TPLO planning radiographs

Two planning views: true lateral + orthogonal CrCd/AP. Include stifle, tibia and hock.

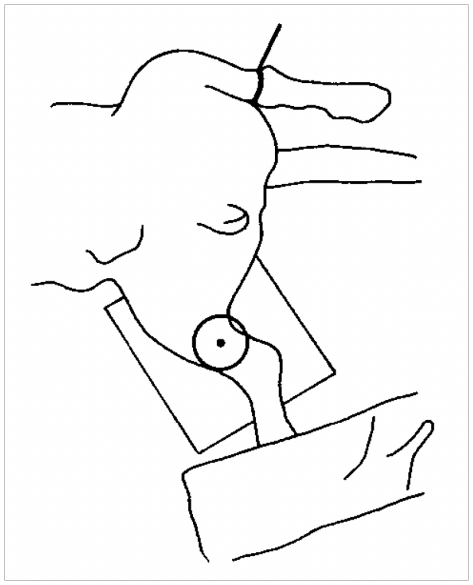
Coordinate new planning images with the surgery team.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

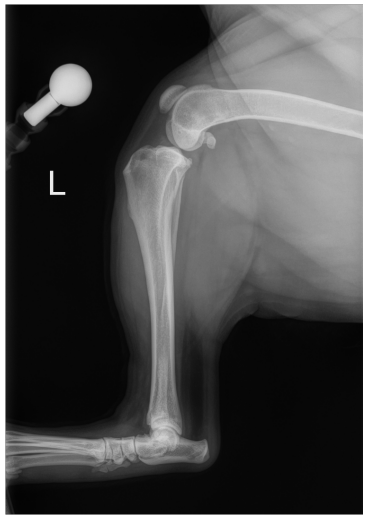
Example planning radiographs, not normal-anatomy standards.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. True lateral

POSITION



EXAMPLE PLANNING RADIOGRAPH

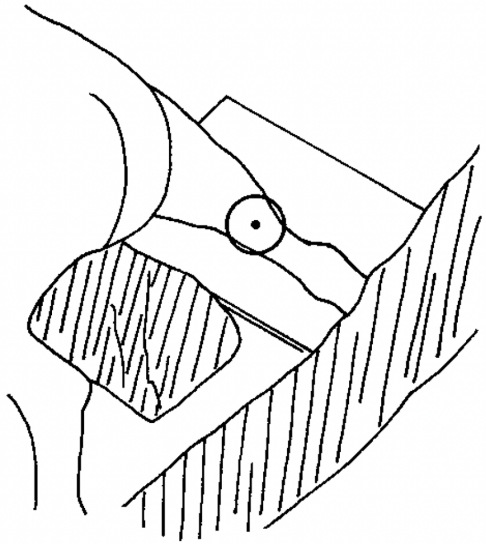


TPLO reference images: Chris Wood.

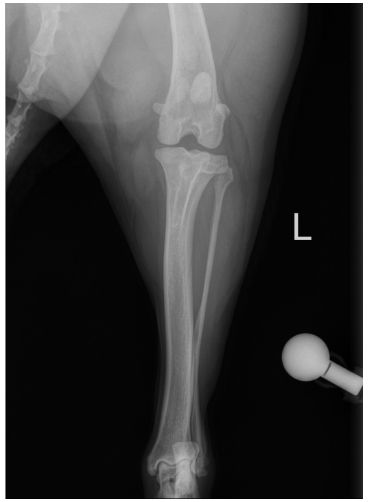
Position: stifle and hock near 90 degrees; include the hock. Beam centred on stifle/proximal tibia.
Check: femoral condyles/fabellae superimposed as well as possible.

2. Orthogonal CrCd/AP

POSITION



EXAMPLE PLANNING RADIOGRAPH



Position: limb straight with patella centred; include stifle, tibia and hock.
Check: fabellae bisected and hock/calcaneus aligned.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online positions + radiographs: smallanimalsurgeon.com/referral-centre

Radius / ulna

2 views: mediolateral + craniocaudal. Include whole radius/ulna, elbow and carpus.

