



Right Upper  
Quadrant

Left Upper  
Quadrant

# Abdominal Examination

Right Lower  
Quadrant

Left Lower  
Quadrant

# Objectives

- To succinctly examine the abdomen and present your findings to a consultant examiner in 6 minutes
- Discuss disease processes behind your clinical findings
- Pass the exam....

# Likely osce patients

- **Organomegaly:** hepatomegaly, splenomegaly, polycystic kidneys
- **Abdominal mass:** lymphoma, pseudocyst, renal transplant
- **Jaundice**
- **Hernia**
- **Ascites**
- **Aneurysm: AAA**
- **Stoma**

# Introduction

- Introduce yourself
- Ask permission to examine
- Ask if any pain anywhere
- Are they comfortable lying flat?

**Stand at the end of the bed**

**STOP**

**Look for a few seconds**

**Show you are looking around  
the bed**

Oxygen

Catheters

Drains

Fluids

Dressings

Position

Comfortable?

Generally

?cachetic

Pallor

Jaundiced

Bruising

Tatoos

# HANDS/ARMS

- Look at **both hands** for;
  - Clubbing
  - Leuconychia/koilonychia
  - Dupuytren's contracture
  - Pallor of skin creases
- Stretch out arms for **liver flap**
- Palpate radial **pulse**









# HEAD

- Look at the **eyes**
  - **Jaundiced Sclera**
  - **Conjunctival pallor**
  - **Keiser fleischer rings**
- Look at the **mouth**
  - **Dentician**
  - **Hydration**
  - **Nutrition – tongue**
  - **Breath (ketosis/halitosis)**
  - **Thrush?**

