

Diagnosis of LDA:

1. Signalment + History + Clinical signs
2. Physical Examination of Station 2:
 - Percussion & auscultation of the area between the tuber coxae and point of the elbow
 - Would hear a 'PING' between the 9th and 13th rib

PING DIFFERENTIALS	
Location/Resonance	Diagnosis
Left side Between 9 th and 13 th rib +/- ventrally or caudally	Left displaced abomasum
Right side Between 10 th and 13 th rib	Right displaced abomasum
Left side More dorsal and extends caudally through the left paralumbar fossa	Rumen gas cap
Left and right sides Inconsistent in location	Pneumoperitoneum
Right side Cranial to 10 th rib	Abomasal volvulus
Right side Small ping Below 12 th or 13 th rib OR extending forward to 10 th rib	Functional ileus
Right side Extends through the dorsal paralumbar fossa	Cecal dilatation

- Needle aspiration at the location of the ping can be taken an pH assessed on litmus paper (low pH = LDA)
- May hear splashy sounds with succussion

3. Physical Examination of Station 1:

- Rectal palpation would reveal that the abomasum cannot be palpated indicating it has been displaced and the rumen and left kidney are medially displaced