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## ALICAM Ambulatory Light-based Imaging Report

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Patient Name:  
Patient Age: 4  
Patient ID: 9231-2  
Owner Name  
Interpreting Veterinarian: Jill Pomrantz, DVM, DACVIM (SAIM)  
Affiliation: Infiniti Medical  
Referring Veterinarian:  
Referring Clinic:  
Procedure Date: Wednesday, March 30, 2016  
Capsule SN: K1449.0080

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First Gastric Image: Time: 0:00:40, Frame: 101  
First Duodenal Image: Time: 6:52:07, Frame: 24120  
First Cecal Image: Time: 8:04:13, Frame: 27758  
Gastric Transit Time: 6:51:28  
Small Bowel Transit Time: 1:12:06

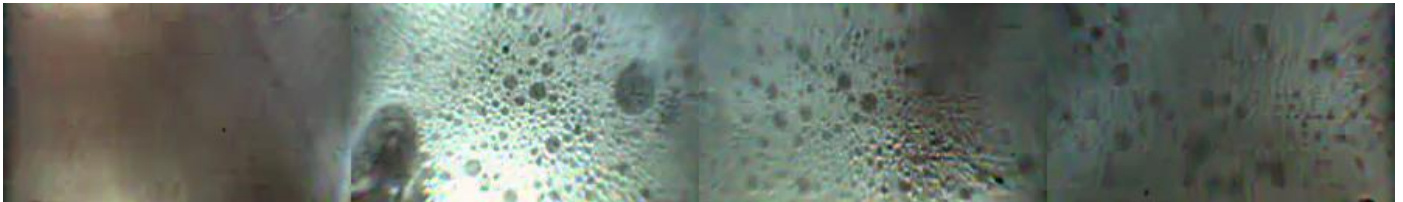
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### Clinical History:

Chronic intermittent vomiting and diarrhea.

### Findings:

Image 1 (Frame Number: 81, Transit Time: 0:00:33)



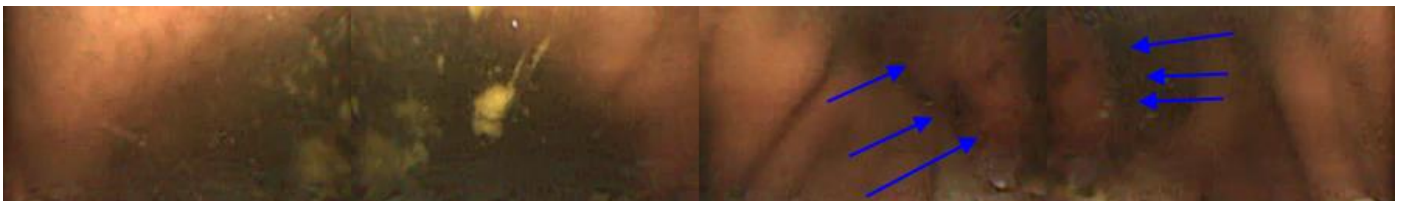
First esophageal image

Image 2 (Frame Number: 101, Transit Time: 0:00:40)



First gastric image

Image 3 (Frame Number: 1534, Transit Time: 0:30:22)



Mass effect

Image 4 (Frame Number: 2087, Transit Time: 0:41:01)



Mass effect

Image 5 (Frame Number: 2224, Transit Time: 0:43:24)



Mass effect

Image 6 (Frame Number: 2302, Transit Time: 0:44:23)



Irregular gastric mucosa

Image 7 (Frame Number: 2624, Transit Time: 0:48:31)



Mass effect, possible stalk (arrow)

Image 8 (Frame Number: 6592, Transit Time: 2:01:32)



Mass effect

Image 9 (Frame Number: 6604, Transit Time: 2:01:53)



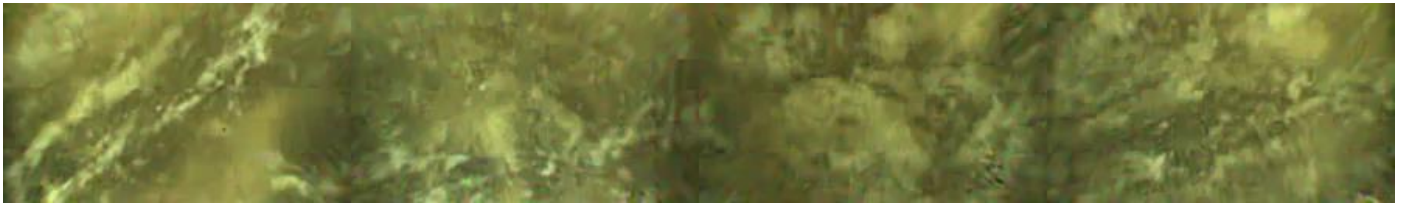
Irregular mucosa and mass effect (arrow)

Image 10 (Frame Number: 11678, Transit Time: 3:54:32)



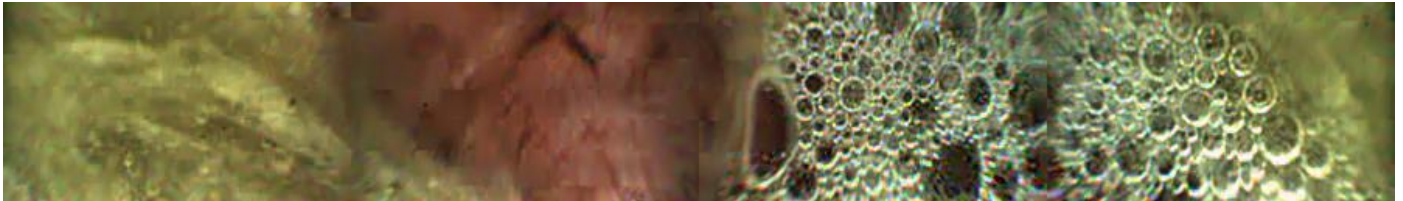
Mass effect

Image 11 (Frame Number: 17980, Transit Time: 5:33:41)



