

ABDOMINAL EXAMINATION

There are several points to remember prior to beginning the abdominal examination. These include:

1. Have patient empty bladder prior to examination
2. Use proper lighting and warm hands to examine abdomen
3. Undrape abdomen from above xiphoid process to symphysis pubis. Groin area should be visible with genitalia draped
4. Visualize each organ in the region under examination
5. Begin assessment at patient's right and proceed to examine all 5 abdominal regions:
RUQ LLQ
RLQ Epigastric area
LUQ
6. The exam technique sequence is as follows:
Inspection
Auscultation
Percussion
Palpation

Required Equipment

Stethoscope (diaphragm)

Examination Techniques:

- | | | |
|--------------|---|---|
| Inspection | - | Visual examination |
| Auscultation | - | Use the diaphragm of the stethoscope to examine abdomen |
| Percussion | - | Place one hand on the area to be examined and with first one or two fingers of the other hand, strike the hand resting on the abdomen |
| Palpation: | | |
| Light | - | Use pads of first three fingers of one hand and a light, gentle, dipping maneuver to examine abdomen |
| Deep: | - | Use palmar surface of fingers of one hand and a deep, firm, gentle maneuver to examine abdomen (two hands, one on top of the other, may be required if obesity or muscular resistance occurs) |

Patient supine on examination table in gown. Undrape abdomen as described earlier. Examiner stands to patient's right.

A. Assess

1. Right Upper Quadrant (RUQ)
Note: liver, gallbladder, duodenum, right kidney and hepatic flexure of colon
2. Right Lower Quadrant (RLQ)
Note: cecum, appendix (in case of female, right ovary & tube)
3. Left Lower Quadrant (LLQ)
Note: sigmoid colon (in case of female, left ovary & tube)
4. Left Upper Quadrant (LUQ)
Note: stomach, spleen, left kidney, pancreas (tail), splenic flexure of colon
5. Epigastric Area
Note: stomach, pancreas (head and body), aorta

B. Inspect all 5 abdominal regions

- Note:
- skin (pallor, scars, striae, dilated veins, rashes and lesions)
 - abdominal contour
 - masses
 - enlarged organs
 - symmetry
 - visible peristalsis
 - hydration
 - pulsations

C. Auscultate

1. Epigastric Area
Note: Bowel sounds
Renal artery bruits right & left of epigastrium (especially in patients with hypertension)
Aortic bruits in the midline

D. Percuss all 5 abdominal areas

Note: Tympany

Dullness

RUQ – Height of liver along mid clavicular line. You will need to percuss the liver edges from above and below. Should be noted in centimeters.

There are not solid structures on the left side of the abdomen. If you find dullness to percussion on the left side, think about abnormalities, such as an enlarged spleen.

E. Palpate all 5 abdominal areas – begin in quadrant furthest from primary complaint

Note: Tenderness (deep, superficial, rebound)

Masses

Organomegaly

Rigidity

Note: Ask patient to inhale in order to palpate lower edge of both liver and spleen as each organ descends.

Please note the following:

- A normal kidney is not palpable
- A normal liver edge may be palpable
- A palpable spleen is considered enlarged
- The aorta may be palpable. If it is wide, think about an abdominal aortic aneurysm