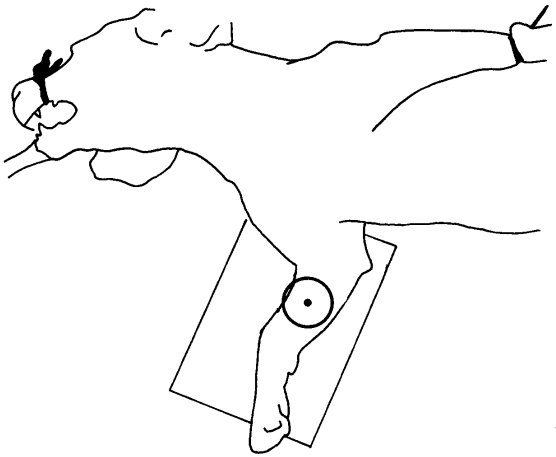
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

Normal dog atlas examples omit balls / side markers; joints may be cropped. Use full coverage above.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral (ML)

POSITION



NORMAL RADIOGRAPH

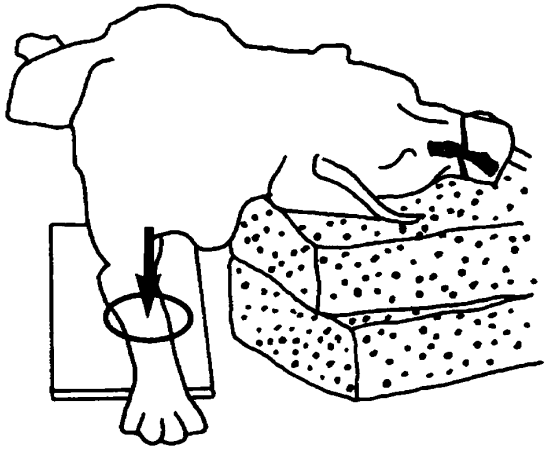


Coulson with Lewis (2002), p. 18: position Fig. 40 / radiograph Fig. 39.

Position: affected side nearest detector; support forearm without twisting the fracture.
Check: include elbow and carpus; keep the opposite forelimb clear.

2. Craniocaudal (CrCd)

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 20: position Fig. 43 / radiograph Fig. 42.

Position: if tolerated, support forelimb cranially in sternal recumbency; carpus flat.
Check: rotation at elbow and carpus. Coordinate a horizontal-beam alternative if needed.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online positions + radiographs: smallanimalsurgeon.com/referral-centre

Tibia / fibula

2 views: mediolateral + frontal (CrCd or CdCr). Include whole tibia/fibula, stifle and hock.

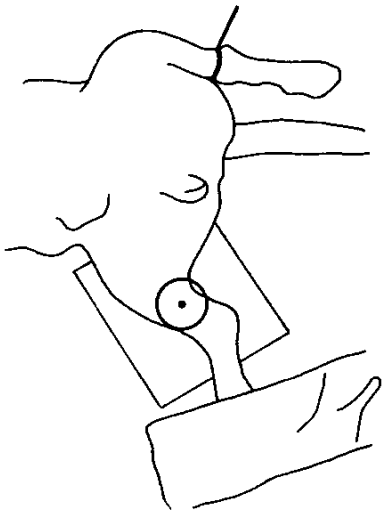
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

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Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral (ML)

POSITION



NORMAL RADIOGRAPH

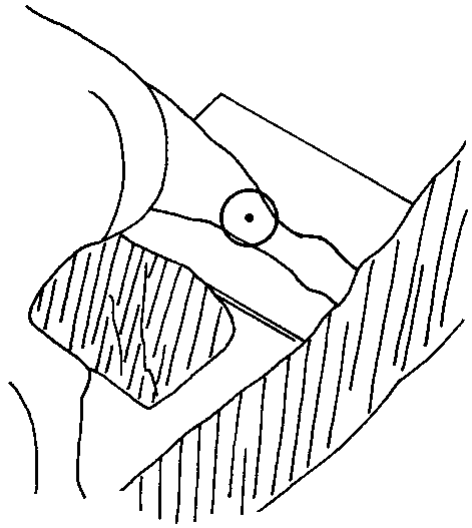


Coulson with Lewis (2002), p. 84: position Fig. 146 / radiograph Fig. 145.

Position: affected side nearest detector; support tibia parallel to detector, opposite hindlimb clear.
Check: stifle and hock included. Do not impose TPLO planning angles on a fracture patient.

2. Caudocranial example

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 86: position Fig. 149 / radiograph Fig. 148.

Position: choose safely tolerated support for CrCd or CdCr; this example shows CdCr.
Check: align tibia with detector; assess patellar centring where injury permits.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online positions + radiographs: smallanimalsurgeon.com/referral-centre

Femur

2 views: mediolateral + craniocaudal. Include whole femur, hip and stifle.

