THYROID EXAMINATION

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

E: Explain What are going to do & Exposure " (NIPPLES & Above)"

L: Light

P: Privacy " ask for chaperone" & Position " Sitting "

GENERAL examination

Hands: thyroid acropachy , Sweaty hand , fine Tremor , palmar erythema and pulse .

Eyes: exophthalmos , lid retraction, lid lag and Ophthalmoplegia (eye movement).

Face: dry coarse hair, periorbital puffiness or loss of lateral 1/3 of eyebrows .

Lower limb: pretibial myxedema.

Neck Examination

Inspection

From the front with the patient slightly extending his neck.

1- Symmetry
2- Swelling
3- Scars
4- Ask the patient to swallow and to protrude his tongue

Palpation (Is There Any Pain ?)

Palpation from Front

-Tracheal deviation

-Tenderness

- Any masses

Palpation from behind

-Palpate the 2 lobes of the thyroid

-Ask the patient to swallow while palpation

-Cervical and supraclavicular LNs

Percussion (Percuss over the sternum if dull → Retrosternal goiter)

Auscultation

Over the neck for thyroid bruit

Thank the patient and clean your hands

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 tounge) 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 : Ballottement 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).

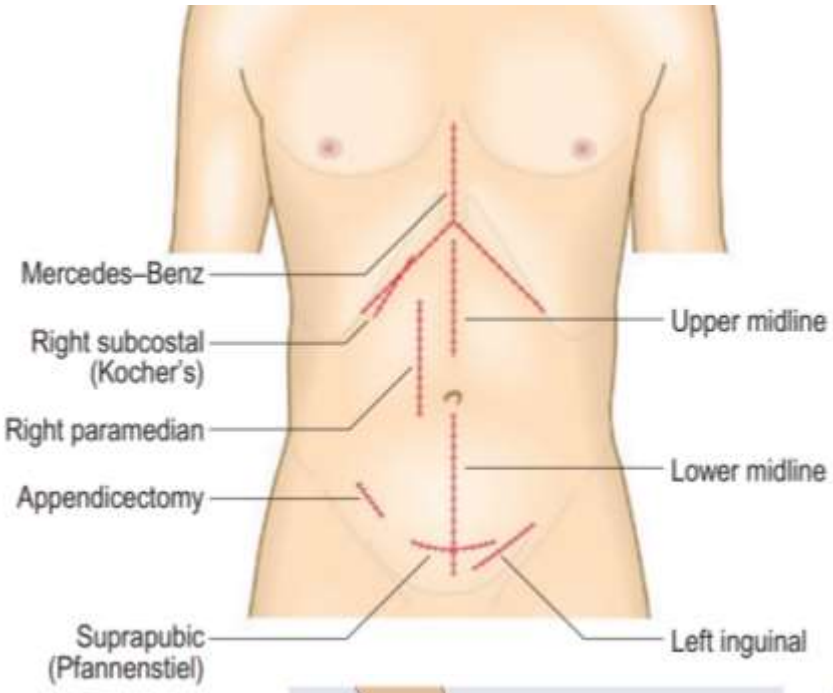
Auscultation:

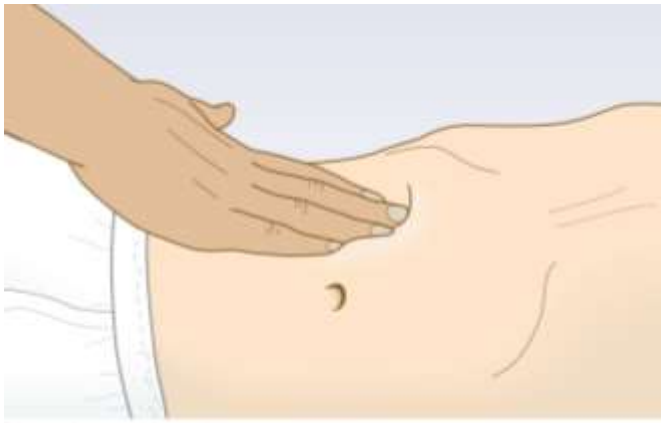
- Auscultate for bowel sounds " at iliocecal valve" & for bruit over renal & iliac arteries.

