

ABDOMINAL EXAMINATION



**By: Amit Kaushal
& Kumaran
Thanabalasingham**

POSITIONING

- ❑ Patients hands remain on his/hers side
- ❑ Legs, straight
- ❑ Head resting on pillow – if neck is flexed, ABD muscles will tense and therefore harder to palpate ABD
- ❑ .



- **INSPECTION**

- **AUSCULTATION**

- **PALPATION**

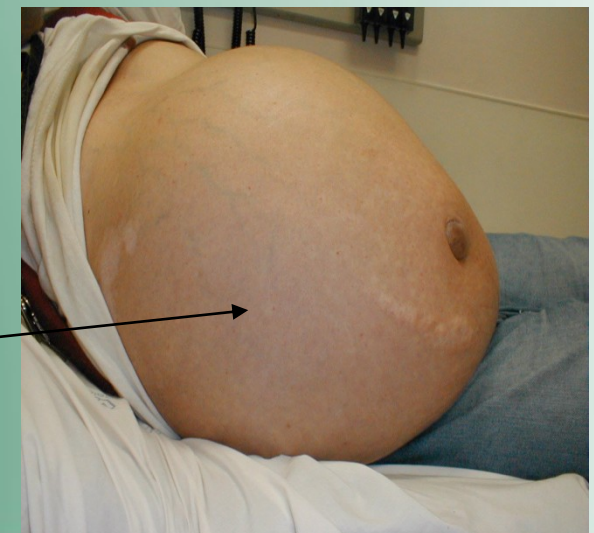
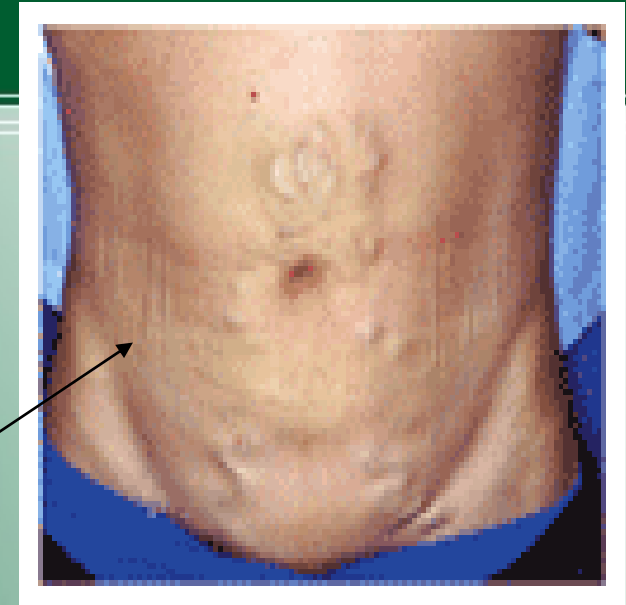
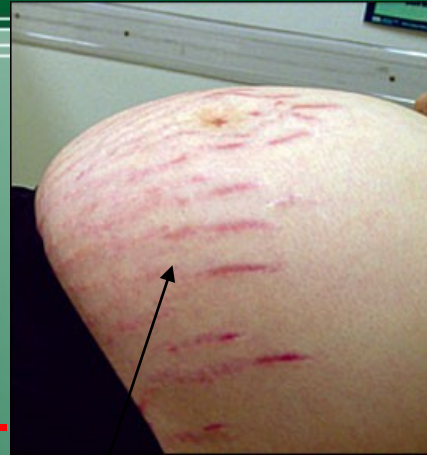
- **PERCUSSION**

