

**Table 1. Summary of diagnosis and evaluation of incidental findings of the gallbladder and bile ducts (see text for details)**

<b>Finding</b>	<b>Finding/Diagnosis</b>	<b>Action</b>
Gallstones, no mass	Gallstones	If symptomatic, ultrasound
Gallbladder wall calcification, no mass	Focal wall calcification or diffuse (porcelain gallbladder)	No follow-up recommended; if followed, use postcontrast CT
Dense gallbladder contents (20-100 HU)	Sludge, excreted contrast, hemorrhage, gallstones	No evaluation or follow-up recommended specifically for this finding
Diffuse gallbladder wall thickening >3 mm, no mass	Hepatitis, congestive heart failure, liver disease, pancreatitis, hypoproteinemia	No evaluation or follow-up recommended specifically for this finding
Focal gallbladder wall thickening or mass	Polyp, gallbladder cancer, cholesterolosis, adenomyomatosis	Evaluation and follow-up depends on mass size, other clinical factors; ultrasound may have specific features for adenomyomatosis
Gallbladder polyp ≤6 mm	Benign polyp	No evaluation or follow-up recommended
Gallbladder polyp 7-9 mm	Benign polyp, adenoma vs small cancer	Follow yearly with ultrasound; surgical consult if polyp grows
Gallbladder polyp ≥10 mm, mass	Benign polyp, adenoma vs small cancer	Surgical consult
Pericholecystic fluid	Gallbladder perforation, other collection	Individual assessment
Distended gallbladder	Fasting, obstruction	If asymptomatic, no evaluation
Ductal dilation >6 mm, if no cholecystectomy or >10 mm if gallbladder absent	Obstruction, postcholecystectomy	If laboratory results normal, no evaluation; if abnormal, ERCP, EUS, MRCP, or CT cholangiography as appropriate

Note: ERCP = endoscopic retrograde cholangiopancreatography; EUS = endoscopic ultrasound; MRCP = MR cholangiopancreatography.