

# ALICAM Ambulatory Light-based Imaging Report

**Patient Name:**  
**Patient Age:** 11  
**Patient ID:** -  
**Owner Name:**  
**Interpreting Veterinarian:** Brian Hardy DVM, MS, DACVIM (SAIM)  
**Affiliation:** Infiniti Medical  
**Referring Veterinarian:**  
**Referring Clinic:**  
**Procedure Date:** Friday, August 28, 2015  
**Capsule SN:** K0734.0080

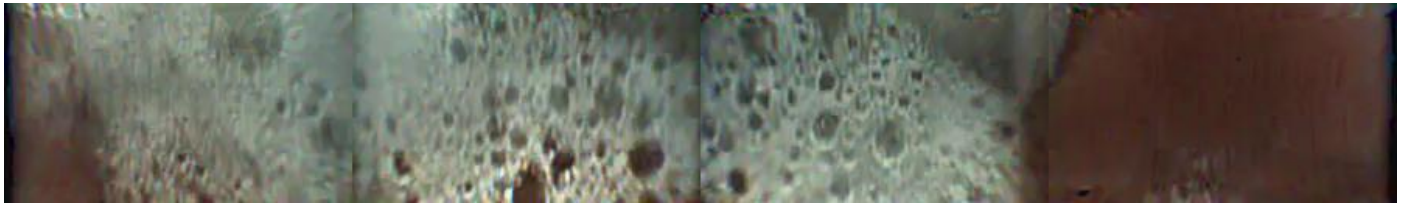
**First Gastric Image:** Time: 0:04:21, Frame: 237  
**First Duodenal Image:** Time: 5:15:11, Frame: 14639  
**First Cecal Image:** Time: 7:06:09, Frame: 19819  
**Gastric Transit Time:** 5:10:50  
**Small Bowel Transit Time:** 1:50:58

**Clinical History:**

acute vocalization and restlessness especially when fed for past 18 months. Occasional regurgitation; no response to bland diet or acid suppressants.

**Findings:**

**Image 1 (Frame Number: 237, Transit Time: 0:04:21)**



First gastric image

**Image 2 (Frame Number: 314, Transit Time: 0:05:28)**



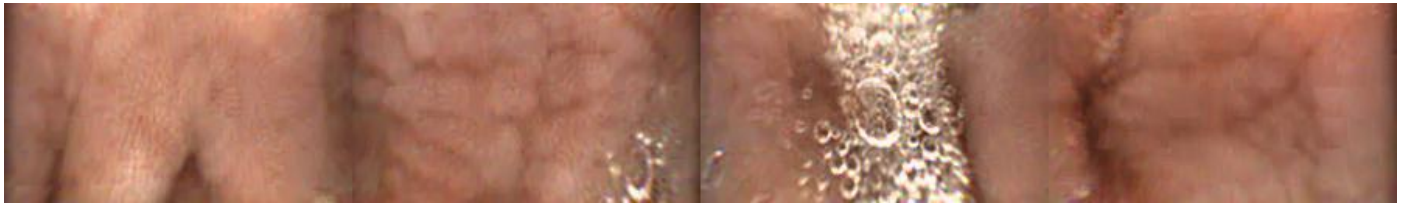
Mildly erythematous gastric mucosa

**Image 3 (Frame Number: 427, Transit Time: 0:06:31)**



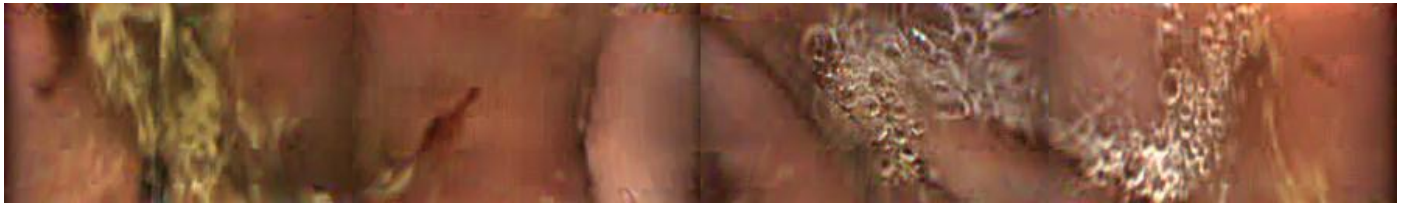
Mildly irregular gastric mucosa

Image 4 (Frame Number: 598, Transit Time: 0:09:15)



Moderately irregular gastric mucosa

Image 5 (Frame Number: 1599, Transit Time: 0:29:26)



Gastric hemorrhage

Image 6 (Frame Number: 1767, Transit Time: 0:33:34)



Gastric hemorrhage

Image 7 (Frame Number: 2013, Transit Time: 0:38:51)



Gastric erosions

Image 8 (Frame Number: 2348, Transit Time: 0:45:16)



Pylorus

Image 9 (Frame Number: 2370, Transit Time: 0:45:36)



