

Tip Sheet: .USGallbladder (CPT 76705)

Indication: Abdominal ultrasound to detect evidence of cholelithiasis, cholecystitis, or choledocholithiasis

**Questions to ask yourself:**

Organs Examined: Hepatobiliary  
Longitudinal and Transverse views obtained: YES or NO  
Gallstones present: YES or NO  
Gallbladder wall size thickened: YES or NO;  
Measurement in millimeters (greater than 3mm abnormal)  
Sonographic Murphy's sign present: YES or NO or Unable to obtain due to patient condition  
Common bile duct visualized: YES or NO  
Common bile duct size if visualized: Measurement in millimeters (greater than 7mm abnormal)  
Fluid around gallbladder: YES or NO

**Images you should obtain:**

GB1 – Longitudinal view of GB (with marking for GB wall thickness)  
GB2 – Transverse view of GB  
GB3 – Common Bile Duct view with measurement  
GB4 – Any views of abnormal GB (pericholecystic fluid)

**Scanning Tips:**

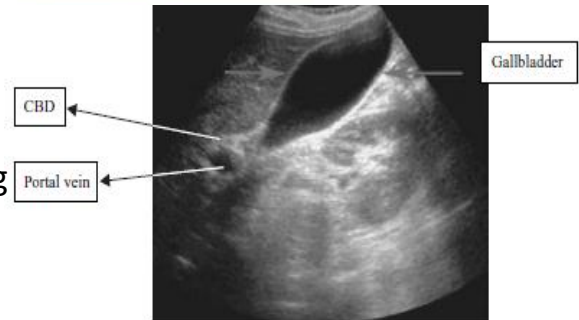
***Ribs Shadows in the way?*** Try rotating probe clockwise or counterclockwise or have patient take a deep breath to lower the diaphragm to bring GB in view.

***Can't see gallbladder at all?*** Attempt to place patient in left lateral decubitus position. Always make sure the patient has been NPO, if has not been may not be able to see gallbladder well at all.

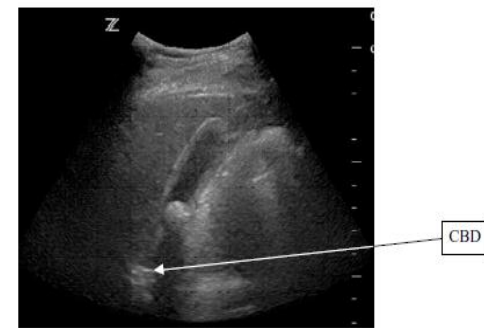
***Can't find common bile duct?*** Have patient take a deep breath to bring diaphragm down. If you have already confirmed gallstones and/or sonographic murphy's sign, you have already done your main job and do not spend more than a few minutes looking for the CBD. Try using color Doppler to distinguish between hepatic artery and portal vein from the CBD.



GB1 – Longitudinal view of GB (with marking for GB wall thickness)



GB2 – Transverse view of GB



GB3 – Common Bile Duct view

GB4 – Any views of abnormal GB (pericholecystic fluid)



Figure 7.9  
Normal gallbladder – CBD just anterior to portal vein. Courtesy of Dr. Manuel Colon, Hospital of the University of Puerto Rico, Carolina, Puerto Rico.

***Object in gallbladder is not shadowing?*** This could be a polyp or other form of mass. Attempt to move the patient and see if object moves (sludge and stones tend to move, polyps/masses do not move)