

## Extrahepatic Cholestasis in a Jindo Dog

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**Signalment:** A four-year-old non-spayed female Jindo dog was presented with history of anorexia and intermittent vomiting.

**Results:** At presentation, the patient showed icteric mucous membrane with abdominal distension. CBC results were in normal range. Elevated ALKP and GGT were shown on the serum biochemistry results. Marked ascites with thickened gallbladder (GB) wall of 4.3mm was detected on imaging examinations. However, the dog's conditions got deteriorated showing complete inappetence with severe vomiting and worsen jaundice one week after the first visit. Elevated BUN and creatinine was noted on the serum biochemical test results. Sonographically, more thickened GB wall (4.5 mm) was visible without signs of biliray tract dilation. Echogenicity of liver parenchyma and bilateral kidneys was also increased. Euthanasia was finally performed for the owner's request. Accumulation of bile pigments in hepatocytes, kidney, and spleen region was visible as brown-yellow pigmentation materials on histopathological examination. Additionally, hypertrophic GB wall mucosal layer was also evident. The dog was finally diagnosed as extrahepatic cholestasis with GB wall hypertrophy.

**Clinical relevance:** Cholestatic diseases should be considered for the differential diagnostic lists in severe icteric patients, although no sonographic evidence of biliary tract dilation was shown.

**Key words:** jaundice, cholestasis, ultrasonogram, radiography, dog.

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