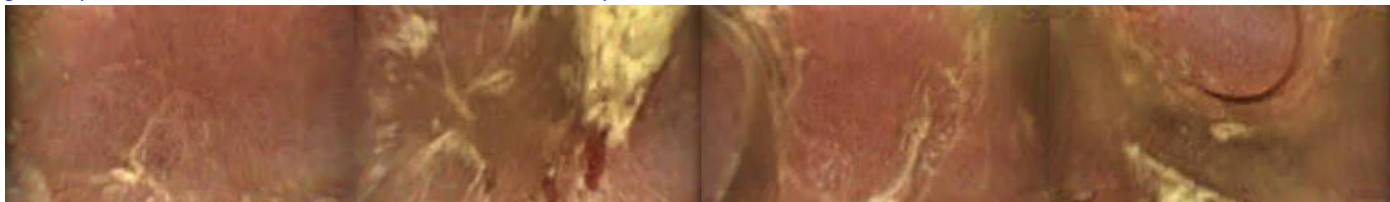
Gastric erosions

Image 10 (Frame Number: 2669, Transit Time: 0:51:40)



Gastric erosions

Image 11 (Frame Number: 3267, Transit Time: 1:08:26)



Gastric erosions

Image 12 (Frame Number: 9518, Transit Time: 3:32:13)



Gastric erosions

Image 13 (Frame Number: 10350, Transit Time: 3:49:02)



Gastric erosions

Image 14 (Frame Number: 10501, Transit Time: 3:51:18)



Gastric erosions

Image 15 (Frame Number: 10562, Transit Time: 3:52:39)



Gastric erosions

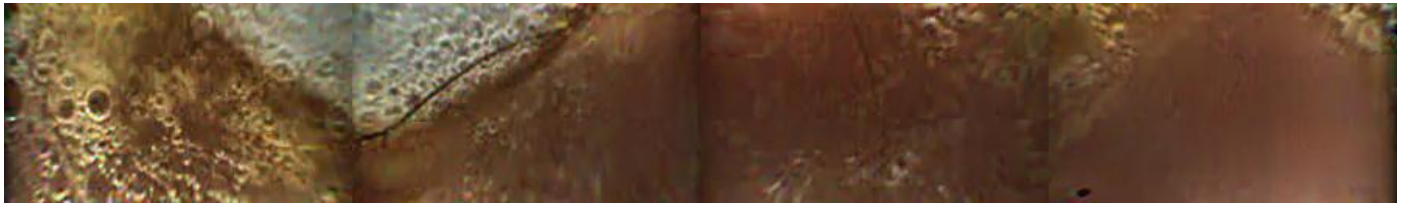


Image 16 (Frame Number: 10622, Transit Time: 3:53:38)



Gastric erosions

Image 17 (Frame Number: 14639, Transit Time: 5:15:11 ( Small Bowel Time 0:00:00 (00%) ))



First duodenal image

Image 18 (Frame Number: 14668, Transit Time: 5:15:39 ( Small Bowel Time 0:00:27 (00%) ))



Erythematous duodenal mucosa

Image 19 (Frame Number: 14728, Transit Time: 5:16:21 ( Small Bowel Time 0:01:10 (01%) ))



Doudenal papilla

Image 20 (Frame Number: 16489, Transit Time: 5:54:11 ( Small Bowel Time 0:39:00 (35%) ))



Tapeworms

Image 21 (Frame Number: 18981, Transit Time: 6:48:37 ( Small Bowel Time 1:33:25 (83%) ))



Mildly irregular small inestinal mucosa

Image 22 (Frame Number: 19819, Transit Time: 7:06:09 ( Small Bowel Time 1:50:57 ))



First colonic image

Image 23 (Frame Number: 19892, Transit Time: 7:24:32)



Normal colonic mucosa

Image 24 (Frame Number: 22035, Transit Time: 14:09:27)



Final frame

#### Finding Summary and Recommendations:

##### Findings:

The capsule acquired 22,035 images during 14h 9m of imaging. Gastric transit is moderately prolonged, with the capsule remaining in the stomach for 5h 10m (normal is typically 30-120 minutes).

There are numerous small gastric erosions with signs of active hemorrhage. The gastric mucosa has areas of mild to moderate irregularity.

The mucosa in the proximal duodenum is mildly erythematous and minimal-mildly irregular. Several tapeworms are present in the mid-small intestine. There are patchy areas of mild mucosal irregularity.

The majority of the colon is obscured by feces, but the small portion of the visible colon is grossly normal.

##### Recommendations:

Gastric erosions are presumably the cause for this patient's signs of pain. A specific cause for these erosions was not identified on this study, but diagnostic considerations are chronic inflammation (IBD, food allergy), metabolic disease (specifically atypical Addison's disease given the patient's breed), and Helicobacter gastritis. Infiltrative/neoplastic disease cannot be excluded, but the duration of this patient's signs makes this less likely. Definitive diagnosis would require histopathology. Since the gross lesions are present in the stomach and duodenum, endoscopic biopsies are expected to be adequate for diagnosis.

Gastroprotectant therapy with omeprazole (1mg/kg PO q12h) and sucralfate (500mg PO q8h) are recommended for treatment of these erosions.

Additionally, a hypoallergenic diet (either hydrolyzed or novel protein) could be instituted to assess for food allergy.

There is somewhat delayed gastric motility, and prokinetic therapy with metoclopramide (0.4mg/kg PO ) 30 minutes prior to feeding may be beneficial.

The tapeworms are likely not clinically significant, but treatment with a praziquantel-containing parasiticide is recommended.

Signature: \_\_\_\_\_



Date: 9/9/15

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