



DATE PRESENTING CLINICAL SIGNS

4/3/26

PATIENT

Rexi Weir

SPECIES

Reptile

BREED

Bearded Dragon

SEX

Spayed female

AGE

3/5/19

WEIGHT

462 grams

INTERPRETED BY

Alicia Angosto-Guerrero, MV Esp
Ecografía

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Weeks

INVOICE

74141

- Patient History: Patient was supposedly spayed at another clinic 2 years ago when she had follicular stasis. No palpable eggs but ADR same as before and very elevated Calcium. Want to check for recurrent follicular stasis.
- Current Medications: Panacur 0.12 cc q 14 days x 4 treatments, SMZ 0.15 cc QD x 7 daays - finished, Omnivore care prn.
- Date of Previous IntraPet Ultrasound: No previous.
- Sedation: Not required to complete full diagnostic ultrasound.
- Stat Report: Not requested.
- Imaging Performed by: Andi Parkinson, BS, RDMS,

ULTRASONOGRAPHIC EXAMINATION OF THE CELOMIC CAVITY

Urinary System

The cloacal lumen is moderately distended. The wall appears thin and smooth. The luminal contents are predominantly anechoic, with minimal urate material present.

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

- Left kidney (cranial lobe, transverse view): 0.58×0.42 cm (height×width)
- Right kidney (cranial lobe, transverse view): 0.58×0.41 cm (height×width)

Reproductive System

Ventral to the pylorus and located between it and the right fat bodies, within the expected region of the right ovary, there is a structure measuring 1.28×0.78 cm containing 2-3 small, rounded anechoic structures. This region continues caudally with a larger rounded structure measuring 0.9×0.9 cm, with a follicle-like appearance.

Spleen

The spleen measures 4.87×4.00 mm, rounded, homogeneous, and of normal echogenicity.

Liver

The liver is subjectively increased in size with a mildly rounded contour. The hepatic parenchyma is homogeneous and mildly hyperechoic relative to the surrounding fat, with a fine echotexture.

The gallbladder is adequately distended. The wall is thin and smooth. The luminal contents are predominantly anechoic with a small amount of biliary sludge.

Gastrointestinal

The stomach is normally distended with ingesta. The gastric wall (0.58 mm) and pyloric wall (1.67 mm) are within expected limits. The small intestine measures approximately 0.74 mm (within expected range), with no evidence of obstruction or abnormal wall thickening.

Fat bodies

Normal in size, shape, and echogenicity.

Celomic Cavity

A small amount of anechoic free fluid is present within the right gonadal recess. However, no sonographic evidence of coelomitis is identified.

PRIMARY FINDINGS

- Presence of an irregular structure within the right gonadal region containing multiple small, rounded anechoic structures.
- Presence of a larger, rounded structure measuring approximately 0.9×0.9 cm, with a follicle-like appearance located adjacent to the previously described structure.

SECONDARY FINDINGS

- Mild hepatomegaly with subtle diffuse hyperechogenicity.
- Small volume of coelomic fluid (right gonadal recess).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates the presence of structures within the right gonadal region characterized by multiple small anechoic round formations and an adjacent larger rounded structure with a follicle-like appearance. Given the clinical history of previous follicular stasis and the recurrence of similar clinical signs, these findings likely represent recurrent follicular development.

In this species, complete removal of ovarian tissue can be technically challenging due to anatomical and surgical factors, and residual functional tissue may persist following previous surgery. In this context, the current findings are consistent with ongoing reproductive activity associated with residual ovarian tissue.

The marked hypercalcemia identified on recent laboratory testing is well explained by active vitellogenesis, as estrogen-mediated yolk production is known to induce significant increases in circulating calcium in this species.

The small volume of anechoic coelomic fluid within the gonadal recess is considered likely physiologic or mildly reactive, with no sonographic evidence of coelomitis at this time.

Mild hepatomegaly with slightly increased echogenicity is noted and is most consistent with metabolic changes associated with vitellogenesis.

No significant abnormalities are identified in the gastrointestinal or renal systems that would account for the current clinical presentation.

