

SURVEY OF THE PRACTICE OF RADIOLOGY
IN VETERINARY CLINICS IN THE
STATE OF OKLAHOMA-1986

By

HENRY RICHARD SMITH

Bachelor of Science in Engineering Technology

Oklahoma State University

Stillwater, Oklahoma

1981

Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
MASTER OF SCIENCE
July, 1987



SURVEY OF THE PRACTICE OF RADIOLOGY
IN VETERINARY CLINICS IN THE
STATE OF OKLAHOMA-1986

Thesis Approved:

John L. Burd
Thesis Adviser

Frederic W. Suggs

Robert J. Bahr

Norman N. Durham
Dean of the Graduate College

PREFACE

This study is concerned with the application of radiology in the veterinary clinics within the State of Oklahoma. The purpose of the study was to collect and analysis data from the members of the Oklahoma Veterinary Medical Association, relative to the use of radiographic equipment, accessory equipment, radiographic techniques, radiographic film processing, radiation safety and assessment of selected charges. The data is to provide information for the purpose of discussion in formal and informal classes of Veterinary Radiology. Possible publication of this material may be warranted at a future date.

The author wishes to express his appreciation to the many people who have been involved with the development and completion of this study. Gratitude is expressed to the committee members, Dr. John Baird, Dr. Cecil Dugger, and Dr. Robert Bahr. A special thanks goes to Dr. Bahr, Section Chief of Radiology, Boren Veterinary Medical Teaching Hospital, for his patience and support through the past three years. His friendship has been very special to me.

Thanks is also extended to the faculty, staff, and the students of the College of Veterinary Medicine and in particular to the staff of radiology for their support and comments during this period of time.

I must also extend my thanks and love to Robert and Randi, my children who are such a special part of my life. It is my hope that at sometime I might be able to see them achieve the goals that they are only now starting to define. Thanks to my mother who believed that you

can do only what you set your heart and mind to do.

Finally, a special thanks to Deb, friend and companion, who believed in me and provided the support and encouragement to start something and follow it through to the end.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.	1
Need for the Study	2
Statement of the Problem	3
Purpose of the Study	3
Objectives of the Study.	3
Definition of Terms.	4
Scope and Limitation of Study.	6
II. REVIEW OF THE LITERATURE.	7
Radiographic Equipment	7
Portable Machines	8
Mobile Machines	8
Fixed Machines.	9
Radiographic Films and Screens	9
Radiographic Processing.	10
Radiographic Technique Chart	11
Radiological Safety.	12
Economics.	13
Summary.	14
III. METHOD OF STUDY	16
Study Population	16
Development of the Instrument.	17
Collection of Data	17
Analysis of Data	18
IV. RESULTS	19
Analysis of Data	19
Types of Radiographic Equipment	19
Types of Radiographic Films and Screens	21
Radiographic Techniques of Selected Examinations.	22
Modes of Radiographic Film Processing	23
Radiation Safety Practices.	24
Cost of Selected Radiographic Examinations.	25
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	26
Conclusions and Recommendations.	26

Chapter	Page
Survey Question One-Radiographic Equipment	26
Survey Question Two-Radiographic Films/Screens	27
Survey Question Three-Radiographic Techniques.	28
Survey Question Four-Radiographic Processing.	29
Survey Question Five-Radiation Safety	30
Survey Question Six-Assessment of Cost. . . .	31
A SELECTED BIBLIOGRAPHY.	32
APPENDIXES	33
APPENDIX A - TABLE I THROUGH TABLE XXIX	34
APPENDIX B - LETTER FROM DEAN AND RADIOLOGIST	64
APPENDIX C - LETTER OF EXPLANATION ON SURVEY	66
APPENDIX D - EXAMPLE OF SURVEY INSTRUMENT	68

