### Labs and Differential Diagnosis

<table>
<thead>
<tr>
<th>Condition</th>
<th>CBC</th>
<th>CMP/ABG</th>
<th>UA/UrCx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute diverticulitis (uncomplicated)</td>
<td>↑WBC (left shift)</td>
<td>WNL</td>
<td>WNL</td>
</tr>
<tr>
<td>Perforation (Acute abdomen)</td>
<td>↑WBC (left shift)</td>
<td>↑Cr, ↓pH, ↓CO2</td>
<td>WNL</td>
</tr>
<tr>
<td>Colovesical Fistula</td>
<td>↑WBC or normal</td>
<td>WNL</td>
<td>↑WBC, colonic bacteria (gram – rods, anaerobes) on culture</td>
</tr>
</tbody>
</table>

In the case of perforation that has progressed to sepsis, hypovolemia and hypoperfusion leading to renal failure may present with elevated hemoglobin and hematocrit, or hemoconcetration, and elevated creatinine with or without oliguria. Lactic acidosis may also be a prominent feature in those patients with sepsis.

### References:

8. Otterson MF, Korus BG. “Chapter 71. Diverticular Disease” (Chapter).