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

Thank the patient and Clean your hands

DONE BY : Dr. Mahmoud Alali & Dr. Abdullah Alwikhyan





Palpation of the liver.

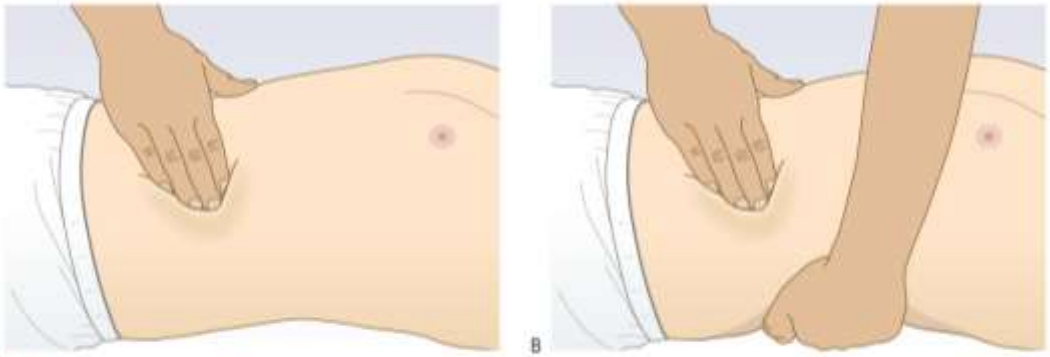


Fig. 6.16 Palpation of the spleen. A Initial palpation for the splenic edge moving diagonally from the umbilicus to the left hypochondrium. B If the spleen is impalpable by the method shown in A, use your left hand to pull the ribcage forward and elevate the spleen, making it more likely to be palpable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

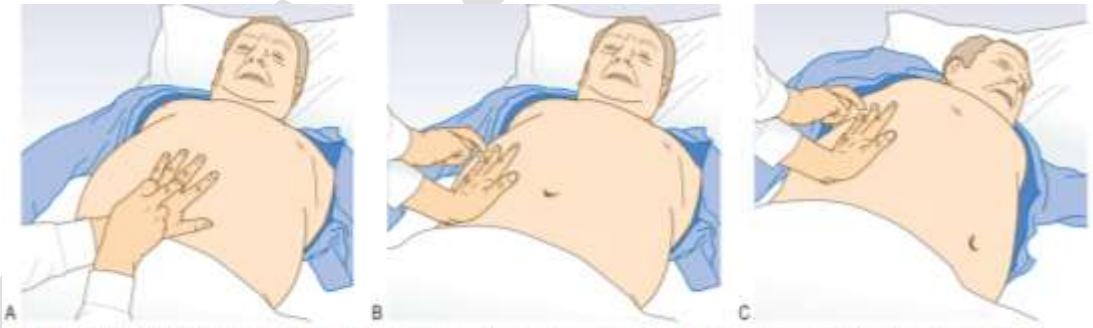
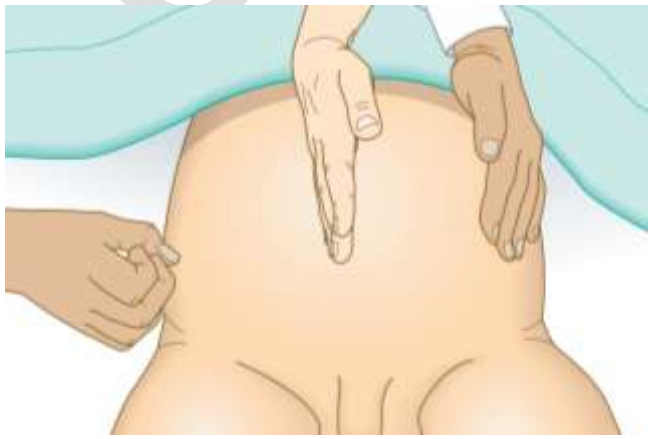
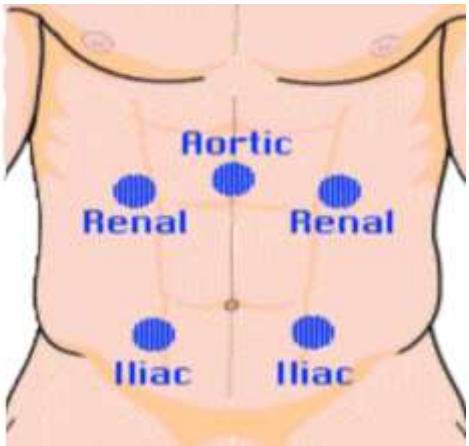


Fig. 6.17 Percussing for ascites. A and B Percuss towards the flank from resonant to dull. C Then ask the patient to roll on to their other side. In ascites the note then becomes resonant.





