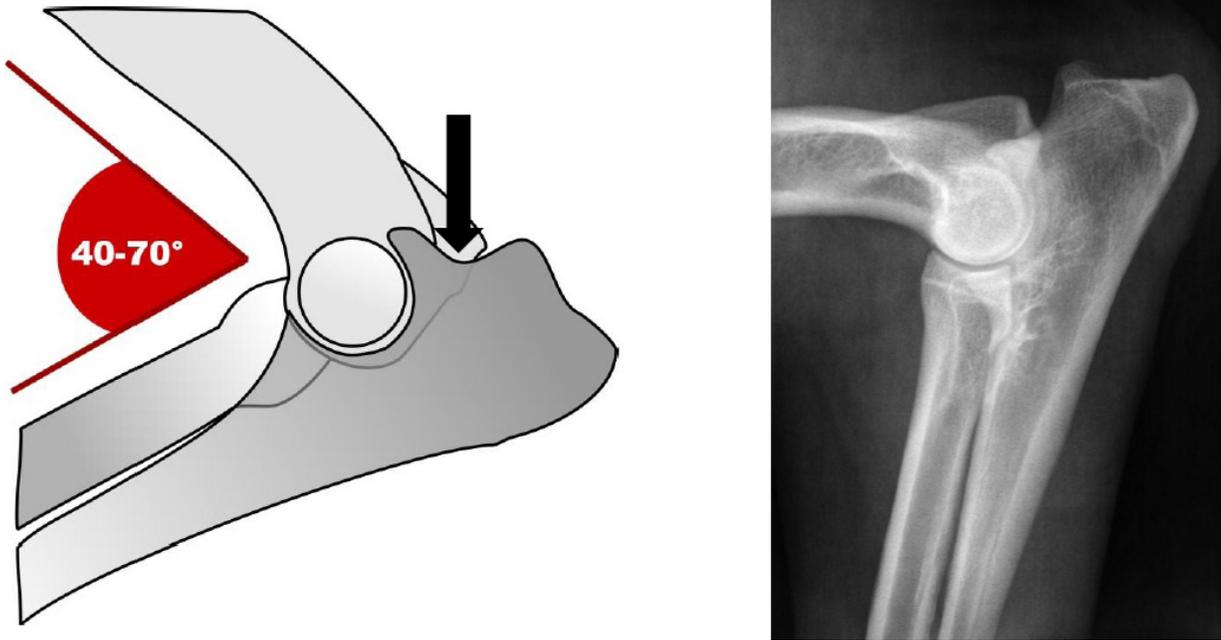
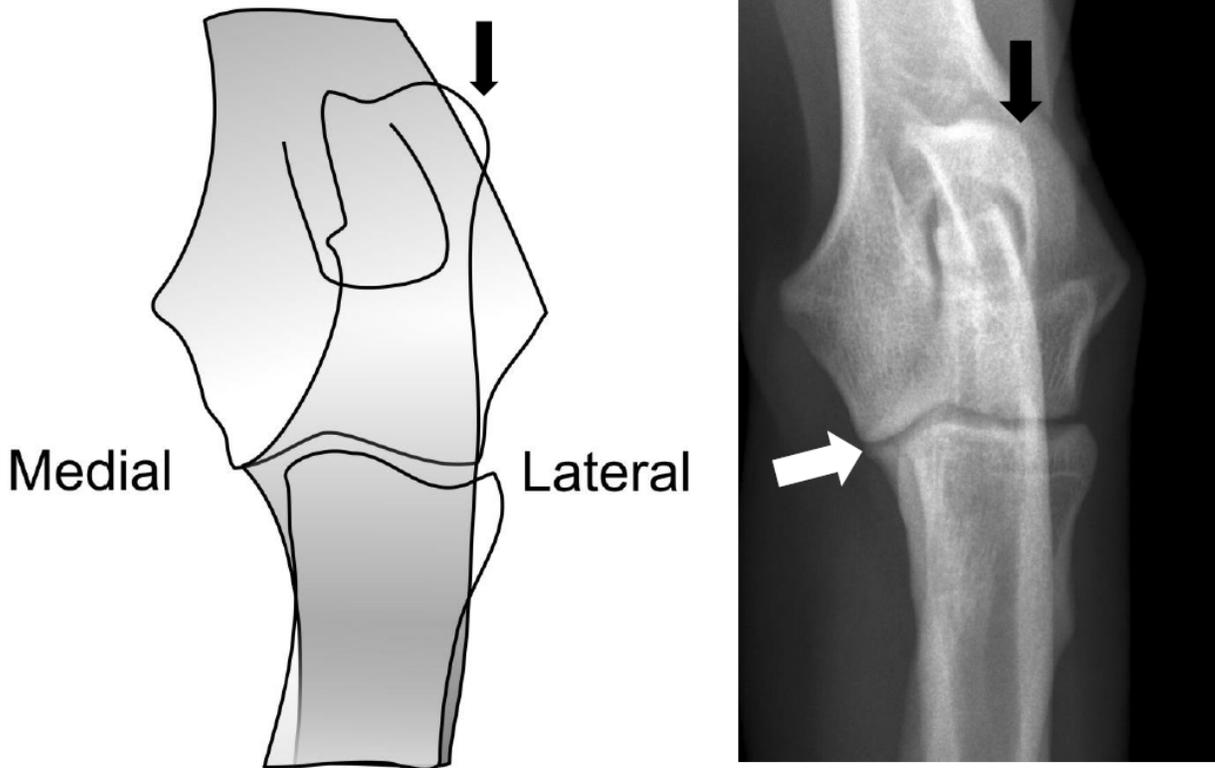


The optimal positioning of the elbows involves a mediolateral projection with moderate flexion (40-70%). The proximal and dorsal contours of the Anconaeus Processus (black arrow) must be clearly visible. Extreme flexion of the joint should be avoided: The medial coronoid process of the ulna should not be superimposed on the distal humerus and the skull cortex.



