**Presenter:** Nikki Tirada  
**Title of Abstract:** Radiologic Characteristics of Common and Uncommon Gallbladder and Biliary Tract Pathologies  
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**Modality:** Multi  
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**Purpose:** The objective of this review is to illustrate the radiologic characteristics of common and uncommon gallbladder and biliary tract pathologies, including congenital abnormalities, infections, neoplasms, calculi-related disorders, inflammatory conditions, and iatrogenic disorders. Content Organization: One of the most common clinical presentations of underlying gallbladder and biliary tract pathology is abdominal pain, and because of non-specific symptoms, clinicians often rely on radiologists to make a definitive diagnosis in these cases. Biliary tract imaging frequently requires a multimodality approach. Ultrasound (US), enhanced computed tomography (CT), magnetic resonance cholangiopancreatography (MRCP), endoscopic retrograde cholangiopancreatography (ERCP), and hepatobiliary iminodiacetic acid (HIDA) scan are currently used for imaging of multiple types of gallbladder and biliary tract pathology, including common diseases such as calculi, cholecystitis, intrinsic/extrinsic obstruction, iatrogenic bile leak-biloma, and less common disorders such as sclerosing cholangitis, leak from the duct of Luschka, recurrent pyogenic cholangitis, gallbladder rupture, and a diverticulum at the ductal confluence. Familiarity with the multimodality imaging characteristics of gallbladder and biliary tract diseases is essential for accurate diagnosis and treatment planning. Major Teaching Points: Ultrasound is often more sensitive than CT and should be obtained as an initial imaging study in patients with suspected acute gallbladder and biliary tract disease unless there is a concern about complicated or concurrent liver or pancreatic pathology. MRCP is superior to CT and ultrasound and can be obtained when findings are inconclusive. ERCP is the gold standard in diagnosing gallbladder and biliary tract disease; however, it is invasive and carries potential risks of complications such as pancreatitis thus, usually performed when tissue sampling or surgical intervention is planned. A HIDA scan serves to assess gallbladder function, biliary tract obstruction, biliary atresia, and bile leak.