LIST OF TABLES

Table	Page
I. Radiographic Units	35
II. Portable Units Purchased New Prior to 1980	36
III. Portable Units Purchased New After January 1, 1980	37
IV. Portable Units Purchased Used Prior to 1980	38
V. Portable Units Purchased Used After January 1, 1980	39
VI. Portable Units Not Classified	40
VII. Mobile Units Purchased New Prior to 1980.	41
VIII. Mobile Units Purchased New After January 1, 1980.	42
IX. Mobile Units Purchased Used Prior to 1980	43
X. Mobile Units Purchased Used After January 1, 1980.	44
XI. Mobile Units Not Classified.	45
XII. Fixed Units Purchased New Prior to 1980.	46
XIII. Fixed Units Purchased New After January 1, 1980.	47
XIV. Fixed Units Purchased Used Prior to 1980	48
XV. Fixed Units Purchased Used After January 1, 1980	49
XVI. Fixed Units Not Classified	50
XVII. Radiographic Films by Manufacturer	51
XVIII. Radiographic Screens by Manufacturer	52
XIX. Radiographic Film/Screen Speeds.	53
XX. Radiographic Film/Screen - Speed vs. Equipment	54
XXI. Mean Values of Reported Radiographic Techniques for Small Animal Thorax.	55

Table	Page
XXII. Mean Values of Reported Radiographic Techniques for Small Animal Pelvis.	56
XXIII. Mean Values of Reported Radiographic Techniques for Large Animal Carpus.	57
XXIV. Radiographic Film Processing	58
XXV. Mean Values for Manual Processing Data	58
XXVI. Automatic Processor Data	59
XXVII. Radiation Protection Data.	60
XXVIII. Charges for Selected Examinations.	61
XXIX. Miscellaneous Response to Survey	62

CHAPTER I

INTRODUCTION

"The ultimate goal in veterinary radiology is to produce radiographs of diagnostic quality" (Herrtage, 1978, p. 90).

The application of radiology is continually increasing in veterinary medicine. Advances in the understanding of the clinical manifestations of pathological processes and refinements in methods of treatment have created a need for improving accuracy in diagnosis (Gibbs, 1978). As the veterinary practitioner becomes more dependent on sophisticated diagnostic aids, the radiographic machine becomes more important.

According to Gibbs (1978), radiography is costly and time consuming, and a clear understanding of its applications and limitations is essential to obtain maximum benefit from its use. The following list indicates potential benefits/problems of radiography.

1. Radiography will only demonstrate disorders which produce structural or functional changes in organs or tissues.
2. An incorrectly positioned or moving patient or an under/over exposed radiograph might cause otherwise obvious pathological changes to be obscured.
3. Competent radiological interpretation must be based on sound knowledge of normal radiographic anatomy.
4. Any radiological sign must be related to some form of

anatomical or physiological change.

By applying this criteria, paying careful attention to the maintenance of high technical standards, and referring continually to the current literature, radiography can be used to make a positive contribution to the investigation of an ever increasing range of disorders.

Need for the Study

The objectives for a radiology service were defined in a 1981 report by the American College of Veterinary Radiology (ACVR). The report, prepared for the American Veterinary Medical Association (AVMA), provided the Guidelines for Radiology Services in Veterinary Medicine. The objectives stated were as follows:

- A. Produce radiographs of diagnostic quality.
- B. Produce radiographs in a safe and efficient manner.
- C. Produce radiographs in a cost effective manner.
- D. Provide an accurate interpretation of the information available on a radiograph.

In reviewing radiographs presented to the Section of Radiology, Boren Veterinary Medical Teaching Hospital, for radiographic consultation, it became apparent that a substantial number of veterinary clinics in the State of Oklahoma were failing to meet the objectives defined in the above report. In an effort to evaluate the current state of the art of radiography in veterinary clinics in the state and to assimilate information for instructional presentations to the veterinary students, this report was conceived.

Statement of the Problem

As assessment was needed on the practice of radiology in Oklahoma's veterinary clinics. The review was to establish the types of radiographic equipment and the radiographic techniques used in selected examinations. Reviews of the radiation safety practices and mean cost of referenced examinations will also be addressd.

Purpose of the Study

The purpose of the study was to collect and analyze data from the members of the Oklahoma Veterinary Medical Association, relative to the use of radiographic equipment, accessory equipment, radiographic techniques, radiographic film processing, radiation safety, and assessment of selected charges. The data is to provide information for the purpose of discussion in formal and informal classes of veterinary radiology.

