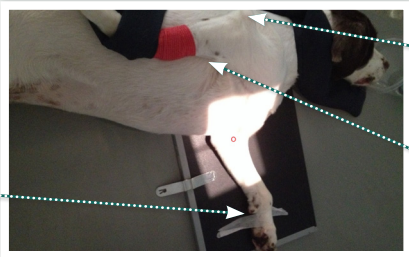


# Positioning Radiographs For Elbow Standard (3 Views)

## MEDIO-LATERAL (ML) – NEUTRAL & FLEXED

### POSITIONING (NEUTRAL):

Patient in lateral recumbency with affected limb down. Joint should be 90-100 degrees between humerus & antebrachium.



Position & secure affected leg cranially (away from thoracic cavity) to produce required angle

Sponge placed under shoulder to lift thoracic spine

Unaffected limb pulled caudally

**COLLIMATION:**

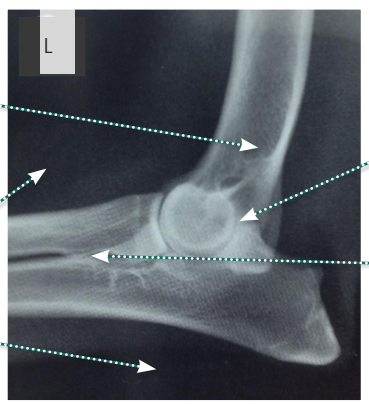
Distal 1/3 of humerus

Medial and lateral skin edges

**CENTRING:**

Medial condyle of humerus (at distal point of condyle)

Proximal 1/3 of antebrachium

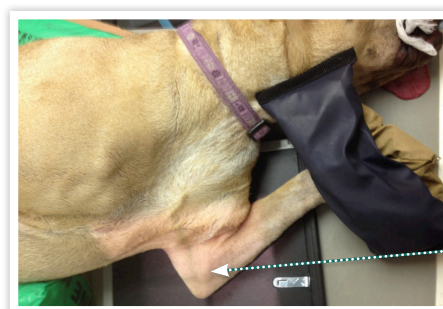


### TIPS:

- The sponge wedge placed dorsally under scapula angles the humerus to help align the condyles of the elbow.
- A foam wedge is sometimes required under the carpus and or the olecranon to avoid rotation.
- Epicondyles of the humerus should be superimposed and joint spaces should be evident between the humerus – radius and ulna – humerus.

### Positioning (flexed):

As for neutral positioning except elbow is flexed.



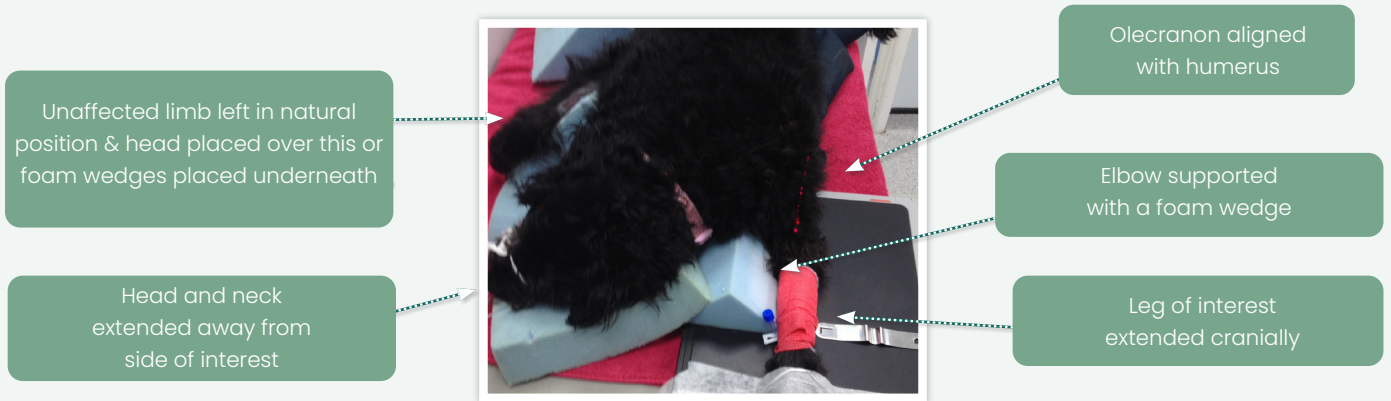
Elbow is flexed cranially, with the distal part of the limb placed near the mandible or under the skull



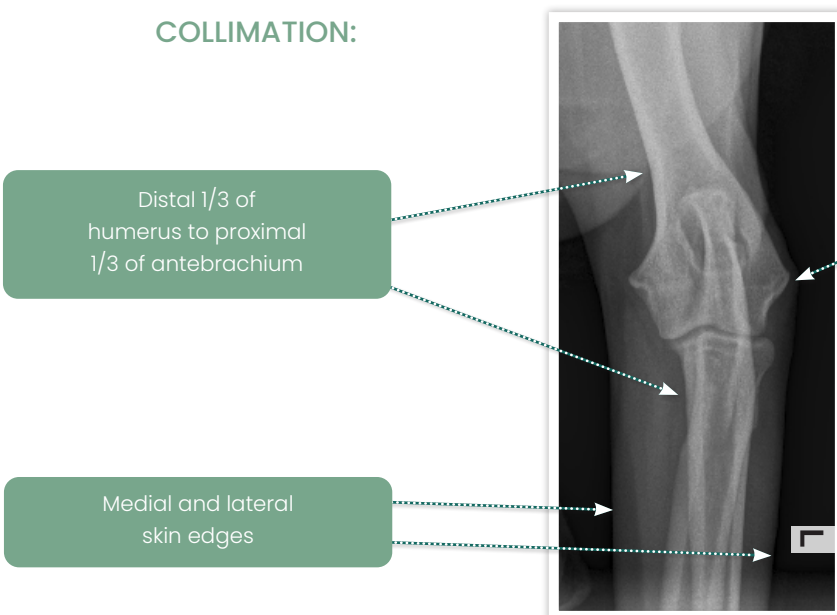
## CRANIO – CAUDAL (CRCD)

### Positioning:

Patient in sternal recumbency at front end but lateral recumbency back end. Both hind limbs laying away from the leg being radiographed.



### COLLIMATION:



### CENTRING:



### TIPS:

- A foam wedge may be required under the contralateral axilla to tilt the animal towards the side of interest.
- The olecranon and proximal portion of the ulna should align, superimposing them over the centre of the humeral condyle.