INSPECTION



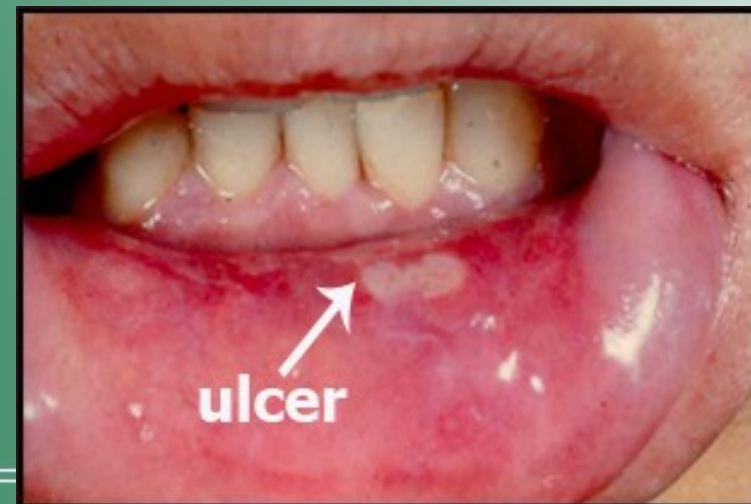
INSPECTION

- **Shape**
- **Skin Abnormalities**
 - **Masses**
 - **Scars (Previous op's - laproscopy)**
 - **Signs of Trauma**
 - **Jaundice**
- **Caput Medusae (portal H-T)**
- **Ascities (bulging flanks)**
- **Spider Navi-Pregnant women**
- **Cushings (red-violet)**



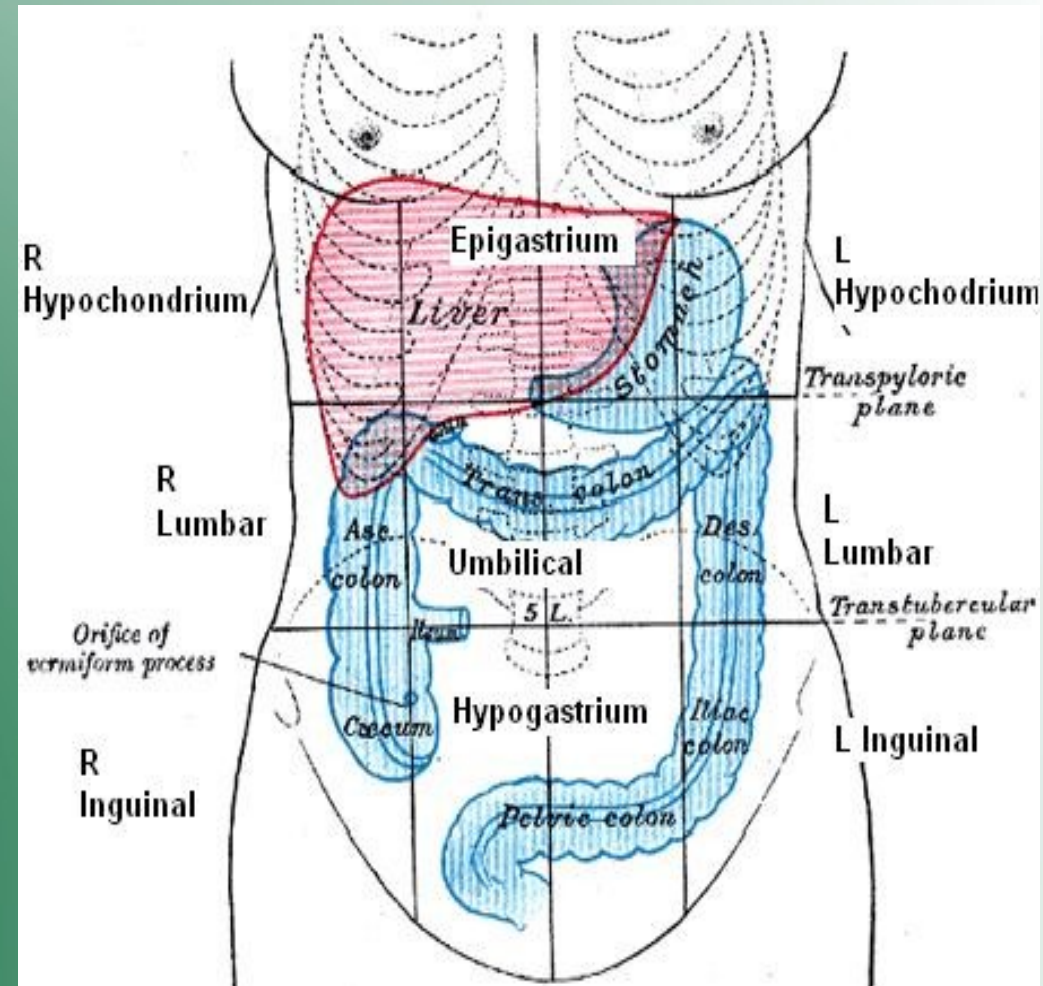
Hands + Mouth

- Clubbing
- Palmer Erythmea
- Mouth ulceration
- Breath (foeter ex ore)
- ...



