



_____ DIVISION

REPORT OF CHOLECYSTOGRAPHY
Oral Method

- N.B. :** Take Five Skiagrams as Follows :
- Skiagram 1. Plain gallbladder.
 - Skiagram 2. 15 to 16 minutes after dye -prone.
 - Skiagram 3. 15 to 16 minutes after standing.
 - Skiagram 4. 20 to 30 minutes after fatty meal
 - Skiagram 5. 2 hours after fatty meal

Proposal No. _____ Name of the Life to be Assured _____ Age _____ Years

(1) **GALLBLADDER:**
 Concentration _____ Size and Position _____
 Filling defect _____
 Calculi (Radio-opaque & non Radio opaque) _____
 Calcification _____ Emptying _____

(2) **BILE DUCTS :**
 Size _____ Stasis _____
 Any Calculi _____

(3) **SCREENING :**
 Tenderness : _____
 Mobility _____

(4) **ANY OTHER ABNORMALITY:**

(5) **CONCLUSIONS:**

Dated at _____ on the _____ day of _____ 20 _____

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Radiologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
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