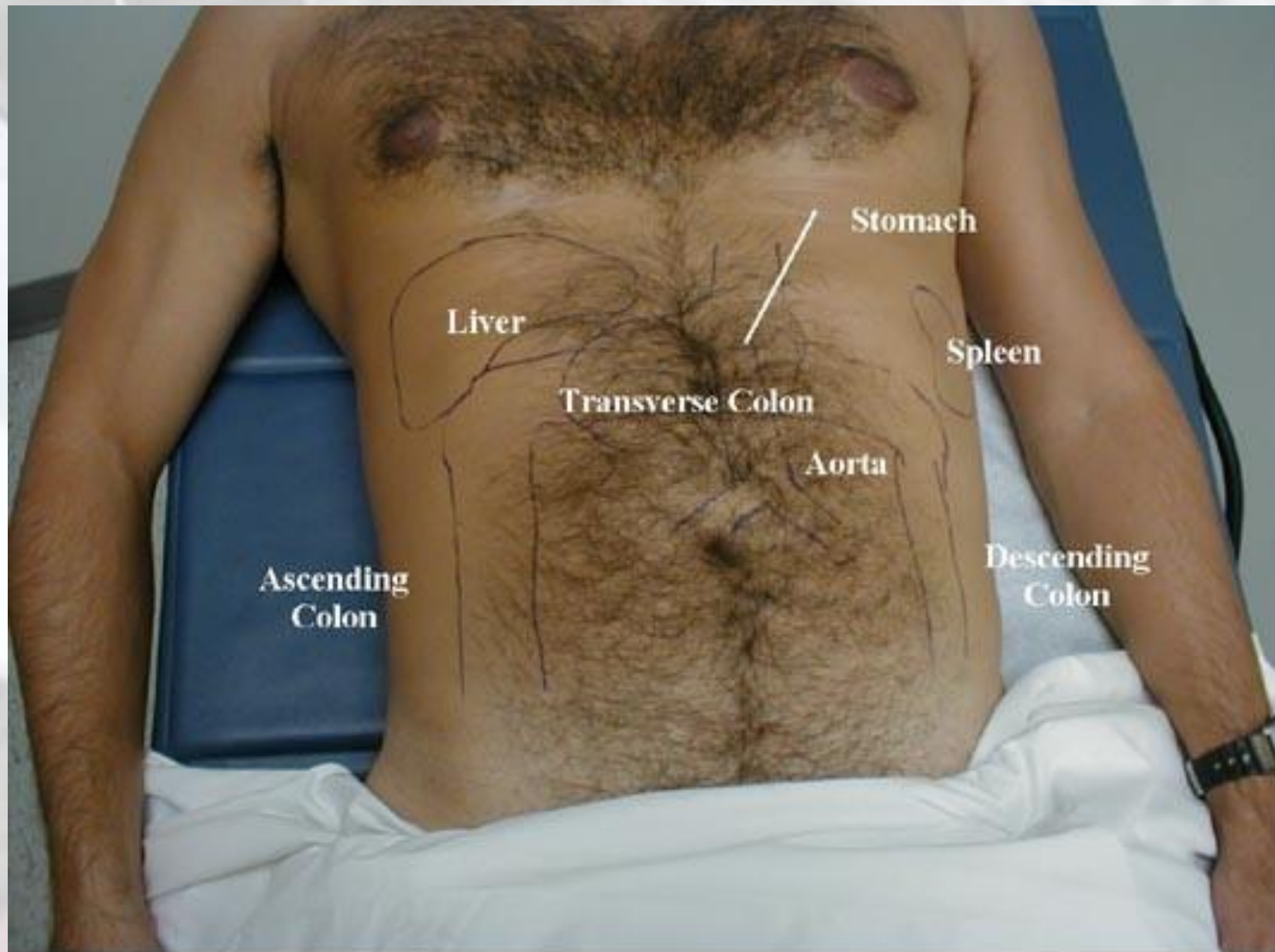
# NECK/CHEST

- Palpate cervical **lymph nodes**
- Left supraclavicular fossa for Virchow's node/Troisier's sign (esp. if mass in abdo)
- **CHEST**
  - Spider Naevi
  - Pupura
  - Gynaecomastia
  - Scratch marks (icteric)