Objectives of the Study

In order to accomplish the purpose, the following objectives were organized.

1. To identify the types of radiographic equipment.
2. To identify the types of radiographic films and screens.
3. To determine radiographic procedures performed.
4. To determine the mode of radiographic film processing.
5. To determine if radiation safety practices were used.
6. To assess the cost of selected radiographic procedures.

Definition of Terms

The following definitions were taken from Morgan (1984).

Calcium Tungstate: A fluorescent salt used in the manufacture of x-ray intensifying screens.

Contrast: Relationship of the density of an image on the radiograph with densities of the surrounding images.

Density, Radiographic: The quantitative measure of the blackening of the photographic or radiographic image.

Dorsopalmar/AP: Describes entry of x-ray beam on the dorsum of the leg from the carpus and tarsus distally and exiting on the palmar surface of the leg

Film Badge: A photographic film used as a radiation monitor partly shielded to differentiate between types and qualities of radiation.

Film Speed: Characteristics of radiographic film that indicates how much radiation is required to produce a specified density on the film.

Grid: A thin plate consisting of alternating strips of radiopaque and radiolucent material which attenuate the scattered radiation.

Intensifying Screens: Used in contact with the x-ray emulsion in order to intensify or add to the photographic effect of the radiation falling upon it.

Kilovoltage peak (kVp): Determines the penetrating ability, or quality, of the x-ray beam.

Lateral View: Radiographic projection taken from the side of the animal.

Lead Apron: A lead rubber apron worn to protect personnel from

scattered radiation.

Lead Gloves: Lead rubber gloves worn to protect personnel from scattered radiation.

Milliamperage (mA): Term that describes the number of x-rays produced during an exposure--the flow of electrons across the x-ray tube.

Milliamperage-Seconds (mAs): Exposure magnitude expressed as the product of milliamperage and time in seconds.

Photographic Effect: Ability of x-rays to be absorbed by a photographic emulsion and cause ionization that permits reduction of silver bromide to metallic silver.

Radiation Monitoring: A means of measuring the amount of exposure an occupational worker receives from ionizing radiation.

Radiographic Exposure: Radiation exposure for the express purpose of producing images on display systems, such as photosensitive emulsions, fluorescent screens, cathode ray tubes, etc.

Rare Earth Screens: Intensification screens that use rare earth phosphors.

Radiographic Film: Film designed for use in conjunction with intensifying screens particularly sensitive to ultraviolet and blue light.

Radiographic Units: An electro-mechanical system capable of producing a beam of x-ray.

Portable: A unit that can be hand carried.

Mobile: A unit that is on wheels and can be moved around the facility.

Fixed: A unit that is permanently fixed in one location.

Ventrodorsal View: Radiographic projection taken from the ventral (abdominal) side of the animal.

X-rays: Electromagnetic radiation of wavelength less than 100 Angstrom units produced by the interaction of an electron beam with a material such as a tungsten target in an x-ray tube.

Scope and Limitation of Study

This study is limited to members of the Oklahoma Veterinary Medical Association (OVMA) as listed in the 1986 roll of members as of April 1, 1986.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this chapter is to present the reader with a review of the literature which describes theories and application of radiographic procedures. There are six primary areas of concern in establishing radiographic facilities. They are: equipment, films and screens, processing techniques, technique charts, radiation safety, and economics.

Radiographic Equipment

The radiographic machine, generator, tube, tube stand, et cetera., should have a capacity which is adequate to produce consistent films of diagnostic quality on all types and sizes of patients normally treated in the hospital. Recommendations of the American Animal Hospital Association (AAHA) in the past placed 100 mA at 100 kVp as the minimum capacity for the machine. Within the last seven to ten years, most hospitals that have purchased new units obtained machines with the capacity of 200 to 300 mA at 125 kVp. These units, offered by a few companies which are seeking to directly serve the veterinary profession, have been quite satisfactory in their performance. Machines with capacities under the 100 mA at 100 kVp are less suitable for animal hospital use. With those units, most veterinarians were unable to consistently produce diagnostic films of larger patients. For obvious

reasons, portable x-ray machines with ten to 15 mA at 70-80 kVp capacities have even greater limitations. Portable machines do have value for use away from the hospital (AAHA, 1983).