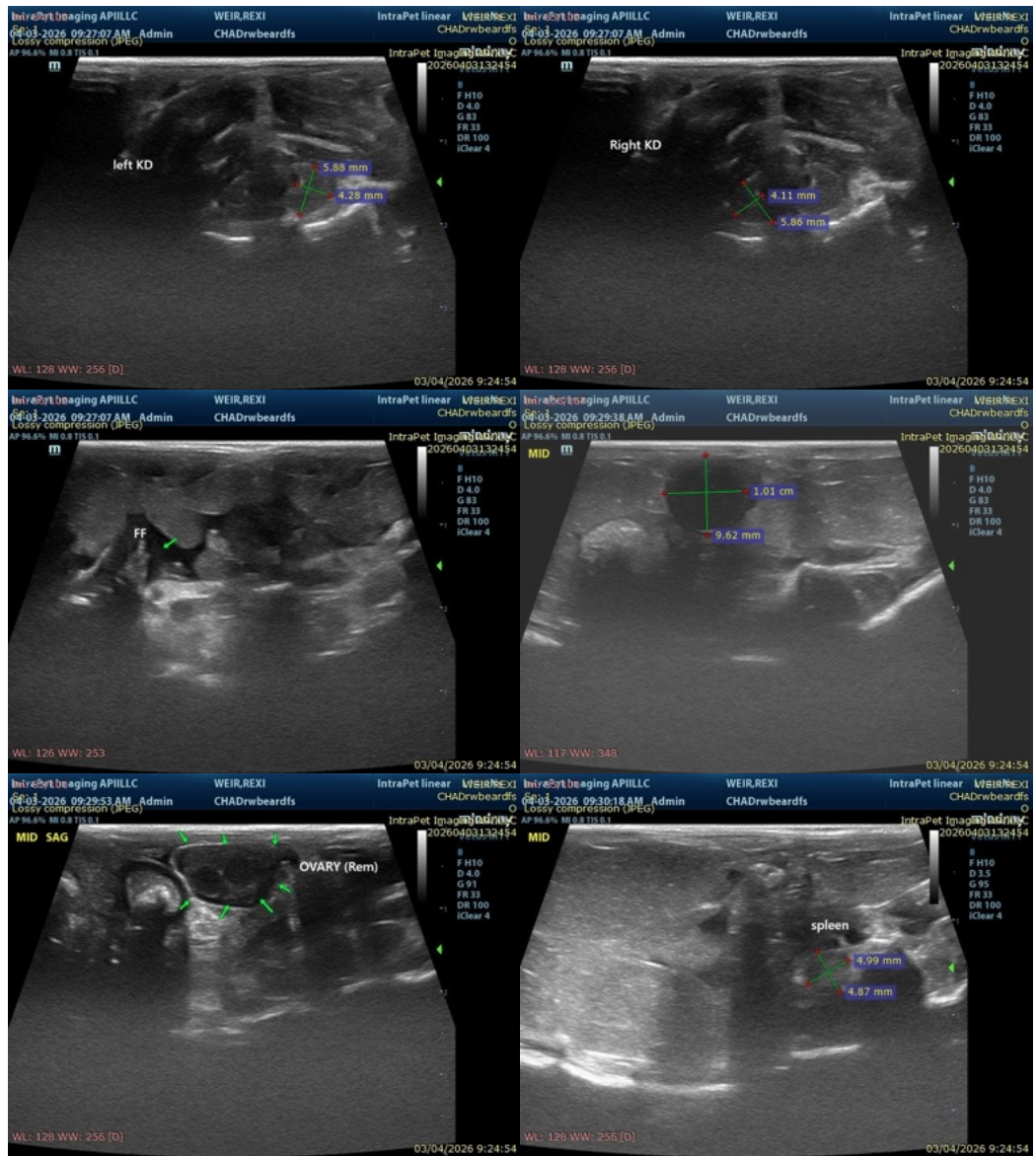
Recommendations

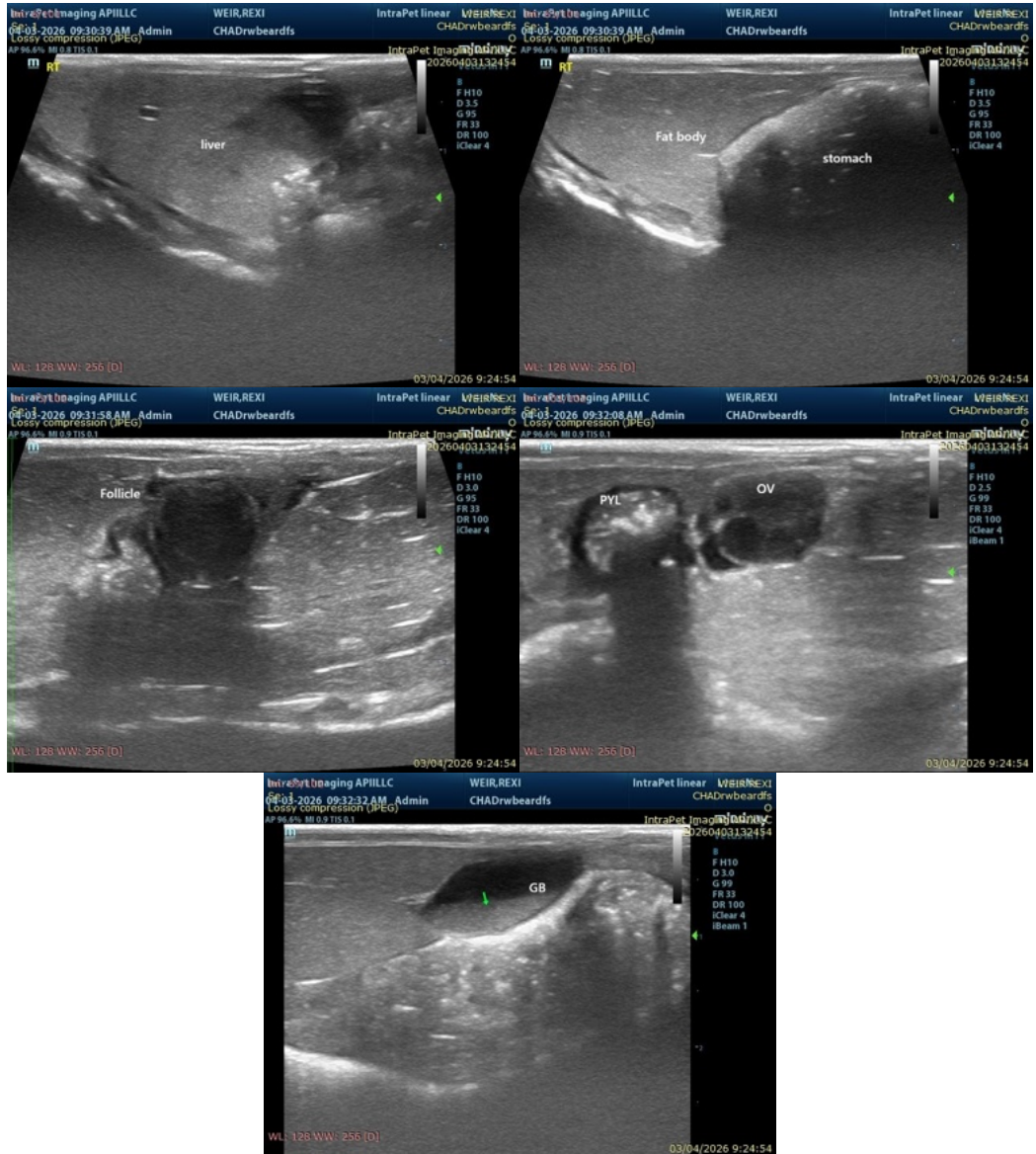
- Surgical exploration and removal of residual ovarian tissue should be considered as a definitive treatment option, particularly given the history of previous follicular stasis and recurrence of clinical signs.
- Alternatively, conservative management aimed at reducing reproductive stimulation (including environmental and nutritional modulation) may be attempted; however, success can be variable,

particularly once follicular development is established.

- Medical management options (GnRH analogues) may be considered in selected cases; however, reported efficacy in reptiles is variable and such approaches are not considered definitive.
- Close clinical monitoring is recommended to assess for progression.

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





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.

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