To many diagnosticians, standard radiology in veterinary medicine is rapidly falling behind state-of-the-art imaging because of the availability and superior diagnostic capabilities of more sophisticated imaging modalities. The acquisition of CT and MR imaging equipment in veterinary teaching hospitals and in some referral centers, making such equipment in human medical centers available to veterinary referral centers and private practitioners, and the purchase of ultrasound machines by private practitioners have meant that radiographic examinations are being complemented by other forms of imaging, and in some cases, supplanted by these. For example, abdominal radiographs are not always obtained and may, at best, only follow ultrasound examination in a small animal patient with signs of gastrointestinal, hepatic, renal, or pancreatic disease. In a teaching hospital, this means that fewer abdominal radiographs are available to instruct students in radiographic interpretation. Another example is echocardiography, which is considered more precise than thoracic radiographic examination for cardiac disease and has become the gold standard for cardiac evaluation.

Despite this progress in imaging, radiography continues to be essential in routine veterinary practice for evaluation of the small animal patient. The topics presented in the articles in this issue represent a few procedural or interpretive dilemmas that frequently plague practitioners in our referral environment. I hope the information provided will be equally relevant and informative to the reader.

I thank the contributing authors for taking time out of their busy schedules to share their expertise and to make this issue of The Veterinary Clinics of North America: Small Animal Practice possible.

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