Elderly diabetic woman complaining of right upper quadrant pain
Spot view of the abdominal x-ray is shown below.
2. Biconvex curvilinear echogenic structure with variable acoustic shadowing.
3. Irregular clump of echoes with posterior acoustic shadowing.
4. Echogenic bladder wall without acoustic shadowing.
• Nuclear medicine findings: Tc-99 HIDA demonstrates non-functioning gallbladder.

**DIFFERENTIAL DIAGNOSIS FOR CALCIFIED RUQ MASS:**
• Porcelain gallbladder
• Large solitary gallstone
• Gallbladder carcinoma
• Chronic cholecystitis
• Calculated renal cyst
• Echinococcal cyst
• Schistosomiasis
• Calcified old adrenal hemorrhage/adrenal mass

**REFERENCES**
1. www.auntminnie.com

**DESCRIPTION**
Plain film of the abdomen demonstrates a calcified eggshell appearance of the gallbladder.

**DIAGNOSIS:**
Porcelain gallbladder

**OVERVIEW OF THE DIAGNOSIS**
Porcelain gallbladder is an uncommon disorder in which chronic cholecystitis produces mural calcification of the gallbladder. The term derives from the blue discoloration and brittle consistency of the gallbladder. Porcelain gallbladder, seen in 0.06% to 0.8% of cholecystectomy specimens, presents with two types of histologic calcification: (1) a broad continuous band of calcification in the muscularis, and (2) multiple punctate calcifications scattered through the mucosa and submucosa. Only part of the wall or the entire wall of the gallbladder may be calcified. Porcelain gallbladder is five times more frequent in men than in women, with a mean age of 54 years at presentation, with age range of 38-70. Patients often have few symptoms (nausea, vomiting, and abdominal pain) and the diagnosis is often marked by detecting a palpable right upper quadrant mass or finding typical calcifications on plain films.

Prophylactic cholecystectomy is often advocated in these patients, even with a paucity of symptoms, because of the strikingly high incidence (11–33%) of carcinoma of the gallbladder.

CT nicely depicts the mural calcification and may directly visualize an associated carcinoma.

**IMAGING FINDINGS:**
- Curvilinear calcification of variable thickness in the contour of the gallbladder on CT and plain film.
- Ultrasound findings include 4 patterns:
  1. Hyperechoic semilunar structure with posterior acoustic shadowing that simulates a stone-filled gallbladder devoid of bile.
  2. Hypoechoic semilunar structure with posterior acoustic shadowing and absence of bile.
  4. Irregular clump of echoes with posterior acoustic shadowing.

**REFERENCES**
1. www.auntminnie.com