PERITONEAL EFFUSION

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Abdominocentesis and characterization of fluid

Pure transudate
- Clear, colorless
- TP <2.5 g/dL
- <1000 cells/µL
- Mononuclear cells predominate

Low albumin (<1.5-1.8 g/dL)?

**YES**

Liver failure/disease
- Addison's disease
- Protein-losing nephropathy
- Protein-losing enteropathy

**NO**

Modified transudate
- Clear, straw colored
- TP >2.5 g/dL
- 1000-7000 cells/µL
- Mononuclear cells, increasing numbers of neutrophils, lymphocytes

Modified transudate
- Chylous effusion (very rare)
- White/opaque
- Variable cell count
- Predominantly small lymphocytes
- Effusion triglycerides > serum triglycerides

**DIFFERENTIAL**
- Portal hypertension
- Liver disease
- Right-sided heart failure (auscultation, echocardiography, chest radiography)

**DIFFERENTIALS**
- Pancreatitis
- Hepatic disease
- Splenic/intestinal torsion
- Neoplasia

**INVESTIGATION**
- FAST, chest radiography
- Trauma or thoracic duct rupture?

**TREATMENT**
- Treat as necessary
- Monitor

**DIAGNOSIS**
- Uroabdomen (transudate/modified transudate)

**TREATMENT**
- Surgery if indicated

*Byline reflects author information on original publication. On publication of this collection, the author’s current affiliation is Antech Diagnostics and Veterinary Specialty and Emergency Care, Indianapolis, Indiana.*
**Suggested Reading**


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**DIAGNOSTIC TREE**

**INTERNAL MEDICINE**

**PEER REVIEWED**