

ALICAM Ambulatory Light-based Imaging Report

Patient Name:
Patient Age: 7
Patient ID: -
Owner Name
Interpreting Veterinarian: Jill Pomrantz, DVM, DACVIM (SAIM)
Affiliation: Infiniti Medical
Referring Veterinarian:
Referring Clinic:
Procedure Date: Friday, January 29, 2016
Capsule SN: K1185.0080

First Gastric Image: Time: 0:02:03, Frame: 162
First Duodenal Image: Time: 0:53:15, Frame: 1107
First Cecal Image: Time: 2:50:47, Frame: 6664
Gastric Transit Time: 0:51:12
Small Bowel Transit Time: 1:57:32

Clinical History:

Weight loss , lethargy, tenesmus, diarrhea

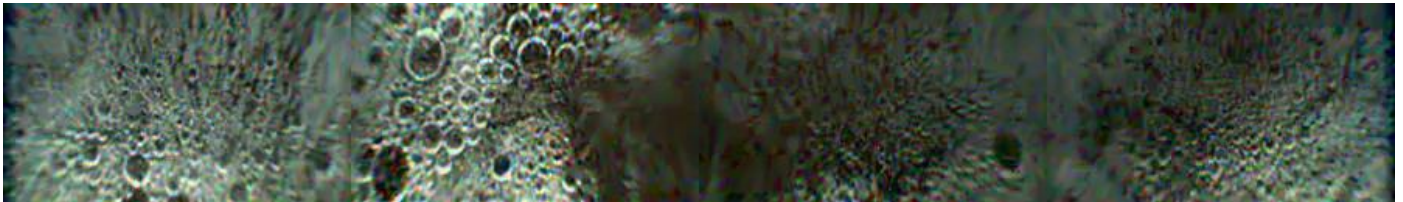
Findings:

Image 1 (Frame Number: 145, Transit Time: 0:01:55)



First esophageal image

Image 2 (Frame Number: 162, Transit Time: 0:02:03)



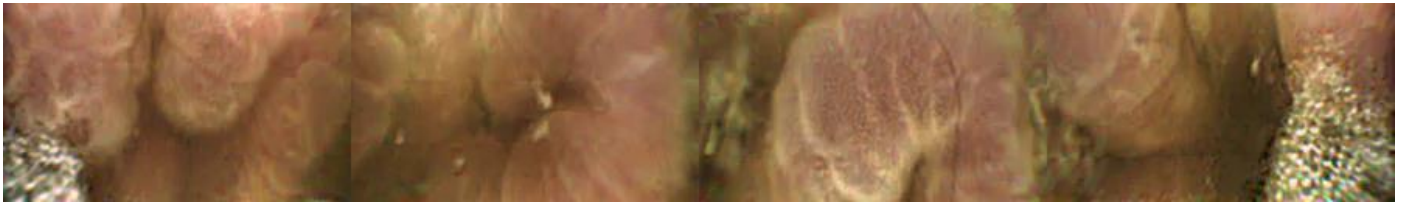
First gastric image

Image 3 (Frame Number: 511, Transit Time: 0:35:07)



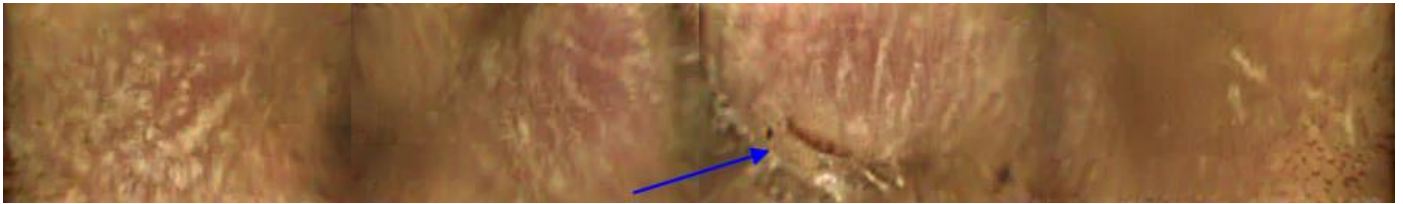
Irregular gastric mucosa with erosion

Image 4 (Frame Number: 521, Transit Time: 0:35:18)



