Midwest Veterinary Surgery

Proper Positioning for TPLO Radiographs

Radiographs should be performed under sedation or general anesthesia

Lateral view:

Place patient over the radiographic beam so that the hip, stifle and tarsus are all resting on the plate/tabletop (if the dog is too big, get as much of the stifle, tarsus in the collimated area). Pull the unaffected leg away (abduct or pull caudally). Position the stifle and tarsus at right angles – 90°. Center the beam on the stifle (tibial tuberosity) or as close to it as possible. Be sure to include the stifle, entire tibia and tarsus in the exposure. In the radiograph the femoral condyles should overlap.

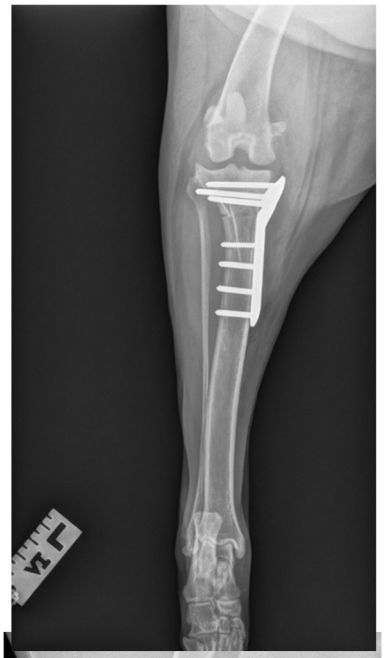
- ✓ Tibia parallel to film cassette/tabletop
- ✓ Crosshairs over the stifle
- ✓ Hock included in the film (90:90 view)
- ✓ Opposite leg pulled cranially or caudally or abducted
- ✓ Femoral condyles should be superimposed

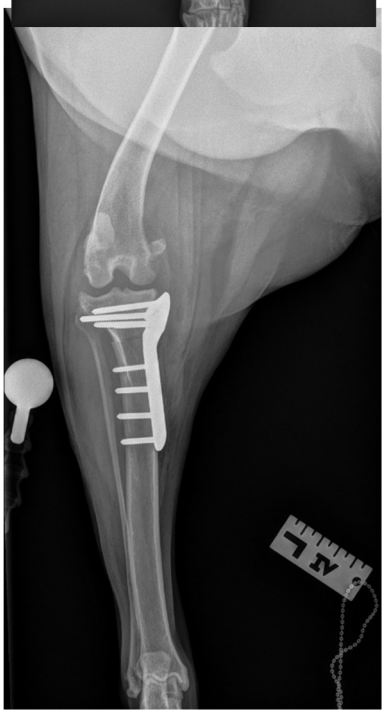
No radiographs were taken in the photos where unprotected hands are visible

Caudocranial/Craniocaudal View:

The patient is positioned in sternal recumbency. Pull the affected limb distal and straight so that the patella rests on the cassette. Do not twist or rotate the tarsal joint or paw. Center the crosshairs on the stifle again. Include the stifle, entire tibia and tarsus in the exposure. In the radiograph the patella should be centered between both fabella. The medial border of the calcaneus should be aligned with the center of the distal tibia.

- ✓ Fully extend the hindlimb
- ✓ Crosshairs over the stifle
- ✓ Patella superimposed on femur
- ✓ The fabellae are bisected by the femoral cortex
- ✓ Medial border of calcaneus aligned with center of distal tibia





*Notice in this last picture, the patella is slightly lateral and the plate is slightly rotated. Ensure limb is pulled straight caudally with patella resting on table. A rolled towel under the thigh of other hindlimb can help with proper positioning.

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