

Ensure the bird is fully anaesthetised (see Avian Anaesthesia).

Ventrodorsal view

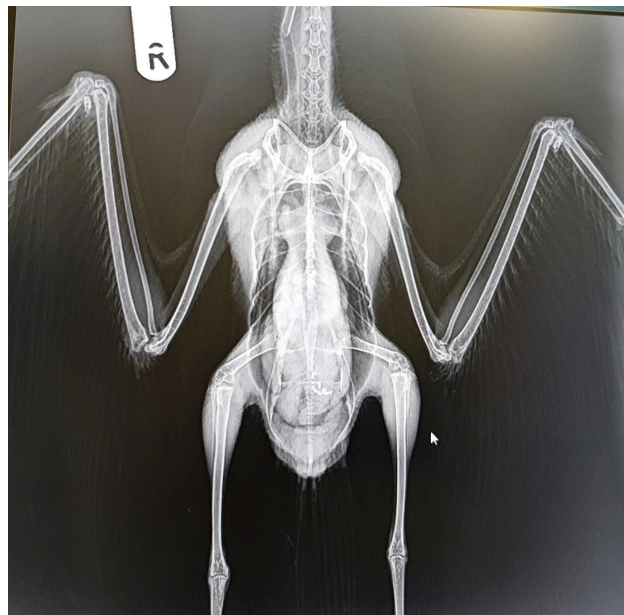
1. To obtain a diagnostic radiograph the bird must be positioned straight.
2. Lie the bird on its back on the plate and ensure the neck is extended and straight
3. Secure the wings to the plate using tape across the primary feathers. Silk tape such as durapore is preferable as this minimises the risk of feather damage as it is removed. Ensure that the two wings are extended a symmetrical distance from the body.

Note that certain injuries can make correct positioning challenging, for example if there is restricted movement in the shoulder joint.

4. Extend both legs and secure them to the plate using tape over the tarsometatarsus bone.

Note that if the legs are not extended and secured it is far less likely a straight image will be achieved.

5. The keel should be directly overlying the spine pointing directly vertically and the pelvis should feel straight on the plate.
6. Ensure that you use a left/right marker. (If this is forgotten, it can be useful to note that the gizzard is positioned on the left and is often visible.
7. Select settings appropriate for your xray machine.
8. Turn the bird back onto ventral or lateral recumbency as soon as the image has been taken so as not to compromise its breathing. Always disconnect the ET tube from the circuit before turning to prevent tracheal damage.



Lateral full body view

Orthogonal views should always be obtained. For a bird unable to fly for an unknown cause, the minimum views advised to be taken are the full body ventrodorsal and full body lateral views.

1. Place the bird in lateral recumbency.
2. Extend the wings dorsally above the body.

Note that this position is uncomfortable and sometimes the depth of anaesthesia may need to be adjusted.

DO NOT place a heavy sandbag across the wings for restraint or apply too much pressure down on the wings as this can cause damage to the pectoral muscles or shoulder.

3. Secure the wings to the plate by placing tape across the primaries. The wings should be superimposed on each other.
4. Secure the legs to the plate using tape with the upper leg slightly more cranial than the lower leg. Ensure a R/L marker is placed to identify the legs.
5. The keel should be parallel to the plate.



Additional views

Oblique ventrodorsal view- the “H- view”

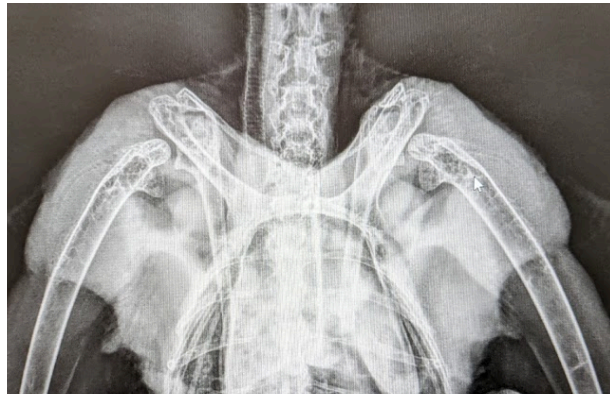
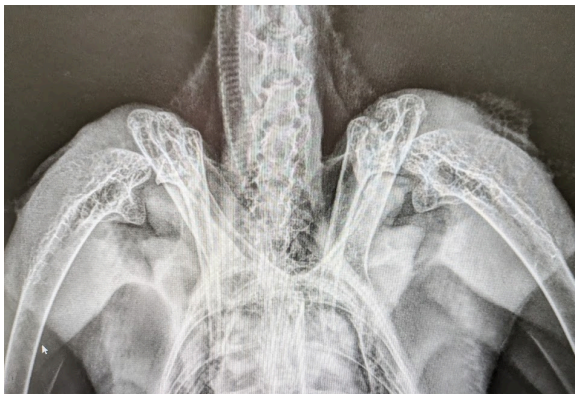
This additional view is used to allow further assessment of the pectoral girdle and is useful to include when injuries to this area are suspected. The angle of projection is altered such that the coracoids have less overlay with the clavicles.

1. Place the bird in the same position as for the standard vd view but with the legs untapped. Place some padding such as a rolled up small towel or cloth beneath the bird's rump to elevate it from the table.
2. Ensure the keel is positioned vertically and the bird is still positioned with the neck and head straight. Place a L/R marker.



Standard VD view

H-view



Lateral wing

A well positioned lateral view of the wing is advised to fully assess injuries below the shoulder. It can be challenging to achieve a well positioned lateral wing view and there are multiple techniques used.

1. The bird is positioned in ventral recumbency with one wing extended slightly behind the shoulder. The body of the bird will rotate. The primary feathers should be pointing directly upwards.
2. It may be possible to secure the wing in this position using tape secured to the plate, great care must be taken to ensure the flight feathers are not damaged. An alternative technique is to place a box adjacent to the wing and secure the feathers to the vertical surface of the box rather than to the plate.