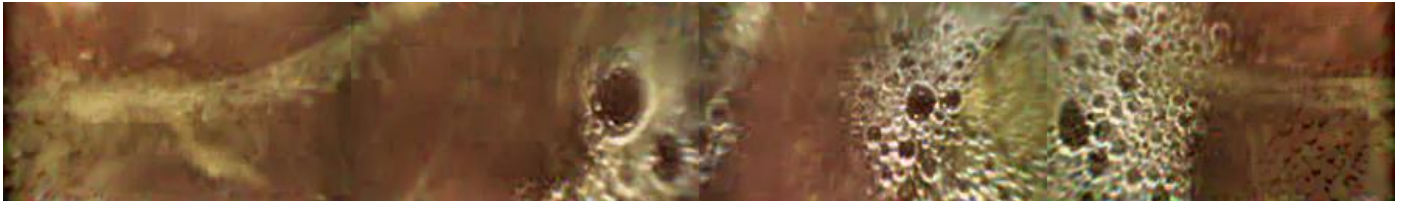
Irregular gastric mucosa

Image 5 (Frame Number: 1099, Transit Time: 0:53:12)



Irregular gastric mucosa with erosion and previous hemorrhage

Image 6 (Frame Number: 1107, Transit Time: 0:53:15 (Small Bowel Time 0:00:00 (00%)))



First duodenal image

Image 7 (Frame Number: 1178, Transit Time: 0:55:17 (Small Bowel Time 0:02:02 (01%)))



Major duodenal papilla

Image 8 (Frame Number: 1218, Transit Time: 0:56:58 (Small Bowel Time 0:03:42 (01%)))



Irregular duodenal mucosa with dilated lacteals

Image 9 (Frame Number: 1226, Transit Time: 0:57:11 (Small Bowel Time 0:03:55 (02%)))



Minor duodenal papilla

Image 10 (Frame Number: 1281, Transit Time: 0:59:20 (Small Bowel Time 0:06:04 (03%)))



Duodenum with dilated lacteals

Image 11 (Frame Number: 1304, Transit Time: 0:59:52 (Small Bowel Time 0:06:37 (03%)))



Irregular duodenal mucosa

Image 12 (Frame Number: 1401, Transit Time: 1:01:03 (Small Bowel Time 0:07:47 (05%)))



Duodenal erosions

Image 13 (Frame Number: 1426, Transit Time: 1:01:22 (Small Bowel Time 0:08:07 (05%)))



Duodenal erosions

Image 14 (Frame Number: 1458, Transit Time: 1:01:42 (Small Bowel Time 0:08:26 (06%)))



Dilated lacteals - duodenum

Image 15 (Frame Number: 1512, Transit Time: 1:02:26 (Small Bowel Time 0:09:10 (07%)))



Dilated lacteals - distal duodenum/proximal jejunum

Image 16 (Frame Number: 1545, Transit Time: 1:02:42 (Small Bowel Time 0:09:26 (07%)))



Image 17 (Frame Number: 1620, Transit Time: 1:03:39 (Small Bowel Time 0:10:23 (09%)))



Dilated lacteals- distal duodenum/proximal jejunum

Image 18 (Frame Number: 2217, Transit Time: 1:12:35 (Small Bowel Time 0:19:19 (19%)))



Dilated lacteals and pinpoint erosions - jejunum

Image 19 (Frame Number: 4298, Transit Time: 1:49:24 (Small Bowel Time 0:56:08 (57%)))



Irregular mucosa and dilated lacteals- jejunum

Image 20 (Frame Number: 4806, Transit Time: 1:58:24 (Small Bowel Time 1:05:08 (66%)))



Irregular mucosa, dilated lacteals and active hemorrhage - jejunum

Image 21 (Frame Number: 4892, Transit Time: 1:59:54 (Small Bowel Time 1:06:38 (68%)))



