

# Abdominal Exams

## Patient Information

| Field                | Information |
|----------------------|-------------|
| Full Name:           |             |
| Date of Birth:       |             |
| Gender:              |             |
| Date of Examination: |             |

## Inspection

| Observations       | Findings | Interpretation |
|--------------------|----------|----------------|
| General Appearance |          |                |
| Abdominal Contour  |          |                |
| Abdominal Movement |          |                |
| Skin Appearance    |          |                |
| Presence of Scars  |          |                |

## Auscultation

| Observations    | Findings | Interpretation |
|-----------------|----------|----------------|
| Bowel Sounds    |          |                |
| Vascular Sounds |          |                |

**Percussion**

| Observations    | Findings | Interpretation |
|-----------------|----------|----------------|
| General Tympany |          |                |
| Liver Span      |          |                |
| Spleen Size     |          |                |

**Palpation**

| Observations       | Findings | Interpretation |
|--------------------|----------|----------------|
| General Tenderness |          |                |
| Liver Border       |          |                |
| Spleen             |          |                |
| Kidneys            |          |                |
| Other Masses       |          |                |

**Additional Observations**

| Observations | Findings | Interpretation |
|--------------|----------|----------------|
|              |          |                |
|              |          |                |
|              |          |                |
|              |          |                |
|              |          |                |