

Checklist for physical examination

General GI exam :

> Position & Exposure

Position: Supine, 15 degrees, head resting on 1-2 pillows, arms outstretched

Exposure: Xiphisternum to Symphysis Pubis

A) General look

(conscious, alert, oriented)

Sitting comfortably, Not in pain, Not cachectic

Not thin (loose skin folds)

Not obese/ Signs of volume overload/ (abdominal distention)

Striae (indicate rapid weight gain/previous pregnancy/ Cushing syndrome)

Gynecomastia/ Breast atrophy

Normal Hair distribution

Not tachypneic

No devices or equipments

Vital signs

> Odors

Ketones

Alcohol

Fetor hepaticus

Melena

Foul-smelling

Uremia

> Skin color

Jaundice

Pigmented

Spider nevi

Excoriations (pruritis)

Bruises

> Late Neurological Features

Spasticity

Extension of arms & legs

Extensor plantar response

Babinski Reflex (Plantar Reflex): is an upward movement of the big toe when the sole of the foot is stroked

B)Face

> Eyes

Jaundice

Pallor

Fundoscopy (HTN/DM)

> Mouth

Mouth and throat aphthous ulcers are common in coeliac and inflammatory bowel disease

Atrophic glossitis

Beefy red tongue

Angular cheilitis

Jaundice

Halitosis

> Rash

Parotid swelling

Spider nevi

C)Neck

Cervical LN (+axillary +inguinal)

Lt Supraclavicular LN (Troisier's Sign) may indicates gastric and pancreatic cancer

JVP exam

D)Hands

> Palm:

Palmar erythema

Spider nevi

Muscle wasting

Dupytren's contracture

> Nails:

Leukonychia

Clubbing

Neurcke's lines

Half & half

Koilonychia

Tar staining

> IV drug abuse

Flapping tremor

AV fistula

Temperature

E)Chest

Gynecomastia vs breast atrophy

Hair distribution

Spider nevi

Scratch marks

Abdominal examination

> Inspection

from the foot of the bed:

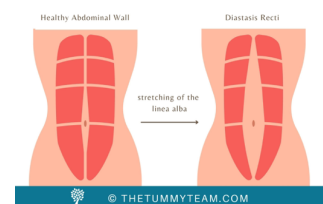
- 1- Symmetrical abdominal movement with breathing.
- 2- Abdominal shape is flat or scaphoid.
- 3- Umbilicus is inverted and centrally located.

from the right side:

- Check for 5 Ss:
 - * Scars
 - * Skin lesions
 - * Scratch marks
 - * Striae
 - * Stoma
- Check for 4 Visibles:
 - * Pulsations
 - * Veins (Caput medusae)
 - * Peristalsis
 - * Masses
- Check for bruises (Grey Turner / Cullen's signs).
- hair distribution
- Test cough impulse:
 - * Check for pain (Dunphy's sign)+ hernial orifices & umbilicus.
- Divarication of recti (separation of abdominal muscles).

Divarication of recti test:

With the patient lying supine, ask them to raise their head and shoulders off the bed. Observe the midline of the abdomen for any separation between the two rectus abdominis muscles.



> Palpation- at the level of the patient -

Superficial Palpation:

- Soft lax abdomen.
- No Guarding/ Rigidity/ Superficial masses/ Superficial tenderness

Deep Palpation:
No Deep tenderness/ Deep masses
! Mention rebound tenderness / percussion.

Palpation: Special Signs

Rovsing's Sign:

- * **Palpate Left Lower Quadrant (LLQ).**
- * **Positive if the patient feels pain in Right Lower Quadrant (RLQ).**

Iliopsoas Sign:

