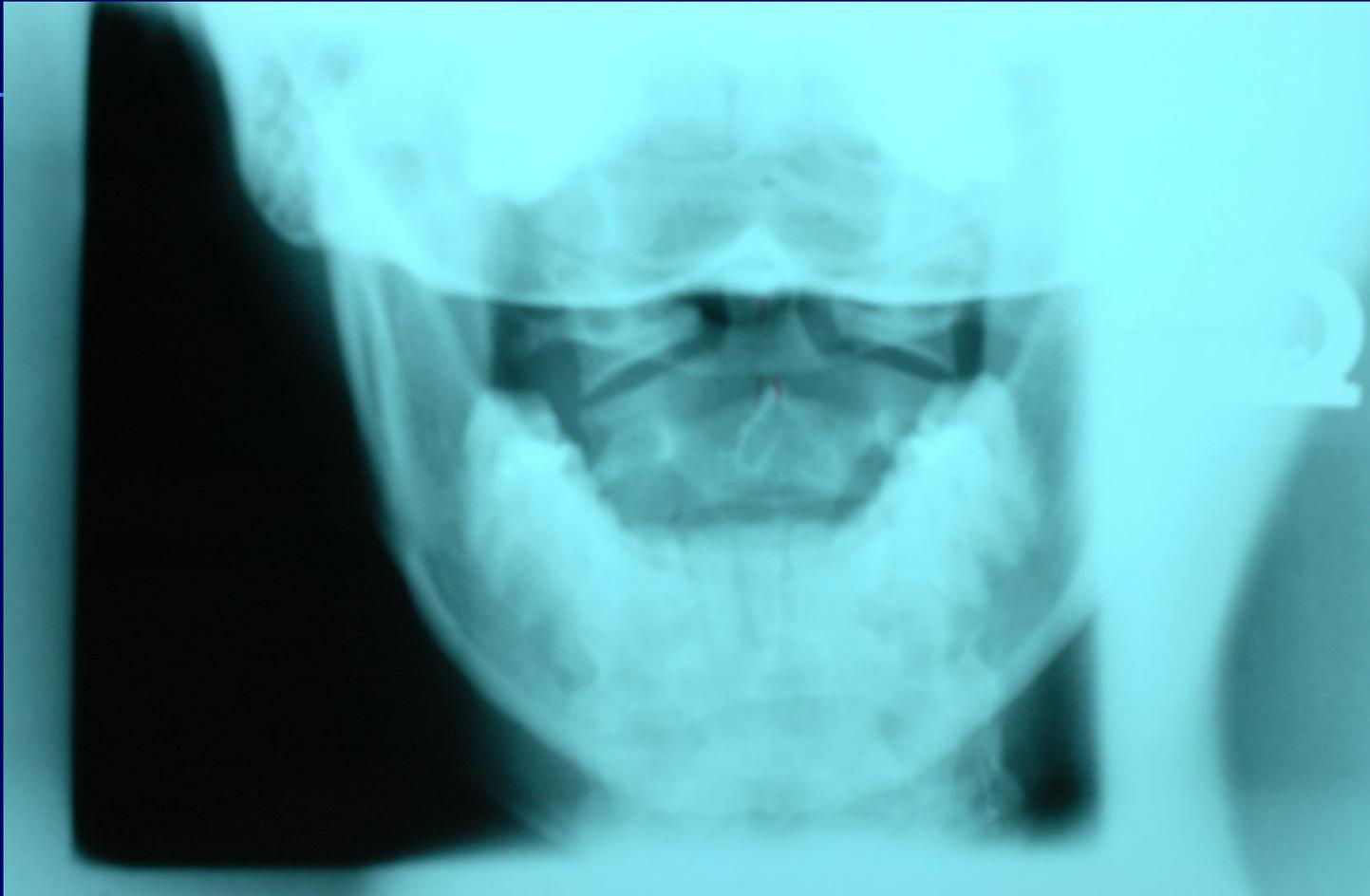
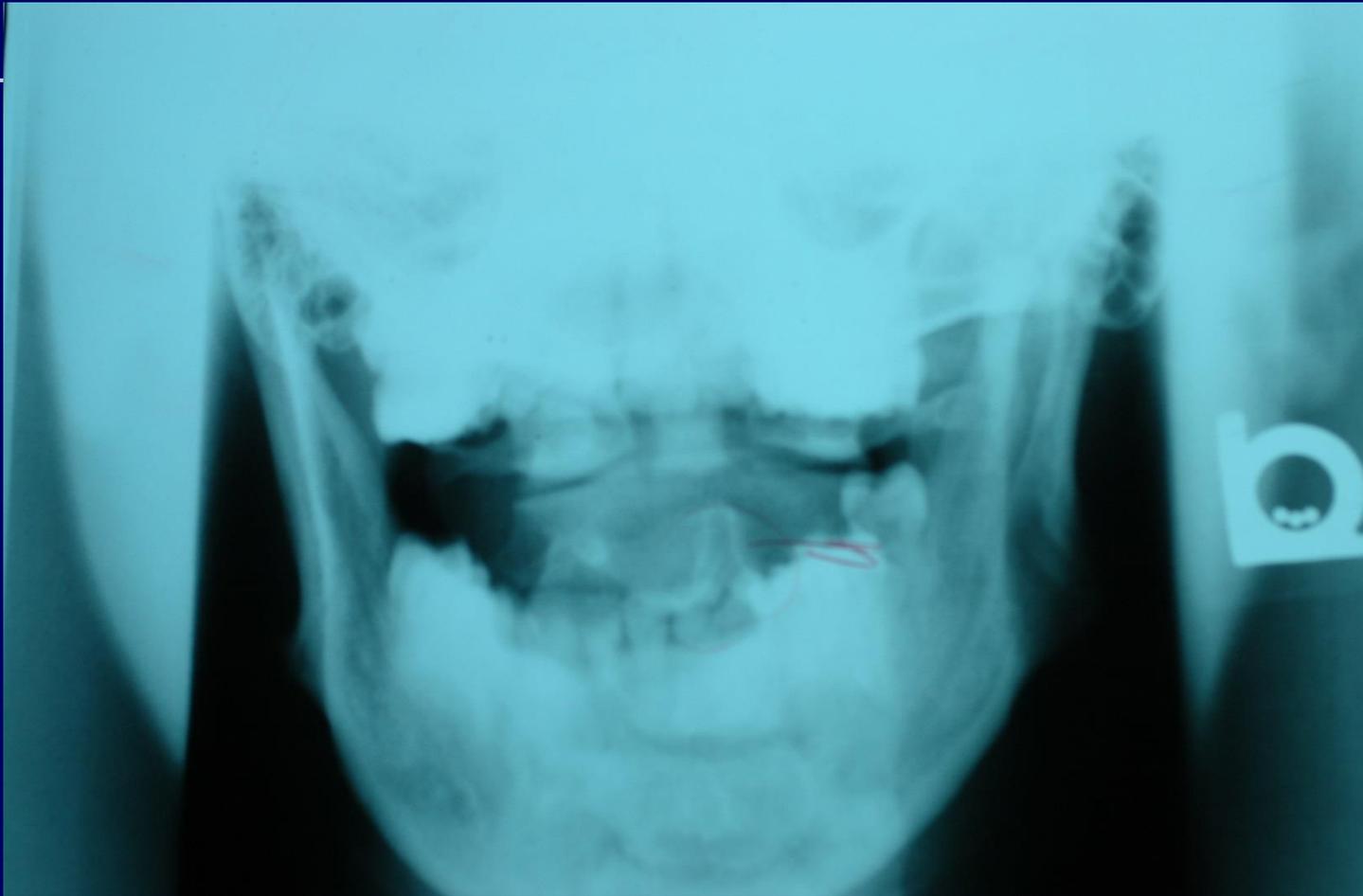


