



PET REFERRAL
— PLUS —

TPLO Radiograph Positioning

GUIDE

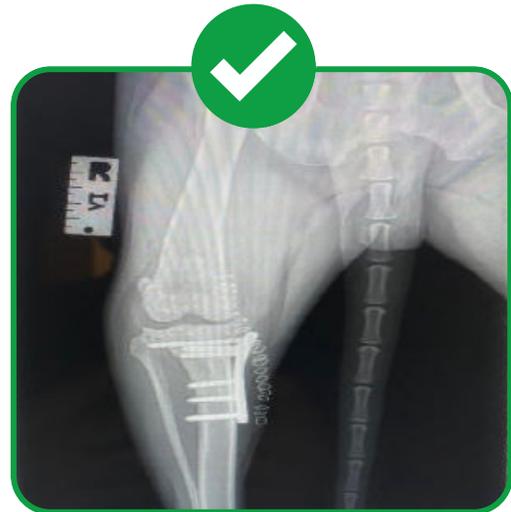
Mediolateral view:

This is the only view required for 4 & 8 week rechecks. If there is an issue with healing or if they have been too active, 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 not required, but preferred)
- ✔ Opposite leg pulled cranially or caudally, NEVER frog-legged
- ✔ Femoral condyle should be superimposed

Craniocaudal/caudocranial view:

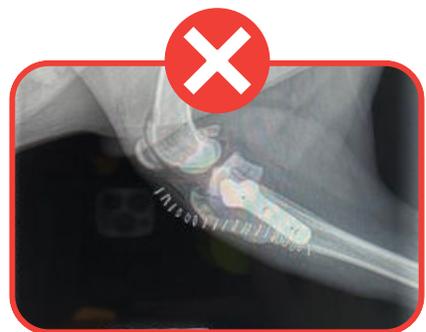
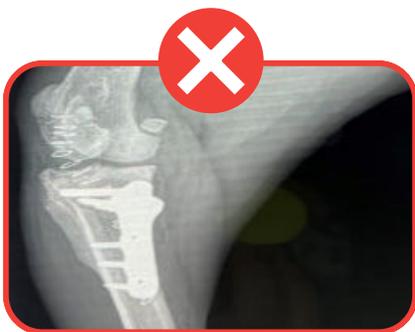
- ✔ Fully extend the hindlimb
 - ✔ Crosshairs over the stifle
 - ✔ Patella superimposed on femur
 - ✔ The fabellae are bisected by the femoral cortex
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Crooked leg

Frog-legged

Hock cropped out

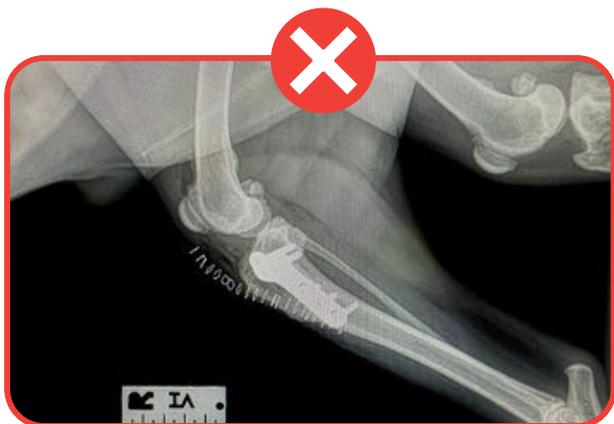


*No radiographs were taken in the photos where unprotected hands are visible

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
