



STIFLE RADIOGRAPH TECHNIQUE

- STANDARD STIFLE RADIOGRAPHS FOR BOTH TPLO AND TTA TECHNIQUES REQUIRE A SEDATED PATIENT FOR APPROPRIATE POSITIONING (THIS ALSO ALLOWS FOR REDUCTION IN STAFF EXPOSURE BY ALLOWING RADIOGRAPHS TO BE OBTAINED WITHOUT HOLDING THE PATIENT IN POSITION)
- **SEDATION**
 - ACCEPTABLE RADIOGRAPHIC POSITIONING MAY BE OBTAINED USING ANY OF THE FOLLOWING PROTOCOLS:
 - DEXMEDETOMIDINE/BUTORPHANOL SEDATION
 - DEXMEDETOMIDINE 0.005MG/KG IV
 - BUTORPHANOL 0.1MG/KG IV
 - ACEPROMAZINE/BUTORPHANOL SEDATION
 - ACEPROMAZINE 0.02MG/KG IV/IM/SQ
 - BUTORPHANOL 0.1MG/KG IV/IM/SQ
 - GENERAL/INHALANT ANESTHESIA
- **POSITIONING**
 - LATERAL STIFLE RADIOGRAPH (FIGURE 1)
 - POSITION THE ANIMAL IN LATERAL RECUMBENCY WITH THE AFFECTED LIMB DOWN
 - EXTEND THE LIMB SO THAT THE STIFLE IS AT A “STANDING ANGLE” OF ~135 DEGREES
 - A SANDBAG MAY BE PLACED AT THE CRANIAL ASPECT OF THE STIFLE TO KEEP THE LIMB EXTENDED. THE HOCK SHOULD REMAIN IN A NEUTRAL POSITION.
 - NOTE THE BEAM IS CENTERED ON THE STIFLE BUT THE RADIOGRAPH INCLUDES BOTH THE STIFLE AND THE HOCK
 - NOTE THE APPROPRIATE POSITION MARKER
 -
 - CAUDO-CRANIAL (CdCR OR “PA”) RADIOGRAPH (FIGURE 2)
 - POSITION THE ANIMAL IN STERNAL RECUMBENCY WITH THE AFFECTED LIMB EXTENDED CAUDALLY
 - ENSURE THE TIBIAL TUBEROSITY IS TOUCHING THE TABLE AND THAT THE POINT OF THE HOCK IS DIRECTED STRAIGHT UP; THE DORSAL ASPECT OF THE PES WILL LIE FLAT ON THE TABLE AND THE PADS WILL POINT STRAIGHT UP
 - A SANDBAG OR FOAM BLOCK MAY BE PLACED UNDER THE CONTRALATERAL STIFLE TO KEEP THE PATIENT BALANCED
 - ADDITIONAL SANDBAGS OR ASSISTANTS MAY BE REQUIRED TO KEEP THE PATIENT IN STERNAL RECUMBENCY
 - A LENGTH OF TAPE MAY BE PLACED ON THE FOOT TO ASSIST IN MAINTAINING LIMB EXTENSION.
 - THE BEAM SHOULD BE CENTERED ON THE STIFLE; THE RADIOGRAPH INCLUDES BOTH THE STIFLE AND THE HOCK (IN FIGURE 2 THE BEAM IS NOT CENTERED ON THE JOINT; THE PATIENT WAS MOVED Laterally PRIOR TO THE FILM BEING EXPOSED)
 - NOTE THE APPROPRIATE POSITION MARKER

- **RADIOGRAPHIC ASSESSMENT**

- **LATERAL STIFLE RADIOGRAPH (FIGURE 3 PREOP; FIGURE 4 POSTOP)**
 - **NOTE THE FABALLAE ARE SUPERIMPOSED OVER ONE ANOTHER AND THE FEMORAL CONDYLES FORM A SINGLE CONCENTRIC CIRCLE**
 - **THE TALUS AND CALCANEUS SUPERIMPOSE TO FORM A CONCENTRIC CIRCLE AT THE LEVEL OF THE HOCK**
- **CAUDO-CRANIAL RADIOGRAPH (FIGURE 5 PREOP; FIGURE 6 POSTOP)**
 - **NOTE THE PATELLA IS CENTRAL AND THE FABALLAE ARE EACH BISECTED PERFECTLY BY THE FEMORAL CORTEX**
 - **THE MEDIAL CORTEX OF THE CALCANEUS EXACTLY BISECTS THE MEDIAL SULCUS OF THE DISTAL TIBIA**

