

Wall thickness, common bile duct diameter, pericholecystic fluid, sonographic Murphy's sign, gallstones at GB neck are a few items to look for, specifically stone diameter is not examined

Name:

1		
2		
3		

Less than 3 mm is normal. Greater than 3 mm is suggestive of an inflammatory process, and can be seen in a wide variety of pathologies

In general the CBD is less than 4 mm. As one gets older it can increase and be normal at 7 mm or less. Greater than 7 mm almost at any age, or greater than 4 mm in a young individual is considered abnormal

Sludge generally moves with patient movement, masses remain in same position. Different views can also be obtained to view the echogenicity in multiple vantage points. Pressing harder on the abdomen probably will not help with imaging

The posterior wall has too many artifacts due to the gallbladder wall/hepatic interface and is not optimal for measuring wall thickness. You do not take multiple measurements, one measurement at the anterior wall is enough.

1. Which of the following is not commonly evaluated in emergent gallbladder ultrasound?

- A. Pericholecystic fluid
- B. Gallbladder wall thickening
- C. Gallbladder stone diameter
- D. Common bile duct dilation

2. What is the normal gallbladder wall thickness?

- A. less than 3 mm
- B. less than 5 mm
- C. less than 7 mm
- D. less than 10 mm

3. Which of the following is an abnormal common bile duct diameter?

- A. 2 mm in a 24 yo obese female
- B. 6 mm in a 32 yo cachectic female
- C. 5 mm in a 72 yo well appearing female
- D. 3 mm in a 43 yo obese male

4. What is one way to tell the difference between gallbladder sludge and a mass?

- A. Obtain multiple views of the gallbladder
- B. Re-position the patient in lateral decubitus position and evaluate the gallbladder again
- C. Press harder on the abdomen
- D. A and B

5. What is the preferred location to measure gallbladder wall thickness?

- A. Posterior wall
- B. Anterior wall
- C. Lateral wall
- D. Multiple locations and take average