VIEW – ap-om



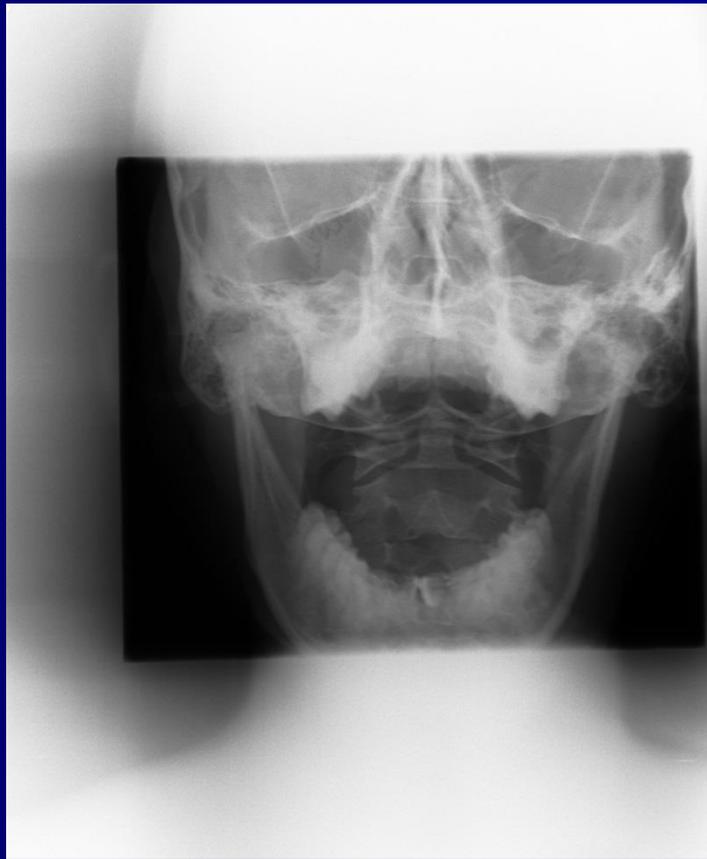
Collimation on 4 sides, ideal! Most important, vertical collimation of sides.

VIEW

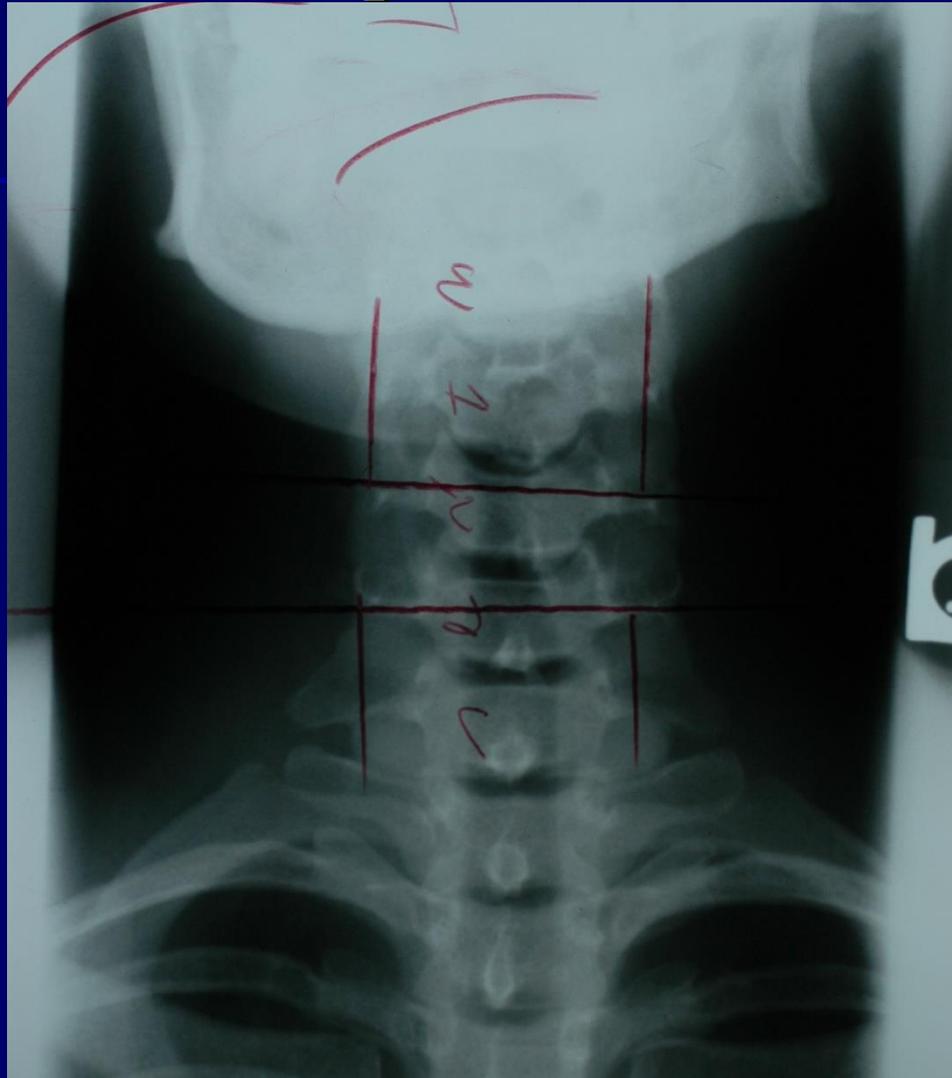


Excellent use of L-Mitchell marker.

