



PATIENT

Nini Burton

SPECIES

Reptile

BREED

Bearded Dragon

SEX

Female

AGE

1 years

WEIGHT

0.35 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilve South

REFERRING VET

Dr. Wayland

INVOICE

74521

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: Patient is presenting the same as in March. Owner doesn't necessarily think she is doing worse but says she has "good days and bad days". She is still not self-initiating basking and just stays in one spot all day. Is lethargic and reduced appetite, only eating greens 3-4 times per week. O is hoping we can figure out how the follicles are progressing.

Symptoms: Listless, Inappetent, no basking.

Abnormal PE/Chem/CBC/UA Results: **General Appearance:** Very active, scurrying around, reactive to examiner. **Eyes:** no exudate observed, no redness present **Ears:** No exudate observed, no redness present **Nasal Cavity:** No obvious abnormalities observed **Respiratory:** Lungs auscultate clear bilaterally **Abdomen:** Ceolom palpates normally; no pain, tenderness or masses on palpation **Rectal:** Did not perform rectal exam **Musculoskeletal:** Normal ambulation **Integument:** Normal amount of shedding; skin looks normal; **Neurologic:** No apparent abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE CELOMIC CAVITY

Urinary System

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

The kidneys are positioned caudally within the coelomic cavity (intrapelvic location) and could not be confidently visualized in the submitted video clips.

Reproductive System

Left ovary: previtellogenic follicles measuring 1.40–1.56 mm. Right ovary: previtellogenic follicles measuring 1.90–2.22 mm.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture.

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

Gastrointestinal

The stomach contains a small amount of ingesta and is not distended. The gastric wall (0.94 mm) and pyloric wall (1.66 mm) are within normal limits, with preserved layering.

The small intestine measures approximately 0.89 mm, with overall wall thickness within normal limits. No evidence of gastrointestinal obstruction, impaction, or abnormal luminal distension is identified.



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Fat bodies

The fat bodies are visualized and are subjectively normal in thickness and echogenicity.

Celomic Cavity

A mild amount of anechoic free fluid is present within the mesenteric recesses.

PRIMARY FINDINGS

- No significant abnormalities are identified on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of gastrointestinal obstruction or impaction is identified.

The ovaries contain small previtellogenic follicles, which are considered physiologic for a juvenile female bearded dragon and do not support reproductive pathology.

A small volume of anechoic coelomic fluid is identified within the mesenteric recesses. In reptiles, minimal amounts of coelomic fluid may be physiologic; however, it can also be seen with reproductive activity or early systemic disease.

Overall, there is no ultrasonographic evidence of structural disease to explain the reported clinical signs. In this species, such findings most commonly support a functional or husbandry-related disorder, particularly in the context of reduced basking behavior.

Recommendations

- Review and optimize husbandry parameters:
 - Confirm appropriate basking temperature (typically ~38–42°C at basking site)
 - Ensure adequate thermal gradient across the enclosure
 - Verify proper UVB exposure (appropriate bulb type, distance, and replacement schedule).
 - Assess photoperiod and enclosure setup: In bearded dragons, inadequate husbandry is the most common cause of lethargy, hyporexia, and failure to bask.
- Supportive care (if needed):
 - Maintain adequate hydration (oral fluids or assisted hydration).
 - Encourage feeding with easily digestible, palatable foods, assisted feeding if intake remains low.
- Medical therapy (if clinically indicated):
 - Empirical antiparasitic therapy may be considered depending on history and fecal testing.
- Diagnostics:
 - Recommend fecal examination (direct smear ± flotation) to assess parasitism
 - Additional bloodwork may be considered if clinical signs persist or worsen