FIGURE 1



FIGURE 2



FIGURE 3

Merckle's Animal Hospital
Salem, PA, USA
Eikon EDIP5 Digital Radiography System
SIR2000, VAD





319 Patient: ABBASSI LADY MAE
DOB: 2006/07/17canine
10.19.2009 17:00:54
LE Lateral

FIGURE 4

Mendocino Animal Hospital
Sara Rice, DVM
Eklip EDR6 Digital Radiography System
SID:2946 VAD



ID: 3805 Patient: BRAY, GUS
Sex: M DOB: --/--
Date: 04.21.2011 09:42:49
R STIFLE PA

FIGURE 5 •

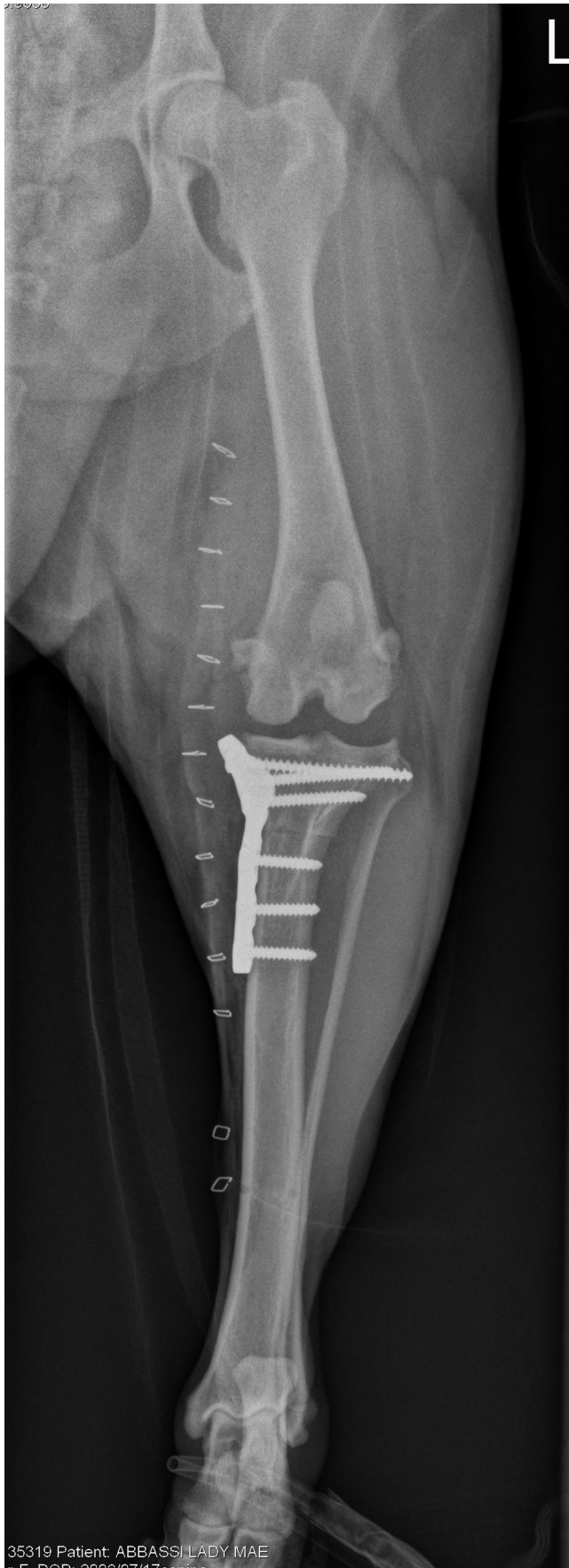


FIGURE 6 35319 Patient: ABBASSI LADY MAE
DOB: 2006/07/17