1- Introduce urself to the patient, then take permission.
2- Explain to the pt what you are going to do.
3- Take privacy.
4- Ur hands should be warm, also ur stethoscope.
5- Stand on the Rt. Side of the bed.
6- Position of the pt. : the pt should be centralized in the bed lying on one pillow.

7- Start general examination (stand on the foot of the bed and describing the pt.)
Looks well\ill , dyspnic ?, cachectic ?, conscious ?, oriented ?(time, place, persons).
Body built of the pt. ,, complexion(cyanosed ?, pale ?, jaundiced ?,).
Describe the associated and surroundings (canula, IV line, O2 mask, urine cath …)
8- Vital signs (BP, Pulse, RR, Tm).
9- <u>Look for stigmata of CLD:</u>

The hand: - clubbing
- Leukonychia
- Palmar erythema (also in RA, pregnancy, old age, thyrotoxicosis, CO2 retention).
- Dupuytren's contracture (alcoholic hepatitis, DM, RA, smoking, occupational)
- Pale
- Jaundice
- Spider nevi
- Xanthoma
- IV injection sites (common in Lt. cubetal fossa)
- Scratch marks
- Flapping tremor

The eyes:
- pale
- Icterus
- Xanthelasma
- Kayser Flischer ring

The face: fetor hepaticus and parotid enlargement

Examine the **neck** for lymphadenopathy. Also axillary LN and hair.

The chest: gynecomastia in males (causes ??), breast atrophy in females, ecchymoses, dilated veins, tattoo, hair.

The abdomen: Ascites, hepatomegaly, splenomegaly, caput medosa. Testicular atrophy, pedal edema, encephalopathy.

Note: u should know the causes of: clubbing, gynecomastia, acanthosis nigricans, lymphadenopathy.

Then the Local examination of the abdomen:

ask the pt if the bladder is empty before examination

1- Take permission to expose the pt (ideally from the nipples to symphesis pubis).

2- Stand again on the foot of the bed and **inspect** the abdomen :
   a- Shape: (distension, flat, scaphoid, bulging of flanks) also ask the pt to take a deep breath to comment on the type of respiration and any asymmetry.
   Now stand on the Rt. Side of the pt and inspect the following:
   b- The umbilicus (position, inverted/everted, nodules, infection).
   c- **S**cars (site, name, length, color, if infected?)
   d- **S**triae (site and color)
   e- **S**kin rash (pigmentation)
   f- **S**cratch marks
   g- **S**uperficial veins
   h- LOCALISED MASSES
   i- Visible pulsations
   j- Visible peristalsis
   k- Paracenthesis site (say it only if present, don't say there is no).
   l- Active inspection (divercation of recti, hernia orifaces)

3- **Palpation**:
   a- Superficial palpation:
      - Tenderness
      - Superficial masses
      - Temperature
      - Garding
      - Rigidity
   b- Deep palpation:
      - Tenderness.
      - Deep masses
      - Gives u impression about any suspected organomegaly

Note: Always DO NOT FORGET TO LOOK AT THE FACE OF THE PATIENT WHILE YOU ARE PALPATING THE ABDOMEN.

If there is any tenderness , do **rebound** .

WARM HANDS, ASK ABOUT PAIN, **KNEEL**

If u find dilated superficial veins, perform **milking test**

The liver : Palpations (5 maneuvers)

If u feel a liver edge, describe:

- **site**
- **Size**
- **Surface (smooth/ irregular)**
- **Edge (smooth/ irregular)**
- **Consistency (soft/ firm/ hard)**
- **Tenderness**
- **Pulsatile**
- **Any audible bruit.**

Tender in Rt. Heart failure and HCC and Hepatitis and liver abscess
pulsatile in tricuspid regurgitation.
Liver span (6-12 cm MCL, 6-8 cm in midline)

The spleen: Palpation (3 maneuvers)

- Manual
- Bimanual
- Right lateral dicubetus (أجلها ريثما تصل الى فحص الascites)

Percussion of the spleen (traubs area)

The kidneys (differences between Lt. kidney & spleen)

The ascites (4 maneuvers) when u ask the pt to lie in lateral position, test sacral edema, and palpate the spleen and percuss for shifting dullness.

Auscultation:

- Bowel sounds (in ileocecal junction, present or absent)
- Renal a. bruit
- Hepatic artery bruit (hepatocellular CA., alcoholic hepatitis)
- Splenic hum
- AUSCULTATE THE CIA AND FEMORAL A
- Cruveilhier-*Baumgarten murmur*. Venous hum heard in epigastric region (on examination by stethoscope) because of collateral connections between portal
- If you find liver enlargement, auscultate it before you examine the spleen

To complete my exam I would like to examine the following : PR, Ext. genitalia, also don't forget to examine lower limb edema!! .
Causes of hepatomegaly, splenomegaly, hepatosplenomegaly.

Ascites, SBP, encepgalopathy.