Radiographic machines can be readily identified in three major categories: portable, mobile, or fixed units. Each unit has definite advantages and disadvantages. When the milliamperage is low, there usually must be an increase in the time of exposure in order to maintain radiographic density. The density is primarily controlled by the product of the milliamperage and the time in seconds. The product of these two variables is termed the milliamperage-seconds (mAs).

Portable Machines

Approximate output is ten to 30 mA and 70-90 kVp. The principle limiting factor is the low mA which necessitates longer exposure times and thus predisposes to blurring as a result of movement. These units can be satisfactory for examination of the canine skeletal system and the lower limbs of larger animals. The limitations of the portable machine becomes more apparent when attempting radiography of the abdomen and, in particular, the chest. Blurring caused by respiratory movement is, of course, a major problem when radiographing the chest (Douglas, 1978).

Mobile Machines

The maximum output of the majority of these machines is likely to be 40-60 mA and 90 kVp. There are a few machines that have much higher output (300 mA and 125 kVp). In general, these machines are suitable

for small animal work and the increased output enables most radiographic examinations to be attempted. They can be rather cumbersome to maneuver when working around large animals, but the higher output would permit radiography of the upper limbs, head, and neck (Douglas, 1978).

Fixed Machines

The output of these machines may reach as high as 1500 mA and 150 kVp. Smaller units with outputs of 300-500 mA and 125 kVp are now finding their way into some veterinary practices as secondhand machines. Providing that the problem of installation (adequate space, safety protection, suitable electrical supplies, etc.) can be overcome, such machines would permit practically all small and large animal examinations to be attempted (Douglas, 1978).

Radiographic Films and Screens

X-ray film is exposed primarily by the visible light which is produced when an x-ray photon strikes the intensifying crystals on the screen. The amount of light emitted by the screen is proportional to the amount of radiation absorbed by the intensifying screens. The more light a screen produces, the less x-ray exposure is needed to expose the radiographic film (Pharr, 1979).

Because of the increased use of radiography in human medicine and an increase in the concerns of exposure to the general population, there has been extensive research on the production of screens which would be more light efficient. Rare-earth screens were the result of

this research. For decades almost all conventional intensifying screens were made with the phosphor: calcium tungstate.

Rare-earth screens made from lanthanum oxybromide emit blue light, as do the calcium tungstate screens. This allows for the use of the same radiographic film and allows a significant reduction in the amount of radiation necessary to produce a radiographic image. When compared against high-speed calcium tungstate intensifying screens, the lanthanum oxybromide intensifying screens allow a reduction of 75 percent in exposure. This reduction is normally accounted for in the reduction of the time of exposure, resulting in radiographs with less patient motion. The reduction in exposure also reduces the amount of radiation received by the patient and, therefore, the amount of radiation exposure to health care personnel.

Radiographic Processing

Proper darkroom techniques are essential to the production of diagnostic quality radiographs and generally enhance the capabilities of the radiology facility. Poor darkroom design, technique, and maintenance are probably the major cause of poor radiographic quality in private practice. Thus, the private veterinary practitioner is encouraged to understand and practice good darkroom technique (American College of Veterinary Radiology (ACVR), 1981).

Most veterinarians process radiographs by hand, although many practitioners are purchasing automatic processors. This latter group appears to be increasing rapidly. The major advantage of automatic processors are the consistency and speed of film processing. The major advantages of automatic processors are the consistency and speed of

film processing. The major disadvantages is the cost of the unit which is often partially offset by an increasing radiographic case load due to the increased convenience of processing. Although automatic processors are a definite advantage, one should attempt a cost analysis and try to project the need for, or benefits of, such a unit prior to purchase (ACVR, 1981).

