REPORT ON X-RAY OF STOMACH & DUODENUM (BARIUM MEAL)
(N.B. Take FIVE Films as follows: One film Standing – Stomach and Duodenum.
Four Small Spot Films: Pyloro-Duodenal Services.)

Proposal No. ________________ Name of Life Assured. ________________________________ Age _________ Years

(1) STOMACH:
Rugae of mucosal pattern :
Position ____________________________ Size ____________________________
Contours ____________________________ Niche ____________________________
Filling Defects _______________________ Spasm _________________________
Incisura ____________________________ Tenderness ______________________
Evacuation __________________________ Flexibility _______________________
Patency of the Pylorus __________________________

(2) DUODENUM-DUODENAL CAP:
Size _______________________________ Position _________________________
Regular or deformed ____________________ Tenderness ___________________
Peristalsis or antiperistalsis ____________ Crater or niche ______________
Residue ________________________________

(3) DUODENAL CANAL BEYOND THE CAP:
Size _______________________________ Position _________________________
Crater ________________________________ Spasm _________________________
Irritability ____________________________

(4) CONCLUSIONS:

Dated at ___________________________ on the _______________ day of ____________ 20 __________

Signature of the Life to be Assured

Signature of the Introducer:
(Agent / Development Officer)
Name: ____________________________
Code No.

I Certify that the proposer / LA has put his /her Signature alongside in my presence

Signature of the Radiologist
Name:
Address:
Qualification:
Code No.