AP-OM



VIEW – ap-1c



CR-at thyroid cartilage, with cephalic tube tilt.

Digital –ap-1c

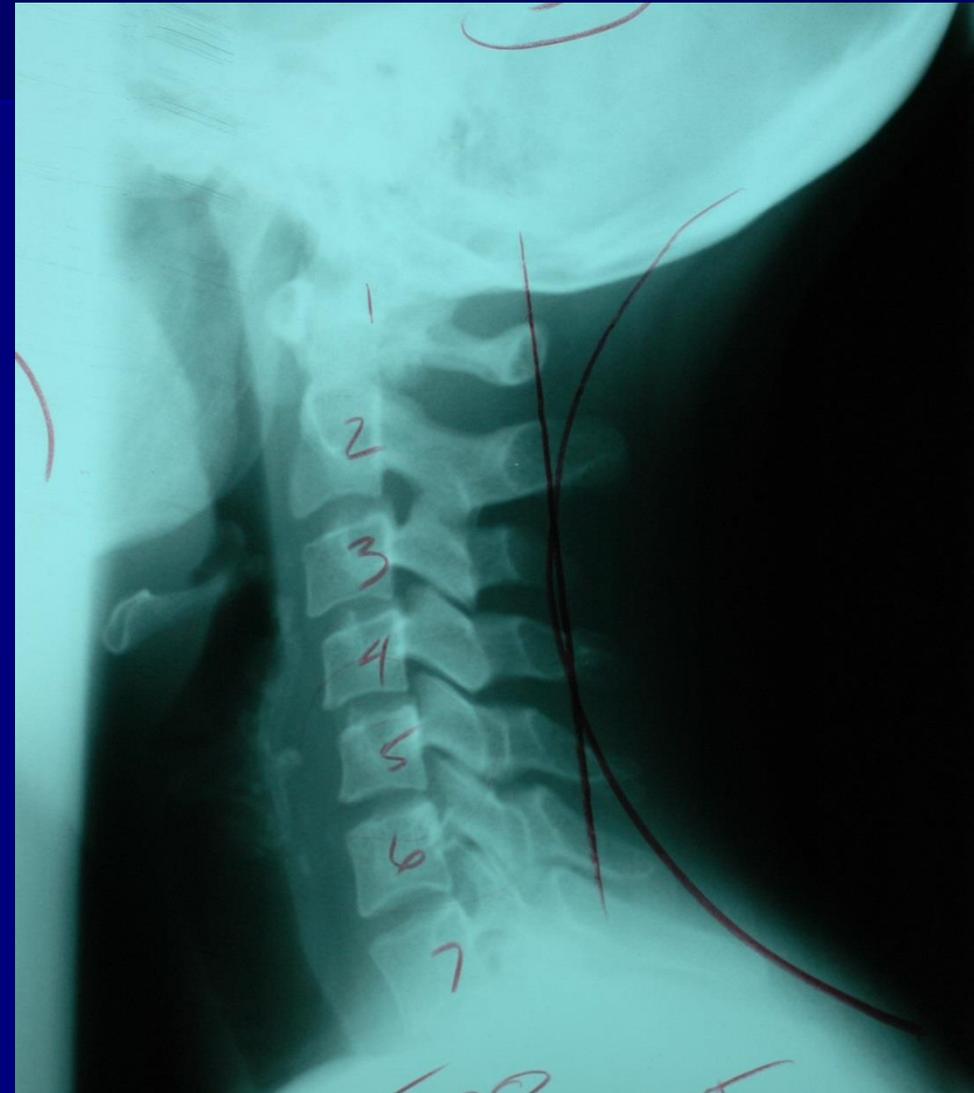


VIEW - lateral

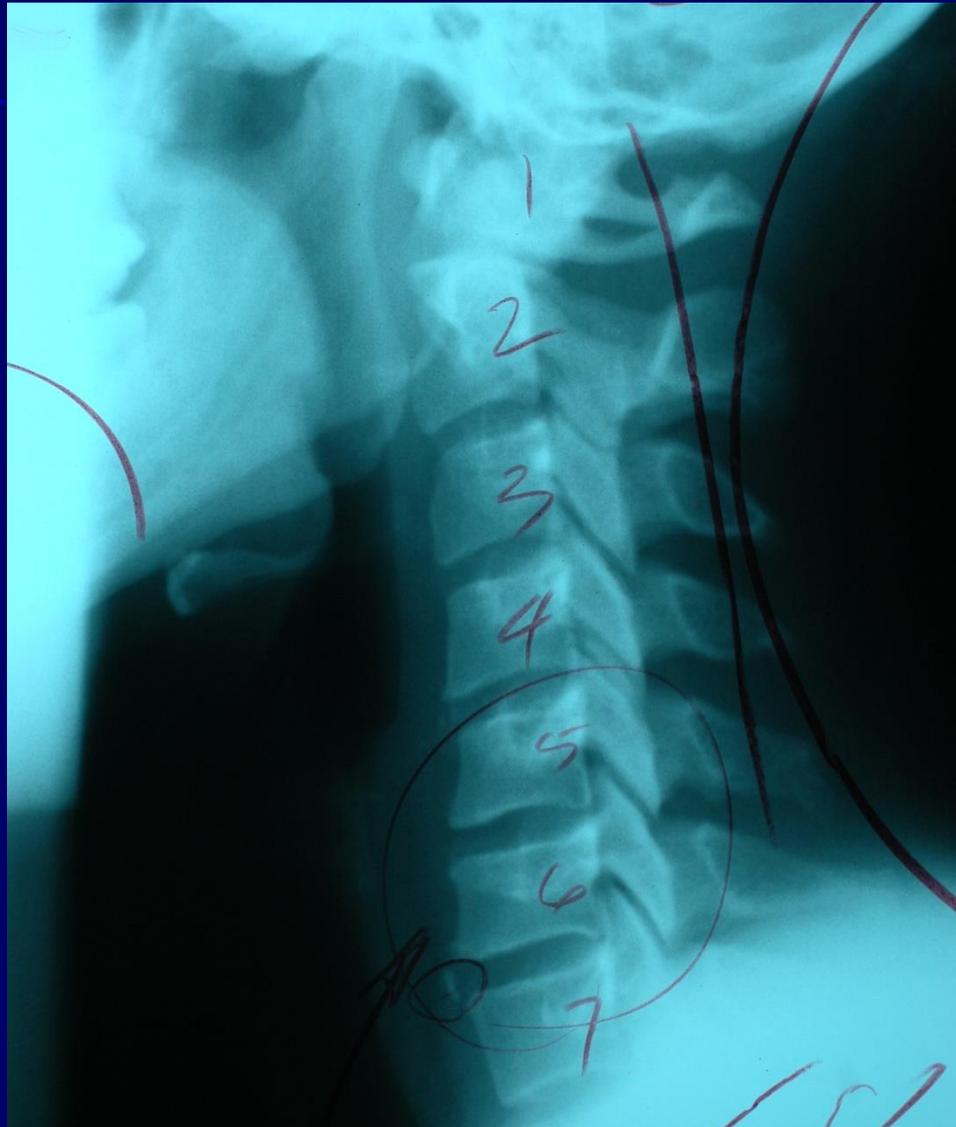
SID – 72 "