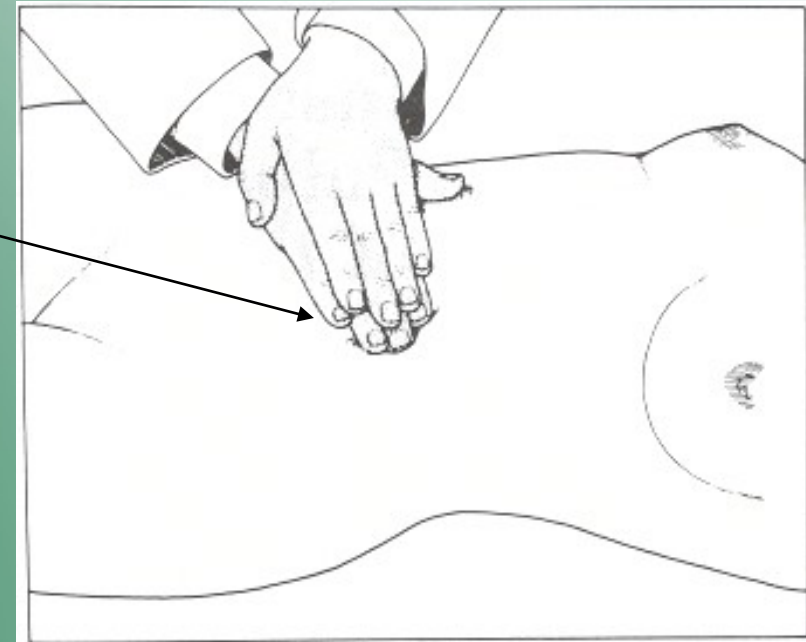
AUSCULTATION

- Use stethoscope to listen to all areas
- Detection of Bowel sounds (Peristalsis/Silent?? = Ileus)
- If no bowel sounds heard – continue to auscultate up to 3mins in the different areas to determine the absence of bowel sounds
- Auscultate for BRUITS!!! - Swishing (pathological) sounds over the arteries (eg. Abdominal Aorta)



PALPATION

- ALWAYS ASK IF PAIN IS PRESENT BEFORE PALPATING!!!
- Firstly: Superficial palpation
- Secondly: Deep where no pain is present. (deep organs)
- Assessing Muscle Tone:
 - Guarding = muscles contract when pressure is applied
 - Ridigity = inidicates peritoneal inflamation
 - Rebound = Releasing of pressure causing pain



MURPHY'S SIGN

- Indication:

- pain in U.R.Quadrant

- Determines:

- cholecystitis (inflam. of gall bladder)

- Courvoisier's law – palpable gall bladder, yet painless

- cholangitis (inflam. Of bile ducts)

- ...

