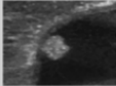
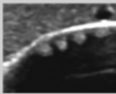
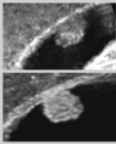
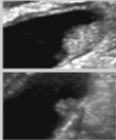
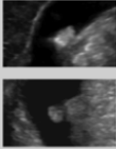


SRU Gallbladder Polyp Consensus Conference Guidelines

Extremely Low Risk ^e	Pedunculated ball-on-the-wall			• ≤ 9 mm^a: No follow-up • 10-14 mm: Follow-up US at 6, 12, 24 months^{b,c} • ≥ 15 mm: Surgical consult
	Pedunculated with thin stalk			
Low Risk ^{d,e}	Pedunculated with thick or wide stalk			• ≤ 6 mm: No follow-up • 7-9 mm: Follow-up US at 12 months^b • 10-14 mm: Follow-up US at 6, 12, 24, 36 months^b vs surgical consult • ≥ 15 mm: Surgical consult
	Sessile			
Indeterminate Risk ^e	Focal wall thickening ≥ 4 mm adjacent to polyp			• ≤ 6 mm: Follow-up US at 6, 12, 24, 36 months^b vs surgical consult • ≥ 7 mm: Surgical consult

Footnotes:

^a Polyp size should be rounded to nearest millimeter

^b On follow-up: Increase of ≥ 4 mm in ≤ 12 months OR reaches threshold size within category - recommend surgical consult
Decrease of ≥ 4 mm - stop following

^c Surgical consult may be an acceptable alternative for polyps 10-14 mm in Extremely Low Risk category

^d It is optional to consider polyps Low Risk instead of Extremely Low Risk if certain ethnicities are known (North Indian, North/South American Indigenous, local incidence)

^e If unsure between categories, choose Low Risk category

Figure 2: Diagram shows Society of Radiologists in Ultrasound (SRU) gallbladder polyp consensus conference guidelines.

Definitions

Term	Definition
Gallbladder polyp	Solid nonmobile, nonshadowing protrusion arising from gallbladder mucosa that is not attributable to gallstones, inspissated bile (ie, sludge), a mucosal fold, or diffuse or focal wall thickening; may be pedunculated or sessile in configuration
Pedunculated	Point of attachment to the wall is via a stalk or pedicle
Sessile	Flat or dome-shaped mass that extends out from the mucosal layer and does not have a stalk; point of attachment to wall is broad-based
Focal wall thickening adjacent to polyp	Localized wall thickening ≥ 4 mm in thickness adjacent to gallbladder polyp that cannot be attributable to edema, adenomyomatosis, mucosal fold, or gallbladder underdistention
“Ball-on-the-wall” appearance	Pedunculated polyp, typically rounded or ovoid though barely attached to the wall simulating a ball resting on a flat surface
Sludge	Inspissated bile that has precipitated out of solution, often echogenic, nonshadowing, mobile, and layering dependently
Tumefactive sludge	Biliary precipitate that has coalesced into a more solid appearance (“sludge ball”), which can mimic a mass or polyp
Adenomyomatosis	Mural hyperplasia that may be diffuse, focal, or segmental with comet-tail artifact (at gray-scale imaging) or twinkling artifact (at color Doppler imaging) due to intramural cholesterol crystals; Rokitansky-Aschoff sinuses may appear as intramural cysts
Gallstone	Solid shadowing hyperechoic nonvascular structure within the gallbladder lumen that is generally mobile