

ABDOMINAL EXAMINATION

H: Hello “Introduce yourself , take permission & Confirm patient identity”

E: Explain What are going to do & **Exposure** “ xiphisternum to the symphysis pubis,”

L: Light

P: **Privacy** “ ask for chaperone” & **Position** “ SUPINE (lying flat) ”

GENERAL examination

Hands: Clubbing, Koilonychia (spoon-shaped nails) and signs of chronic liver disease, including leuconychia (white nails), Flapping Tremor , Dupuytren’s Contracture and palmar erythema .

Eyes: Conjunctival pallor , Scleral Jaundice and Red eye .

Face: Mouth for IDA (angular cheilitis , atrophic glossitis) ,B12 Def. (beefy raw tongue) and Aphthous ulcer , Parotid enlargement .

Neck: for lymph nodes (Scalene LNs).

Chest : Gynecomastia , Hair Distribution & Spider Naevi.

Abdominal Examination

Inspection(from 2 Sites)

From the **foot** of the bed & from **Right** Side of the patient

- 1- Symmetry of the Abdomen
- 2- Umbilicus (central & inverted)
- 3- Abdominal Respiration
- 4- Attached devices & drains

- 1- Visible Scars
- 2- Superficial masses or swelling
- 3- Visible Dilated veins
- 4- Skin bruising

Palpation (Is There Any Pain ? If so; leave that area to the last.)

- 1- **Superficial Palpation :** a.Gain patient’s confidence. b.Superficial Masses & Superficial Tenderness.
- 2- **Deep Palpation :** a.Deep Masses. b.Deep Tenderness.
- 3- **Palpation For Organomegaly:** - Liver, Spleen & Kidneys.
 - A. hepatomegaly: start from RIF move your hand **vertically** with each inspiration.
Liver SPAN by Percussion starting from Right 5th intercostal space till **dullness appears**.
 - B. Splenomegaly: start from RIF move your hand **obliquely** with each inspiration.
 - C. Kidney : Ballotement test & Renal angle tenderness .

Percussion (Percuss all over 9 regions)

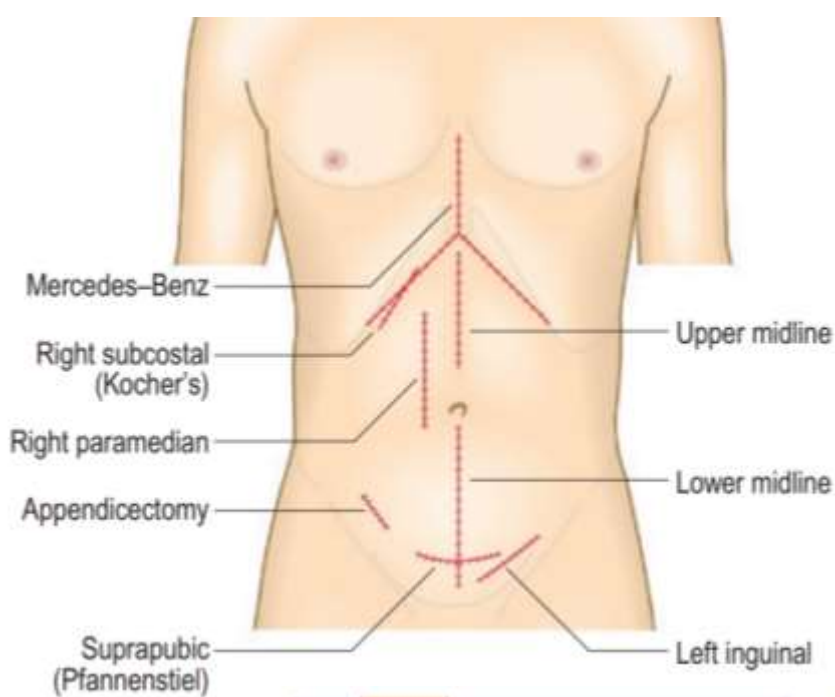
- Normally it should be **tympanic**
- Over mass or fluid (**dull**)
- Percuss for Ascites (**Shifting dullness** “mild to moderate” & **Transmitted Thrills**).

Auscultation:

- Auscultate for bowel sounds “ at ileocecal valve” & for bruit over renal & iliac arteries.

Mention that you have to do DRE & hernial orifices exam.

Thank the patient and Clean your hands



Palpation of the liver.



A



B

Fig. 6.16 Palpation of the spleen. [A] Initial palpation for the splenic edge moving diagonally from the umbilicus to the left hypochondrium. [B] If the spleen is impalpable by the method shown in A, use your left hand to pull the ribcage forward and elevate the spleen, making it more likely to be palpable by your right hand.



A



B



C

Fig. 6.17 Percussing for ascites. [A] and [B] Percuss towards the flank from resonant to dull. [C] Then ask the patient to roll on to their other side. In ascites the note then becomes resonant.

