The present study was carried out in department of Radiology Maharani Laxmi Bai Medical College Hospital Jhansi.

Following material was used in this study:

1. X-ray film of sized 8" x 12" and 10" x 15".
2. Cassettes and screen.
4. Illuminating view box.
5. Telepaque tablets.

Selection of cases:- All the skiagram for the present series are specifically meant for the purpose of this investigation.

- All the cases were having L.F.T. within normal limit.
- All patients were having symptoms suggestive of gall bladder disease.
- Oral contrast media used is telepaque.

It is Iopanoic acid which was synthesized in 1951 as the first of a series of tri-
iodinated organic compounds evolved to increase the opacifying power of ingested agent. Telepaque contains 67% iodine and is insoluble in water.

**Patient preparation:** Oral cholecystographic examination adequate abdominal preparation is needed for oral cholecystography because faeces and gases in intestine can obscure gall bladder completely or produce shadows simulating gall stones.

In addition to routine preparation for abdomen with suitable laxative and charcoal tablets, Patients were kept on only a light meal on previous evening.

**Convention oral cholestoscopy:** Plain X-ray abdomen is taken. Patient was advised to take 3 gm of dye orally in evening and X-ray was taken 12-14 hours after taking dye.

Patient X-rayed after making proper positioning and with adequate penetration. If gall bladder is visualized patient was advised to take fatty meal and X-ray was taken with proper positioning to see the contraction of gall bladder is any.
Fractionated dose oral cholecystography: - In this method similar type of group of patients having similar clinical features, age and sex were taken. Abdominal preparation was made similarly as in conventional cholecystography. Investigation was divided into two days. On first day after proper abdominal preparation plain X-ray of abdomen was taken. On the same day 3 gm of oral dye divided into 6 doses, was administered orally in 6 hours, in one hour interval. Fractionated dose administration helps in better absorption of dye, good enterohepatic circulation and better concentration of dye in gall bladder.

X-ray exposure was done 12.14 hour after intake of last dose.

If gall bladder is visualized fatty meal given and contraction of gall bladder is visualized if any.

METHOD

A preliminary plain film of entire abdomen is obtained to assess the degree of gall bladder opacification and the amount of super imposed intestinal contents and to localize the gall bladder. Usually a
coned 10 x 8 inch right lateral decubitus film of the gall bladder is then obtained.

A radiographic room designed specifically for this purpose greatly facilitates the daily work.

By means of a rotating table top. The patient may be positioned in the supine recumbent position and then rotated by table movement 90° to the right decubitus position where a horizontal beam film is obtained.

Use of a low peak kilovoltage with Mas adjustment according to patient's habitus ensures optimal radiologic contrast. Interference by superimposed skin folds. Intestinal contents or other extraneous artifacts may be obviated by the oblique or decubitus film. Purpose of oblique film is to make gall bladder clear of vertebral column.

In many instances these two films provide convincing evidence that the gall bladder is either normal or contains calculi and the examination may be terminated. If gall bladder has been visualized but diagnosis is in doubt or if facilities for decubitus filming are not available upright compression
spot film may be obtained. Generally these are taken in various degrees of obliquity and the patient is rotated so that gall bladder projects progressively more laterally to the right of spine.

Film pressure is applied with the cone to displace interposed stuctures and compress the gall bladder so that possibility of contrast material obscuring a stone is minimized if overlying bowel gas can not be excluded in right oblique projection. The patient turned to the left so that gall bladder projects to the left of the spine.
12. 500 mA X-ray machine with screening and spot film, patient in PA oblique position

13. 500 mA X-ray machine with spot film