clinically challenging. This study suggests that severely elevated TBil, ultrasonographic identification of a dilated CBD and histopathological demonstration of neutrophilic bile

ductile infiltration support further investigation into the patency of the biliary tract. No findings were 100% sensitive for EHBO, including ultrasonography.

A retrospective study examining the relationship between biliary sludge and gall bladder mucocoeles

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Gall bladder mucocoele (GBM) is a potentially life-threatening condition whose aetiology has yet to be established. Some authors propose that biliary sludge progresses to GBM, but most consider sludge a benign finding. Some endocrinopathies, including hyperadrenocorticism, are suspected to increase the risk of developing a mucocoele. Whilst several studies have been carried out looking at the disease in the US dog population, to date no studies have been undertaken in the UK.

The aims of this study were to identify breeds predisposed to mucocoele in the UK and to examine the link between gall bladder mucocoeles and biliary sludge.

METHODS

A retrospective study was carried out on dogs with a diagnosis of GBM or biliary sludge at the Queen's Veterinary School Hospital between 2007 and 2014. Cases were included on the

basis of ultrasound examination (GBM and sludge) or post-mortem (GBM only). Non-parametric statistics were used to compare weight and sex of dogs.

RESULTS

Fifteen dogs with GBM and fifteen dogs with sludge were identified. Median weight of dogs with GBM was 7.7 kg, compared with 12.6 kg for dogs with sludge, but this difference was not statistically significant when the two groups were compared using the Mann-Whitney U test ($U=38$, Critical Value = 36). Neutered male dogs were significantly overrepresented in the sludge group compared to the GBM group ($p=0.03$). 7 breeds (Border Terrier, Miniature Schnauzer, Jack Russell Terrier, Cavalier King Charles Spaniel, West Highland White Terrier, Yorkshire Terrier and Cocker Spaniel) were represented in both the GBM and sludge groups.

A single case in a WHWT was identified where progression from sludge to mucocoele was documented ultrasonographically over a period of 10 months; the dog received a course of prednisolone during the intervening period.

CLINICAL SIGNIFICANCE

GBM occurs in similar breeds in the UK to the USA. In this study, GBM was as common as biliary sludge. In one dog, there appeared to be progression from sludge to GBM, which is the first reported case. Consideration should be given to treating biliary sludge in at-risk breeds to try to prevent progression to GBM.

Investigation of trends between thromboelastography profiles, systemic inflammatory response syndrome and outcome in cases of chronic hepatopathy in dogs

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Overt clinical coagulopathies are uncommon in canine liver disease. Chronic hepatopathy has been associated with both hyper and hypocoagulable states. Thromboelastography (TEG) is a global assessment of coagulation. Some of the coagulation changes are thought to be associated with inflammation. Previous research has associated hypercoagulability, identified as increased G-values, with hepatic encephalopathy. Hepatic encephalopathy in congenital

portosystemic shunts has also been associated with the presence of systemic inflammatory response syndrome. Previous studies into identification of prognostic indicators in canine liver disease, using TEG and systemic inflammatory response syndrome (SIRS) scores, have focussed on cases of congenital portosystemic shunt. There has been little investigation into the relationship between SIRS and coagulation in chronic hepatopathy cases. We hypothesised that there may be a relationship between SIRS score and TEG G-value, and that these parameters may have value as predictors of survival to discharge or 2 months.

The TEG database was searched for dogs diagnosed with chronic hepatopathy. The medical record was reviewed to assign SIRS scores. TEGs were obtained using kaolin activation and standard operating procedures. Outcome was categorised as 0 if patients were euthanised at the time of diagnosis, 1 if they were discharged from the hospital with palliative care and 2 if they were still alive at 2 months following diagnosis. None of the dogs showed clinical signs of coagulopathy at presentation.

Calculated mean G-values varied with outcome (Outcome 0, $n=5$, mean G-value = 10,000d/sc; Outcome 1, $n=7$, mean