



Gallbladder Conditions in Cats

Quick Take

Gallbladder disease is **less common in cats than in dogs**, but when it occurs it is often serious and may require **surgical removal of the gallbladder (cholecystectomy)**.

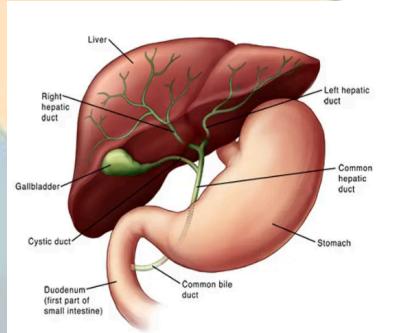
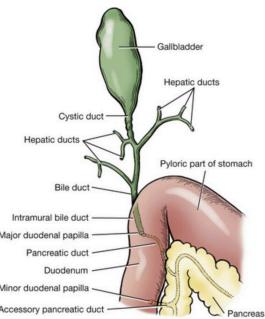
Important feline gallbladder disorders include:

- Cholecystitis (infection/inflammation)
- Gallbladder mucoceles (rare but increasingly recognised)
- Gallstones (cholelithiasis)
- Bile duct obstruction
- Gallbladder rupture (life-threatening emergency)

Because feline gallbladder disease tends to **progress rapidly** and cats can deteriorate quickly, surgery is often recommended earlier than in dogs.

Cats live normally without a gallbladder, just like dogs.

1) What's going on inside?



The **gallbladder stores bile**, which the liver produces to help digest fats. It empties into the small intestine via the bile duct.

Gallbladder disease in cats often involves:

1. Inflammation

Cholecystitis can result from:

- Bacterial infection
- Pancreatitis
- Inflammatory bowel disease (IBD)
- Triaditis (IBD + cholangitis + pancreatitis)
- Bile stasis (lack of normal gallbladder emptying)

2. Obstruction

Stones, thick mucus, or inflammation can block the bile duct.

This causes bile to back up:

↑ Pressure inside gallbladder > Liver cell damage > Jaundice > Risk of rupture



3. Gallbladder Wall Necrosis

If inflammation becomes severe, the gallbladder wall can weaken, leading to **perforation**.

4. Mucoceles Formation

Much rarer in cats than dogs, but when present:

- Thick, immobile mucus fills the gallbladder
- Causes obstruction
- Risk of rupture
- Requires surgery

2) What owners typically notice

Cats tend to hide illness, so **early signs may be subtle**.

Early signs

- Poor appetite
- Lethargy or hiding
- Mild vomiting
- Weight loss
- Increased thirst

Later or severe signs

- Yellow eyes, skin, or gums (jaundice)
- Abdominal pain
- Fever
- Distended abdomen
- Vomiting, diarrhoea
- Collapse (especially if gallbladder ruptures)

Gallbladder rupture signs

- Sudden severe pain
- Shock
- Labored breathing
- Pale or yellow gums
- Collapse
- Emergency: requires immediate surgery

3) How gallbladder disease is diagnosed

A) Blood tests

Often show:

- Elevated liver enzymes (ALT, ALP, GGT)
- Increased bilirubin (jaundice)
- Changes from pancreatitis
- Dehydration or electrolyte abnormalities
- White blood cell count increased (infection)

B) Ultrasound

The most important diagnostic tool.

Can reveal:

- Thickened gallbladder wall
- Sludge or stones



- Dilated bile duct (obstruction)
- Mucoceles pattern
- Pericholecystic fluid (suggests impending rupture)
- Actual rupture or free bile in abdomen

C) Fine needle aspirate of liver or bile

Sometimes performed, but **high complication risk in unstable cats**. Definitely should be avoided each time there is evidence of obstruction as the puncture might precipitate a rupture.

D) Additional imaging

X-rays: rarely definitive but may show stones
CT scan: helpful for complex cases

E) Bile cultures

Take during surgery if infection is suspected.

4) Treatment options

A) Medical management

Used when:

- Disease is mild
- No obstruction
- No signs of imminent rupture
- The cat is stable
- Concurrent diseases (IBD, pancreatitis, cholangitis) are manageable

Medical therapy includes:

- Antibiotics (for cholecystitis/cholangitis)
- Ursodeoxycholic acid (to thin bile, if no obstruction)
- Anti-nausea meds
- Pain meds
- Liver protectants (SAMe, milk thistle)
- Nutritional support

Limitations:

Many feline gallbladder diseases **eventually progress**, and delaying surgery may decrease survival, especially if obstruction or infection worsens.

B) Surgical treatment — Cholecystectomy (removal of gallbladder)

The gold standard for most significant feline gallbladder conditions

Indications for surgery:

- Gallbladder rupture (absolute emergency)
- Impending rupture (free fluid around gallbladder)
- Obstruction of the bile duct
- Mucocele (even early-stage)
- Severe cholecystitis
- Stones causing obstruction
- Failure of medical therapy

Why cholecystectomy is recommended:

- Removes source of infection
- Prevents rupture
- Resolves obstruction



Can cats live without a gallbladder?

- Eliminates diseased tissue
- Allows evaluation of bile duct and liver
- High long-term success rate

- Yes - completely normally.
- Bile flows directly from the liver to the intestine.

