



**PATIENT**

Nova Greenway

**SPECIES**

Retilia

**BREED**

Bearded Dragon

**SEX**

Female

**AGE**

7 years

**WEIGHT**

338 g

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dallas Reynolds, LVT

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Munoz

**INVOICE**

91882

**DATE**

9/16/21

**PRESENTING CLINICAL SIGNS**

History: P was seen on 9/3 as an emergency for a prolapse. O reports that p is 7 years old and has never laid eggs before and over the course of 2 weeks has laid about 20 eggs. P stopped eating during that time but is back to eating with good appetite. P has a history of elevated liver values (records unavailable) and p started in milk thistle. Per O, previous bw also showed mild increase in glucose (previously seen at other vet clinic). Diet includes crickets with Ca supplementation, O was giving critical care during the egg laying time, UVB lamp present. Prolapse was reduced at the time and p is currently on Fortaz injections q 72h and a Ca gluconate injection was given P has been eating crickets at home but nothing else, not completely back to normal

Abnormal PE/Chem/CBC/UA Results: BW on 9/3 shows NSF Phos 2.3 (2.3-9.4), Ca 19.7 (6.8-22.7), AST 15 (3-75), Glu 270 (129-293) PE (9/3): Wt: 342g BCS - 1 to 1.5/b - emaciated, fat pads not present Slight dehydration Rectal vs reproductive organ prolapse - pink to dark red in color, seems viable Xrays on 9/3: Radiographic Findings: Orthogonal views of the whole body are available for interpretation. The patient has a thin body condition. The fat pads are small and asymmetric. However the coelomic cavity is distended due to increased soft tissue opacity. The stomach contains a large volume of soft tissue opaque contents and small gas bubbles. Adjacent to the stomach is an ovoid 3.7 cm in length soft tissue structure summing with the liver and superimposed caudally by the colon. The colon contains a large volume of somewhat gas trapping soft tissue opaque contents. The pulmonary parenchyma is normal and the vessels taper appropriately. The cardiac silhouette is slightly small. The musculature diffusely is reduced and the cutaneous tissues are corrugated. Corticomedullary distinction of the long bones is adequate. There is no evidence of trauma. Radiographic Conclusions/Recommendations: 1. Poor body condition (lack of coelomic fat and reduced musculature). 2. Abdominal distention secondary to a moderate to large volume of soft tissue coelomic contents. Much of this appearance is associated with a large volume of gastroenteric contents. The gas pattern within the colon is slightly atypical and could be associated with dietary indiscretion. The ovoid soft tissue opaque structure adjacent to the stomach could represent a large unshelled egg or follicle vs section of bowel or possibly arising from the liver. 3. Suspected microcardia. This in correlation with the appearance of the cutaneous tissues is suggestive of dehydration/hypovolemia. Coelomic ultrasound is recommended for further evaluation. Fluid therapy may be indicated. Although reproductive or hepatic disease may represent a cause of the clinical signs, maldigestive or malabsorptive disease/enteropathy (infectious, dysmotility, neoplasia) cannot be excluded and fecal exam is also recommended. Fecal exam results: 2+ Entamoeba Cyst - commensal organisms of GI tract

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities.

**Adrenal Glands**



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Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**SPECIES**

Reptilia

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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**Liver**

The **liver** was uniform. The gallbladder was unremarkable with slightly increased portal markings. The liver was surrounded by ascites.

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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed variable portions of intestine with regional thickening and an overt stricturing mass in the midabdomen. The mass measured 1.5-2.0 cm. Secondary ascites was noted.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**IMAGING PERFORMED BY**

Dallas Reynolds, LVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

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Intestinal mass with secondary ascites.

Hepatic remodeling.

**REFERRING VET**

Dr. Munoz

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prognosis is poor. Exploratory surgery can be considered for further definition. However, given the ascites spread into the abdomen is a strong potential. The mass appears obstructive as fluid accumulation is noted in the gastrointestinal lumen prior to the mass itself.

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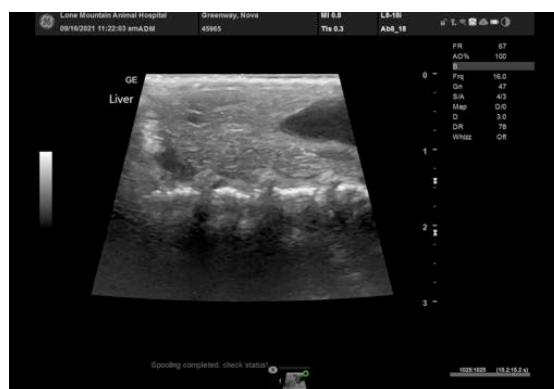
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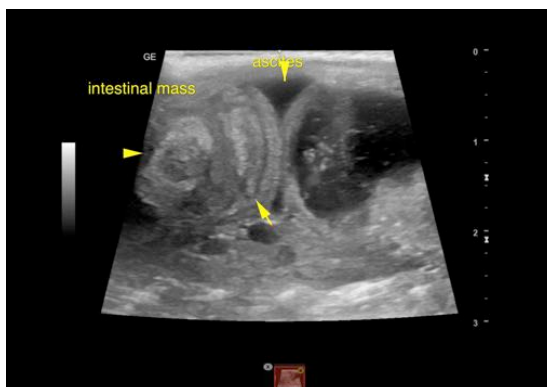
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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