NATIONAL INSTITUTE OF COMMUNICABLE DISEASES
PROFORMA FOR SEROLOGICAL STUDY FOR HYDATID DISEASES

Lab Ref. No. **Date:**
Hospital **MRD No.:**
Name **Age** **Sex: M/F**
Occupation
Address

HISTORY OF PRESENT ILLNESS

1. **Fever – Present/Absent Duration Type – Intermittent/Remittent/ Continuous/No set pattern**
2. **Abdominal Pain – Present/Absent Site Duration**
3. **Tenderness – Present/Absent Duration**
4. **Abdominal Swelling – Present/Absent Site Duration**
5. **Jaundice – Present/Absent Duration**
6. **Nausea/Vomiting – Present/Absent**
7. **Pressure symptoms due to swelling – Present/Absent**
8. **Hepatomegaly – Present/Absent If present, the extent**
9. **Splenomegaly – Present/Absent If present, the extent**
10. **Any other symptoms (extra hepatic)**

11. **Asymptomatic**

History of past illness

History of contact with dog – Present/Absent Duration

Any other person in the family suffering from similar illness

Investigations

- **Eosinophil count**
- **Serum Bilirubin**
- **SGOT**
- **SGPT**
- **Plain X-Ray Abdomen (Report)**
- **Ultrasound of abdomen (Report)**

- **CT Scan (Report)**

- **Clinical Diagnosis**