Stomach

Liver

Spleen

Transverse Colon

Aorta

Ascending  
Colon

Descending  
Colon



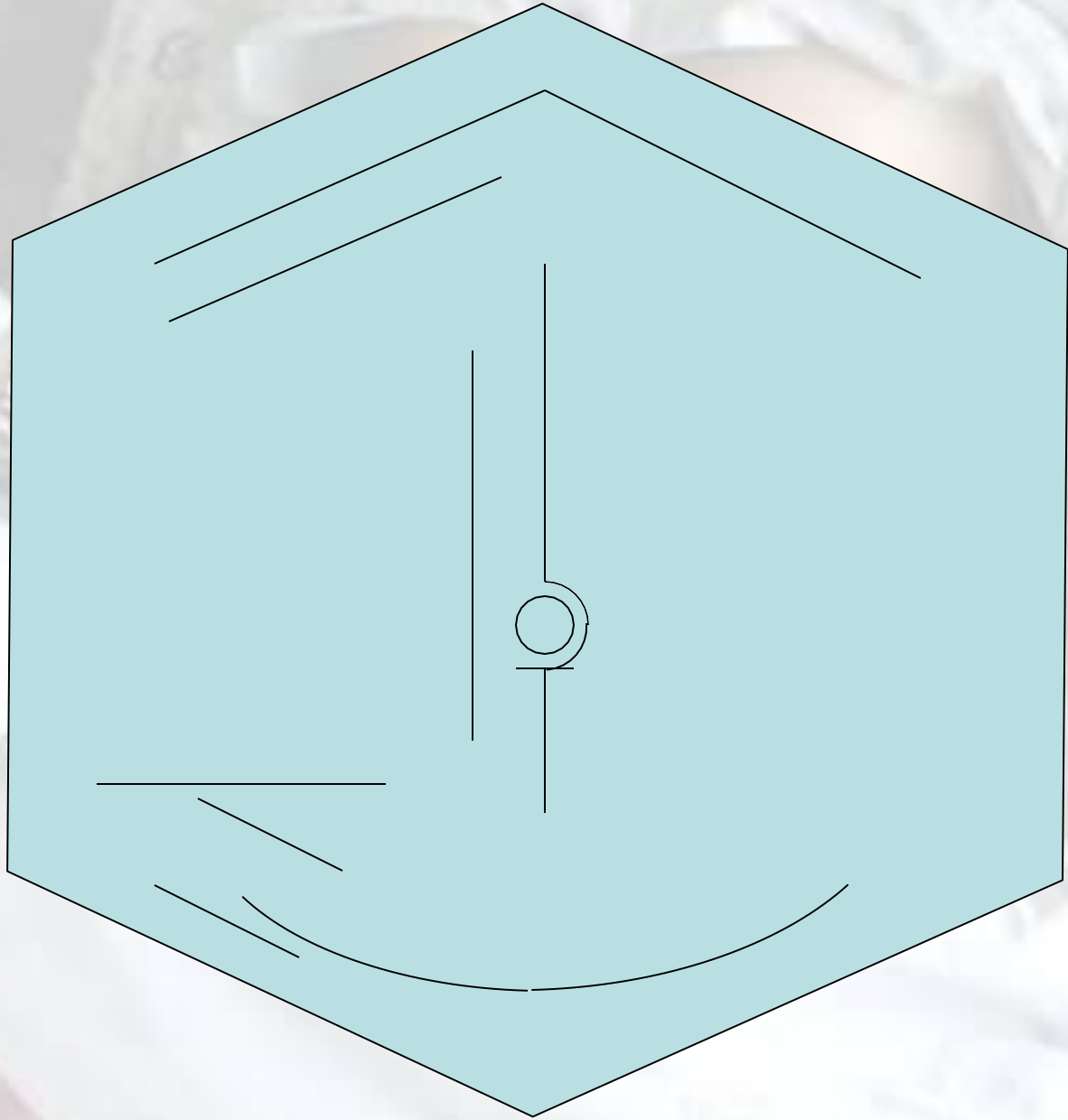
# ABDOMEN

- **LOOK**

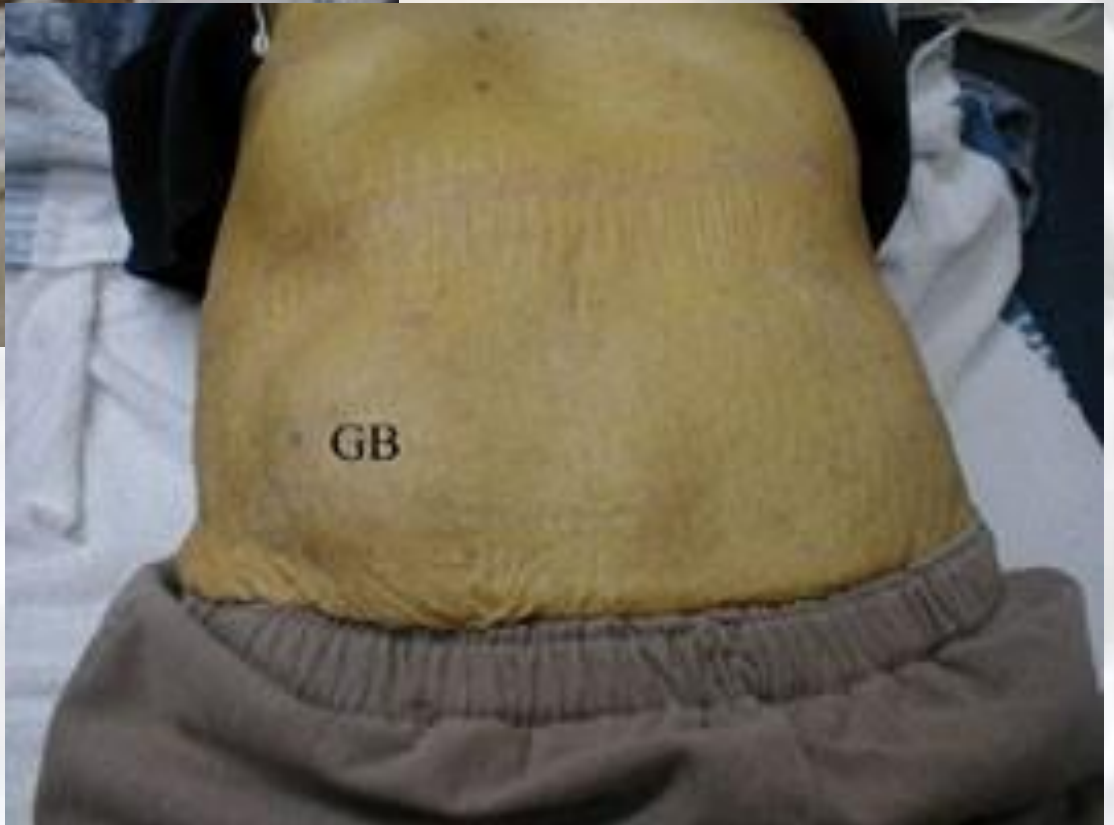
- Scars ?pathology\*
- Stoma ?type....examine it!\*
- Veins ?portal hypertension
- Distension
- Masses
- Peristalsis

- **COUGH!!**

- Define edges of defect\*











# ABDOMEN

- **FEEL**

- Kneel down
- Ask re tenderness
- Palpate LLQ → RLQ
  - Tenderness
  - Guarding
  - Rigidity
  - **Mass**....what are you look for?

# ABDOMEN



- **MASS**
  - **Size**
  - **Site**
  - **Shape**
  - **Surface ?Fixed**
  - **Edge**
  - **Consistency**
  - **Percussion note**
  - **Bruit/bowel sounds**

# ABDOMEN

- **PALPATE ORGANS**

- **Liver**

- RIF → RUQ
    - Define upper and lower borders by percussion
    - Surface texture?

