C.R.A.F.T. report + positioning checklist

C.R.A.F.T. — THE REPORT SKELETON

C · Criteria study, views/sequences, technical adequacy, limitations ('DV mildly rotated', 'porta not visualised')
R · Ratios & numbers VHS, VLAS, LA:Ao, LVIDDN, kidney × L2, HU, wall thickness, adrenal mm — every number you measured earns a line
A · Architecture region-by-region findings with standard descriptors: opacity/echogenicity/attenuation/intensity · size · shape · margin · number · location · distribution
F · Findings summary one to three prioritised lines
T · Take-home ranked differentials + the next step (echo / sample / CT / recheck in N days)
Normal report = 3 lines: views & adequacy · normal by region · no abnormality, clinical correlation. Describe before you diagnose: '3 cm well-defined soft-tissue nodule, right caudal lobe' is a finding; 'tumour' is a guess.

POSITIONING & QC CHECKLIST (WSAVA TECHNIQUE NOTES)

Thorax lateral forelimbs pulled cranially, centre on heart, collimate point of shoulder → 13th rib; INSPIRATORY; ribs superimposed; no lung dorsal to spine. Both laterals + VD/DV for metastasis screening. **VD** sternum over spine, spinous processes tear-drop centred. **DV** for the dyspnoeic patient.
Abdomen lateral hind limbs caudally, centre 13th rib, 6th rib → hips, transverse processes superimposed, time ≤ 1/30 s, high contrast. RIGHT lateral for GDV, LEFT lateral to gas-float a gastric FB. **VD** limbs relaxed, spinous processes centred.
Skull hard palate parallel to table (sponge under nose; 45° wedge brachycephalic/cat), mandibular rami superimposed; DV rami flat; obliques 20–30° for arcades/bullae; rostrocaudal open-mouth for bullae (GA). **Spine** parallel to cassette (pad neck, sternum, lumbar); 5–7 vertebrae per film; sedate.
Limbs two orthogonal views, joints above and below; views named beam entry → exit (DLPaMO). Elbow: flexed lateral (anconeal) + 15° pronated CrCd (coronoid). Stifle: skyline for patella. **Hips** extended VD under sedation: femurs parallel, patellae centred, obturator foramina symmetrical — reject rotation.
Exposure kV = contrast/penetration, mAs = density; measure thickest part; grid > 10–12 cm (×2–3 mAs); thorax high kV/low mAs, abdomen & bone lower kV/higher mAs. Digital: read the exposure index — quantum mottle = under, burnt-out edges = over; beware dose creep; collimate tightly for the histogram.
Artefacts motion · grid cut-off · skin fold (line continues beyond the wall) · nipples/end-on vessels (one view only) · wet hair/collar/tape · Uberschwinger halo · dead pixels · double exposure · costochondral mineralisation · sandbag edge.
Radiation distance (inverse square) · collimate · NO hands in the beam — sedate, sandbag, tape · lead worn, dosimeter worn · pregnant staff out.

MODALITY CHOICE — ASK 'WILL THE RESULT CHANGE WHAT I DO?'

Acute abdomen → films (2–3 views) then US · Cough + murmur → films then echo · Epistaxis/nasal discharge → CT (turbinates, cribriform plate, orbit) · Back pain/paresis → films (fracture, discospondylitis) then MRI · Adult-onset seizures → bloods then MRI ± CSF · Lameness → films, then CT (complex joints) / MRI (marrow, soft tissue) · Bulging eye → orbital US then CT/MRI.
Bone, lung, mineral, gas → radiographs/CT. Cord, brain, disc, soft-tissue contrast → MRI. Fluid, moving organs, guided sampling, no radiation → ultrasound. Grey-scale rule: fat is BRIGHT on US and T1, DARK (–100 HU) on CT and STIR.