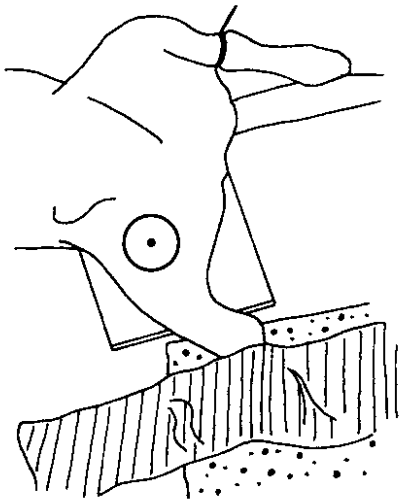
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

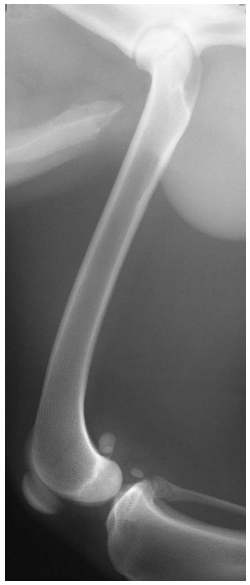
Normal dog atlas examples omit balls / side markers; joints may be cropped. Use full coverage above.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral (ML)

POSITION



NORMAL RADIOGRAPH

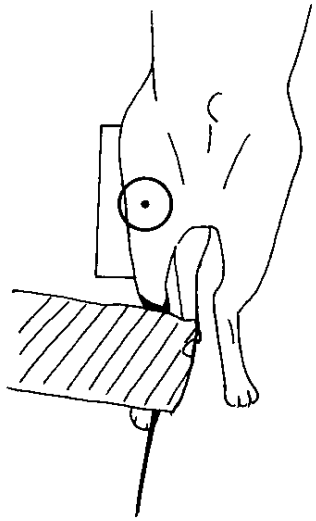


Coulson with Lewis (2002), p. 74: position Fig. 125 / radiograph Fig. 124.

Position: affected side toward detector; opposite hindlimb clear. Support without traction.
Check: head/neck and both bone ends included; assess condylar superimposition.

2. Craniocaudal (CrCd)

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 76: position Fig. 128 / radiograph Fig. 127.

Position: supported dorsal/slightly oblique body position; do not force full extension.
Check: hip and stifle included; avoid foreshortening and opposite-limb overlap.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online positions + radiographs: smallanimalsurgeon.com/referral-centre

Humerus

2 views: mediolateral + frontal (CrCd or CdCr). Include whole humerus, shoulder and elbow.

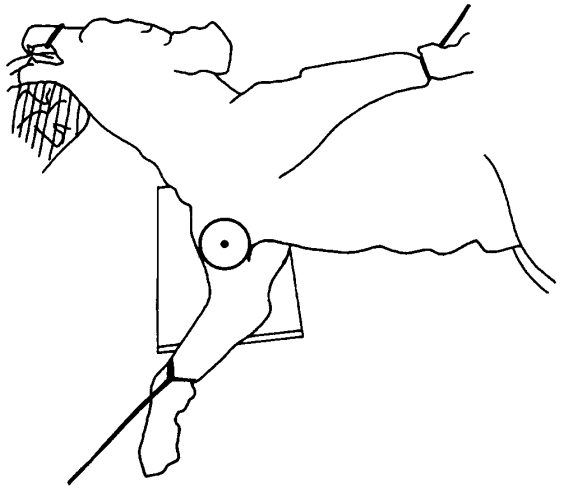
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

Normal dog atlas examples omit balls / side markers; joints may be cropped. Use full coverage above.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral (ML)

POSITION



NORMAL RADIOGRAPH

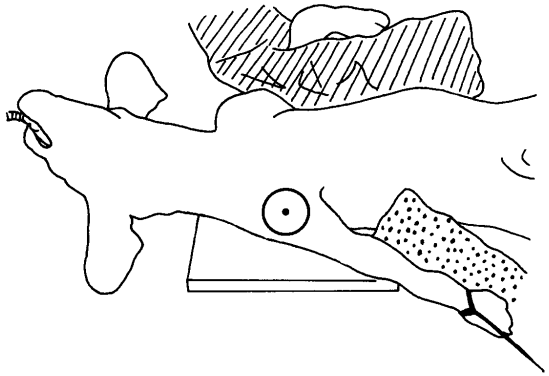


Coulson with Lewis (2002), p. 6: position Fig. 15 / radiograph Fig. 14.

