
ALICAM Ambulatory Light-based Imaging Report

Patient Name:
Patient Age: 10
Patient ID: 44007
Owner Name
Interpreting Veterinarian: Jill Pomrantz, DVM, DACVIM (SAIM)
Affiliation: Infiniti Medical
Referring Veterinarian:
Referring Clinic:
Procedure Date: Monday, February 01, 2016
Capsule SN: K0597.0080

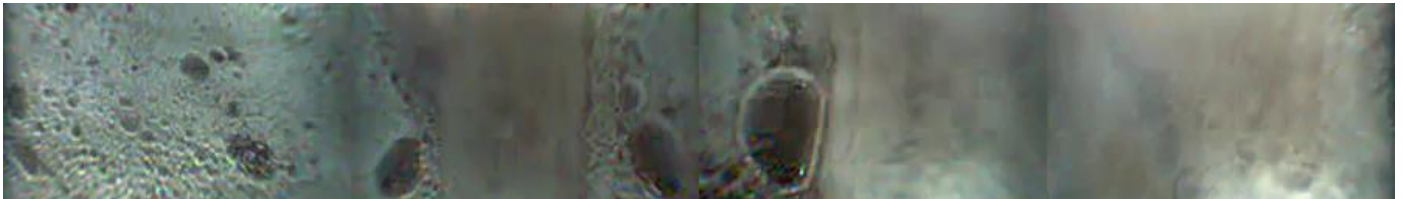
First Gastric Image: Time: 0:00:57, Frame: 102
First Duodenal Image: Time: 4:36:02, Frame: 10945
First Cecal Image: Time: 6:20:27, Frame: 18219
Gastric Transit Time: 4:35:05
Small Bowel Transit Time: 1:44:25

Clinical History:

Vomiting started two weeks ago after stopping Cyclosporine treatment for his historical meningitis. Has been anemic for one month with lethargy and slightly decreased appetite (still eats, just slower to finish).

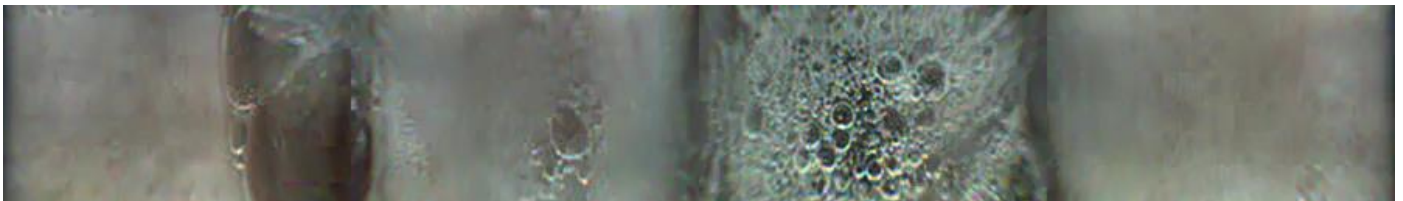
Findings:

Image 1 (Frame Number: 71, Transit Time: 0:00:43)



First esophageal frame

Image 2 (Frame Number: 90, Transit Time: 0:00:54)



Normal esophagus

Image 3 (Frame Number: 102, Transit Time: 0:00:57)



First gastric image

Image 4 (Frame Number: 193, Transit Time: 0:02:25)



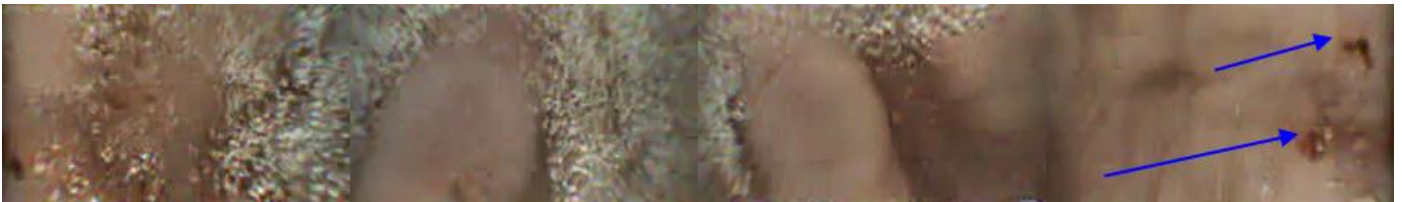
Gastric erosions

Image 5 (Frame Number: 1329, Transit Time: 0:28:08)