- **Spleen**

- RIF → LUQ ?ask patient to roll towards you
    - Percuss ?extent & surface texture

- **Kidneys**

- Ballot
    - R side then L side
    - ?CAPD ?Dialysis ?Transplant

- **Aortic Aneurysm**

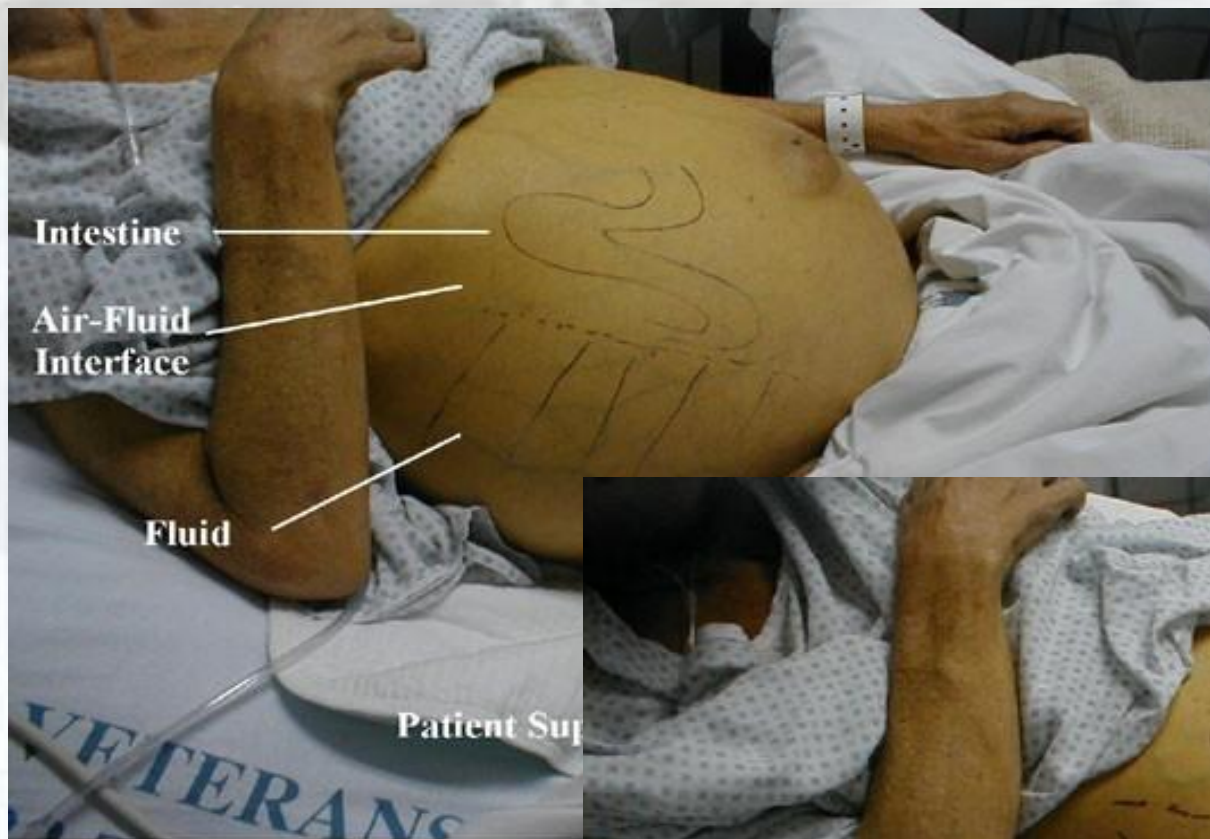
- ?expansile pulsation ?size ?examine fem/pop pulses



# ABDOMEN

- **ASCITES**
- **Shifting Dullness**
  - **Percuss** centrally then to each flank
  - Locate point of change on R side
  - Ask patient to **roll** towards you
  - **Wait....**
  - **Percuss again** ?area of dullness moved
- **Fluid Thrill**
  - ?use patients **hand in midline**
  - Flick one side and feel the other side







# ABDOMEN

- **LISTEN**
- **Bowel sounds**
  - 2 areas
  - Up to 30 seconds
    - ?pitch
    - ?quiet
- Aorta for **Bruit**
- **Renal bruits**
- If hepatomegaly present auscultate over liver

# THEN...

- **Cover** the patient up
- **Turn to the examiner**
  - “ I would like **to complete my examination** by examining the external genitalia, performing a digital rectal examination and dipstick the urine.”
- Present your **findings!!!**



# FINDINGS

- The hardest part!
- Stand up straight
- Take your stethoscope and hold it in your hands behind your back
- Look the examiner in the eye
- No ers...
- No 'thought I heard's'



# Normal Examination findings...

I examined this elderly gentleman's abdomen. On general inspection from the end of the bed he appeared comfortable at rest. There were no peripheral signs of abdominal or liver disease. His abdomen was soft and non-tender with no distension. There were no palpable masses or organomegaly. Bowel sounds were present.

In summary, this is an elderly gentleman with normal abdominal examination.

# Abnormal Findings...

- Present in the same order as for normal
- Describe succinctly
  - 5 cm firm mass in epigastrium, non-mobile, not pulsatile
  - 4cm liver edge
- Include important negatives only...this will come with knowledge