DONE BY : Dr. Mahmoud Alali & Dr. Abdullah Alwikhyan

LOWER LIMB EXAMINATION

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

E: Explain What are going to do & Exposure (from the groin and below but mid-thigh is accepted)

L: Light

P: Privacy " ask for chaperone" & Position " Supine , Lying flat "

Inspection all From the foot

1- Attached devices & drains
2- Symmetry or Swelling
3- Deformities & Amputation

1- Hair & Nails
2- Redness (change in color).
3- Skin lesions (ULCERS, scars).
4- Dilated or Guttering of veins.
5- Muscle wasting

- Elevate the leg looking for pressure ulcers or hidden abnormality.
- Examine between toes.

Palpation (Is There Any Pain ?)

1- Tenderness, Temperature.
2- Capillary Refill .
3- Pulses: (Dorsalis pedis, Posterior tibial, Popliteal, Femoral arteries & R-F Delay)
4- Pitting edema
5- Inguinal LN Palpation "JUST Mention"

Leg Circumference (both legs)

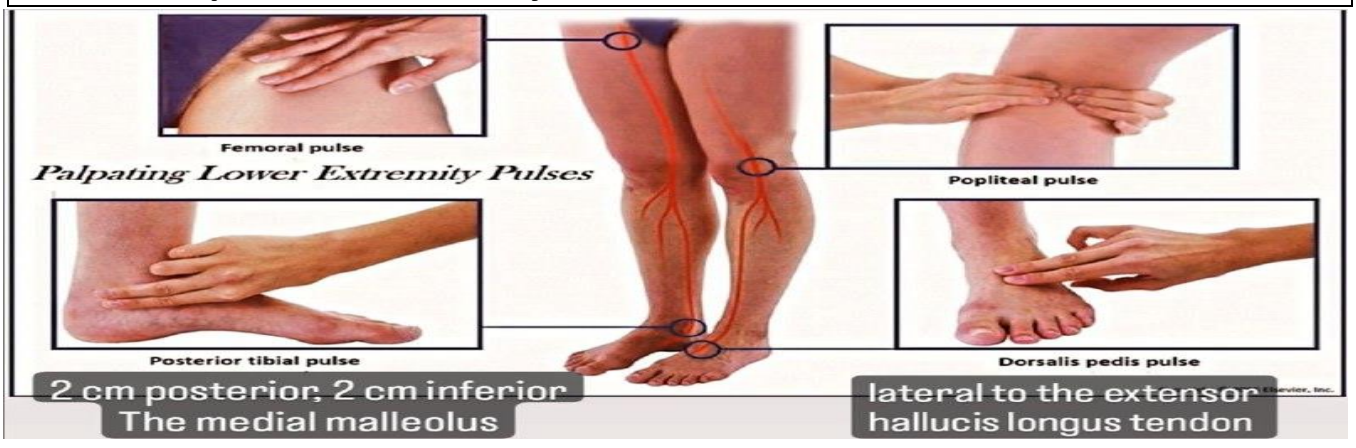
- Identify anatomical landmarks (Tibial tuberosity & medial malleolus)
- Attempt actual measurement .

Mention that you should do Burger test & ABPI .

Auscultation

Using the bell over the major arteries

Thank the patient and clean your hands



ULCER EXAMINATION

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

E: Explain What are going to do & Exposure " (from the groin and below but mid-thigh is accepted)"

L: Light

P: Privacy " ask for chaperone" & Position " Supine , Lying flat "

Inspection all From the foot

1- Site :
   Medial aspect → venous , Lateral → Arterial , At pressure site → Neuropathic ulcer
2- Size
3- Shape
4- Edge

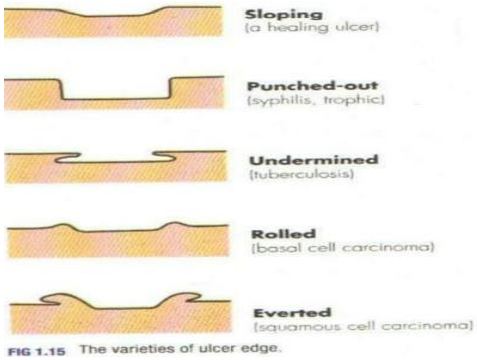


FIG 1.15 The varieties of ulcer edge.