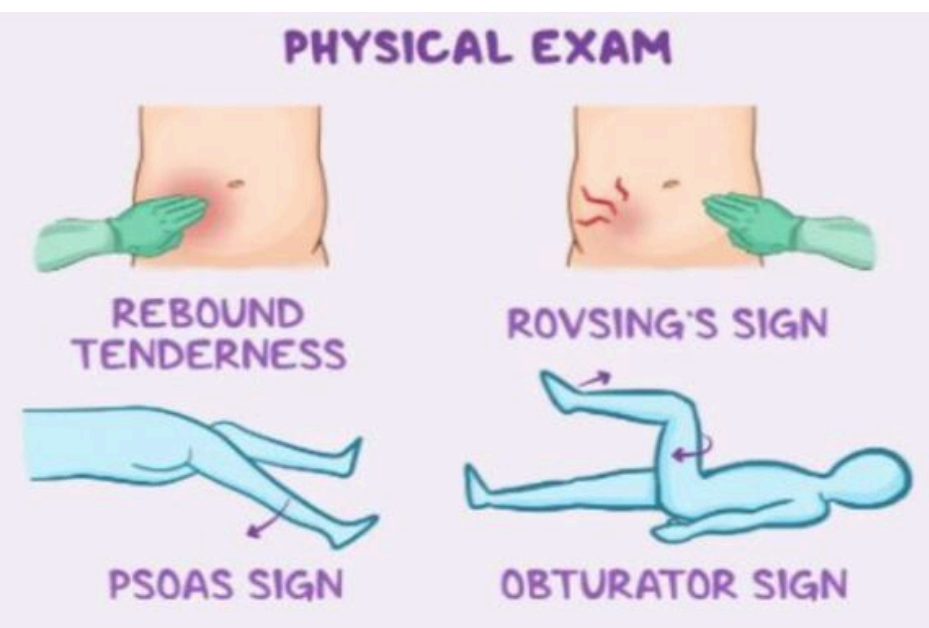
- * **Have the patient flex their hip against resistance.**

Obturator Sign:

- * **Flex the patient's knee and hip.**
- * **Perform internal rotation.**

Murphy's Sign:

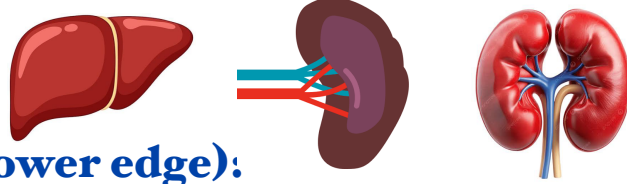
- * **Start palpation from the RLQ.**
- * **Move 1 cm with each breath.**
- * **The test is positive if pain causes you to suddenly stop breathing in**



6.10 Specific signs in the 'acute abdomen'	
Sign	Disease associations
Murphy's	Acute cholecystitis: Sensitivity 50–97% Specificity 50–80%
Rovsing's	Acute appendicitis: Sensitivity 20–70% Specificity 40–96%
Iliopsoas	Retrolleal appendicitis, iliopsoas abscess, perinephric abscess
Grey Turner's and Cullen's	Haemorrhagic pancreatitis, aortic rupture and ruptured ectopic pregnancy (see Fig. 6.13)

- **A hard subcutaneous nodule at the umbilicus may indicate metastatic cancer ('Sister Mary Joseph's nodule').**
- **To determine if a mass is superficial and in the abdominal wall rather than within the abdominal cavity, ask the patient to tense their abdominal muscles by lifting their head. An abdominal wall mass will still be palpable, whereas an intra-abdominal mass will not.**

Organomegaly Examination



Liver Palpation(to determine lower edge):

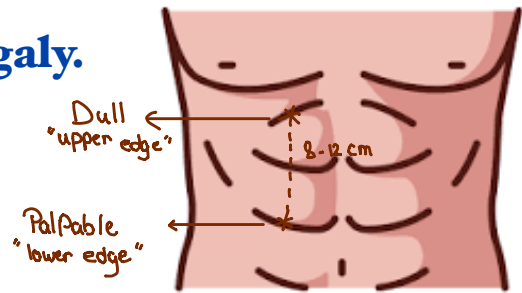
- * Start in the Right Iliac Fossa (RIF).
- * Move your hand 1cm upwards with each breath.
- * If the liver is not palpable, proceed to percussion.

Comment:* Smooth surface.* Regular edge.* No tenderness.

Liver Percussion(to determine upper edge):

- * Start percussing from the 2nd intercostal space during expiration.
- * Continue moving downwards until you reach a point of dullness (usually at the 5th intercostal space).

Comment: 8-12 cm span. No hepatomegaly.

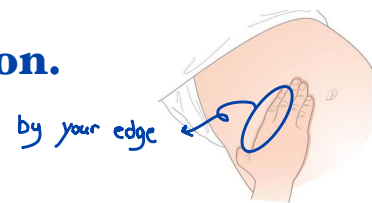


Spleen Palpation:

- * Start from the Right Iliac Fossa (RIF).
- * Move diagonally, 1cm with each breath.
- * Roll the patient to the right to further assist palpation.

