



ALICAM Ambulatory Light-based Imaging Report

Patient Name:

Patient Age: 5
Patient ID: -

Owner Name

Interpreting Veterinarian:

Affiliation:

Jill Pomrantz

Infiniti Medical

Referring Veterinarian:

Referring Clinic:

Procedure Date: Tuesday, October 13, 2015

Capsule SN: N/A

First Gastric Image: Time: 0:01:32, Frame: 212

Gastric Transit Time: N/A
Small Bowel Transit Time: N/A

Clinical History:

Had bloody stool for past week. Seen elsewhere and started on Flagyl. Owner by mistake gave her own Naproxan (550mg/day) for past 2.5 days. Started vomiting yesterday and blood in vomitus. PCV 31%/TS=5 and alb=2.

Findings:

Image 1 (Frame Number: 190, Transit Time: 0:01:24)



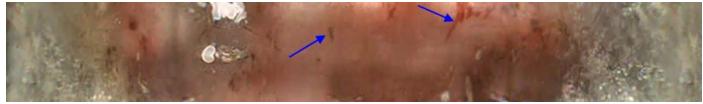
First esophageal image

Image 2 (Frame Number: 212, Transit Time: 0:01:32)



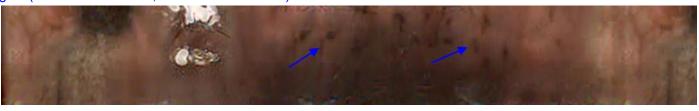
First gastric image

Image 3 (Frame Number: 580, Transit Time: 0:17:36)



Small gastric hemorrhage and erosions

Image 4 (Frame Number: 706, Transit Time: 0:19:14)



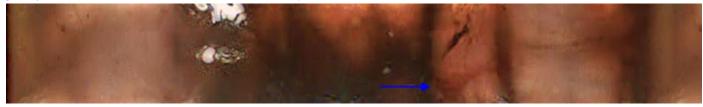
Erosions

Image 5 (Frame Number: 1498, Transit Time: 0:31:33)



Small erosions

Image 6 (Frame Number: 3010, Transit Time: 1:08:24)



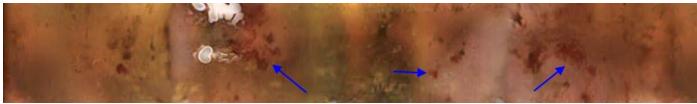
Ulceration

Image 7 (Frame Number: 3562, Transit Time: 1:17:25)



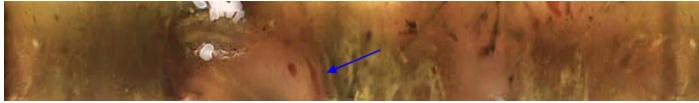
Erosions and ulceration

Image 8 (Frame Number: 11026, Transit Time: 3:24:19)



Multiple areas of hemorrhage

Image 9 (Frame Number: 22003, Transit Time: 7:00:26)



Pylorus with hemorrhage

Image 10 (Frame Number: 22032, Transit Time: 7:01:21)



Gastric hemorrhage

Image 11 (Frame Number: 23426, Transit Time: 7:33:40)



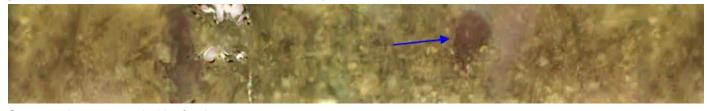
Brown fluid

Image 12 (Frame Number: 27660, Transit Time: 9:26:06)



Normal mucosa

Image 13 (Frame Number: 30023, Transit Time: 10:59:26)



Suspect ulcer surrounded by food

Image 14 (Frame Number: 36271, Transit Time: 15:02:12)



Last image

Finding Summary and Recommendations:

Findings:

The capsule acquired 36271 images during 15h 2min of imaging.

The esophagus is normal.

The gastric transit time is markedly prolonged, and the capsule remains within the stomach throughout the entire study.

There is a large amount of fluid and a moderate amount of granular dark brown material in the stomach.

There are numerous gastric ulcers and erosions in the stomach, with evidence of active bleeding. The non-ulcerated mucosa is grossly normal. At approximately 9 hours, the patient was fed, and this meal obscures the majority of the mucosa. The small intestine and colon are not visualized due to prolonged gastric retention of the capsule.

Recommendations:

This study was somewhat limited due to prolonged gastric retention of the capsule, however, significant changes were seen in the gastric mucosa. The gastric hemorrhage, erosions and ulcers are consistent with the history of NSAID administration. A small intestinal or colonic cause for the original complaint of hematochezia could not be further assessed due to delayed gastric transit of the capsule.

Based on the results of the study, the current plan of gastroprotectant therapy with omeprazole (recent studies showed that BID dosing is superior to SID dosing), sucralfate and prokinetic therapy with metoclopramide is warranted.

Repeat ALICAM administration after a course of gastroprotectant therapy to document resolution of the ulcers/erosions and to assess the rest of the GI tract is recommended.

Signature:	m	P	and	Date:	10/	15/	ر اع
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