C) Alternative procedures that can be needed:

- **Choledochal stent:** When the biliary tree is blocked by chronic inflammatory changes, a temporary, or a permanent tube might be applied through the duodenal papilla to keep the tube open while the medical management takes care of the inflammation. Such tubes are commonly applied whenever obstruction of the common bile duct is found;
- **Enterobiliary diversion:** Might be the only option whenever an irreversible injury has occurred to the terminal segment of the common bile duct. In such case, the gallbladder can be sutured to the intestine to allow the bile to reach its destination. Feline patients can have significant morbidity and mortality, hence it should only be used when strictly necessary;
- **Choledochotomy:** requires a good technique and expertise. The common bile duct is re-connected to the intestine.

5) The surgical procedure

Performed under general anaesthesia by a specialist. It is important to mention that every patient is different. **A specialist will have the option to perform the surgery needed in all situations** whereas a less experienced person might do the only surgery that he feels comfortable doing. This will impact the short- and long-term prognosis.

Steps include:

1. Open the abdomen
2. Remove the gallbladder
3. Inspect and flush bile ducts
4. Remove stones if present
5. Incision to the intestine to locate the papilla and flush the common bile duct
6. Suture back the intestines
7. Place feeding tube if needed (for nutritional support)
8. Culture bile to guide antibiotics

If the bile duct is severely inflamed or blocked:

Additional procedures may be required (biliary rerouting), but this is rare.

Surgery time: 1–2 hours

Hospital stay: 2–5 days (longer for unstable or septic cats)

6) Outcomes and prognosis

If surgery is performed before rupture:

- Survival rates: 75–90%
- Excellent long-term prognosis
- Many cats live years after cholecystectomy
- Quality of life usually excellent



If gallbladder has already ruptured:

- Survival becomes 50–70%, depending on sepsis and organ failure
- Prompt surgery improves outcome greatly

For gallstones:

- Small stones sometimes incidental
- Stones causing obstruction → surgery strongly recommended
- Very good long-term prognosis if removed and bile flow restored

For mucoceles:

- Although rare in cats, surgery is almost always required
- Prognosis similar to dogs when caught before rupture

For cholecystitis (infection/inflammation):

Good prognosis with surgery + antibiotics
Underlying causes (IBD, cholangitis, pancreatitis) may still need management

7) Complications and realistic rates

Complication	Approx. Rate	Notes
Anaesthetic risk	Moderate	Cats with jaundice are higher risk
Postoperative infection	10–20%	Reduced with proper antibiotics For long enough
Bile leakage	<5-10%	Major, yet uncommon with experienced surgeon
Pancreatitis	<10%	Can occur after biliary surgery
Bleeding	<10%	Coagulopathy can be present. Special equipment can reduce the bleeding
Postoperative anorexia	Common	An Oesophagostomy tube is often needed
Death perioperatively	10-30%	Up to 50% is septic

Cats tolerate the absence of a gallbladder very well in the long term.

8) Recovery & aftercare

At home

Pain medications
Antibiotics
Liver support supplements
Feeding tube care if placed
Quiet rest for 2–4 weeks
E-collar
Small, frequent meals

Watch for:



- Poor appetite
- Vomiting
- Increased jaundice
- Weakness or lethargy
- Abdominal swelling

Follow-up

Recheck exam at 1–2 weeks

Liver enzymes rechecked in 2–4 weeks

Continue antibiotics until resolution of the biochemistry changes

Ultrasound if needed

Most cats return to normal within 2–6 weeks.

9) Long-term expectations

Most cats who undergo cholecystectomy:

- Live normal lives
- Have good digestion
- Do not require a special diet long-term
- Need monitoring only if underlying disease exists (IBD, pancreatitis, cholangitis)
- Rarely experience recurrence, since the gallbladder has been removed
- Ongoing **medical management** of the other comorbidities (pancreatitis, IBD, ...) are still required

10) Questions to ask your surgeon

- Has the gallbladder ruptured or is rupture likely?
- Is there bile duct obstruction that needs to be cleared?
- What is the risk of delaying surgery?
- Can your surgeon do a choledochal stenting. If not, perhaps look for someone else...

11) Selected Veterinary References

- ACVS — Gallbladder & Biliary Disease in Cats
- VCA Hospitals — Feline Gallbladder Disease
- Center SA et al., Vet Clin North Am Small Anim Pract — Feline hepatobiliary disease
- Jaffey et al., J Vet Intern Med — Biliary disease in dogs and cats
- Cook AK & Jergens AE, J Feline Med Surg — Feline cholangitis/cholangiohepatitis
- Fossum, T. — Small Animal Surgery (biliary surgery chapters)
- Mayhew et al., Vet Surg — Feline cholecystectomy outcomes

Bottom Line

Gallbladder disease in cats can be dangerous and fast-progressing.

Surgery (cholecystectomy) is the treatment of choice for:

- Obstruction
- Rupture
- Mucoceles
- Severe infection
- Stones causing blockage

Cats do very well without a gallbladder, as bile flows directly from the liver into the intestine. Early surgery dramatically improves prognosis and reduces risk of life-threatening complications.