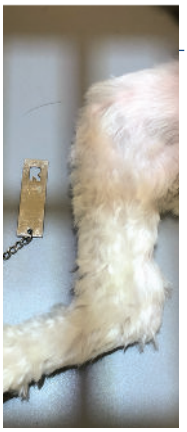
MASH
MELBOURNE ANIMAL SPECIALIST HOSPITAL

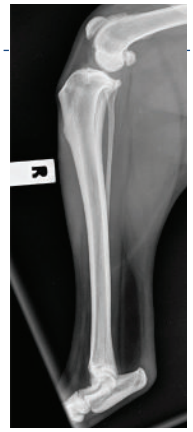
Stifle Radiographic Positioning Guide

TPLO measurement planning

In order to plan for a TPLO we will need radiographs of the affected tibia with the stifle and hock in both the lateral and caudo-cranial view.

A metal radiographic marker rather than a digital L/R annotation must be included, as this is used as the calibration for the surgeon's measurements.





Mediolateral Radiograph of the Stifle

This view will need both the stifle and hock visible in the radiograph.

The stifle is to be positioned at a right angle and the femoral condyles are superimposed (on top of one another).

The hock is also to be positioned at a right angle.

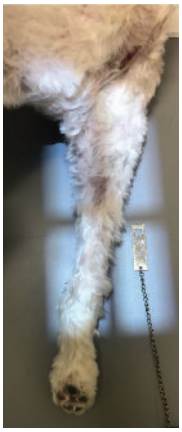
Collimate so the field of view (FOV) includes the distal third of the femur and the entirety of the hock.

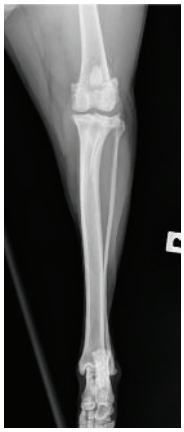
Positioning aids

You can place a small sponge or stack of swabs under the hip to help the femoral condyles remain over each other in the proximal to distal direction

A small sponge or stack of swabs may need to be placed under the hock to rotate the stifle; this will assist in aligning the femoral condyles in the cranial to caudal direction.

Caudal to Cranial Radiograph of the Stifle





This view will need both the stifle and hock visible in the radiograph.

The patient should be in sternal recumbency with the leg fully extended.

The patella should be positioned centrally between the femoral condyles.

The femoral condyles should appear equal in size on the image.

Collimate, so the field of view (FOV) includes the distal third of the femur and the entirety of the hock.

The same radiographic views will be required for the initial post op images, and for the 8 week post-op timeline.

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