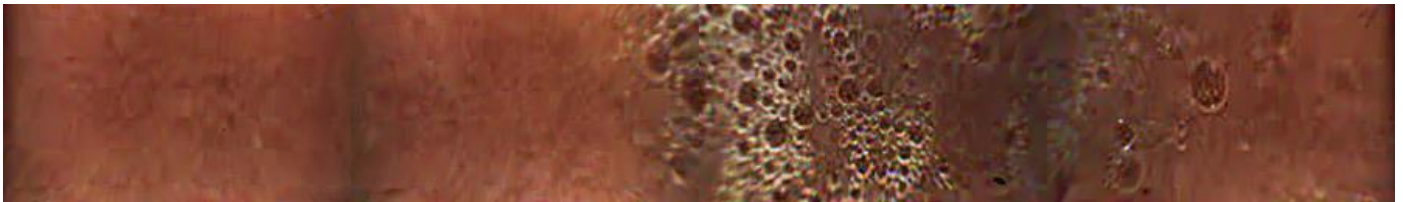
Ingesta and fluid

Image 12 (Frame Number: 24114, Transit Time: 6:52:04)



Irregular mucosa

Image 13 (Frame Number: 24120, Transit Time: 6:52:07 ( Small Bowel Time 0:00:00 (00%) ))



First duodenal image

Image 14 (Frame Number: 24381, Transit Time: 7:00:07 ( Small Bowel Time 0:07:59 (07%) ))



Irregular/thickened duodenal mucosa

Image 15 (Frame Number: 24947, Transit Time: 7:16:53 ( Small Bowel Time 0:24:46 (22%) ))



Irregular/thickened jejunal mucosa

Image 16 (Frame Number: 25059, Transit Time: 7:18:29 ( Small Bowel Time 0:26:22 (25%) ))



Fissures in the jejunum

Image 17 (Frame Number: 25955, Transit Time: 7:33:30 ( Small Bowel Time 0:41:22 (50%) ))



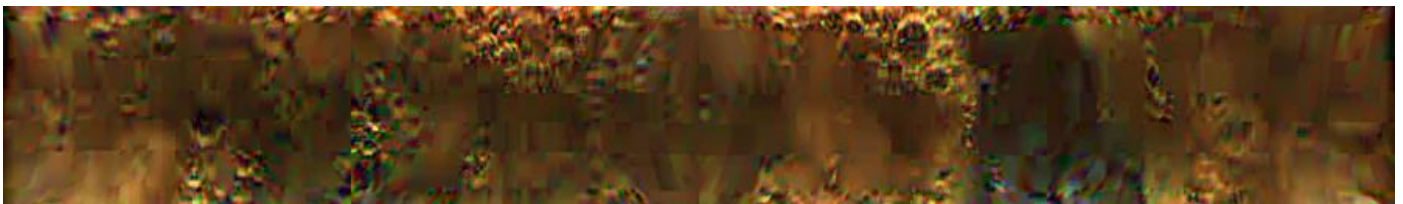
Normal jejunal mucosa

Image 18 (Frame Number: 26082, Transit Time: 7:35:27 ( Small Bowel Time 0:43:20 (53%) ))



Mildly irregular jejunal mucosa

Image 19 (Frame Number: 27758, Transit Time: 8:04:13 ( Small Bowel Time 1:12:05 ))



First colonic image

Image 20 (Frame Number: 28920, Transit Time: 12:03:10)



Final image

## Finding Summary and Recommendations:

### Findings:

The study consists of 28920 images in 12h3m10s of study time.

The esophagus and esophageal transit time are normal.

The gastric transit time is prolonged at almost 7 hours. There is an irregular area in the antrum that is concerning for a mass effect. On some frames, it appears that the mass may be attached to a stalk, but this is not definitive. Some patchy irregular gastric mucosa is seen as well. Between 4-5 hours, the gastric mucosa becomes completely obscured by yellow liquid mixed with ingesta until the capsule passes into the duodenum just before 7 hours.

In the small intestine, there is irregular/thickened mucosa in the duodenum and patches of mildly irregular mucosa and some mucosal fissures seen in the jejunum and ileum.

The colonic mucosa is completely obscured by feces.

### Interpretation:

Possibilities for the mass would be neoplasia, hyperplasia, or if the mass is truly on a stalk, it could represent a gastric polyp, which can be inflammatory in nature. Histopathology would be necessary to make a definitive diagnosis

The irregular mucosa seen in the stomach and small intestine are most consistent with chronic inflammation (ie food allergy, IBD).

### Recommendations:

- 1) Further assessment of the mass effect is recommended. Since this dog has been on long-term medrol, endoscopy may be a better option due to concerns with surgical healing with chronic steroid administration. If the mass represents a polyp, some polyps are amenable to endoscopic removal. Otherwise, biopsies should be performed of the area. Biopsies of the irregular mucosa in the stomach and duodenum should be obtained at the same time.
- 2) For the chronic diarrhea, a diet change to a hypoallergenic (novel protein or hydrolyzed) should be considered, with the ingredients based on his previous diet history.
- 3) Recommend continuing gastroprotectants.
- 4) Recommend continuing antibiotics if a positive response has been seen.
- 5) If not already done, recommend empirically deworming with fenbendazole 50mg/kg PO q24h x 5 days in case of a falsely negative fecal.
- 6) Close monitoring of blood work is recommended azathioprine administration, especially for possible bone marrow effects and hepatotoxicity.

Signature: Jill Pomrantz Date: 3/30/16

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