Position: affected side toward detector; support humerus away from thorax as tolerated.
Check: shaft visible; shoulder and elbow included; opposite forelimb and sternum clear.

2. Craniocaudal example

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 8: position Fig. 18 / radiograph Fig. 17.

Position: use supported frontal setup; CrCd or CdCr as safely tolerated. This example is CrCd.
Check: shoulder and elbow in field; coordinate another setup if thorax obscures the shaft.

Before sending: check patient ID, sharpness and exposure. Send original images.

T-Y distal humerus: elbow detail

Required first: full-humerus orthogonal views (sheet 5), including shoulder and elbow. Focused examples below add joint detail.

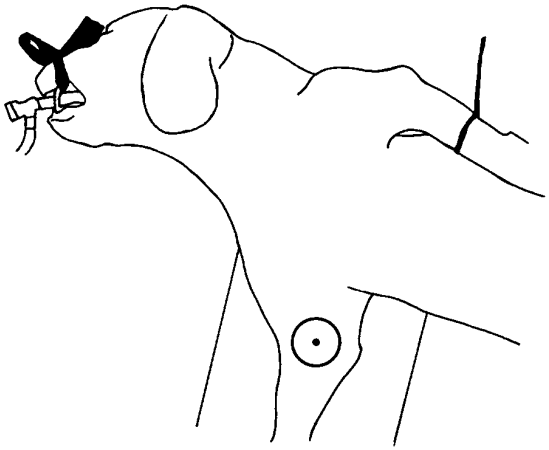
Support the elbow in the position tolerated. Do not force flexion, extension or stress views of a painful unstable elbow.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

Normal dog elbow examples omit balls / side markers; not T-Y fracture images or whole-humerus studies.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral elbow detail (ML)

POSITION



NORMAL RADIOGRAPH

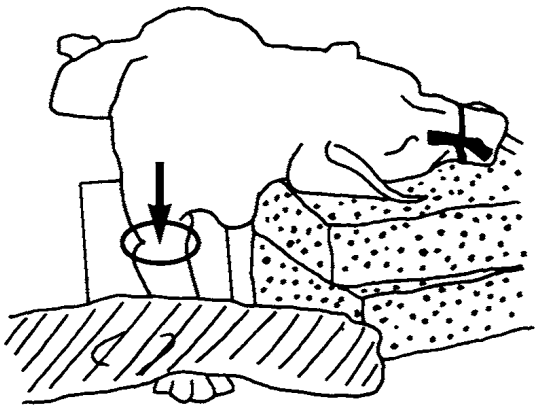


Coulson with Lewis (2002), p. 11: position Fig. 23 / radiograph Fig. 22.

Position: lateral recumbency; affected elbow toward detector.
Example: normal extended elbow. Support as tolerated; do not force extension.
Coverage: distal humeral + proximal radius/ulna thirds and soft tissues.

2. Craniocaudal elbow detail

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 15: position Fig. 32 / radiograph Fig. 31.

Position: supported sternal setup if safe; use intact anatomy to assess rotation.
Check: complete distal humeral articular region and epicondyles. Coordinate CT/obliques if unclear.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online positions + radiographs: smallanimalsurgeon.com/referral-centre

Forepaw: metacarpals

2 views: mediolateral + dorsopalmar. Include full metacarpals, carpus, toes and soft tissues.

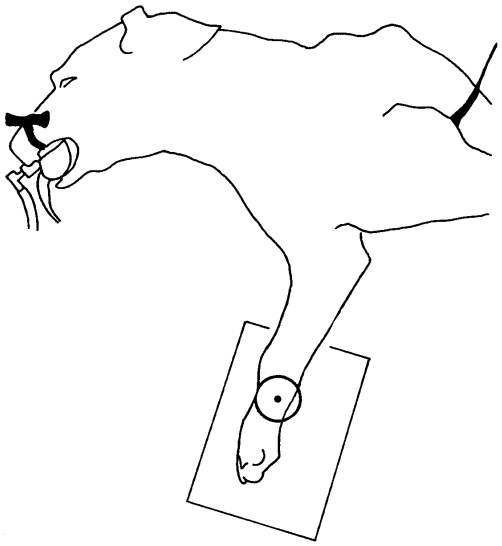
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

