decreased compared to the previous examination.  
Right fat body: 8.26 mm thickness, homogeneous and normoechoic.  
Left fat body: 7.24 mm thickness, homogeneous and normoechoic.

**Coelomic Cavity**

There is a mild increase in anechoic coelomic effusion compared to the previous study, most evident within the gonadal recesses. No evidence of ovarian rupture is identified.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Marked follicular development persists within both ovaries, with numerous large follicles extending cranially to the level of the liver. Compared to the previous examination, the yolk content appears more hyperechoic, suggesting continued follicular maturation or early degenerative change. These findings remain consistent with follicular stasis, with no evidence of ovulation or resolution.

In a normal reproductive cycle in *Pogona vitticeps*, ovulation is typically expected within approximately 3–10 days once follicles reach advanced vitellogenic stages (~0.9 cm). In this case, over a one-month period, follicles have increased to 1.1–1.2 cm with increased echogenicity, yet ovulation has not occurred despite medical induction. This progression is not consistent with a normal reproductive cycle and is highly suggestive of preovulatory follicular stasis, warranting consideration of surgical management.

There is a mild increase in coelomic effusion compared to the prior study, most evident within the gonadal recesses. Although no evidence of ovarian rupture is identified, this finding may be associated with ongoing ovarian dysfunction and may represent early inflammatory change.

A small focal hypoechoic hepatic nodule is identified. In reptiles, focal hepatic changes may occasionally be associated with reactive or metabolic processes. Given its small size and the absence of diffuse hepatic abnormalities, this finding is considered incidental, possibly related to metabolic activity associated with vitellogenesis or representing a small focus of nodular hyperplasia.

Fat bodies appear mildly decreased compared to the previous study, which may reflect reduced energy reserves, potentially secondary to chronic reproductive activity or decreased intake.

**Recommendations**

- Findings are consistent with persistent follicular stasis without resolution under medical management. Given the lack of improvement and mild progression, surgical intervention should be reconsidered if clinically feasible.
- If surgery is declined, continued medical management aimed at inducing ovulation may still be pursued, although response appears limited at this stage.
- Continued monitoring with attention to clinical signs such as anorexia, lethargy, or progressive coelomic distension/ovary rupture.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian based on the complete clinical picture.



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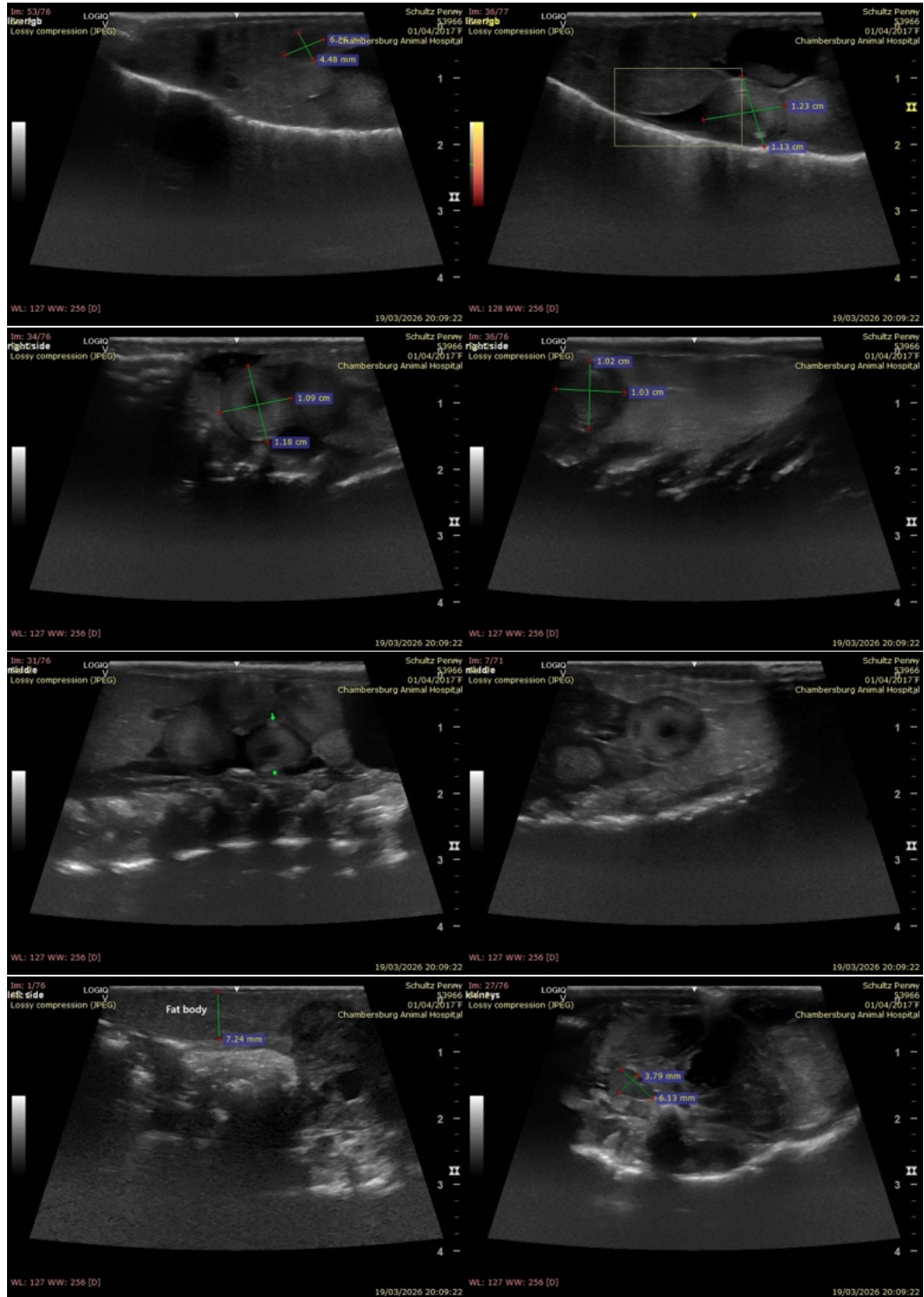
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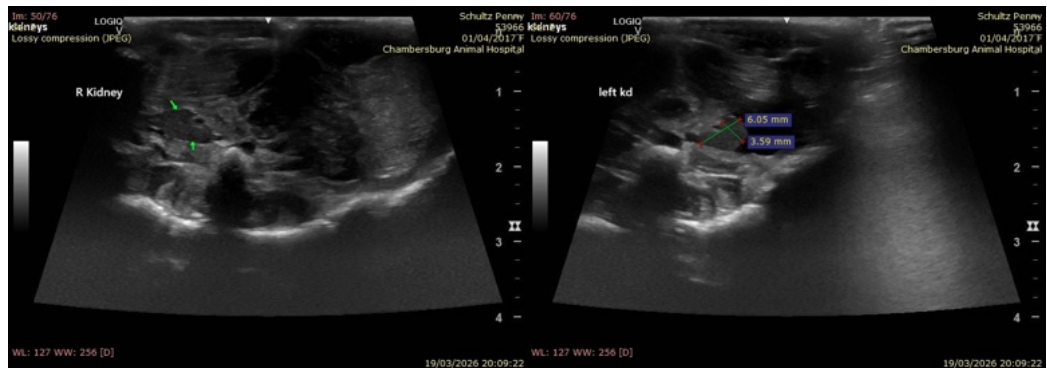
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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