



_____ 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 _____

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: _____