Radiography Guide

General Radiography

- Please ensure left/right markers are present
- Ideally a marker with measurements should be used, position this as closed as possible to the area of interest, consider elevating it to the level of the bone of interest, particularly in larger dogs.
- Please always provide orthogonal views
- Contralateral limb radiographs are particularly important where there is gross disturbance of the normal anatomy, e.g., fractures and deformities
- Images in DICOM format are always preferred

Cruciate Ligament Disease

- Mediolateral projections of at least the affected limb, ensure the femoral condyles are superimposed in both proximodistal and craniocaudal directions
    - This is important for assessing the extent of joint effusion
    - Wedges or similar under the hock and/or greater trochanter/pelvis may be needed to control rotation to achieve superimposed condyles
    - Pulling the uppermost left into flexion alongside the trunk minimises rotation compared to abducting it at the hip
    - The joint should be at a relaxed standing angle of approximately 135°
    - Include the whole tibia and majority of the femur
- Caudocranial projection of at least affected limb
    - Dog is sternal recumbency with the affected limb pulled caudally
    - Try to minimise rotation of the femur and tibia
    - The fabellae should be approximately bisected by the femoral cortex, distinct parallel lines should be apparent in the intercondylar notch, the patella should be central and the condyles relatively symmetrical in a good frontal plant view of the femur
    - The calcaneus should bisect the tibiotarsal joint in a good frontal plane view of the tibia

Medial Patellar Luxation

- Caudocranial projection of at least the affected limb
    - Well positioned frontal plan radiographs of the affected limb are important to assess for gross deformities of the femur and tibia that may contribute to patellar luxation
    - Dog is sternal recumbency with the affected limb pulled caudally
    - Try to minimise rotation of the femur and tibia
    - The fabellae should be approximately bisected by the femoral cortex, distinct parallel lines should be apparent in the intercondylar notch and the condyles relatively symmetrical in a good frontal plant view of the femur
    - The calcaneus should bisect the tibiotarsal joint in a good frontal plane view the tibia
- Mediolateral projection of at least the affected limb, ideally the femoral condyles should be superimposed

- Significant joint effusion is usually absent in simple medial patellar luxation and may indicate other concurrent pathology of the stifle joint, e.g., cruciate ligament disease.