Report Requested By
Timeless Veterinary Community Test Clinic
Timeless Test
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Report Provided By
Timeless Veterinary Community
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TVC-CASE-1153268
Gemma (Robertson)
Dog | Terrier Mix | 15 years | Female (Spayed)

Submitted : 2026-10-29

Internal Medicine consultation

Clinical Findings

Clinic Provided History:

Presented for chronic intermittent diarrhea and decreased appetite. Clinical signs have been ongoing for several months despite medical management, with only partial improvement noted on previous empirical therapies. History includes thyroid carcinoma status post surgical excision, hypothyroidism (controlled), Urinary incontinence (controlled), asthma, and suspected inflammatory bowel disease. Referred for internal medicine consult to investigate persistent gastrointestinal signs and assess for underlying systemic disease.

Current Medications (Please indicate dosage and frequency)

No sedation used for study.
Ventolin + flovent
Thyrotabs
Stilbestrol
Prednisone - increased to 1 mg/kg q 24 hours with no improvement to D+ (could not go higher without adverse effects) currently back on 2.5 mg sid
Librela
Mirtazapine - D/C
Vit. B12 injections (week 4)
Nevanac bid OU
Kaolin pectin for D+ (not effective)
Cerenia (questionable efficacy)
Metrondazole now finished, showed improvement
Fenbendazole - showed some improvement - O wanted to use empirically for ulcer (low risk?)
Sulcralfate + Omperazole

How are Images Submitted?: DICOM

Date Of Most Recent Images 2026-01-01

Findings

Abdominal ultrasound consisting of 55 still and CINE loop images.

Kidneys: The kidneys are normal in size, shape, and margination with some pinpoint hyperechoic foci in the cortices. The left kidney measures 5.3 cm in length.

Adrenal glands: The left adrenal gland measures approximately 0.4 cm and the right adrenal gland is not visualized.

Lymphatics: There are some mildly enlarged LN in the area dorsal to the urinary bladder that measure 0.66-0.7 and 0.67 to 0.35 cm.

Lower urinary tract: The urinary bladder wall is normal in thickness and the visualized portion of urethra is normal.

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Spleen: The splenic tissue is normal in size, shape, margination and echotexture with at least two small, hypoechoic nodules.

Liver: The liver has a diffusely hyperechoic appearance overall. There is a left sided heterogeneous, vascular mass in the liver that is nodular in appearance. There is a right sided mass in the liver that is 7.9 x 4.7 cm, cranial to the GB with a hyperechoic center. There is a small, hypoechoic nodule in the right liver that is 1.6 x 1.7 cm medial to the GB.

Gallbladder: The gallbladder contains echogenic debris that is gravity dependent.

Gastrointestinal tract: The overall thickness and wall layering of the gastrointestinal tract is normal. The stomach is empty. The wall thickness is 0.43 cm thick. The duodenum is 0.36 cm thick. The mucosal layer of the jejunum is 0.24 0.36 cm thick.

Pancreas: The area of the right pancreas on CINE loops is normal.

Peritoneal/retroperitoneal space: The peritoneal and retroperitoneal spaces are normal.

Conclusions

GB: Gravity dependent biliary debris
Liver: Left sided heterogeneous and nodular mass that is vascular, large right sided mass that is cranial to the liver and hyperechoic at the center that measures 8.5 cm, and a right sided 1.6 cm hypoechoic nodule medial to the GB
Spleen: Hyperechoic splenic nodules (myelolipomas) with a few small hypoechoic nodules
Kidneys: Hyperechoic pinpoint foci in the cortices (chronic degenerative changes)

The ultrasound shows some biliary debris which is likely incidental.

The liver has two large masses with one that is right sided and cranial to the urinary bladder, measuring 8 x 5 cm with a hyperechoic center, a small right sided nodule medial to the GB and a left sided liver mass as well that is heterogeneous. The findings could all be benign but could also be due to malignant growths such as hepatocellular carcinoma, sarcoma, or round cell tumor. An FNA can be considered to evaluate for neoplasia. Thoracic radiographs can also be considered.

The liver has some benign myelolipomas and two small hypoechoic nodules that are likely due to nodular hyperplasia, EMH or lymphoid follicles with malignant growths being less likely.

Treatment for diarrhea and poor appetite can be continued but if neoplasia is in the liver it could be the cause for the clinical signs. Consider general blood testing to evaluate for significantly elevated liver enzymes including bilirubin. CT scan of the abdomen is also a consideration to evaluate for other masses and for possible resection.

Empirical treatment for the diarrhea has continued without success with steroids, dewormer, metronidazole.

Diagnostic Recommendations:
1) FNA of the liver masses
2) Thoracic radiographs
3) General blood testing with CBC and chemistry (liver enzymes)
4) Additional testing (CT scan, biopsies)
Treatment Recommendations:
1) Consider mass removal of the liver growths
2) Antioxidants
3) Probiotics
4) Low fat and bland diet

Signature

Timeless Veterinary Community Internal Medicine Specialists DACVIM

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