The general principles of good darkroom technique apply whether manual or automatic processing is employed. The darkroom should be kept clean to avoid radiographic artifacts. Proper darkness must be maintained; this includes elimination of light leaks from around doors and proper safe-light wattage and filters. In order to maintain radiographic quality, consistency in film processing must be adhered to. The principles of a time-temperature relationship must be observed and proper replenishment maintained (ACVR, 1981).

Radiographic Technique Chart

A technique chart is a table with pre-determined x-ray machine settings that enables the radiographer to select the correct machine settings based on the thickness of tissue and the anatomical portion of the body to be radiographed. Use of these machine settings will regularly produce a diagnostic radiograph. Technique charts become of value only when the radiographer has developed confidence in them. The technique chart prevents unnecessary waste of time and film due to the use of inappropriate exposure factors. Use of a technique chart does away with the necessity of sight developing. It is often believed that a combination of mA, time and kVp settings that produces a satisfactory

radiograph when used with one machine will also produce acceptable radiographs with another machine. This is not true as part of the problem lies with basic inherent differences in the x-ray machines while different types of accessory radiographic equipment and procedures also contribute greatly to production of a different quality of radiograph. Factors which may contribute to these differences are:

1. Speed and age of the intensifying screen
2. Speed of the radiographic film
3. Focal-film distance
4. Amount of beam filtration
5. Temperature and time of processing
6. The type of grid (if one is used)
7. Inherent differences in the settings of the x-ray machine

It is because of these factors that a technique chart must be developed for each particular x-ray machine and processing facility (Morgan, 1984).

Radiological Safety

X-rays are a form of radiant energy of extremely short wavelength produced when a fast moving stream of electrons collide with a tungsten target. The primary radiation is emitted in all directions although the design of the x-ray tube is such that the intensity is directed toward the tube port. The x-ray beam thus produced and emerging from the port is referenced as the primary beam. It is the primary beam that is used in the production of the radiographic image. This image is formed by the differential absorption of the x-ray beam by the various tissue compositions and organs of the animal, resulting in the

various densities produced on the film (Lee, 1978).

It was noted that there were two major sources of exposure to health care personnel involved in the radiographic examination:

1. The primary radiation coming from the radiographic tube.
2. The secondary or scattered radiation produced by the interaction of the primary beam and the animal.

The obligation of the owner/operator of radiographic equipment is to safeguard the health of their employees and the general public from possible harmful effects of radiation. The dangers to the animal are relatively small, although the possible effects on breeding animals and pregnant females should always be considered when radiographic examinations are performed (Lee, 1978).

Areas that should be considered for protection from unnecessary radiation exposure include the following (NCRP, #36):

1. The tube housing should be so designed that there is a minimum amount of radiation coming from other than the port.
2. The primary beam should be filtered with 2mm of aluminum to remove the long wavelength radiation from the beam.
3. The primary beam should be so restricted to the area of clinical interest through the use of cones, diaphragms, or collimators.
4. All personnel associated with the radiographic procedures should be adequately protected with lead aprons and gloves.
5. The animal should be passively restrained, if at all possible, so that personnel are not required to immobilize the patient.

Economics

The break-even concept is the most accurate cost accounting

technique for establishing fees for radiographic examinations. In this technique the fixed costs and variable cost are determined. When the number of radiographic examinations are known, a fee for each examination can be calculated that will pay for all of the cost associated with that radiographic examination (Ticer, 1984).

Fixed costs are generally considered to be the cost of the facilities and of the radiographic equipment. The building is assessed in accordance with the number of square feet that produce income. Equipment is generally classified as material expected to last over 12 months and cost more than \$100.00. The annual cost of the facility and equipment should include: maintenance, taxes, and insurance expenses.

Variable cost would include the salaries associated with personnel employed by the facility. In addition to salary, cost of expendable items, utilities, office supplies, bank charges, accountant and lawyer fees, and the cost of continuing education and licenses may be included.

Summary

The review of literature presented background information on six primary areas of concern in establishing a radiographic facility. They included equipment, films and screens, processing techniques, technique charts, radiation safety, and economics.