Comment:

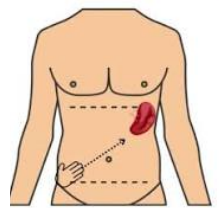
- * Not palpable.* No splenomegaly.* No tenderness.



Spleen Percussion:

- * Percuss at the 9th, 10th, and 11th intercostal spaces at the midaxillary line.

- * Comment: dull.



Kidney Palpation (Bimanual Exam):



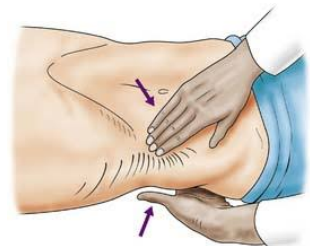
Don't forget both kidneys.

- * Ask patient to take deep breath, Place your right hand above and your left hand below the patient.

- * Comment: kidney is not palpable with no tenderness.

Kidney Ballottement:

- * Place your right hand above the patient.
- * Place your left index finger against the last rib.
- * Push upwards with your left hand, Ask patient to take deep breath,
- * Comment: Normally ballotable.



Renal Angle:

- * Check for tenderness while patient sets

Comment: no renal angle tenderness



Percussion

General Abdominal Percussion:

- * Percuss in all 9 quadrants.
- * Find the tympanic note.
- * Check for bladder dullness.

Comment: tympanic note all over the 9 regions, A full bladder is dull on percussion.

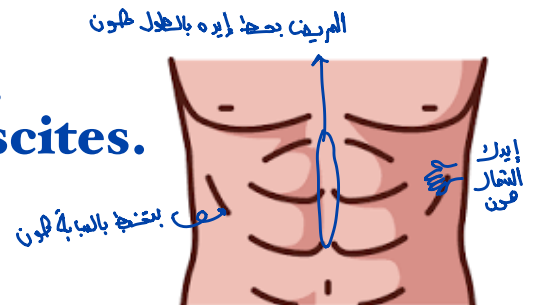
Ascites

1) Shifting Dullness:

- * Start percussing from the epigastric region.
 - * Move 1cm downwards, percussing **horizontally**, until you reach the umbilicus.
 - * Next, percuss **vertically**, moving 1cm laterally until you reach a point of dullness.
 - * Roll the patient to the other side and wait for 10 seconds.
 - * Percuss again. If the dull note has changed to a tympanic note, this is a positive sign for mild to moderate ascites.
- Comment:** no shifting dullness

2) Fluid Thrill:

- * Feel for a thrill using your left hand.
 - * A positive thrill indicates massive ascites.
- Comment:** no transmitted thrill.



Auscultation(by diaphragm)

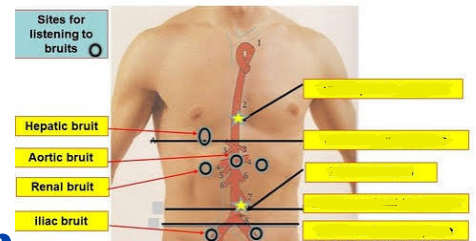
1) Bowel Sounds:

- * Auscultate lateral to the umbilicus.
- * Wait for 2 minutes. Normal is gurgling sounds heard every 5-10 seconds.

2) Aortic Bruit/ Renal Bruit/ hepatic bruit

3) friction rub.

Comment: normal bowel sound, no bruit, no friction rub, no spleen friction rub.



I should complete my exam with:

Inguinal LN (lymph nodes)/Femoral artery bruit/Hernial orifices /Sacral edema per rectum exam/ External genitalia: for testicular atrophy in ♂
Volume overload: pleural effusion, JVP
Lower limbs: edema, pyoderma gangrenosum, erythema nodosum

Stigmata of Chronic Liver Disease

- Introduction
- CAO*3
- Vital Signs

Face

- Jaundice
- Parotid enlargement
- Spider nevi
- Fetus hepaticus

Hands

- Palmar erythema
- Dupuytren's contracture
- Flapping tremor
- Nails →
 - Clubbing
 - Leukonychia

Chest

- Spider nevi
- Gynecomastia vs breast atrophy
- Hair distribution

Abdomen

↳ Inspection:

- Dilated veins (caput medusae)
- Spider nevi
- Distention

↳ Palpation:

- Hepatomegaly
- Splenomegaly
- Ascites →
 - Shifting dullness
 - Fluid thrill

At the end of the exam

↳ Lower limbs:

- Edema
- Bruising
- Hair loss

↳ Genitalia: Testicular atrophy

↳ Sacral Edema

!! This Slide From Dr. Dina.