CR – thyroid cartilage

Shoulders back – if
large patient.



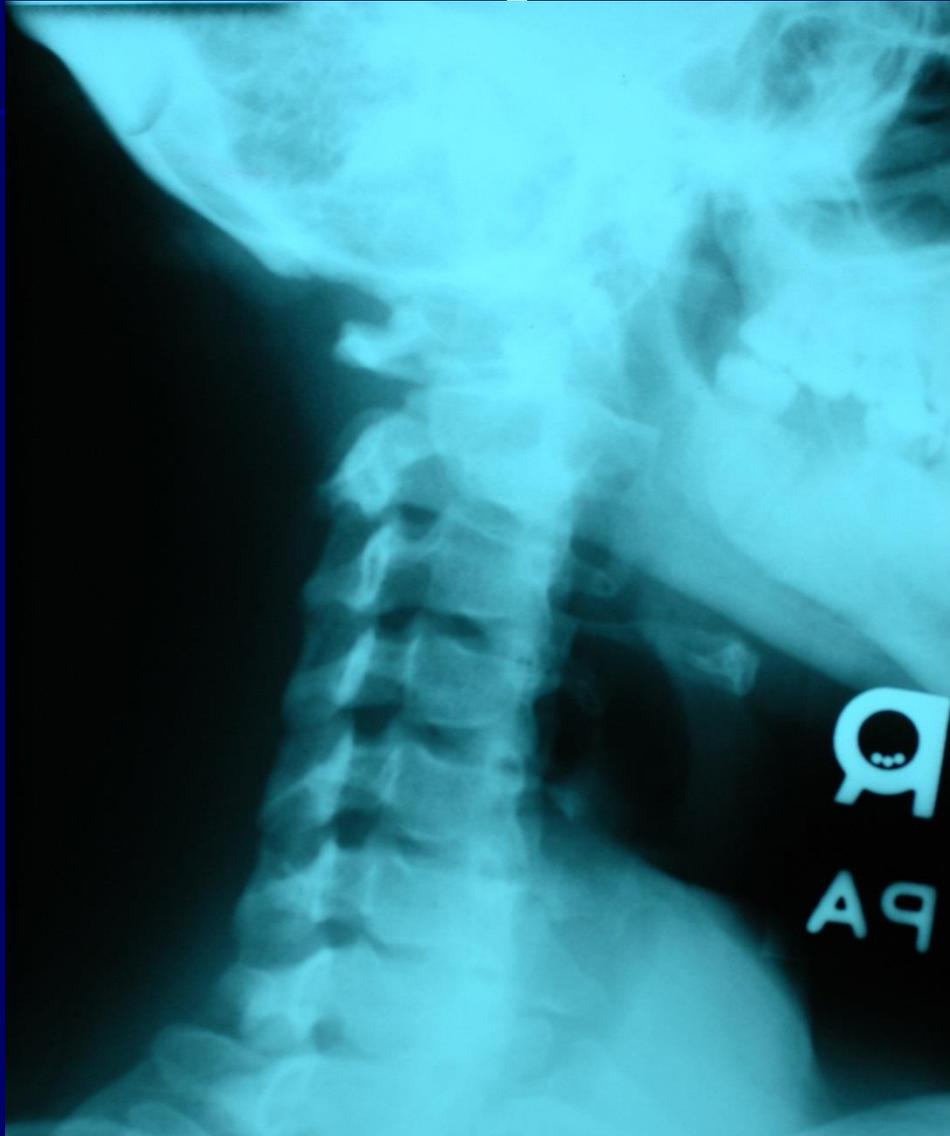
VIEW





VIEW – Oblique

CR-thyroid
cartilage.



Anterior
oblique –
caudal tube
tilt.
Posterior
obliques –
cephalic TT-
15 degrees.