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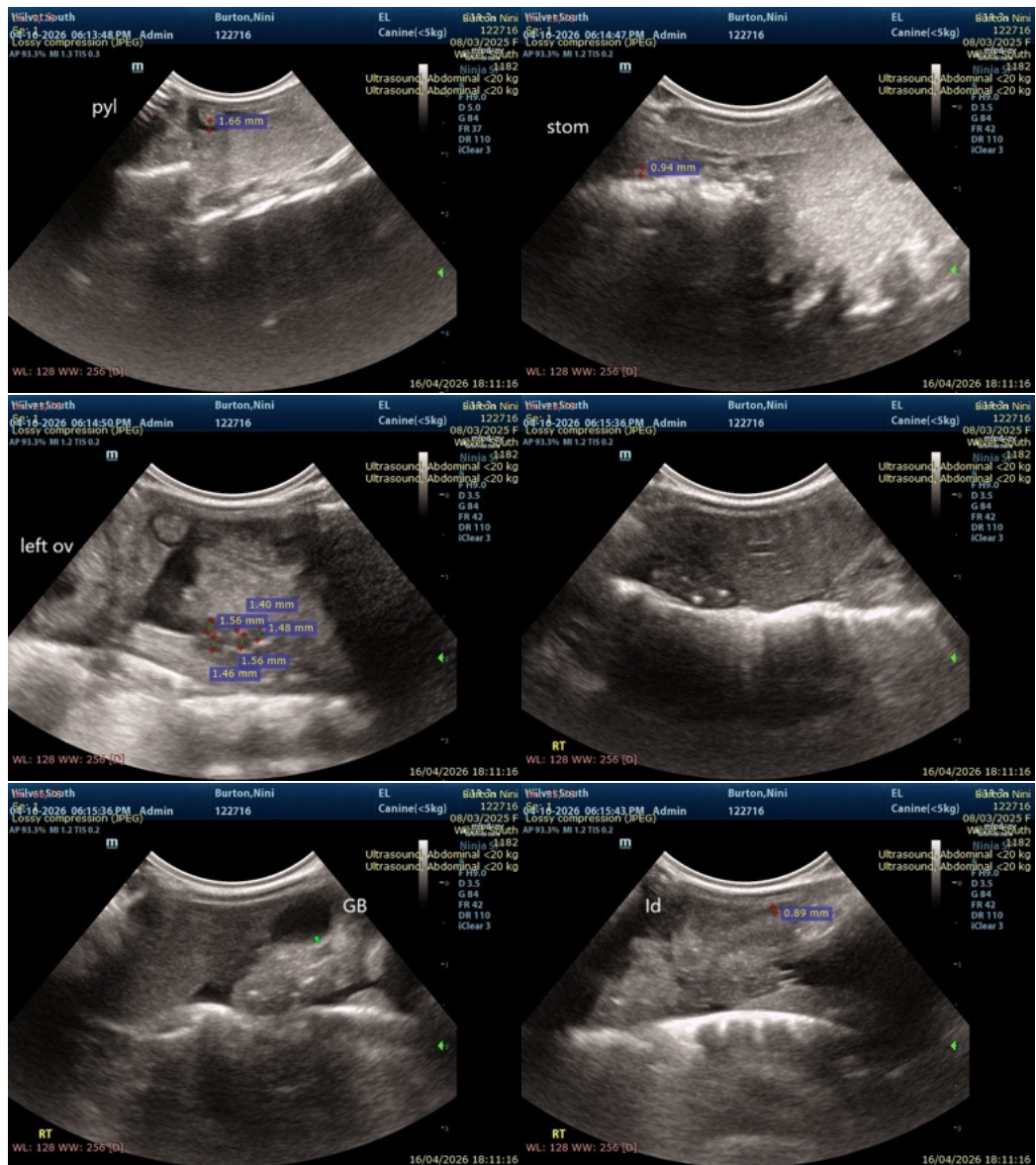
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- Monitoring.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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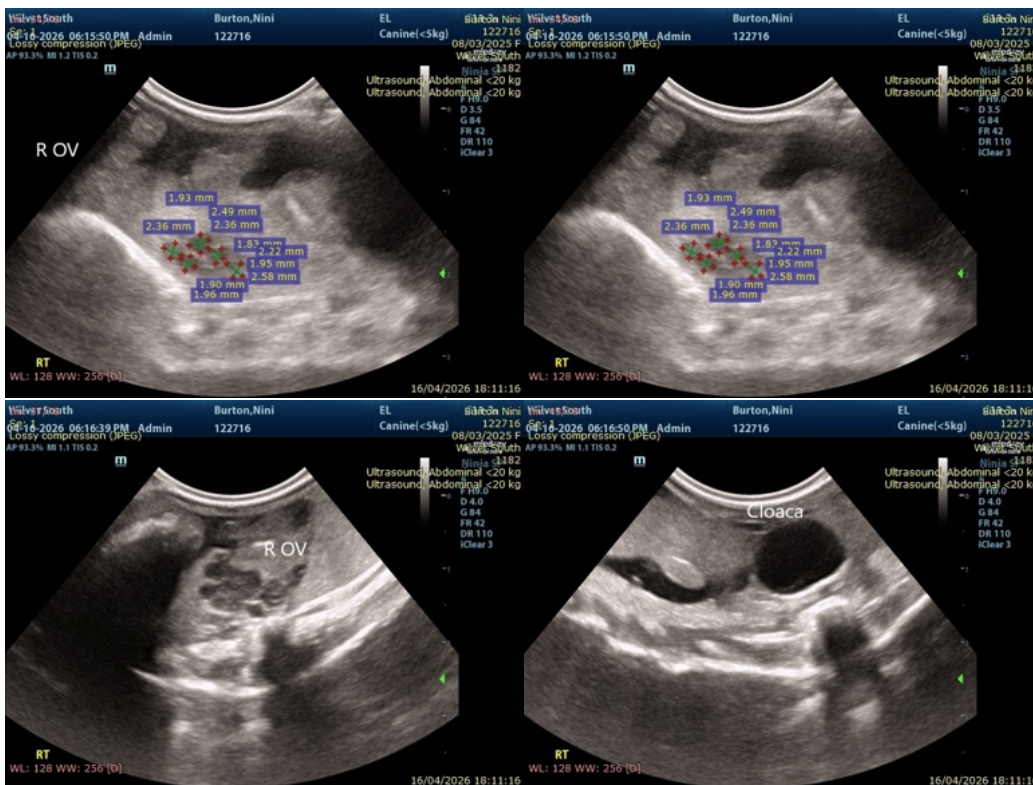
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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