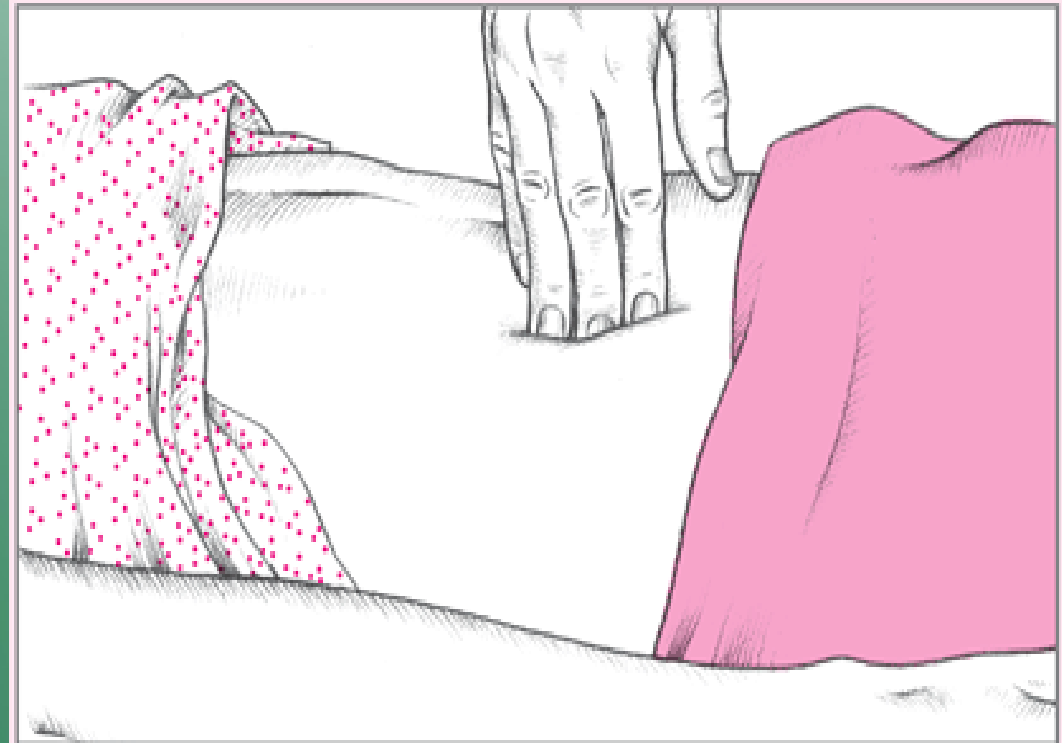


METHOD

- Ask patient to breathe out.
- Gently place your hand below the costal margin on the right side at the mid-clavicular line (location of the gallbladder).
- Instruct to breathe in.
- Normally, during inspiration, the abdominal contents are pushed downward as the diaphragm moves down.
- If the patient stops breathing in (as the gallbladder comes in contact with the examiner's fingers) the patient feels pain with a 'catch' in breath.
- Test is positive.
- ...

BLUMBERG'S SIGN

- *Determines:*
 - peritonitis
 - appendicitis
- *ALWAYS START OPP. SIDE TO WHERE THE PAIN IS !!!!*
- *ABD is compressed slowly and then rapidly released.*
- *Pain upon removal of pressure rather than application of pressure to the abdomen*
- *Pain present = positive.*

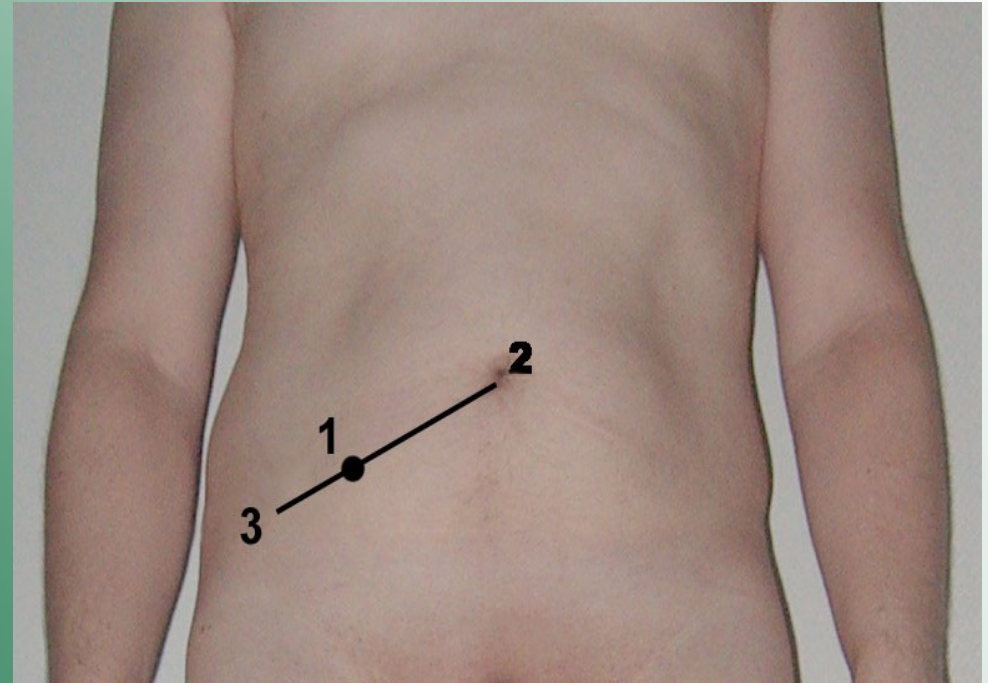


pressure. Pain that results from the rebound of palpated tissue—rebound tenderness—indicates peritoneal inflammation or peritonitis.