The application of radiological techniques in veterinary medicine has continued to increase in the past three decades. This growth is associated with the sophistication of diagnostic tools for the treatment and interpretation of clinical signs and symptoms in both the human and

animal population. In order for the veterinary practitioner to take advantage of the advances which are changing daily, it is important to recognize the relationship of many parameters which influence the production of radiographs of diagnostic quality.

CHAPTER III

METHOD OF STUDY

The purpose of this chapter is to describe the methods and procedures used in conducting the study. The main purpose was to survey the types of radiographic equipment and the types of radiographic procedures used in veterinary clinics in the state of Oklahoma. Thus, the purpose provided guidance for the design of the investigation.

As was stated in the review of literature, there are many areas involved in developing an effective radiographic facility. The primary areas which were used for criteria in the review of the literature are equipment, films and screens, processing techniques, technique charts, radiation safety, and economics.

Study Population

A review of traditional sources of literature indicated that there has not been similar research in the evaluation of radiographic facilities in veterinary clinics. Review of the quality of radiographs submitted to the Section of Radiology, Boren Veterinary Medical Teaching Hospital, for radiographic consultation indicated that there was a need to assess the use of radiology in veterinary clinics in the State of Oklahoma. Discussion with senior veterinary students who had participated in the College of Veterinary Medicine preceptor program

indicated that there was a lack of uniformity in the use of radiological techniques. With these two concerns in mind, it was decided to conduct a state wide survey of Oklahoma Veterinary Medical Association (OVMA) member veterinary clinics.

Development of the Instrument

In developing the questionnaire, the writer set up a form which would identify six primary areas. They are:

1. Identification of radiographic equipment
2. Identification of films and screens
3. Identify techniques for selected examinations
4. Identify the mode of film processing
5. Survey the use of radiation safety
6. Assess the charges for selected examinations

Eighty-eight questions were developed in the closed questionnaire format. Responses called for a simple "yes" or "no" answer, a short response, or item check.

Collection of Data

The 1986 membership list of the Oklahoma Veterinary Medical Association (OVMA) was obtained from the executive office of the OVMA. The veterinarian's name and the address of the clinic was obtained for use in mailing the survey. There were 692 members identified on the membership list. It was decided to exclude members who were known to be involved in academics, administration, or who were no longer actively participating in a veterinary clinic.

The survey questionnaires were with a cover letter by the Dean,

College of Veterinary Medicine and the director of Radiology, Boren Veterinary Medical Teaching Hospital, was mailed on April 15, 1986. A return date of no later than August 15, 1986 was requested.

Analysis of Data

After the completed questionnaires were received, the data was inputted into the radiology IBM PC/XT computer, using the program "DATA EASE." Descriptive statistics including means, frequencies, and percentages were used in analyzing the data and describing the results. Reference to the veterinary clinics can be made by placing the last four digits of the telephone number first and then adding the first three numbers. It was this seven digit number that was recorded on some data sheets.

CHAPTER IV

RESULTS

The purpose of this study was to collect and analyze data on the practice of radiology in veterinary clinics in the State of Oklahoma. The study was restricted to the members of the Oklahoma Veterinary Medical Association as of April 1, 1986. Members of the association, who could be identified as members of the academic community, administrators, or who were no longer actively practicing veterinary medicine were excluded from the survey. There was a total of 646 questionnaires mailed on April 15, 1986. Forty-one and three tenths percent or 267 questionnaires, were returned by the end of the four month period.

Analysis of Data

The analysis of data is represented under six headings: (1) Types of radiographic equipment; (2) Types of radiographic films and screens; (3) Radiographic techniques of selected examinations; (4) Modes of radiographic film processing; (5) Radiation safety practices; (6) Cost of selected radiographic examinations.

Types of Radiographic Equipment

Two hundred and six radiographic units were identified in the survey. These units were classified as to portable, mobile, or fixed. Units were further identified as to manufacturer, year purchased,

whether the purchase was for a new unit or used unit and if the purchase was prior to or after January 1, 1980. Minimum, maximum, and mean values for milliamperage (mA), kilovoltage (kVp), and cost was established. Survey data collected is presented in Table I through Table XVI.

