



## ① Inspection (Foot of the Bed)

- Ask him to take a Deep Breath then comment By:
- Symmetrical Bilateral abdominal movement with Diaphragmatic respiration.
- The umbilicus is centrally located and inverted (not everted or shifted)
- The abdomen is of a normal shape (not Distended, Between Flat and scaphoid)
- NO visible fullness of Flanks (Ascitis)

## ② Inspection (Right side)

- \* 6 (S) →
- |  |                                     |   |
|--|-------------------------------------|---|
| 1. No scars (Mercedes sign, Kocher sign)<br>(Liver <sup>↑</sup> transplant) (gall bladder surgery) | 2. No Stomas (Colostomy, ileostomy) | 3. no skin lesions<br>(Morgan spots, warts) |
| 4. NO stria  | 5. no scratch marks                 | 6. no Sister Mary Joseph nodule             |

- \* 4 (visible) →
- |  |                          |                           |                      |
|--|--------------------------|---------------------------|----------------------|
| 1. no visible Dilated veins (caput Medusa) | 2. no visible pulsations | 3. no visible peristalsis | 4. no visible masses |
|--|--------------------------|---------------------------|----------------------|

- \* 2 other points:
- |  |
|--|
| 1. NO Bruising (Central → collen's / Lateral → gray turner (flank)) → Both are seen in Hemorrhagic pancreatitis. |
| 2. Normal hair Distribution  |

## \* Ask the patient 2 things:

### ① to cough to his left side, then comment:

- No visible cough impulse (look at umbilical + inguinal areas)
- NO herniation
- negative Murphy Sign (آسألو جب؟) → seen in Appendicitis

### ② Ask him to raise his head as if he wants to get out of Bed then comment:

- NO diversion of recti

## ③ palpation → Sit at the chair at the level of abdomen

(permission, in pain?, warm your hand, eye to eye contact)

### 1. light palpation on 2 areas then comment:

- Soft lax Abdomen (no guarding, no rigidity)
- NO superficial masses
- NO superficial tenderness

## 2. Deep palpation:

- NO Deep masses
- NO Deep tenderness
- NO McBurney's sign
- NO rebound tenderness

\* then Do the other 4 Special tests:

① Rousing sign (LLQ compression causes RLQ pain) → seen in Appendicitis (no Rousing sign)

② Iliopsoas sign → Flexion (ask him to flex his leg upward)

extension (ask him to extend his leg Down)



seen in Appendicitis

③ obturator sign (flexion with internal rotation) → in Appendicitis

④ Murphy's sign (ask him to Breathe while you push on his RUQ), if he stopped Breathing (+ sign) → Acute cholecystitis

④ percussion on 9 regions, comment:

Symmetrical normal tympanic percussion note all over the abdomen.

⑤ organ tests (Liver, spleen, kidney, Bladder)

### A. Liver:

- ask the patient to Breathe every time you palpate
- start palpating from right iliac fossa then move upward till you reach the costal margin

• comment: No hepatomegaly or Liver not palpable

### [Liver span]

1. ask him to hold his breath on inspiration and do percussion from right lower iliac fossa up to the costal margin where you hear Dullness. (mark the point of Dullness)

2. ask him to hold his breath on expiration and start percussion from 2<sup>nd</sup> intercostal space mid clavicular line then continue downward till you hear Dullness (5<sup>th</sup> intercostal) (+ mark the point)

3. measure the Distance (normally 8-12 cm)

• comment: Normal liver span

## B. spleen

1. Palpate from RLQ and go upwards Diagonally <sup>x\*</sup> till you reach the left costal margin. (Keep your hand there)

- as he still rolled towards you, start percussion in (9, 10, 11) intercostal spaces
- Comment: normal Dullness

2. Ask him to roll towards you and with your left hand push against his cage.
  - Comment: (no palpable spleen)



\* العجوة على لليم اليمين  
نحت

## C. kidney

### Bimanual test

- put your left hand under his flank and palpate by your right hand.

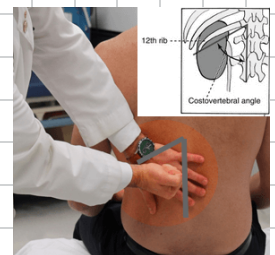
### Ballotment test

- Same as Bimanual test but with your left hand raise the kidney (weak)

### Costophrenic tenderness

- Ask him to sit and hit the costophrenic angle with your hand while maintaining eye to eye contact

\* Comment: NO palpable kidney, no costophrenic tenderness



## D. Urinary Bladder

Just start percussion from any point (tympanic) at midline then complete the percussion Downwards till you hear Dullness.

## ⑥ Ascitis

### 1. Shifting Dullness

- Do percussion from above then continue Downward till you reach the most tympanic point (around the Umbilicus) then continue laterally to the right side with your hand vertically to find Dullness then keep your hand and ask him to roll towards you and wait 10 seconds then Do percussion again at the same point

if Dullness still present

• (normal)

if it become tympanic

(Ascitis)

### 2. Transmitted Thrills

- ask the patient to place the edge of his hand on the midline and Place the palm of your left hand flat against the left side of the patient's abdomen and flick a finger of your right hand against the right side of the abdomen, if you don't feel a ripple against your left hand, then there is no fluid thrill No Ascites

Comment: NO transmitted thrill

then just mention that you should Do Successional splash test

comment: NO Shifting Dullness



## ⑧ Auscultation

① Bowel sounds (Iliocecal valve) → from umbilicus go right and down

② Bruits →

- Aortic (above umbilicus)
- Renal artery (above and lateral to umbilicus)
- Iliac artery (below and lateral to umbilicus)
- Liver (RUQ)

③ Friction rub

Comment: normal Gurgling Bowel sounds every 5-10 seconds / no Bruits / No Friction rub

## Last comments

- Sacral / Back edema
- Genitalia for testicular atrophy / Digital rectal exam
- Inguinal area for (hernia, Lymph nodes)
- lower limb for (edema, pyoderma gangrenosum, Hair loss)
- Chest exam for (pleural effusion, pulmonary edema, JVP, Heart sounds)