

TPLO Radiographs

Obtaining appropriate stifle radiographs is essential in the surgical planning for TPLO surgery (rec'd for CCL tears in most dogs >10kg).

Sedation or anesthesia may be required to obtain appropriate views. Please follow all radiation safety guidelines.

* We'll need these same 2 views pre-op & post-op. *

Avoid summation of other structures over the stifle (other leg, abdomen, tail, etc.).

- The lateral view allows us to evaluate for effusion and arthritis secondary to a cranial cruciate ligament injury.
- If other structures obscure the stifle or if you can't see the patellar ligament due to overexposure, then you can't evaluate for effusion.

LATERAL VIEW





Position: 90° flexed at the stifle / 90° flexed at the hock.

- This 90/90 position is required to accurately measure the tibial plateau slope and place the TPLO implant precisely.
- A sandbag or block at the foot can also help keep the leg flexed in position.

<u>Center</u>: mid-tibia with stifle and hock fully in the shot.

- Notice that the tibia is parallel to the vertical crosshair line on the viewfinder.
- On radiographs, note that the femoral condyles and the fabellae are super-imposed, confirming that you got a straight lateral shot.
- This ensures there is no limb rotation and allows for full evaluation of degenerative disease and bone healing post-operatively.

CRANIOCAUDAL (AP) VIEW





<u>Position</u>: holding at the foot, pull the limb straight and rotate slightly medially so the patella is parallel to the table.

- A trough helps prevent the patient's body from rotating.
- Keep the limb parallel to the table.

Center: mid-tibia with full tibia including the hock and 1/2 femur in the shot.

- Note that we're evaluating the stifle and tibia in this shot, not the hip.

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Feel free to ask questions any time! 917-225-8005 (call/text) AnchorVeterinarySurgery@gmail.com