You can also elicit this symptom on a miniature scale by percussing the patient's abdomen lightly and indirectly (as shown). Better still, simply ask the patient to cough.

McBURNEY'S POINT

- From ASIS (anterior superior iliac spine) to the umbilicus.
- Determines:
 - location of appendix (varies)
 - deep tenderness @ point = acute appendicitis



McBURNEY'S PUNCH SIGN = *Tenderness is presented when gently the area of the back overlying the kidney producing pain in people with an abscess around the kidney (perinephric abscess) or pyelonephritis.*

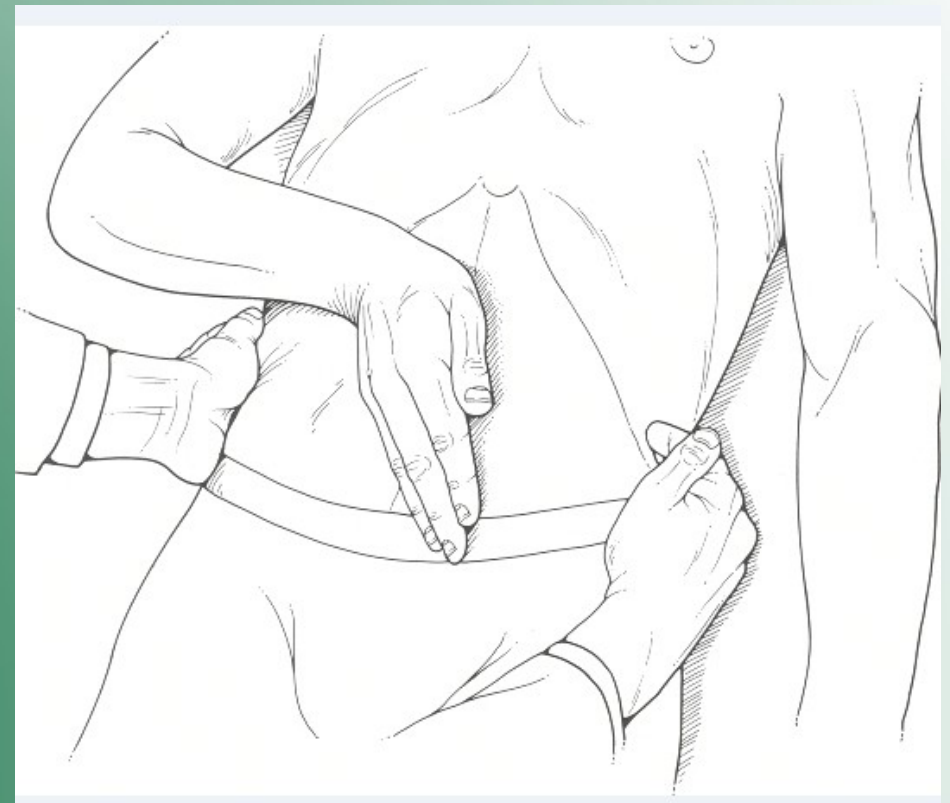
Carnett's sign

- Abd. pain remains unchanged or increases when the muscles of the abdominal wall are tensed.
- **Positive** = Abd. wall is the source of the pain (e.g. due to rectus sheath hematoma).
- **Negative** = pain decreases when the patient is asked to lift the head; this points to an intra-abdominal cause of the pain



