ABDOMINAL PHYSICAL EXAM

INSPECTION:

- Inspect abdomen and verbally report findings
  Positive: scars, distension, visible masses, caput medusae, peristaltic waves
- Evaluate diastasis recti or hernias via Valsalva maneuver
  Positive: bulging along midline or hernia protrusion

AUSCULTATION:

- Listen in all four quadrants, acknowledge bowel sounds
  Positive: hyperactive sounds (diarrhea, obstruction), hypoactive/absent sounds (ileus, peritonitis)
- Listen for bruits at aortic, renal, iliac, femoral arteries
  Positive: bruit suggesting vascular stenosis or aneurysm

PERCUSSION:

- Percuss abdomen lightly in all four quadrants
  Positive: tympany (gas), dullness (fluid, mass, organomegaly)

PALPATION:

- Palpate all quadrants superficially, then more deeply
  Positive: tenderness, guarding, rigidity, masses
- Palpate lower liver edge in RUQ
  Positive: hepatomegaly, nodular contour
- Assess abdominal aorta for enlargement
  Positive: widened pulsation → possible aneurysm
- Palpate for enlarged spleen in LUQ
  Positive: splenomegaly, palpable below costal margin

SPECIAL TESTS:

- Murphy's sign (RUQ pain with inspiration)
  Positive: cholecystitis
- McBurney's point tenderness
  Positive: appendicitis
- Rovsing's sign (LLQ palpation causes RLQ pain)
  Positive: appendicitis
- Percuss to approximate liver size
  Positive: hepatomegaly or shrunken liver
- Percuss spleen to evaluate enlargement
  Positive: dullness suggests splenomegaly
- Psoas sign, Obturator sign
  Positive: appendicitis, retroperitoneal irritation