

**PATIENT**

Dave Bryan

**SPECIES**

Bearded Dragon

**BREED**

Bearded Dragon

**SEX**

Intact Female

**AGE**

6 Years

**WEIGHT**

723 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Vickstrom

**INVOICE NUMBER**

16444

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

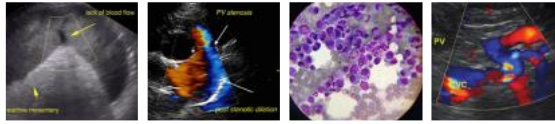
History: Chronic abdominal pathology is suspected: cloacal prolapse 4/2022; resolved with medical management. Concern re: reproductive tract pathology (infectious, retained eggs/ova) liver pathology (hepatic lipidosis), open P has not become normal using medical management to date. Adenovirus status is unknown.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings FINAL REPORT Medical History: Medical History on File Animal ID: Dave Lizard :: Bearded Dragon / Female / 6 years CLINICAL PATHOLOGY Test: CBC - Avian/Reptile Specimen: Whole Blood :: Smear Collection date: 05/09/2022 PCV% (%) 23 RBC Morph Polychromasia RBC Morph Numbers Numerous RBC Morph Other RBC Morph Numbers Several RBC Notes Other = immature erythroid cells Rel Heterophils (%) 46 Rel Lymphocytes (%) 33 Rel Monocytes (%) 16 Rel Basophils (%) 5 WBC Morph Reactive Lymphocytes WBC Morph Numbers Several WBC Morph Toxic Neutrophils WBC Morph Numbers Few WBC Notes There is moderate to marked cell rupture and the white blood cell estimate cannot be performed. The WBC count subjectively appears within normal limits to mildly increased. The differential is considered a very crude estimate. Thrombo Quant Appear Adequate Thrombo Clumping Numbers Moderate Plasma Protein (g/dL) 3.9 Hemoparasites None Observed Section Comments The presence of substantial polychromasia with immature erythroid cells indicates regenerative anemia, most likely due to hemorrhage although hemolysis cannot be ruled out. Numerous slide and coverslip blood smears were made with the submitted blood but cell lysis was present in all, and may be present in the sample itself. My best guess is that the WBC count is very roughly 10,000-14,000 (taking into account the apparently ruptured cells). Jennifer Johns, DVM, PhD, ACVP (Clinical Pathology) Current Medications Ceftazidime 22 mg/kg SC q 72 hours Radiographic Findings Sam Silverman Sat, Apr 23, 12:01 PM (10 days ago) to me, silverman Orthogonal view images including a lateral view with a horizontally directed x ray beam are suggested. The previous images do not include horizontal xray beam lateral views. The prolapsed organ may be an everted cloaca or herniated reproductive tract. Ultrasound may be more informative. Interpretation: 12/7/20 There is a slight increased intestinal gas pattern but signs of obstruction are not seen. A small number of ova and a low volume of coelomic fluid may be present. 8/16/21. Orthogonal view images demonstrate adequate bone opacity. Spinal osteolysis is not seen. There is a mild decrease in serosal detail. The ventral abdominal wall is distended but this may be due to lateral recumbency. The digestive tract is partially distended. A small number of ova may be present. 4/7/22. The lateral view demonstrates adequate lung expansion. The intestinal gas pattern is irregular but an obstructive gas pattern is not seen.

**ULTRASONOGRAPHIC EXAMINATION**

A moderate amount of mildly echogenic ascites was noted in this patient. The heart appeared unremarkable. The upper gastrointestinal tract revealed ingesta and stasis followed by a mid small intestinal annular mass (approximately 2.0 cm x 1.0cm), appears obstructive. The ovaries were uniform- no evident pathology. No other obvious organ pathology was present. The liver was uniform with no evident pathology. Hepatic vascularity was normal.

**ULTRASONOGRAPHIC FINDINGS**



**PATIENT**

- Intestinal mass
- Ascites

Dave Bryan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES** Concern for carcinomatosis/lymphomatosis or similar. Exploratory surgery could be considered, however, given the amount of free fluid, metastatic disease within the lymphatics is suspected. Abdominocentesis and cytospin to assess for exfoliating neoplastic cells and FNA of the intestinal mass could be considered for further definition.