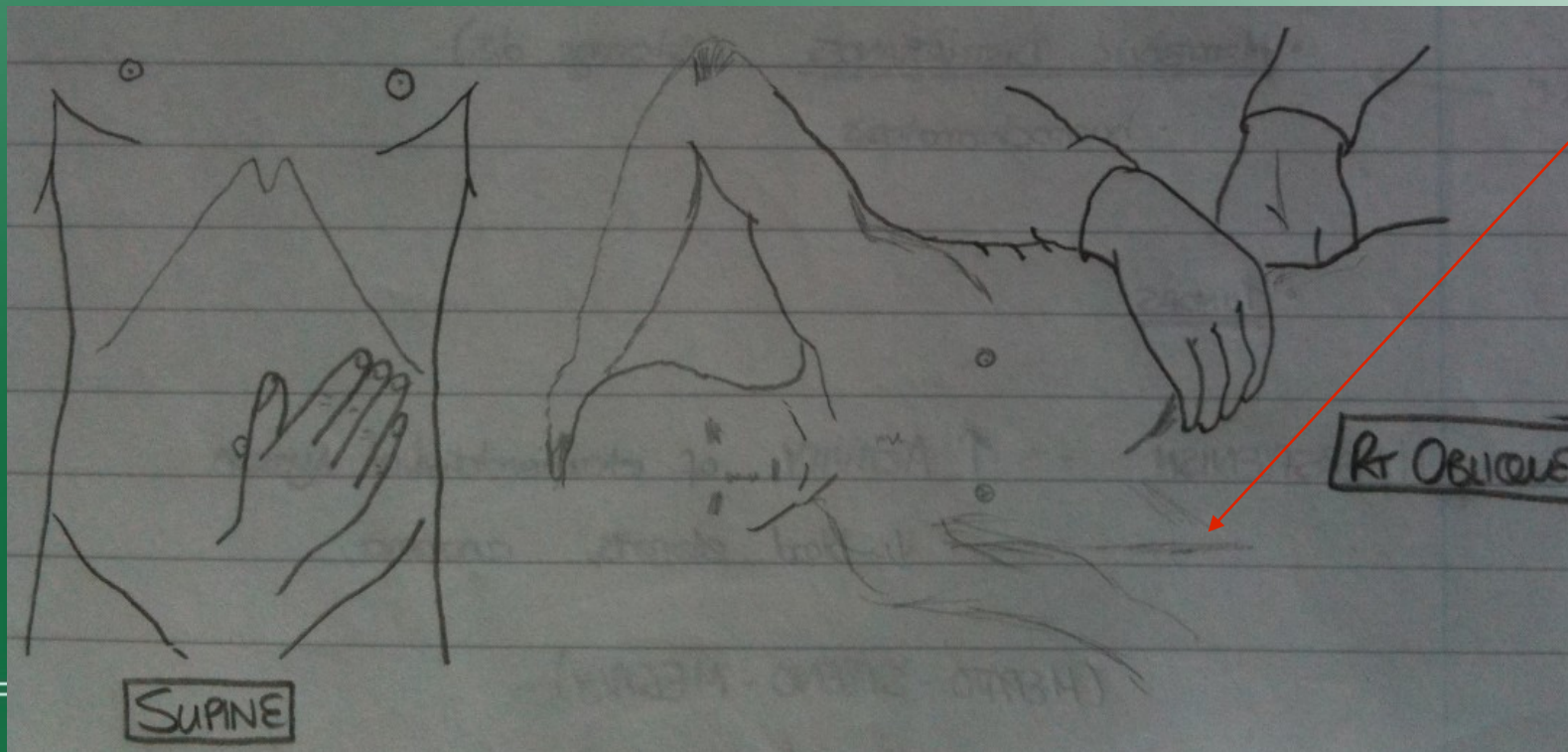
Fluid wave test / Iceberg Sign

- **Test for ascites.**
- **Have patient push their hands down on the midline of the abdomen.**
- **Then you tap one flank, while feeling on the other flank for the tap.**
- **> 1 litre of fluid allows the tap to be felt on the other side.**
- ...



Spleen

Only palpable if enlarged; splenomegaly – indicated by Castell's sign (bulge of U.L. Quadrant).



Patient on his/her Right Side & palpate from behind.

Liver

- **PALPATE:**

- from R.ilic fossa up towards and under the last rib whilst the patient is breathing in **deeply**.