C- oblique

LAO = left IVF



VIEW – flexion

**Chin in, the
down.
CR – thyroid
cartilage.**

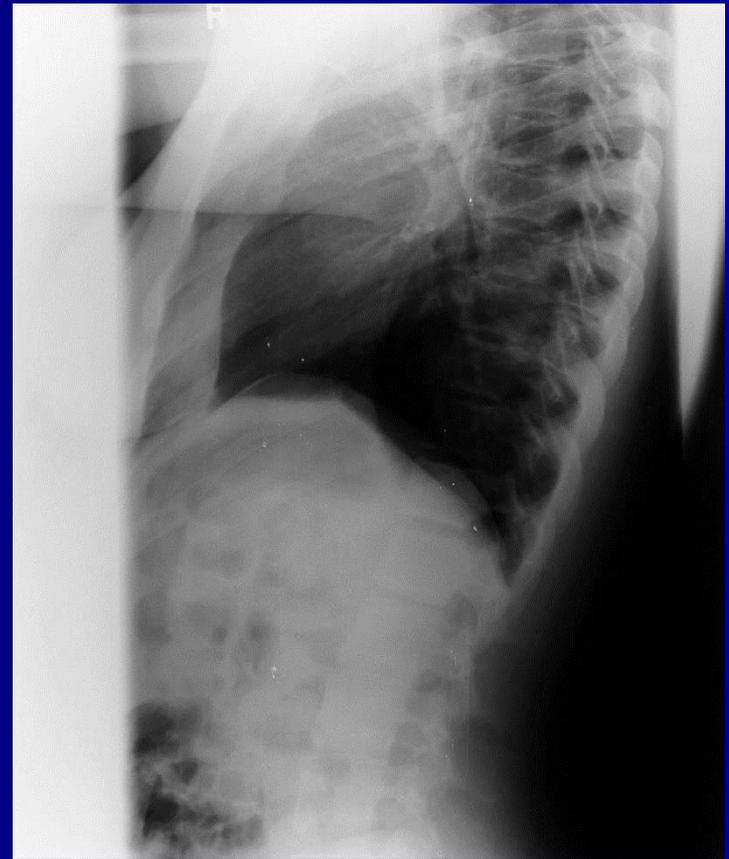
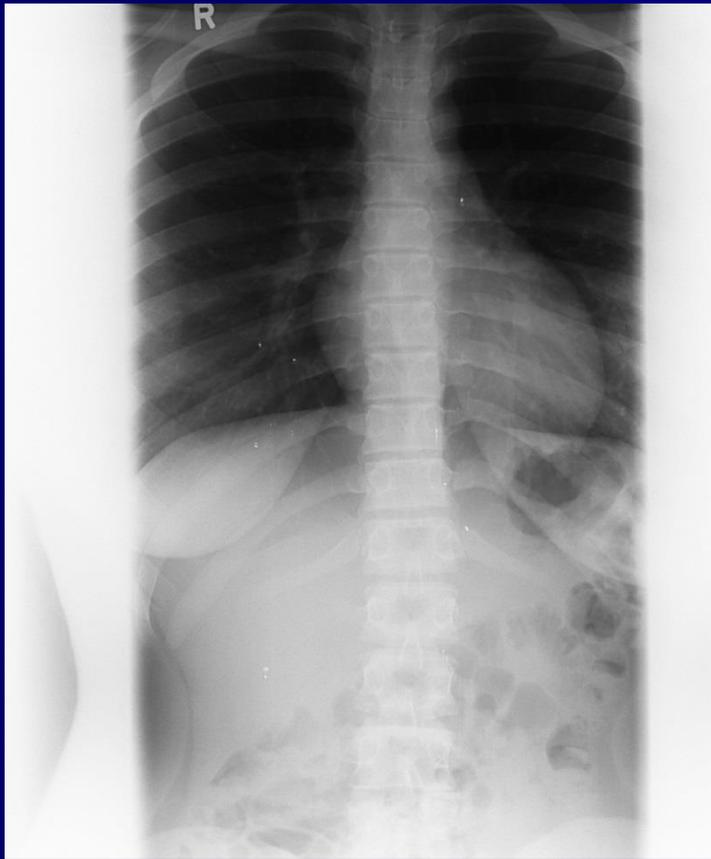


