

Acute Abdomen

micro drip study guide

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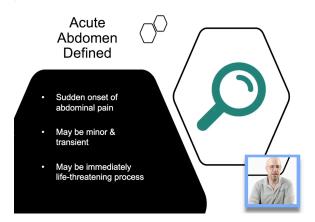
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Regardless of where we practiced feline and canine medicine whether you're in primary care work in an overnight weekend emergency practice or an ivory tower we're all going to be dealing with acute abdomen so it's apropos topic for this VetMed Live series where we really try to focus on some of the most common issues that we all will be faced with in the realm of emergency and critical care.



It seems basic to say well what is an acute abdomen but it's honestly a very honest place to start and what we want to simply define it as is there's abdominal pain it's a big fancy way of saying my patient's abdomen hurts. Doesn't tell us where it hurts just says we've got a problem in the abdomen and we've got to figure it out, now that pain could be very minor or it could be debilitating and they come in absolutely moribund near death the pain can also be localized or completely effecting the entire cavity to be honest and that's the challenge.



Now you see this dog in picture to your right yeah he's not play bowing he's certainly not trying to play in his kennel, this is what we all call the prayer position this is his way or her way of saying I'm not comfortable and this is the only posture that keeps me a little bit comfortable.

I consider it the abdominal orthopnea - I don't know if that's actually a term - but you know how orthopnea when we talked in our first lecture you know it's assuming a position so that their breathing is as comfortable as possible. A prayer position is similar for abdominal pain, this is the only position which they're comfortable. The clinical signs when patients are presented with acute abdomen are just typically referable to the gastrointestinal tract, it doesn't tell you what the problem is but it usually manifests as vomiting, diarrhea some type of appetite change - usually a loss if not complete.

And don't forget the ever important component of Ptyalism or hyper salivation or drooling - that's them saying I'm nauseated, it's usually not oral dental pain although that's a meaningful differential.

Whenever I see Ptyalism or hyper salvation I really will (muffled) the patient is nauseated and I've got to figure out why. And of course again it could be a very mild issue but these patients as I'm sure we all know could present to us with profound clinical signs. They're in shock whether that be early compensatory shock or late decompensatory shock you just don't know what you're gonna get.