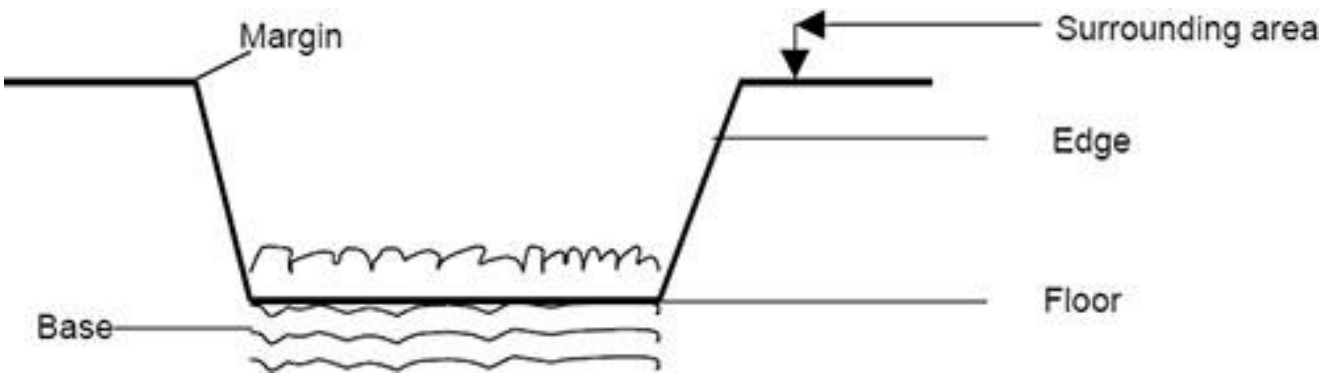
- Sloping → Venous Ulcer
- Punched Out → Arterial Ulcer, Neuropathic Ulcer, Syphilitic Ulcers
- Undermined → Due To Debridement, Tuberculosis
- Rolled → Basal Cell Carcinoma (Rodent Ulcers)
- Everted → Squamous Cell Carcinoma

5- Floor " what you can see " :
   → Necrotic "Gray , Black "
   → Pink , Granulation .
6- Discharge
7- Surrounding Skin → a. Swelling & Dilated veins b. loss of hair

Palpation (Is There Any Pain ?)

1- Temperature & Tenderness of Surrounding Skin
2- Palpate over the edge of ulcer
   Soft → Healing Ulcer , Firm → Non-Healing Ulcer , Hard → Malignant
3- Feel the base " What you can feel when you palpate the floor "

Thank the patient and clean your hands



4-Breast

- **Exposure & Position : The Patient Should Be Fully Undressed To The Waist And Lying Down On The Examination Couch With The Upper Body Raised 45° To The Legs.**
- **Positions For The Hands**
  - **Beside The Patient**
  - **Above The Head**
  - **On The Hip Bone**
- **Inspection**
- **Palpation**

↓
Contraction of Pectoralis
(Puckering, swelling)

- asymmetry
- Puckering
- undersurface of breast

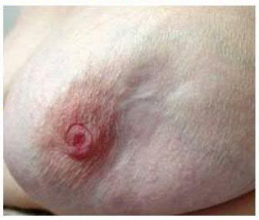
- asymmetry

Breast Nipple Axilla

4-Breast

Inspection

- Size ⇒ Macromastia / Micromastia
- Symmetry
  - Minimal Difference → Normal
  - Significant Difference With Recent Onset → Pathological
- Skin
  - Puckering / Dimpling