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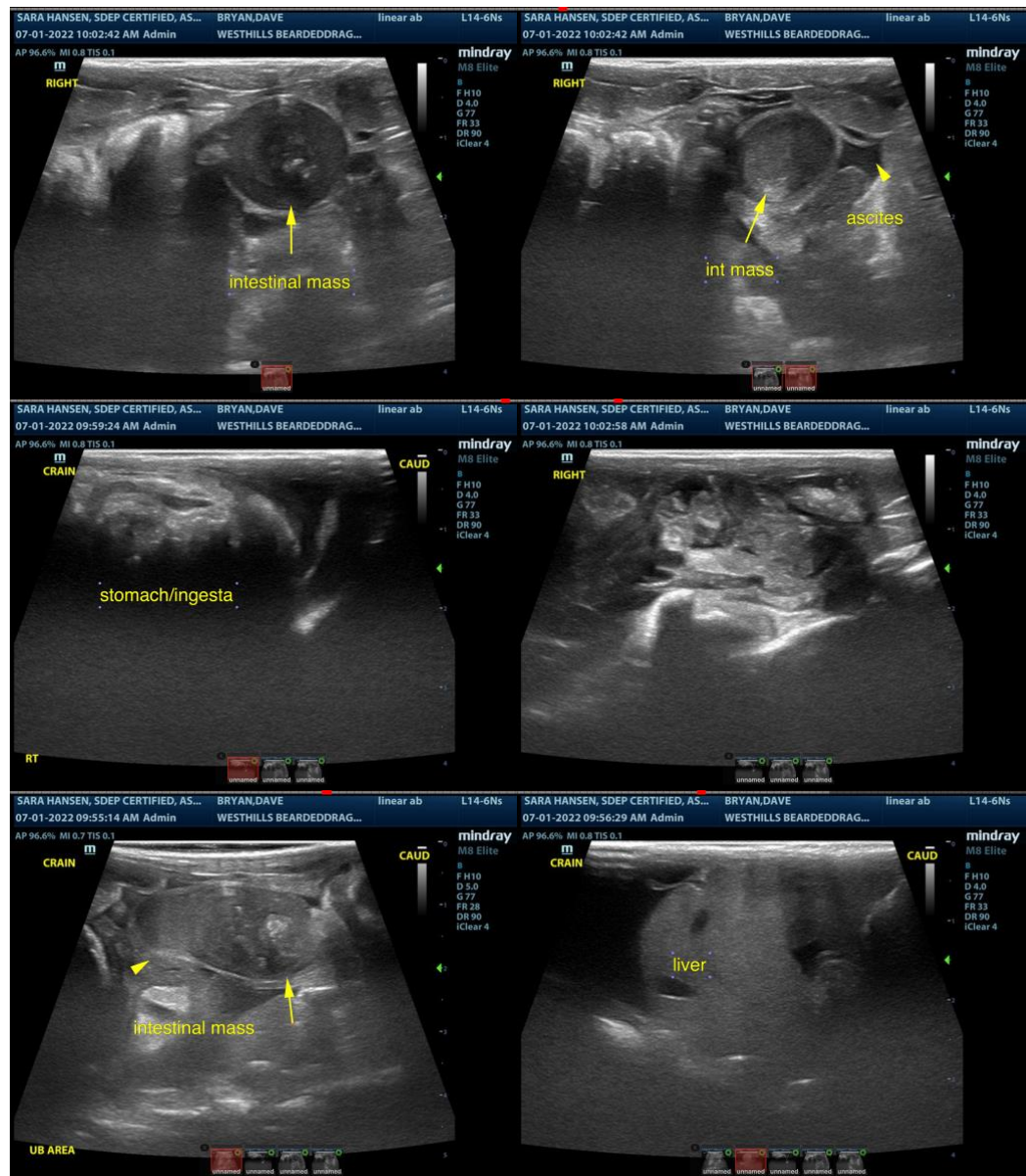
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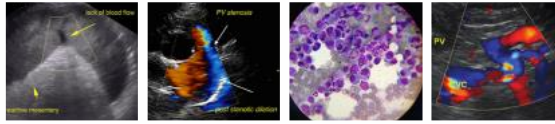
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**AGE**

6 Years

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com

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