ACUTE ABDOMINAL PAIN

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SIGNS OF ACUTE ABDOMINAL PAIN

INVESTIGATION

Obtain complete history:

- ► Signalment
- ► Presenting complaint
- Previous history, surgery, trauma
- ▶ Diet (eg, normal diet, recent ingestion, fatty meals, table food)
- ► Vaccine and medication status
- ► Toxin exposure
- ► Travel history
- ► Progression
- Systemic and metabolic signs (eg anorexia, coughing, sneezing, vomiting, diarrhea, regurgitation, polyuria, polydipsia, polyphagia, weakness)
- Foreign body
- ► Indoor or outdoor status (cats)

INVESTIGATION

Perform physical examination:

- ► **Hydration**: skin turgor, tacky mucous membranes, sunken eyes
- ▶ Oral: string under tongue, ulcerations, erosions, halitosis, foreign body, ptyalism
- ► Cardiorespiratory: lung sounds, heart rate, pulse quality, capillary refill time
- Abdominal: organomegaly, ascites, pregnancy, pain localization, fluid-filled loops, borborygmi, foreign body, masses
- ► Integumentary: petechiae, ecchymoses
- Musculoskeletal/neurologic: mentation, cranial nerves, ataxia, dysautonomia, decreased rectal tone, ambulatory
- ▶ **Rectal**: prostatomegaly, fecal evaluation, melena
- ▶ Urogenital: bladder evaluation, neuter status, vaginal discharge, pain on kidney palpation

Evaluate if signalment, history, presenting complaint, and examination findings help rule in or out differential diagnoses

BG = blood glucose

FAST = focused assessment with sonogram for trauma

FIC = feline idiopathic cystitis

GD = gastric dilatation

GDV = gastric dilatation-volvulus

PCV = packed cell volume

PLI = pancreatic lipase immunoreactivity

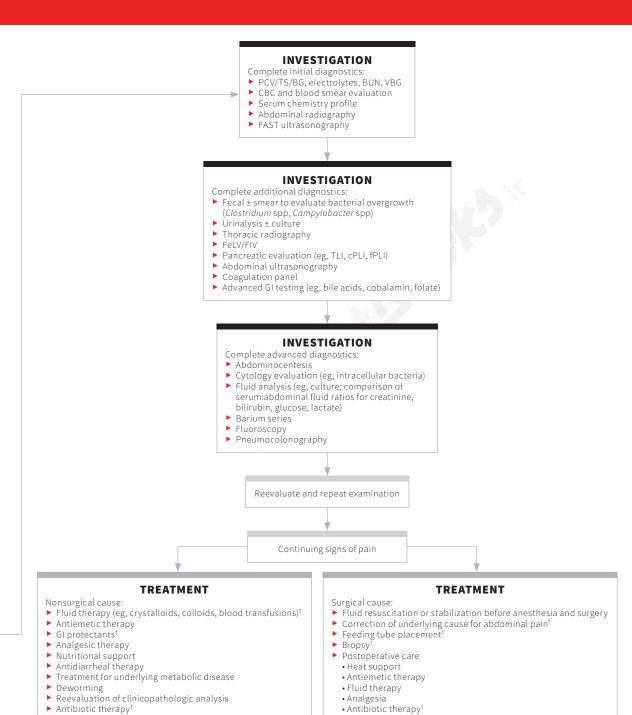
TLI = trypsin-like immunoreactivity

TS = total colide

VBG = venous blood gas

DIAGNOSIS

- ▶ **Digestive**: gastric or duodenal ulcer, gastritis, gastroenteritis, GD, GDV, GI obstruction, intussusception, ileus, pancreatitis, intestinal parasitism, protein-losing enteropathy, inflammatory disease, neoplasia, hepatic disease
- ▶ **Metabolic**: acute renal failure, hepatopathy, hyperadrenocorticism, hypoadrenocorticism, diabetes
- ▶ **Peritoneal cavity**: trauma, septic peritonitis, GI tract perforation, foreign body, splenic torsion, ruptured abdominal abscess, uroabdomen, penetrating trauma, bile peritonitis, hemoabdomen, liver lobe torsion
- Urinary: ureteral, urethral, or cystic calculi; acute nephritis; pyelonephritis; urethral obstruction; acute renal failure; uroabdomen
- ▶ **Reproductive**: pyometra, labor or dystocia, uterine or testicular torsion, prostatic disease
- ▶ Musculoskeletal: intervertebral disk disease, abdominal muscular trauma, referred orthopedic pain
- ▶ Infectious disease: infectious canine hepatitis, leptospirosis, parvovirus, panleukopenia, FIP, Giardia spp infection, Salmonella spp infection, Clostridium spp infection, vector-borne diseases
- Other: toxicity, bezoar, caustic or corrosive ingestion, nausea secondary to ileus (opioid therapy, postoperative)



• Symptomatic supportive care

· Nutritional support

► Symptomatic supportive care

Monitoring

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