Recurrence of Choledocholiths in Common Bile Duct after Cholecystectomy in a Dog

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Signalment: A 10-year-old, intact female, Yorkshire terrier dog was presented with systemic jaundice, vomiting, anorexia and melena. The dog was underwent cholecystectomy for removal of gallstones two years ago.

Results: The results of laboratory tests indicated that she had mild hemolytic anemia and renal azotemia, and that liver function was remarkably decreased. Survey radiographs showed focal hepatomegaly, generalized splenomegaly and renomegaly. The case also had ultrasonographic features consistent with diffuse, coarse pattern and hyperechogenecity in the liver parenchyma. The distal common bile duct had tortuous and dilated anechoic duct with hyperechoic wall without color flow. The intraluminal structures were hyperechoic and produced acoustic shadowing. Hyperechoic, irregular pancreas surrounded by hyperechoic mesenteric fat. Contrast-enhanced axial CT scan showed dilated proximal common bile duct, which was filled with stones. From the results above, we diagnosed extrahepatic biliary obstruction and chronic pancreatitis secondary to choledocholiths. Choledochoduodenostomy was performed in the dog. The clinical signs were resolved after surgical removal of choledocholiths in common bile duct.

Clinical relevance: The case reported here describes recurrence of choledocholiths after cholecystectomy. Because recurrent choledocholiths may occur in patients after cholecystectomy, although the etiology was unknown, properly post-dissolution trial should be performed in dogs with cholelithiasis. Moreover, ultrasonography and computed tomography may be useful to demonstrate choledocholiths such as a radiolucent biliary tract stone.

Key words: choledocholiths, pancreatitis, extrahepatic biliary obstruction, ultrasound, dog

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