- **ASSESSING:**

Regulatrities

Smoothness

Tenderness

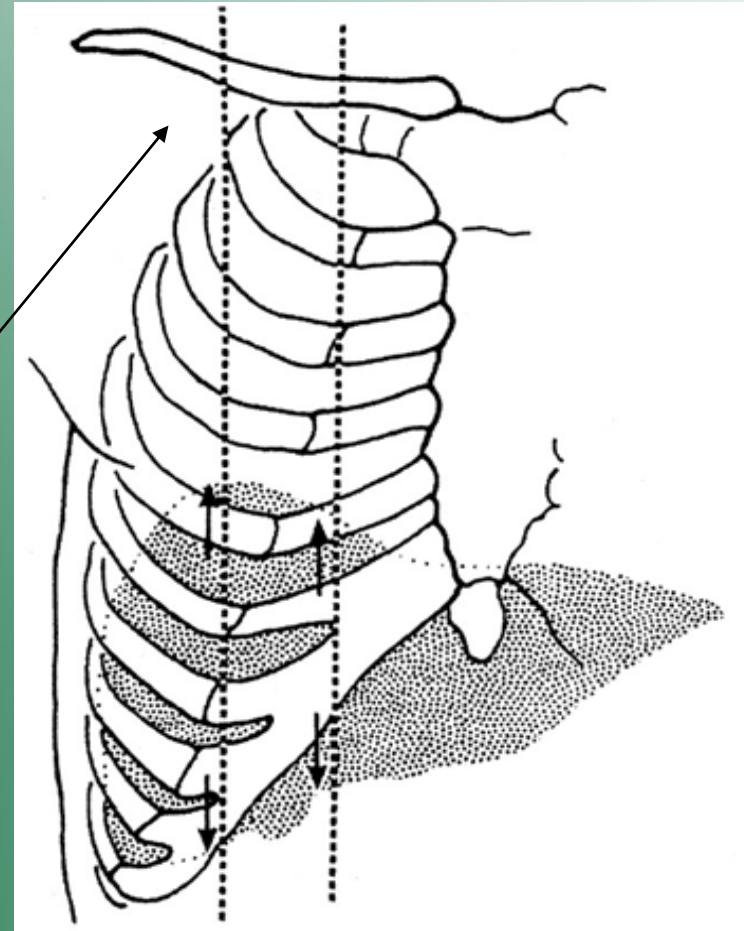
- **PERCUSSION:**

- Outline of liver (norm: 8-12 cms)

- In Mid-Clavicular Line from 2nd rib downwards

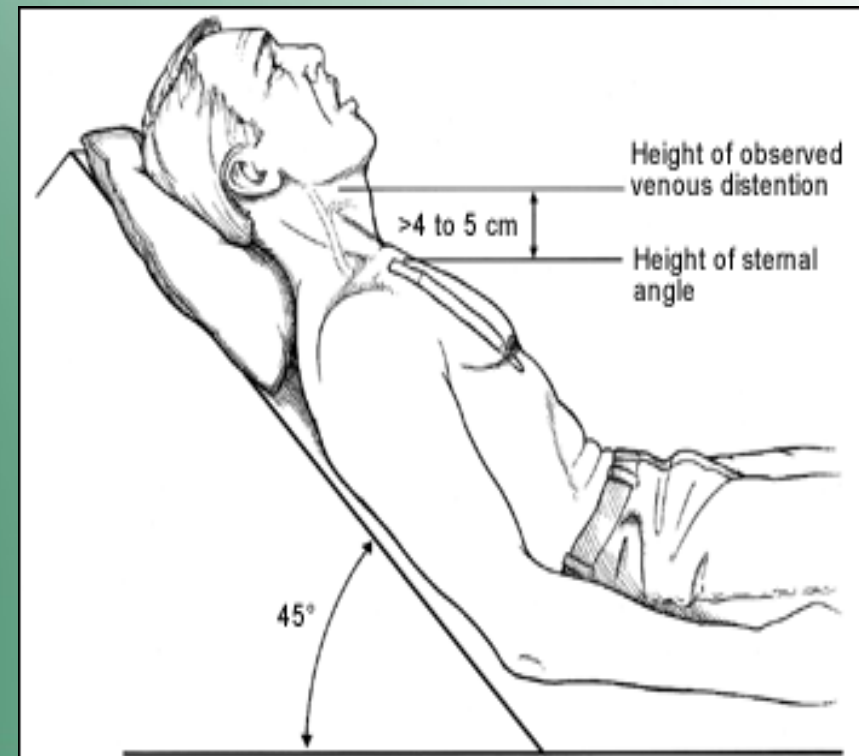
- Hollow ---> Dull ----> Hollow

- ...