Irregular gastric mucosa

Image 6 (Frame Number: 1657, Transit Time: 0:32:49)



Gastric erosions

Image 7 (Frame Number: 2400, Transit Time: 0:56:41)



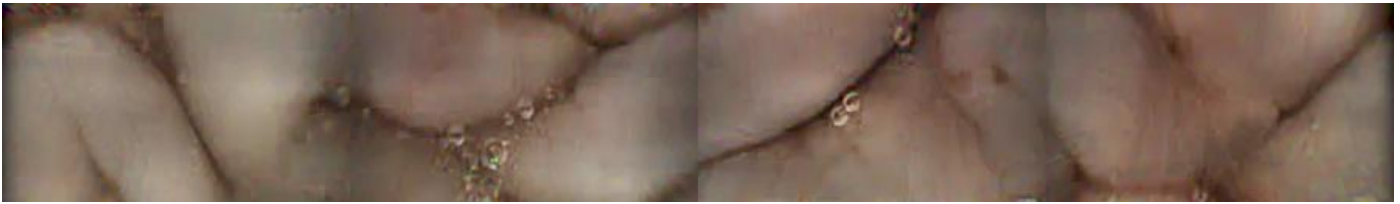
Evidence of previous gastric hemorrhage

Image 8 (Frame Number: 10060, Transit Time: 4:20:44)



Irregular gastric mucosa

Image 9 (Frame Number: 10240, Transit Time: 4:23:18)



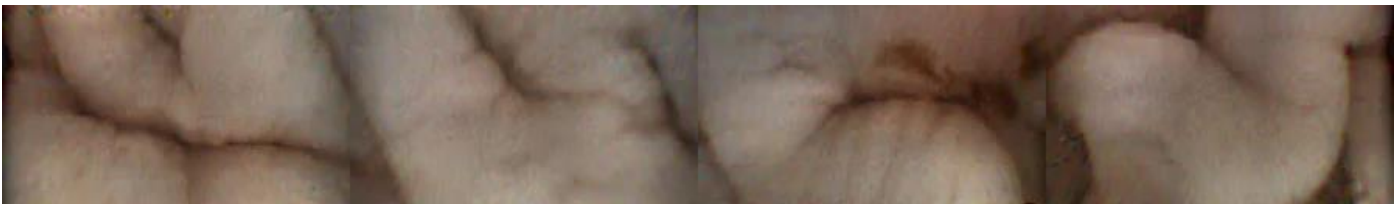
Gastric mucosal erythema and suspect erosions

Image 10 (Frame Number: 10261, Transit Time: 4:23:29)



Irregular gastric mucosa with evidence of hemorrhage

Image 11 (Frame Number: 10908, Transit Time: 4:35:21)



Irregular gastric mucosa and suspect erosion

Image 12 (Frame Number: 10945, Transit Time: 4:36:02 (Small Bowel Time 0:00:00 (00%)))



First duodenal image

Image 13 (Frame Number: 10964, Transit Time: 4:36:26 (Small Bowel Time 0:00:24 (00%)))



Major duodenal papilla

Image 14 (Frame Number: 10969, Transit Time: 4:36:28 (Small Bowel Time 0:00:26 (00%)))



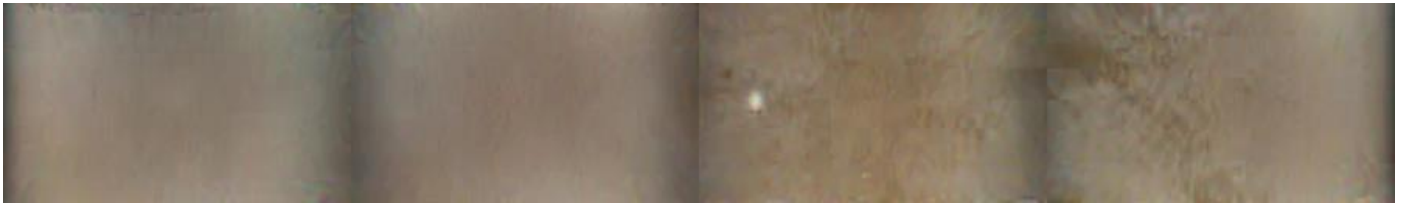
Irregular duodenal mucosa

Image 15 (Frame Number: 10972, Transit Time: 4:36:30 (Small Bowel Time 0:00:28 (00%)))