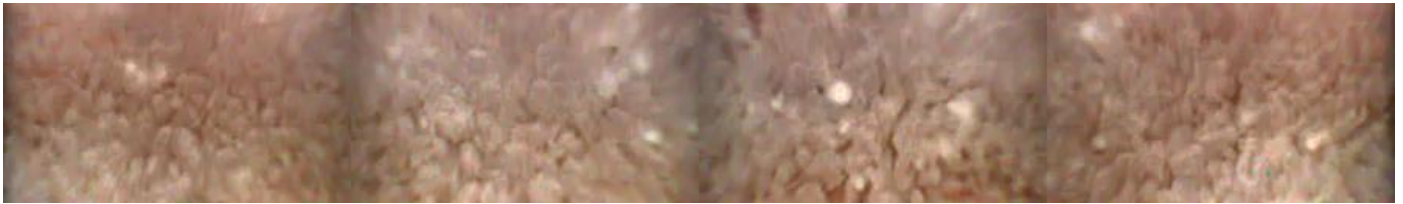
Severely irregular mucosa - jejunum

Image 22 (Frame Number: 4949, Transit Time: 2:02:13 (Small Bowel Time 1:08:57 (69%)))



Severely irregular mucosa - jejunum

Image 23 (Frame Number: 4971, Transit Time: 2:03:08 (Small Bowel Time 1:09:53 (69%)))



Irregular mucosa and dilated lacteals - jejunum

Image 24 (Frame Number: 5052, Transit Time: 2:05:39 (Small Bowel Time 1:12:24 (70%)))



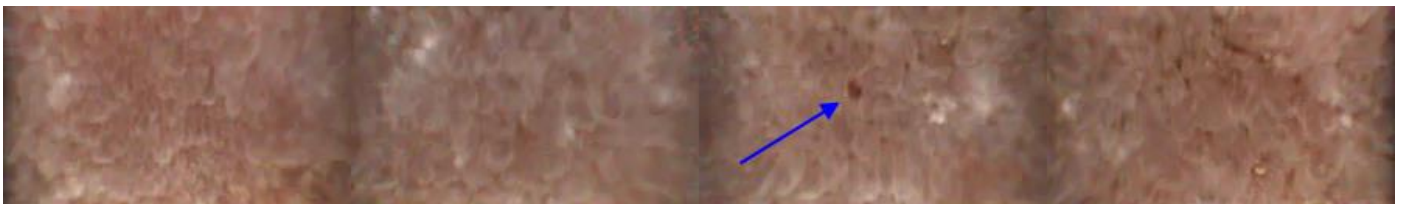
Irregular mucosa and dilated lacteals - jejunum

Image 25 (Frame Number: 5101, Transit Time: 2:07:10 (Small Bowel Time 1:13:54 (71%)))



Dilated lacteals, irregular mucosa and pinpoint erosions - jejunum

Image 26 (Frame Number: 5222, Transit Time: 2:11:03 (Small Bowel Time 1:17:48 (74%)))



Irregular mucosa with a pinpoint erosion - jejunum

Image 27 (Frame Number: 5274, Transit Time: 2:12:52 (Small Bowel Time 1:19:37 (74%)))



Severely irregular mucosa - jejunum

Image 28 (Frame Number: 5758, Transit Time: 2:30:04 (Small Bowel Time 1:36:48 (83%)))



Irregular mucosa with pinpoint erosion - distal jejunum/proximal ileum

Image 29 (Frame Number: 6395, Transit Time: 2:44:55 (Small Bowel Time 1:51:39 (95%)))



Irregular mucosa - ileum

Image 30 (Frame Number: 6582, Transit Time: 2:49:03 (Small Bowel Time 1:55:47 (98%)))



Irregular mucosa - ileum

Image 31 (Frame Number: 7356, Transit Time: 3:35:53)



Suspect colonic erosions

Image 32 (Frame Number: 7387, Transit Time: 3:36:14)



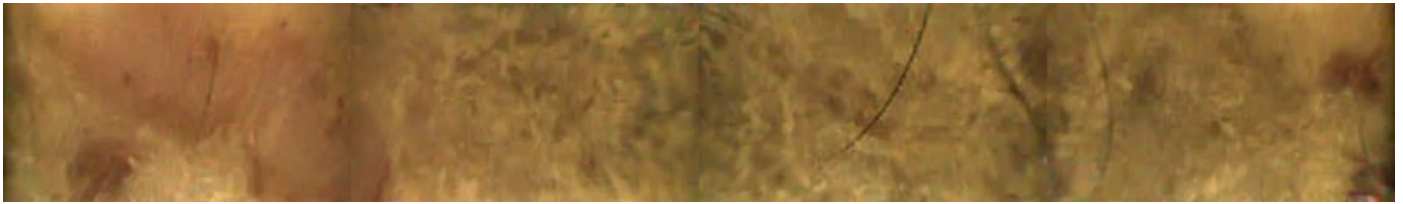
Blood clots in stool

Image 33 (Frame Number: 7406, Transit Time: 3:36:24)



