

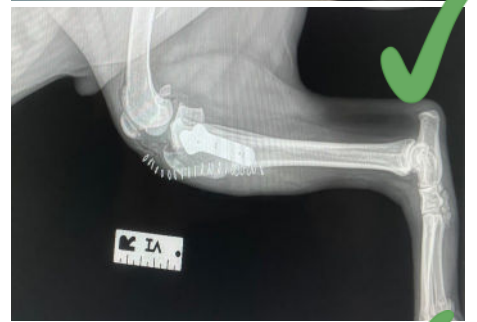
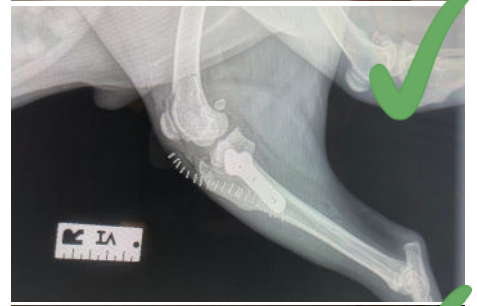
TPLO Radiograph Positioning Guide

Mediolateral view: *This is the only view required for 4 & 8 week rechecks. If there is an issue, please do the Craniocaudal/Caudocranial view as well. Sedation is always strongly recommended for orthopedic films.*

- ✓ Tibia parallel to the film cassette/tabletop
- ✓ Crosshairs over the stifle
- ✓ Hock included in the film (90:90 view is preferred)
- ✓ Opposite leg pulled cranially or caudally, NEVER frog-legged
- ✓ Femoral condyle should be superimposed

Craniocaudal/caudocranial view:

- ✓ Fully extend the hindlimb
- ✓ Crosshairs over the stifle
- ✓ Patella superimposed on femur
- ✓ The fabellae are bisected by the femoral cortex



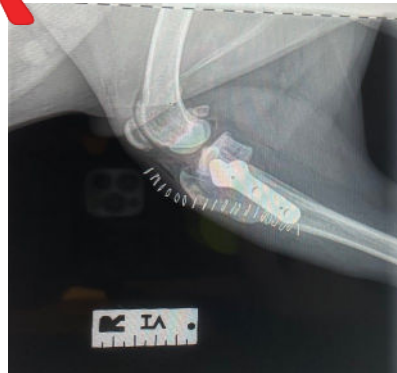
✗ Frog-legged



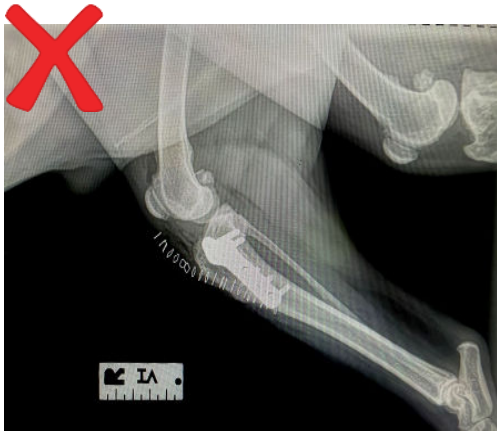
✗ Crooked leg



✗ Hock cropped out

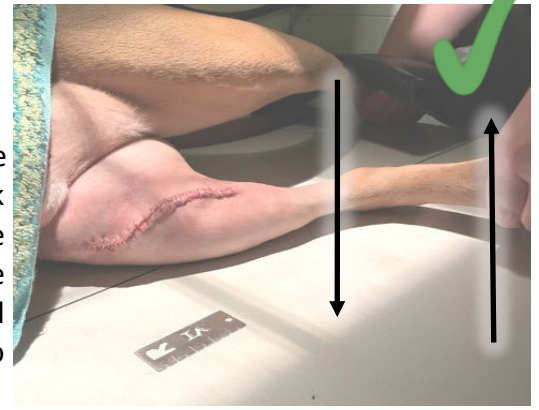


Troubleshooting TPLO Radiographs



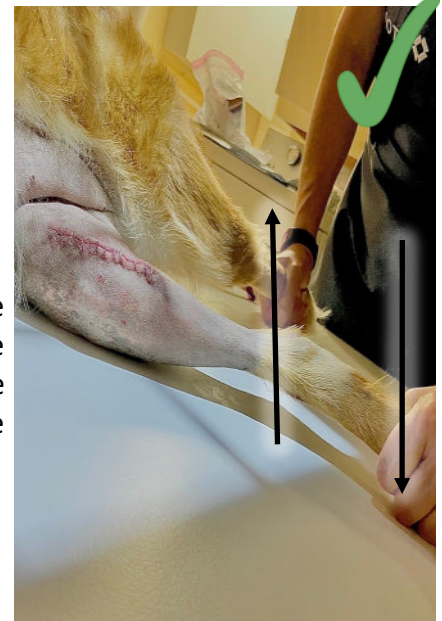
Screws caudal to the plate?

Solution: with the crosshairs over the stifle & hock included, leave the hock in contact with the tabletop/cassette while lifting the toes up off the tabletop. This rotates the cranial portion of the tibia medially to superimpose the screws.



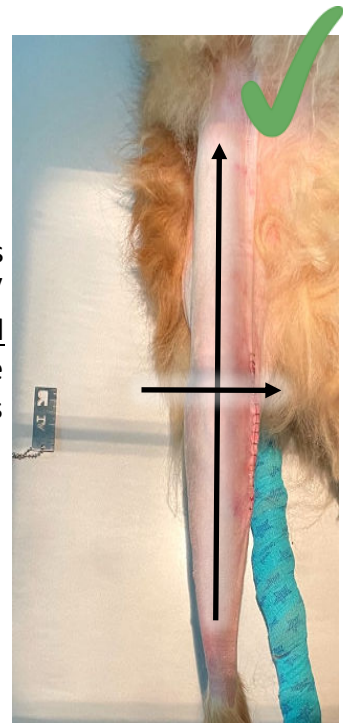
Screws cranial to the plate?

Solution: with the crosshairs over the stifle & the hock included, leave the toes in contact with the tabletop/cassette while lifting the hock up off the tabletop. This rotates the caudal portion of the tibia medially to superimpose the screws.



Crooked craniocaudal/caudocranial?

Solution: with both hindlimbs in full extension, the crosshairs over the surgical stifle, & the long beam straight over the femur/tibia, rotate both hindlimbs medially so the patellae are pointed straight up towards the ceiling, as if you are positioning the hindlimbs for a hip OFA view. The hock is not required in this view.



*No radiographs were taken in the photos where unprotected hands are visible