Normal dog atlas examples omit balls / side markers; joints may be cropped. Use full coverage above.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral forepaw (ML)

POSITION



NORMAL RADIOGRAPH

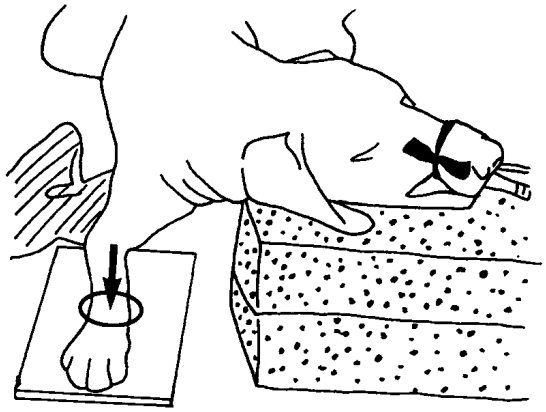


Coulson with Lewis (2002), p. 28: position Fig. 59 / radiograph Fig. 58.

Position: paw on its side, limb supported and opposite limb clear. Do not force digits apart.
Check: overlapping bones can hide fractures; coordinate obliques/focused digit views if needed.

2. Dorsopalmar forepaw (DP)

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 26: position Fig. 56 / radiograph Fig. 55.

Position: support forepaw flat to detector; centre over affected metacarpal region.
Check: bases, heads and relevant joints visible; identify each injured bone and digit.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online viewer - choose Forepaw: smallanimalsurgeon.com/referral-centre

Hindpaw: metatarsals

2 views: mediolateral + dorsoplantar or plantarodorsal. Include full metatarsals, tarsus and toes.

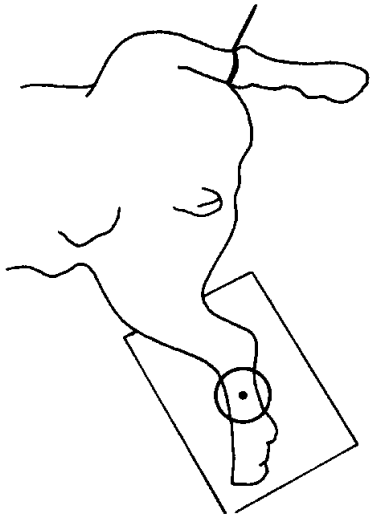
Stabilise and manage pain first. Support the limb; do not force an injured patient into a textbook pose.

CALIBRATION BALL + SIDE MARKER ON EVERY RADIOGRAPH.

Normal dog atlas examples omit balls / side markers; joints may be cropped. Use full coverage above.
Drawing target = beam centre, not calibration ball. Use positioning aids; keep hands out of the primary beam.

1. Lateral hindpaw (ML)

POSITION



NORMAL RADIOGRAPH

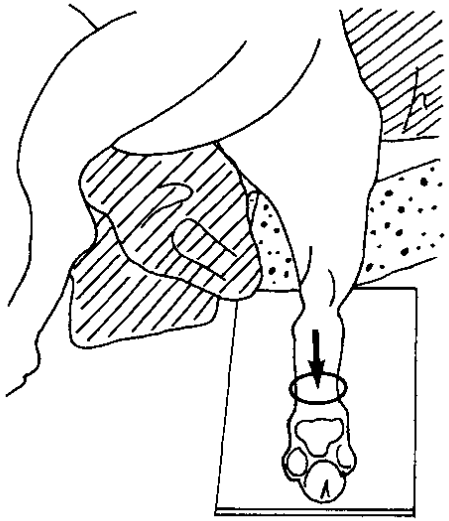


Coulson with Lewis (2002), p. 96: position Fig. 172 / radiograph Fig. 171.

Position: paw on its side and limb supported. Do not force digits apart or straighten the fracture.
Check: overlap may hide fractures; coordinate obliques/focused digit views if needed.

2. Plantarodorsal hindpaw

POSITION



NORMAL RADIOGRAPH



Coulson with Lewis (2002), p. 94: position Fig. 169 / radiograph Fig. 168.

Position: safely supported frontal paw view; this example is plantarodorsal.
Check: bases, heads and relevant joints visible; identify each injured bone and digit.

Before sending: check patient ID, sharpness and exposure. Send original images.

Online viewer - choose Hindpaw: smallanimalsurgeon.com/referral-centre