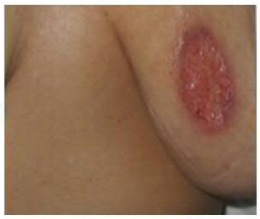


→ Indicates Cancer

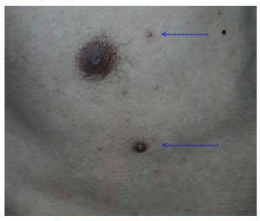
  - Peau D'orange

→ Edema Of The Skin Caused By Obstruction Of Skin Lymphatics By Cancer Cells

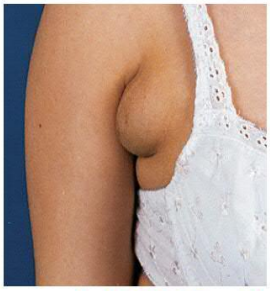
  - Nodules
  - Discolouration
  - Ulceration
    - Scar



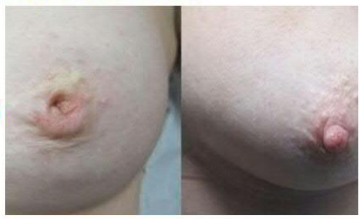
- Duplication
  - Accessory Nipple



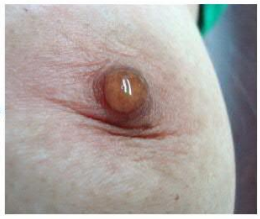
  - Ectopic Breast Tissue



- Nipples And Aereolae
  - Normally Corrugated With Small Nodules Known As Montgomery's Tubercles
  - Inverted



  - Slit Appearance → Duct Ectasia
  - Any Fluid Leak From The Nipple



  - Eczema-like Skin Changes → Paget's Disease
- Axilla, Arms, Neck And Supraclavicular Fossa
  - Enlarged Lymph Nodes
  - Distended Veins
  - Lymphedema
    - Ms wasting

Palpation

Thing to examine

Most common causes

4-Breast

- Inspection
- Palpation
  - Superficial: T°, T
  - Deep: (Mass)
    - How
      - Palpate With The Flat Of Your Fingers
      - Begin Always With The Normal Side (Pain)
      - Examine The 4 Breast Quadrants
      - Do Not Forget The Axillary Tail (tail Of Spence)
    - If you find a Mass (SPACES PIT)
      - S ize
      - P osition → in which quadrant
      - A ttachments → To Skin
        - If A Mass Cannot Be Moved Without Moving The Skin
        - Fixed
        - If A Mass Is Connected To The Skin By A String Like Structure, So It Can Be Moved To A Certain Degree Without Skin Indentation
        - Tethered
      - C onsistency
        - hard
        - firm
        - rubbery
        - soft
      - E dge
        - well or ill demarcated
        - regular or irregular
        - sharp or rounded
      - S urface and shape
        - smooth
        - irregular
      - P ulsation, thrills and bruits
      - I nflammation
        - redness
        - tenderness
        - warmth
      - T ransillumination
    - Nipple
      - Inverted → Try To Evert It
      - Discharge → Gently Press The Aereola Around The Base Of The Nipple And Observe Whether Any Fluid Comes Out
    - Axilla
      - To Palpate The Right Axilla
        - 1- Stand On The Patient's Right Side
        - 2- Take Hold Of Her Right Elbow With Your Right Hand And Let Her Forearm Rest On Your Right Forearm
        - 3- Place Your Left Hand Flat Against The Chest Wall And Sweep The Tips Of Your Fingers From The Top Of The Axilla And From Side To Side To Feel The Nodes Against The Chest Wall.
      - To Palpate The Left Axilla
        - 1- Lean Across The Patient Or Stand On The Patient's Left Side
        - 2- Hold Her Left Elbow With Your Left Hand And Use Your Right Hand To Feel The Axilla

Medial ⇒ ArM under head

2nd – 6th

sternal edge – mid axillary line

Tail of Spence → btw finger and thumb

Upper inner, Upper outer → retroareolar area

Lower inner, Lower outer → under the breast

Fixed: with Maneuver → Pectoral fascia; W/O " → Chest wall

Site Size shape skin surface

T°, Tenderness, Transillumination

Light

Stethoscope

Lateral nodes, Pectoral/anterior nodes, Central nodes, Subclavicular/apical nodes, Subscapular/posterior nodes

Mets: LLBB

Thing to examine

Most common causes