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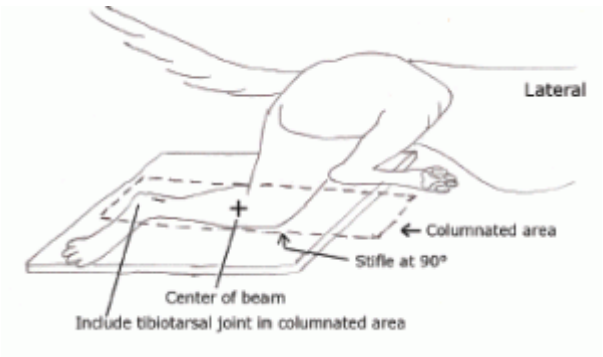
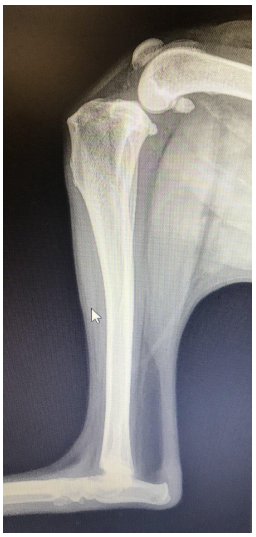
TPLO Radiographs Guide

Patients should be sedated for these radiographs.
Marking the limb side is very important
Ideally there will be a calibration ball or ruler in the film for measurements

Positioning:
Lateral – the patient is placed in lateral recumbency on the x-ray table.

- The stifle to be radiographed is the down limb.
- The stifle and hock are placed at ninety degrees.
- Center the X-Ray beam on the proximal, medial tibial – just distal to the stifle joint.
- Collimate to include the tibiotarsal joint (this will mean that ~ 40 % of the exposed area will be proximal to the stifle).
- Bring the upper limb forward and hold with a sand bag or an assistant. Moving the upper limb too far forward will tend to turn the lower stifle out of position.





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Posterior/Anterior – The patient is placed in sternal recumbency.

- Extend the limb caudally with the hip and stifle in extension. A sand bag type weight on the pelvis may help hold the hip in extension.
- Place a rolled towel or foam under the inguinal area on the contralateral side that is to be radiographed.
- Place the patella so that it is centered under the stifle. This is the tricky part and adjustments are made until the patella is centered in the distal femur and both fabellae are bisected by the medial and lateral edges of the femur. Pulling on the paw to steer the patella tends to rotate the hock and give an artificially mal-aligned appearing radiograph.