VIEW – extension

**Chin out, then
back.
Place cassette
sideways if large
patient or
increased ROM.**



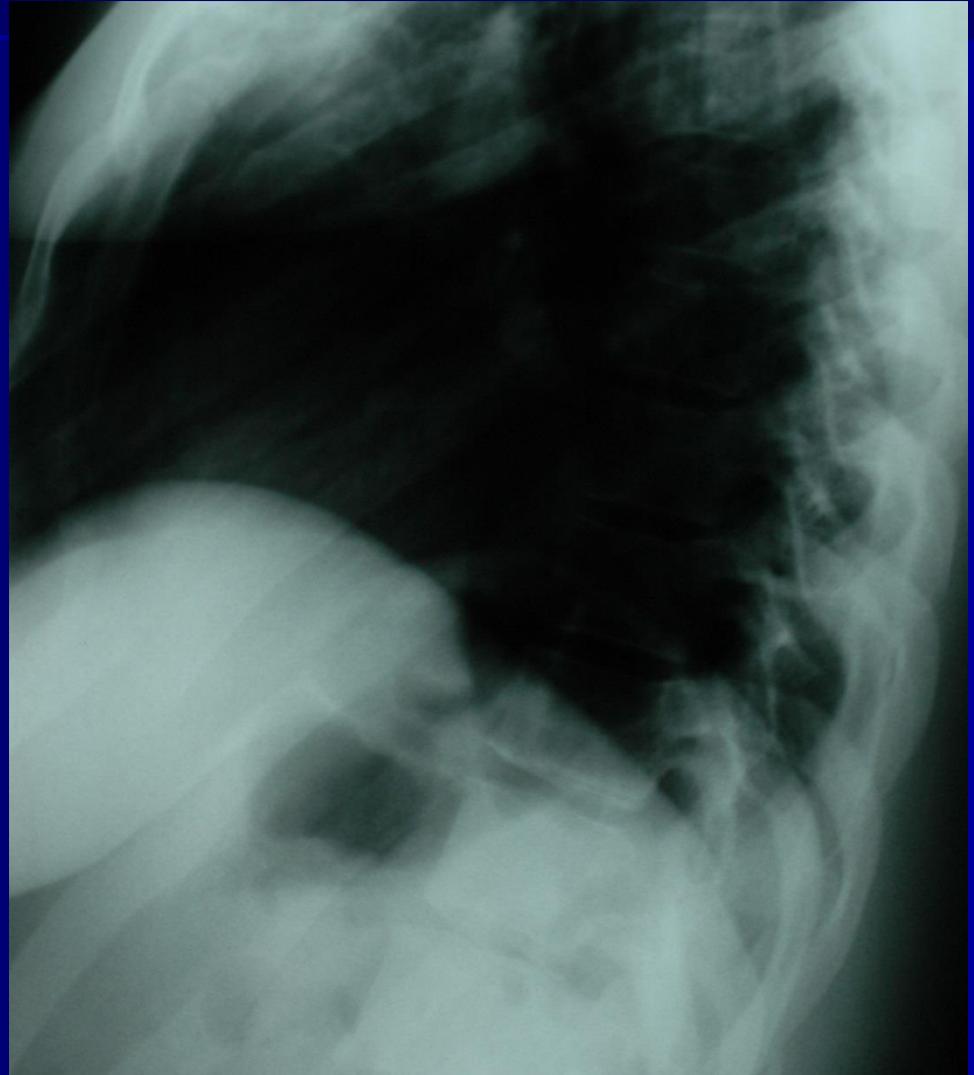
T spine- AP, lateral



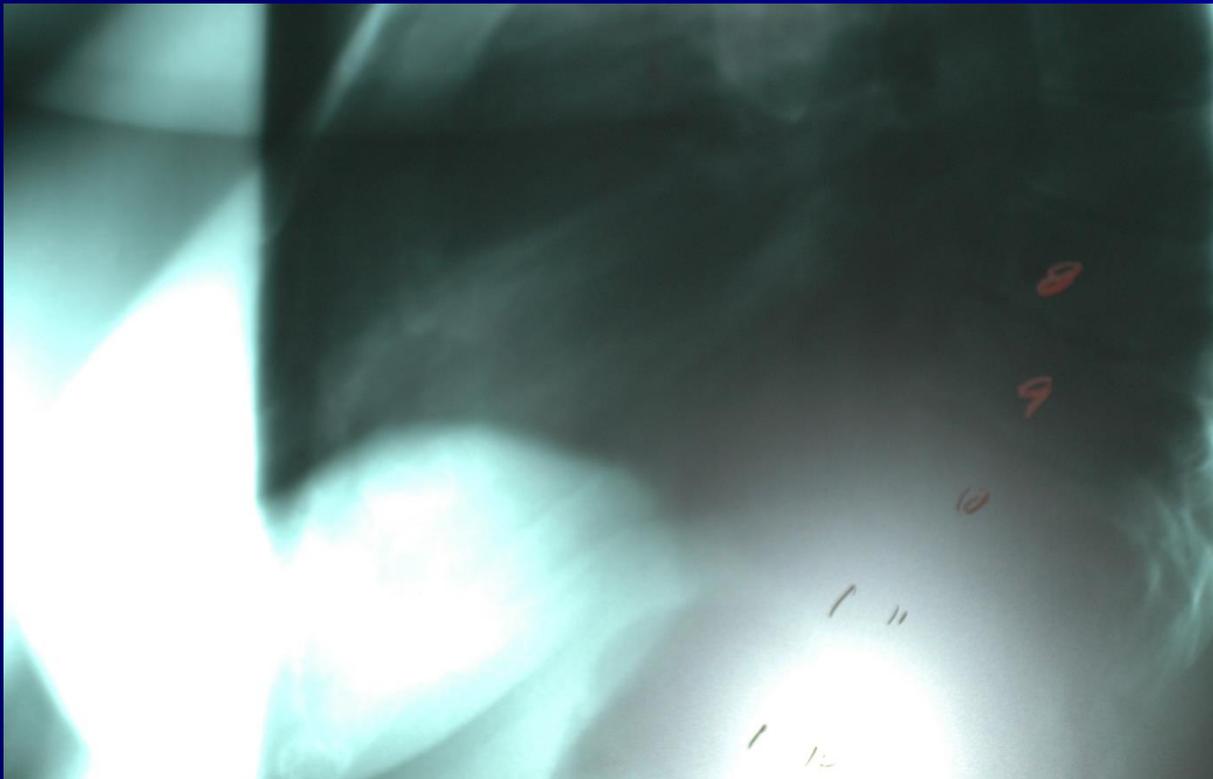
Cassette 2" above shoulders =(4 fingers)

Arms up on lateral view

VIEW – t- lateral

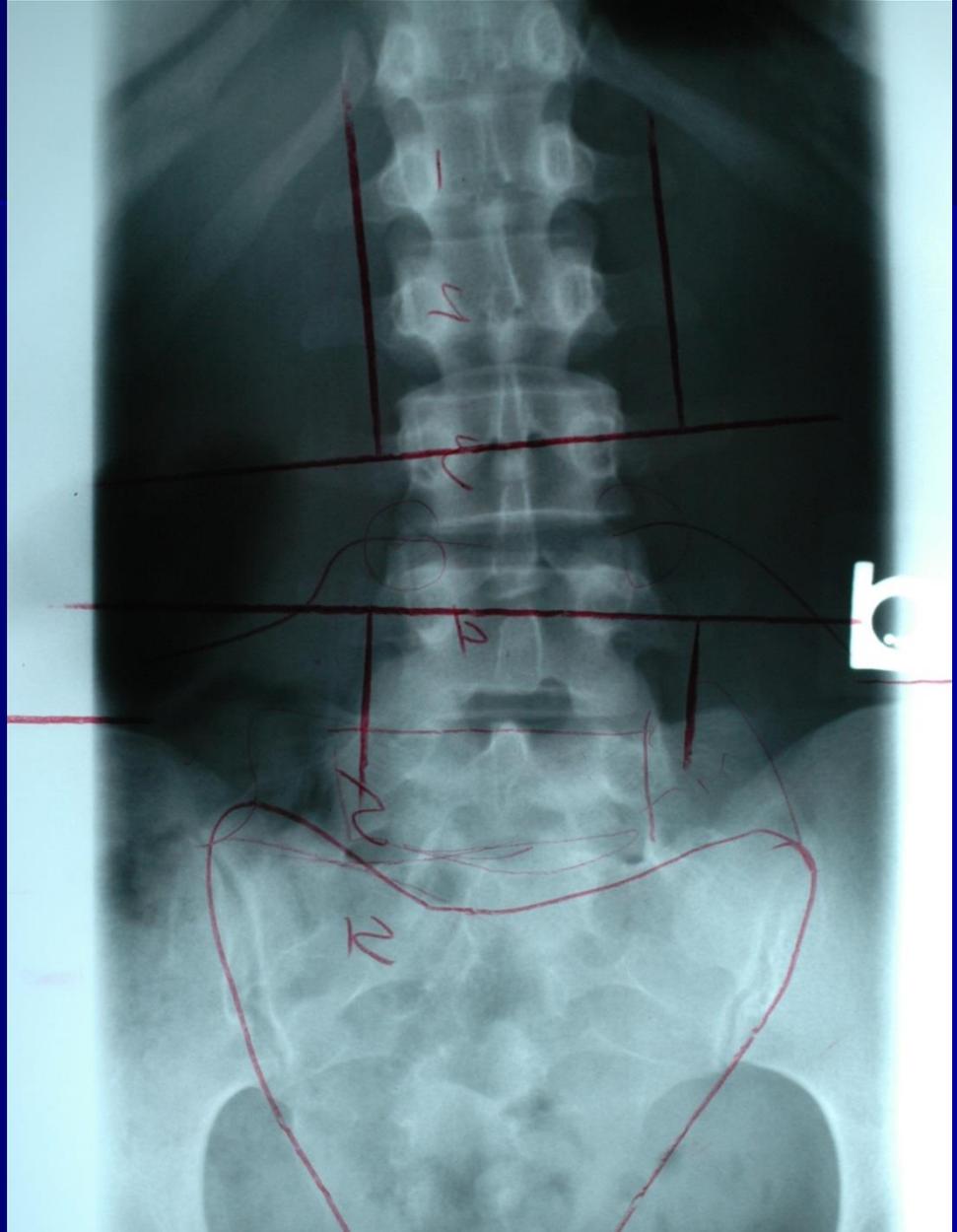


VIEW



Collimation doesn't eliminate scatter radiation completely!