**Figure 1** shows the optimal positioning of the flexed elbow in a schematic drawing and on a medio-lateral radiograph.

Additional x-rays of the elbows are recommended. Positioning includes (approximately) 15 ° pronation (rotation of the limb towards the medial side) to mark the medial corollary process (Figure 2: white arrow) and to display the contour of the distal humeralis roller.



**Figure 2** shows the optimal positioning of the elbows on an x-ray. The proxolateral contour of the olecranon has rotated to the lateral cortical bone of the distal humerus (black arrow).



**Figure 3** shows the most common deficiencies. Left X-ray: Extreme flexion and supination results in limited assessment of the cranial tip of the medial coronoid process. Right X-ray: Pronation Craniocaudalen leads to limited assessment of the medial joint.

For assessment of hip dysplasia, at least one properly positioned radiograph of the hip is recommended (Figure 4).



**Figure 4** shows a symmetrical pelvis, with the hind legs parallel and extended (same horizontal diameter on both sides). The patella is visible between the two legs. The skull contour of the sacrum should be displayed.

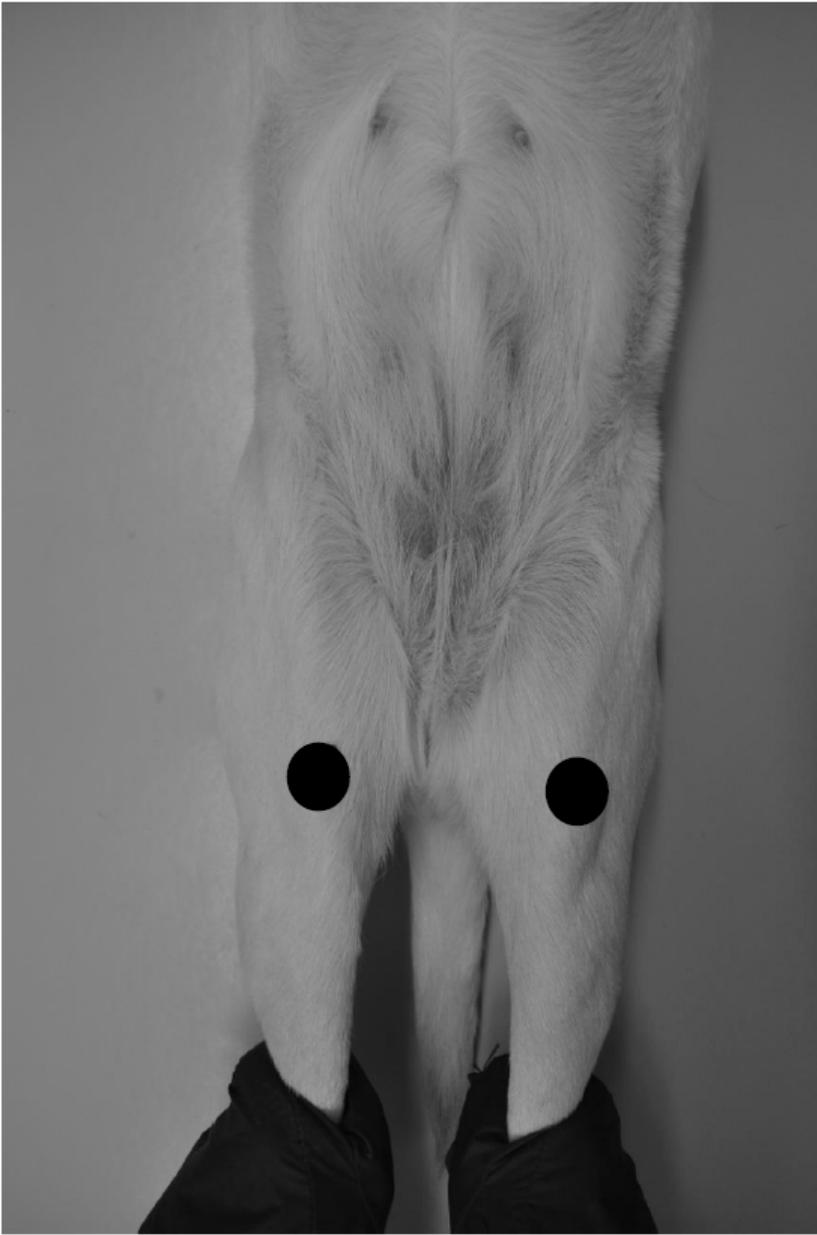
For optimal quality of digital radiographs with high resolution and high contrast are essential. An accepted and widely used image format is DICOM. In exceptional cases, X-rays in other formats, but in good quality possible. X-rays that are overexposed, inaccurate and out of focus are rejected.



**Figure 5** shows a mediolateral radiograph in flexion



**Figure 6** shows a craniocaudal radiograph in pronation



**figure 7** shows the radiograph of a ventrodorsal hip (showing black dots, position of kneecap).  
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