Acute Abdominal Pain

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

**Examine systems**
- **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 signalement, history, presenting complaint, and examination findings help rule in/out differential diagnoses**

**Includes**
- **Digestive:** Gastric/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/cystic calculi, acute nephritis, pyelonephritis, urethral obstruction, acute renal failure, uroabdomen
- **Reproductive:** Pyometra, labor/dystocia, uterine/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/corrosive ingestion, nausea secondary to ileus (opioid therapy, postoperative)
Complete initial diagnostics
- PCV/TS/BG, electrolytes, BUN, VBG
- CBC + blood smear evaluation
- Serum biochemistry profile
- Abdominal radiography
- FAST ultrasonography

Complete additional diagnostics
- Fecal ± smear to evaluate bacterial overgrowth (*Clostridium* spp, *Campylobacter* spp)
- UA ± culture
- Thoracic radiography
- FeLV/FIV
- Pancreatic evaluation (TLI, PLI)
- Abdominal ultrasonography
- Coagulation panel
- Advanced GI testing (bile acids, cobalamin, folate)

Complete advanced diagnostics
- Abdominocentesis
- Cytology evaluation (eg, intracellular bacteria)
- Fluid analysis (eg, culture; comparison of serum:abdominal fluid ratios for creatinine, bilirubin, glucose, lactate)
- Barium series
- Fluoroscopy
- Pneumocolonography

Reevaluate & repeat examination
Continuing pain?

Nonsurgical cause
- Fluid therapy (crystalloids, colloids, blood transfusions)*
- Antiemetic therapy
- GI protectants*
- Analgesic therapy
- Nutritional support
- Antidiarrheal therapy
- Treatment for underlying metabolic disease
- Deworming
- Reevaluation of clinicopathologic analysis
- Antibiotic therapy*
- Symptomatic supportive care
- Monitoring

Surgical cause
- Fluid resuscitation/stabilization before anesthesia/surgery
- Correction of underlying cause for abdominal pain*
- Feeding tube placement*
- Biopsies*
- Postoperative care
  - Heat support
  - Antiemetic therapy
  - Fluid therapy
  - Analgesia
  - Antibiotic therapy*
  - Symptomatic supportive care
  - Nutritional support

See Aids & Resources, back page, for references & suggested reading.

*If appropriate

BG = blood glucose, FAST = focused assessment with sonogram for trauma, FIC = feline idiopathic cystitis, FIP = feline infectious peritonitis, GD = gastric dilatation, GDV = gastric dilation-volvulus, PLI = pancreatic lipase immunoreactivity, TLI = trypsin-like immunoreactivity, TS = total solids, VBG = venous blood gas