Portable units represented 35 percent or 73 units and identified ten manufacturers. Two units were not identified as to the manufacturer. For new units purchased prior to 1980 the mean mA was 18, mean kVp was 77 and the mean cost was \$1699.16. For new units purchased after January 1, 1980 the mean mA was 21, mean kVp was 83 and the mean cost was \$3075.71. Units purchased used prior to 1980 the mean mA was 37, the mean kVp was 85 and the mean cost was \$490.71. Units purchased used after January 1, 1980 , the mean mA was 34, the mean kVp was 83, and the mean cost was \$1287.50. Data on seven units did not provide information relative to new or used, cost or year purchased. However, the mean mA was 23 and the mean kVp was 74.

Mobile units represented 22 percent or 45 units and identified 12 manufacturers. One unit was not identified as to its manufacturer. Only one new unit had been purchased prior to January 1, 1980, the mean mA was 25 and the kVp was 95. The cost of this unit was not provided. Two new units were purchased after January 1, 1980, the mean mA was 30, the mean kVp was 93 and the mean cost was \$3065.00. For used units purchased prior to 1980 the mean mA was 59, the mean kVp was 103, and the mean cost was \$1246.15. The used units purchased after January 1, 1980 had a mean mA of 78, a mean kVp of 96 and a mean cost of \$2039.28. Five units could not be classified as to date of purchase or as to whether the units were new or used. The mean mA of the units was 94,

the mean kVp was 101, and the mean cost was \$1350.00.

Fixed units accounted for 34 percent or 71 units and represented 15 manufacturers. The mean cost of a new unit purchased prior to 1980 was \$5591.50, with the mean mA being 160 and the mean kVp at 110. For a new unit purchased after January 1, 1980 the mean cost was \$9469.09 and the mean mA was 300, with a mean kVp of 120. Used units purchased before 1980 had a mean mA of 132 and a mean kVp of 98. The mean cost was \$2121.73. Used units purchased after January 1, 1980 had a mean mA of 173, mean kVp of 100 and a mean cost of \$2642.33. Three units could not be referenced as to either date purchased, cost, or if the unit was purchased new or used. The mean mA of these three were 60 and the mean kVp was 90.

Seventeen radiographic units could not be classified as to portable, mobile, or fixed. Six manufacturers were identified. Eleven units had no designation as to manufacturer.

Types of Radiographic Film and Screens

The information on radiographic film, radiographic intensifying screens and the relative speed of the screens were provided in Table XVII through Table XX. Radiographic films were identified as to manufacturer, facilities counted and percentages. Twelve manufacturers were noted, with three of the companies representing 78 percent of the film used. 3-M Corporation represented 39 percent or 47 facilities, Dupont had 20 percent or 24 facilities, and Kodak had 29 percent or 23 facilities. The remaining nine companies represented 22 percent or 27 facilities.

Radiographic screens were referenced as to information on manufacturers, facilities counted, and percentage. Eleven companies were identified on the survey of screens. The leading two companies were Dupont with 47 percent or 54 facilities and Kodak with 33 percent or 38 facilities. Nine other manufacturers represented 20 percent or 24 veterinary clinics.

The radiographic film/screen survey portion of the questionnaire, also asked for the speed of the intensifying screen. One hundred and twenty-six responses indicated that 33 percent or 40 clinics were using the new rare earth type screens. While 46 percent or 57 facilities were using hi plus and 21 percent or 26 facilities were using the old par speed screens.

Radiographic Techniques of Selected Examinations

Techniques for examination of the small animal thorax, the small animal pelvis and the large animal carpus was requested. The information was classified as to the type of equipment used; portable, mobile, or fixed. The data also represents the minimum, maximum, and mean of the mA, time, kVp, and distances. The use of a grid was also considered. The millamperage (mAs) was calculated from the mean mA and the mean time values. Data on techniques is found in Table XXI through Table XXIII.

Radiographic techniques for the small animal thorax measuring 15 centimeters (cm) in the lateral projection indicates that the average technique for a portable was 8 mAs, 68 kVp, 33 inch target film distance (TFD), and no grid. The technique for the mobile unit was 16

mAs, 62 kVp, 31 inch TFD, and no grid. For the fixed unit the average settings were 20 mAs, 69 kVp, 36 inch TFD, and a grid was used 58 percent of the time.