VIEW-
I- ap



L-ap

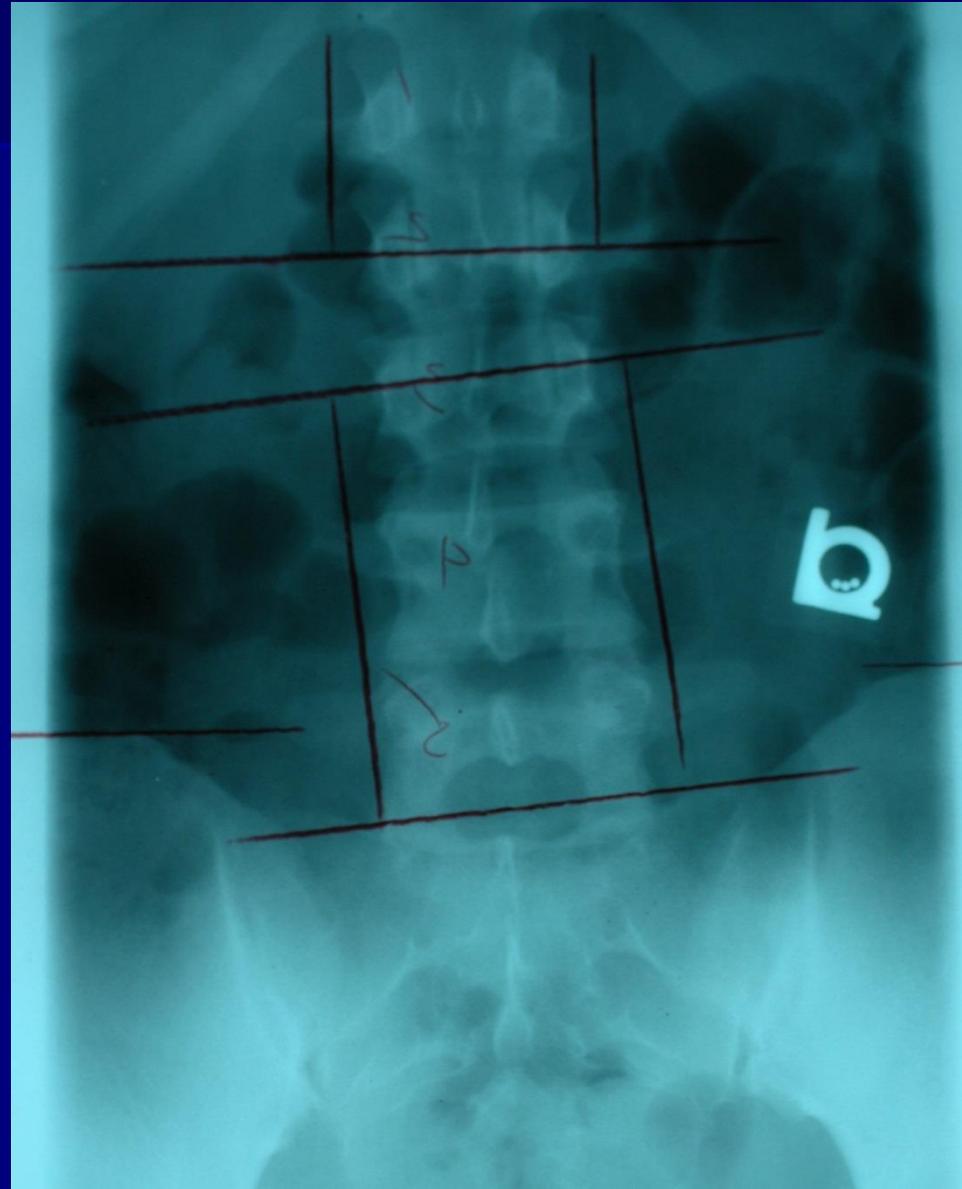
CR – at umbilicus (L3). Use gonad shields if available.

R

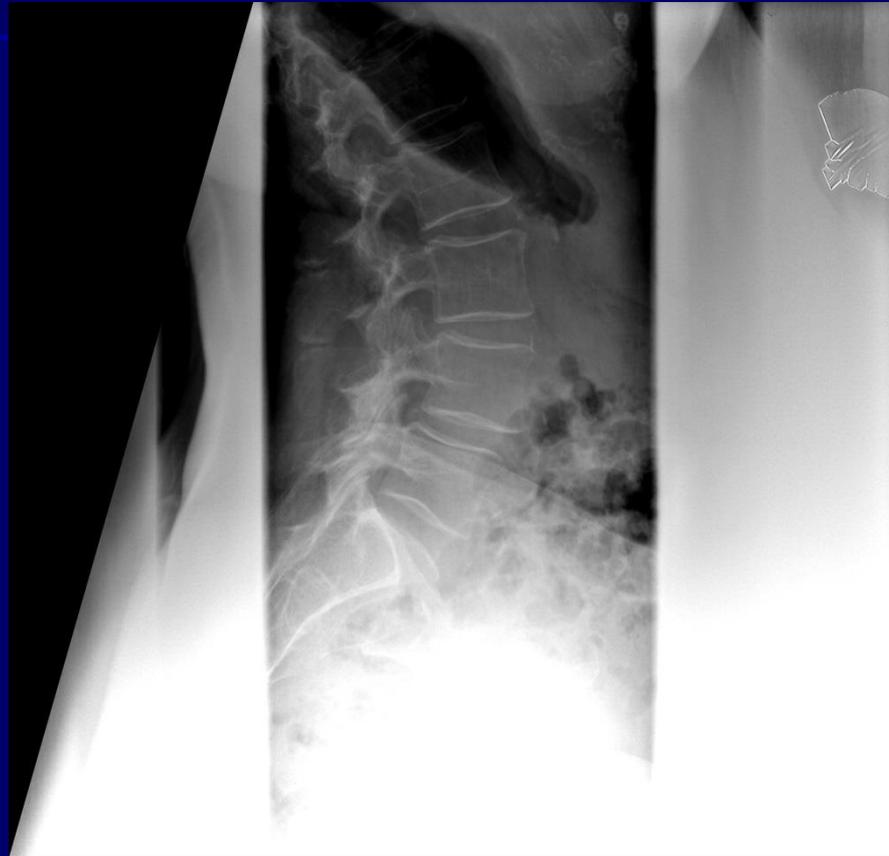


VIEW

Excellent collimation!

