Bacterial peritonitis—WCC >250 × 10⁹/L or >500/mm³
Polymorphonuclear cells in bacterial infection
Mononuclear cells in TB or fungal infection

Spontaneous bacterial peritonitis is usually monomicrobial
Secondary bacterial peritonitis is usually polymicrobial and a perforated viscus should be sought

Malignant cells may be seen

Increased in chylous ascites

Increased in pancreatic ascites

Increased in pancreatic ascites

Starter:
- trypsin
- amylase
- lactate dehydrogenase

SAAG:
Serum ascitic albumin gradient (serum albumin minus ascitic fluid albumin)

>1.1 g/dL (transudate)—cirrhosis, cardiac failure, alcoholic hepatitis, portal vein thrombosis
<1.1 g/dL (exudate)—pancreatitis, malignancy, TB, nephrotic syndrome, bowel obstruction or infarction

<7.0 suggests bacterial infection

Transudate: <225 U/L
Exudate: >225 U/L

Often normal in spontaneous bacterial peritonitis and low in secondary bacterial peritonitis