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## General CT guidelines

- A bone-optimised scanning protocol should be used.
- Use the minimum available slice thickness.
- Orientate the bone(s) of interest as perpendicular to the CT gantry as possible.
- Upload the entire bone algorithm DICOM series.

## Area-specific CT guidelines

### *Antebrachial deformities (developmental)*

- Ideally both forelimbs should be scanned.
- **Include the entire limb with the possible exception of the scapula, i.e. digits to shoulder.**
- The forelimb should be positioned with the elbow extended at approximately a standing angle, usually with the patient in sternal recumbency.
- It is very helpful to clinically assess the amount of carpal laxity present whilst the dog is sedated.

### *Other deformities (malunions, other unilateral)*

- **The affected and contralateral limb must be scanned.**
- **Include the entirety of both limbs.**
- The limbs to be scanned should be tractioned gently forwards (forelimbs) or backwards (hindlimbs) with the patient in either sternal or dorsal recumbency.
- For antebrachial and crural deformities it is very helpful to clinically assess the amount of carpal or tarsal laxity present whilst the dog is sedated.

### *Humeral condyle*

- Ideally both elbows should be scanned.
- **Include the elbows and the distal half of the humerus.**
- The forelimb should be tractioned gently forwards, usually with the patient in sternal recumbency.

### *Medial patellar luxation / DFO*

- Ideally both hindlimbs
- **Optimally include the entire limb (pelvis to digits), although the femur alone is OK (a full limb scan may reveal concurrent tibial deformities)**
- The hindlimbs should be tractioned gently backwards with the patient in either sternal or dorsal recumbency.

### *Vertebrae*

- At least a full vertebra on either side of those to be stabilised should be included.

### *Fractures*

- **The entirety of the fractured and contralateral bone must be scanned.**
- The limbs to be scanned should be tractioned gently forwards (forelimbs) or backwards (hindlimbs) with the patient in either sternal or dorsal recumbency.