

# ALICAM™ CASE STUDY

## ALICAM in Everyday Practice

### HISTORY

An eight-year-old spayed female golden retriever was evaluated for a two-week history of progressive anorexia, weight loss, and abdominal pain. No GI signs (vomiting, diarrhea, hematemesis, or melena) were observed. She had been healthy prior to the onset of the current symptoms, was up-to-date on routine vaccinations, and had received no medications or supplements other than heartworm and flea/tick prophylaxis.

### PHYSICAL EXAMINATION

Physical examination revealed mild loss of body condition (BCS 4/9) and mild cranial abdominal pain with palpation. No other examination abnormalities were detected.

### TEST RESULTS

Results of the complete blood count revealed mild microcytosis (MCV 57 fL; reference interval 59–76 fL) and hypochromasia (MCH 20.1 pg; reference interval 21.9–26.1 pg) with a normal hematocrit (47.2%; reference interval 38.3–56.5%) and reticulocyte count (66 K/uL; reference interval 10–100 K/uL). The serum biochemistry profile, thyroid panel, and urinalysis were all within reference limits. No parasites or ova were seen on the fecal flotation, and the ELISA for *Giardia* was negative. The abdominal ultrasound was unremarkable—specifically, the bowel wall was non-dilated and had normal wall thickness. The liver and spleen were normal.

### ALICAM DIAGNOSIS

Ambulatory light-based imaging (ALI) was performed using ALICAM for further evaluation of the GI tract. The results of the ALI showed numerous pinpoint ulcers and erosions throughout the stomach. The small bowel and colon were normal. The transit time was normal.



### TREATMENT

The patient was treated for six weeks with omeprazole (20 mg PO daily) and sucralfate (1 g PO q8h). Improved appetite, weight gain, and resolution of the abdominal pain were seen with therapy.

### ALICAM MONITORING

ALI was performed again at the end of the six-week course to monitor the patient's response to therapy. There was near-complete resolution of the previously described findings, with a significant reduction in the number of, and improvement in the appearance of, the gastric ulcers. Medication was continued for an additional two weeks and then discontinued. The patient has returned to baseline weight and activity level and remains free of signs.

