had received prednisolone for idiopathic pulmonary fibrosis.

STATEMENT (CONCLUSIONS)

To the author's knowledge, this is the first study assessing changes to gall bladder contents over time beyond 12

months. In addition, this is the first documentation of progression from BS to GBM. However, this series contains multiple cases with regression of or static BS. Long term prospective research is required into BS, in order to develop optimal management protocols, and assess risk factors for progression to GBM.

Diagnostic value of serum bile acids concentrations in dogs with hepatobiliary disease

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OBJECTIVES

To evaluate fasting and post-prandial serum bile acids concentrations (SBAs) in different liver diseases in dogs. To assess sensitivity and specificity of serum bile acids for the diagnosis of the different liver diseases.

METHODS

Multicentre retrospective study. Dogs that had a liver biopsy and concurrent serum bile acids measured between September 2008 and September 2015 were included. Liver diseases were grouped according to standardised histological criteria. Dogs with nonspecific reactive hepatitis (NRH) were used as a control group.

RESULTS

341 dogs were included in the study, of which 76 had NRH. There was large overlap between resting and post-prandial SBAs between different disease categories. Using a cut-off value of 30 $\mu\text{mol/L}$, the sensitivity of resting serum bile acids was 41.7% for acute hepatitis (AH, $n = 12$), 57.1% for cholangitis ($n = 21$), 58.9% for chronic hepatitis (CH, $n = 90$), 70.3% for congenital circulatory anomaly (CCA, $n = 64$), 100% for cirrhosis ($n = 4$), 17.5% for neoplasia ($n = 42$) and 16% for reversible hepatocytic injury (RHI, $n = 25$). The sensitivity of post-prandial bile acids was 0% for AH ($n = 2$), 50% for cholangitis ($n = 2$), 55.6% for CH ($n = 36$), 86.7% for CCA ($n = 45$), 100% for cirrhosis ($n = 3$), 27.3% for neoplasia ($n = 11$) and 60% for RHI ($n = 10$). Using a cut-off of 30 $\mu\text{mol/L}$, specificities were 73.3% (resting SBAs) and 43.2% (post-prandial SBAs) for all diseases.

STATEMENT (CONCLUSIONS)

SBAs are not useful for differentiating hepatobiliary diseases. Fasting SBAs are a variably sensitive and a reasonably specific marker for hepatobiliary disease, while post-prandial SBAs are sensitive but poorly specific.

Extrahepatic biliary duct obstruction caused by an helminth in a cat in the UK

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OBJECTIVES

To present the case of a domestic short hair cat diagnosed with extrahepatic biliary obstruction caused by an helminth. The cat had never travelled outside the UK.

METHODS

A 11 year old, female neutered, Domestic Short Hair cat was presented to our hospital with a 5 day history of vomiting and progressive lethargy and anorexia. Investigations performed at the referring practice had revealed hyperbilirubinemia and elevated ALT and GGT activities. Serial blood samples taken over the following 3 days had revealed gradual worsening of the hyperbilirubinemia. After she was presented to us, abdominal ultrasound

Oral presentations

revealed a markedly distended common bile duct (6.2mm diameter). A distinct structure was identified within the lumen. This structure was composed by two parallel, hyperechoic lines and it extended through the common bile duct to the duodenal papilla. The cat underwent laparotomy to address the biliary duct obstruction. A tubular, brown-coloured structure was removed from the bile duct alongside a large volume of thick mucous material.

RESULTS

Histological examination of the tubular structure was consistent with a degenerated helminth. Bacterial cholangitis

and cholecystitis were diagnosed from samples of bile, liver parenchyma and gall bladder wall taken during surgery. The cat recovered uneventfully from the surgery and her demeanour and appetite improved dramatically over the following days. She was discharged 5 days after surgery.

STATEMENT (CONCLUSIONS)

To our knowledge, this is the first reported case of extrahepatic biliary duct obstruction caused by a helminth in a cat in the UK.

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