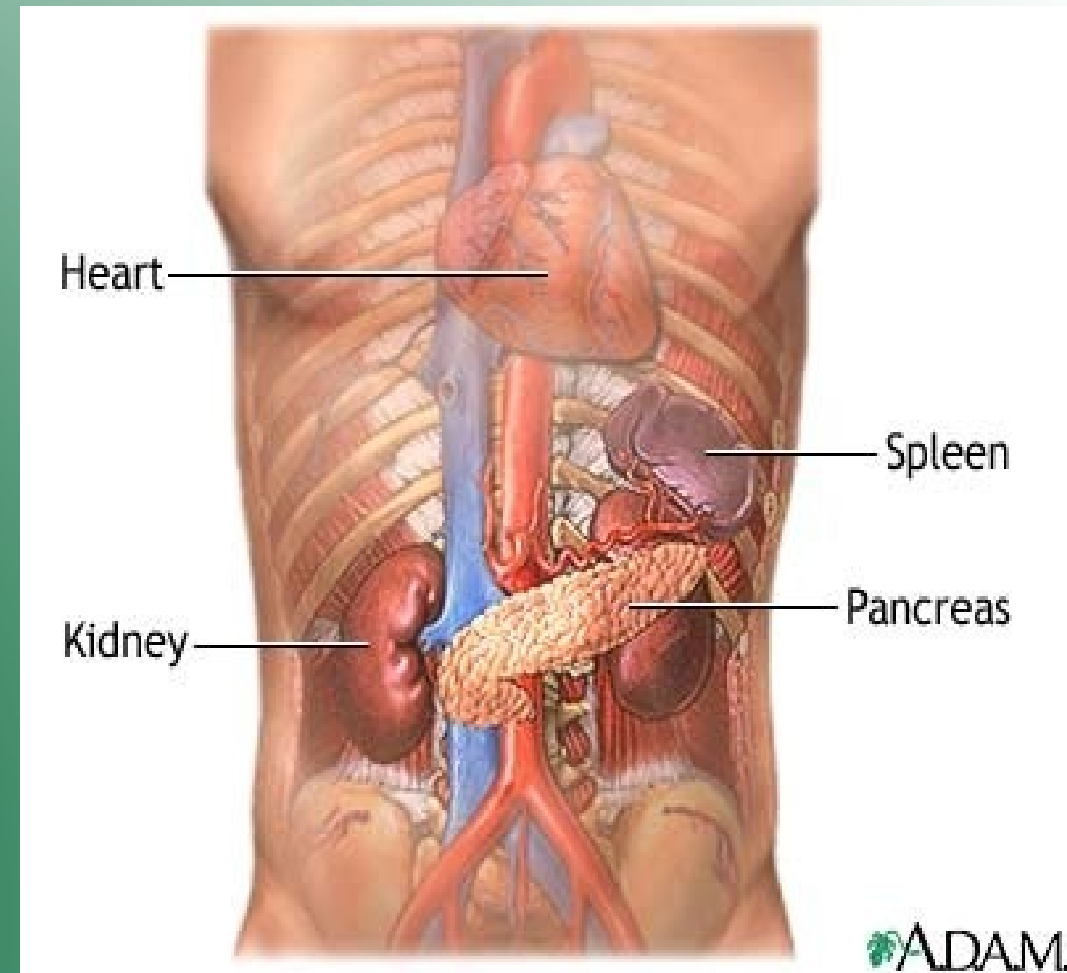
HEPATO-JUGULAR REFLUX

- Pressing enlarged liver ---> Increases Jugular Filling ----> Hepatic congestion
(R.Heart Failure)



Head of Pancreas

- De Jardins Point:
 - MCL
 - 9th Costal Cartilage
 - Right Side
- Indication:
 - Pancreatitis/Tumour @ head
- ...



***THANK YOU FOR YOUR
ATTENTION***