Minor duodenal papilla

Image 16 (Frame Number: 10976, Transit Time: 4:36:33 (Small Bowel Time 0:00:30 (00%)))



Dilated lacteal

Image 17 (Frame Number: 14274, Transit Time: 5:23:04 (Small Bowel Time 0:47:02 (45%)))



Beginning of first jejunal lesion

Image 18 (Frame Number: 14278, Transit Time: 5:23:08 (Small Bowel Time 0:47:06 (45%)))



First jejunal lesion with ulcerated mass effect

Image 19 (Frame Number: 14281, Transit Time: 5:23:13 (Small Bowel Time 0:47:11 (45%)))



Blood associated with first jejunal lesion

Image 20 (Frame Number: 14447, Transit Time: 5:26:26 (Small Bowel Time 0:50:24 (48%)))



Start of irregular jejunal mucosa associated with second jejunal lesion

Image 21 (Frame Number: 14461, Transit Time: 5:26:38 (Small Bowel Time 0:50:36 (48%)))



Second abnormal area in jejunum

Image 22 (Frame Number: 14479, Transit Time: 5:26:52 (Small Bowel Time 0:50:50 (48%)))



Second area of jejunum with irregular mucosa

Image 23 (Frame Number: 17460, Transit Time: 6:07:08 (Small Bowel Time 1:31:06 (89%)))



Normal distal SI mucosa

Image 24 (Frame Number: 18219, Transit Time: 6:20:27 (Small Bowel Time 1:44:25))



First colonic image

Image 25 (Frame Number: 25037, Transit Time: 9:02:12)



Normal colonic mucosa

Image 26 (Frame Number: 34841, Transit Time: 16:11:46)



Final image

Finding Summary and Recommendations:

Findings:

There are 34841 images in 16h11m46s of study time.

The esophagus and esophageal transit time are normal.

The gastric transit time is subjectively mildly prolonged at just over 4.5 hours. The gastric mucosa is irregular in areas, with several small erosions seen with evidence of previous hemorrhage.

In the very proximal duodenum, there is some mildly irregular mucosa and very few single dilated lacteals. The rest of the duodenum appears normal. In the mid-SI, in the jejunum, based on the capsule time (47 mins of small bowel time), there is a mass effect with mucosa that is very irregular pale and ulcerated, with evidence of bleeding. The mucosa distal to this area looks normal for approximately 3 mins, or 133 frames, when more pale and abnormal and ulcerated mucosa is seen again. The SI distal to this second lesion is normal.


Much of the colonic mucosa is visible and appears normal.

Interpretation:

The irregular mucosa seen in the stomach and proximal duodenum are more consistent with changes typically seen with chronic inflammation, though histopathology would be necessary to make a diagnosis. The lesions seen in the jejunum are more concerning for neoplasia. It is not clear whether the 2 lesions represent one long lesion or 2 separate lesions. If the capsule moved through this area slowly, the time and number of frames may not accurately reflect the distance and one longer lesion is possible. Given the appearance of the mucosa in this area, this lesion is more likely responsible for the anemia and microcytosis in this dog's history. The erosions and bleeding seen in the stomach may also be contributing. The prolonged gastric transit time could be due to gastric hypomotility related to the underlying disease.

Recommendations:

- 1) Surgery would be the best next step, to further investigate and resect the abnormal area of small intestine and submit for histopathology. At the same time, biopsies of the stomach and the rest of the SI could also be considered. Given that this dog is currently on steroids, this should be factored into any decisions and weaning the dose should be considered if possible.
- 2) Recommend continuing the omeprazole and sucralfate for the gastric erosions. Consider changing the dose of omeprazole to 1mg/kg PO q12.

Signature:  Date: 2/8/2016

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