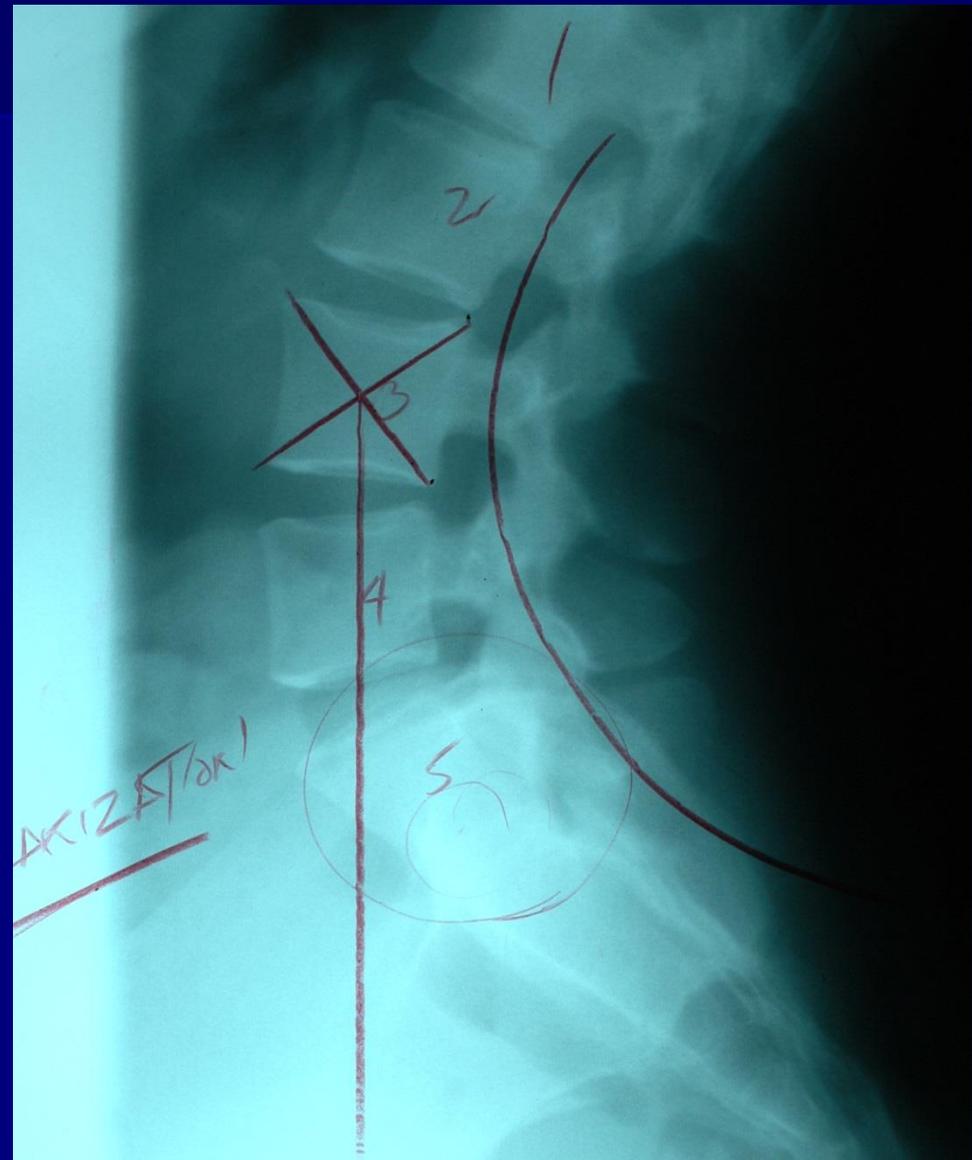


L-lateral view(digital)



Excellent use of collimation! This view requires your utmost attention as it requires the largest amount of radiation to produce. Use gonad shields, if available.

VIEW- lateral



L-oblique

**No tube tilt!
Pars is the
anatomic area of
interest.**



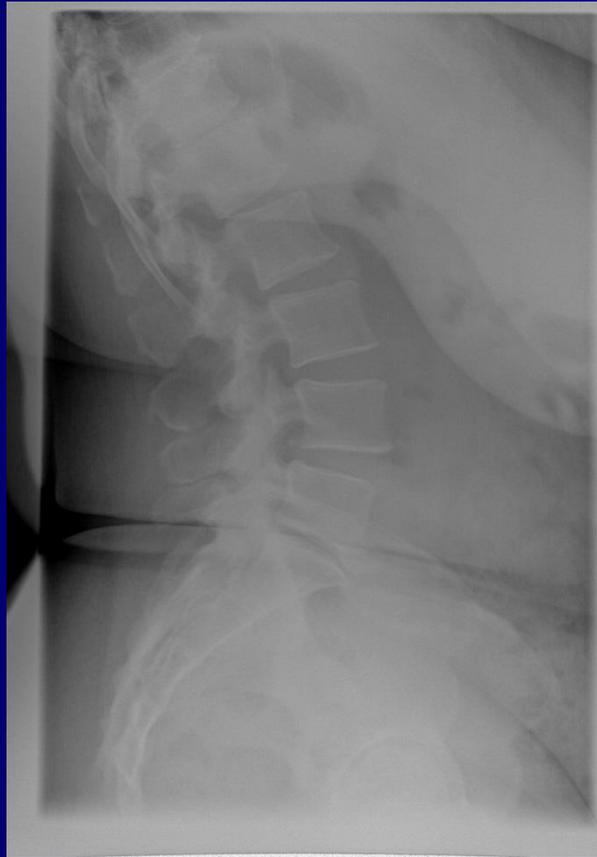
L-AP SPOT VIEW (HIBBS)

**CR- 1/2 between
symphysis pubis &
umbilicus.
20-30 cephalic tube
tilt!**



L-lateral

CR – 1" ABOVE
ILIAC CRESTS.



L-LATERAL LS SPOT



CR-2" below the iliac crests!

General tips... for better x-rays.

- More collimation is preferable?
 - Produces more shades of gray.
- Right & left markers are mandatory,
 - Even with digital installations.
- If your images aren't optimal, ask for help!