Blood in stool

Image 34 (Frame Number: 7566, Transit Time: 3:40:20)



Blood clots in stool

Image 35 (Frame Number: 9256, Transit Time: 5:08:05)



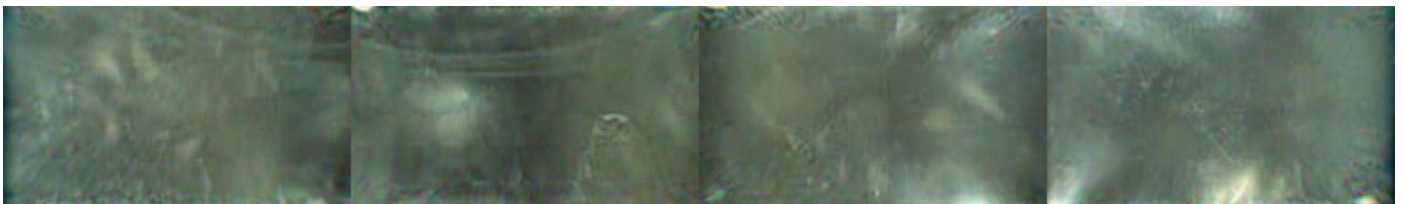
Normal colonic mucosa

Image 36 (Frame Number: 10618, Transit Time: 6:33:54)



Last colonic image - end of study

Image 37 (Frame Number: 12328, Transit Time: 10:00:34)



Final image

Finding Summary and Recommendations:

Findings:

The study consists of 10618 images in 6h33m54s of study time.

The esophagus and esophageal transit time are normal.

The gastric mucosa is diffusely irregular with several erosions and evidence of small hemorrhages. The gastric transit time is normal.

The small intestine is diffusely abnormal with irregular mucosa and scattered erosions seen throughout. Many dilated lacteals are seen in throughout the duodenum and jejunum. The most severe mucosal changes are seen in what is believed to be the jejunum based on the timing of the capsule.

The majority of the colonic mucosa is obscured by feces. On a few frames, there are suspected colonic erosions and blood clots are seen mixed in with the feces. The distal colonic mucosa, where visible, appears normal.

Interpretation:

The combination of the patient's blood work (panhypoproteinemia, hypocholesterolemia and hypocalcemia) and the findings on this exam are consistent with a protein-losing enteropathy/lymphangiectasia. Lymphangiectasia can be primary or secondary to underlying disease, such as IBD or lymphoma. Histopathology would be needed to make a definitive diagnosis. The findings seen in the stomach and colon are consistent with chronic inflammation. Based on the findings, the diarrhea would be expected to be mixed bowel and not primarily large bowel. The ascites is consistent with low oncotic pressure and hypoalbuminemia.

Recommendations:

- 1) Given that this patient is already on an ultra-low fat diet, consider changing to a low fat diet that is formulated with a novel protein/carbohydrate source. The canned version of Royal Canin Low Fat is formulated with pork. If the patient is eating kibble, consider changing to canned, as pork can be novel in some dogs. Otherwise, a homemade diet formulated by a nutritionist may be necessary.
- 2) Since the patient responded well to steroids in the past, consider restarting and not tapering until the proteins have normalized, and then very slowly to the lowest dose necessary to keep the GI disease controlled and to keep the steroid side effects tolerable.
- 3) Recommend adding a gastroprotectant, such as omeprazole 1mg/kg PO q12h.
- 4) Continue cobalamine supplementation. Typically monthly supplementation is sufficient after the 6 week load.
- 5) Continue Tylosin, since the dog is responding well to this medication.
- 6) If biopsies are pursued, even though the most severe changes are seen in the distal duodenum and jejunum, since the changes are diffuse, endoscopy may be diagnostic.

Signature: *Jill Pourantz* Date: 1/29/2016

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