The radiographic examination of a 12 cm small animal pelvis provided data that the mean technique for the portable unit was 9 mAs, 68 kVp, 32 inch TFD, and no grid. The mobile units average technique was 16 mAs, 61 kVp, 32 inch TFD, and no grid. For the fixed unit the average mAs was 22, the kVp 67, TFD was 36 inch, and 26 out of 38 responses indicated they were using a grid.

The technical factors for radiography of a 10 cm large animal carpus gave the following information. A grid was used on one out of 19 responses on the portable, not at all on the mobile and one out of five on the fixed unit. For a portable unit, the mean mAs was nine, the mean kVp was 70, and the mean TFD was 30 inches. The values for exposure on the mobile unit was a mean mAs of 12, the mean kVp was 69 and the TFD was 32 inches. Five responses implied that they were using a fixed unit for radiography of the large animal carpus. The data for this unit was a mean mAs of 35, mean kVp of 63, and mean TFD of 36 inches.

Modes of Radiographic Film Processing

This part of the survey questionnaire addressed the question of how radiographic film processing was being accomplished in the veterinary clinics. Eighty five percent or 147 facilities indicated that they were manually processing their radiographs at the clinic. The minimum, maximum, and mean values for temperature and time of

processing in both the developer and fixer is provided in Table XXV.

Nine new and three used automatic processors were reported. The average cost of the new units were \$3500.00 One used unit had a price listed and it was for \$500.00. Ten companies were identified on the automatic processor list. Complete data is included in Table XXVI. Eleven veterinary clinics indicated on their surveys that they were processing the radiographs away from the office. This is usually done at another clinic, either veterinary or human.

Radiation Safety Practices

The survey of radiation safety practices in the clinics was to address the effective control of radiation hazards. Question one dealt with whether personal monitoring was being provided to the radiation worker. Ninety-eight percent or 103 facilities were providing either film badges--80 responses, or thermoluminescence dosimetry (TLD)--23 responses. Two percent of the responses indicated they did not have personnel monitoring available. Eighty-five of the respondents indicated that they badge each individual who might be exposed to ionizing radiation, this comprised 94 percent, where four percent or five responses indicated that they were utilizing a group badge to monitor personnel. The change period for the monitoring systems, revealed 52 percent or 49 clinics were changing on a monthly basis. Forty-six or 44 clinics were changing on a weekly schedule, and two facilities were changing on a quarterly basis.

The second question asked if lead aprons and lead gloves were available and if they were being used. Ninety-eight percent or 169 facilities indicated "yes", with two percent or four clinics responding

that they did not have protective equipment. The last question was to determine if the veterinary clinic had been inspected by the Radiation Control Division of the Oklahoma Department of Health. Seventy-eight percent, or 124 clinics, indicated "yes" and 22 percent or 35 clinics indicated "no". Data is contained in Table XXVII.

Cost of Selected Radiographic Examinations

The cost assessment was based against the examinations referenced in the radiographic technique portion of the questionnaire. These examinations were for two views of the small animal thorax, two views of the small animal pelvis, and two views of the large animal carpus. Data collected was evaluated against the minimum, maximum, and mean cost in each examination area. Data referenced is also provided in Table XXVIII. The cost range for two views of the small animal thorax was \$12.50 to \$67.50 with a mean of \$32.50. The assessment of the small animal pelvis provided the same range and mean as did the small animal thorax. The cost for the large animal carpus ranged from \$12.50 to \$50.00 with the mean being \$29.37.

The final analysis of data revealed 57 respondents were not providing radiology services. Twenty-four duplicate records were identified. Sixteen clinics had two radiographic systems, two facilities had three units and one clinic had four radiographic machines. Referenced data are contained in Table XXIX.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to collect and analyze data on the use of radiology in veterinary clinics in the State of Oklahoma. A questionnaire was developed and mailed to the membership of the Oklahoma Veterinary Medical Association. A total 646 questionnaires were mailed on April 15, 1986 with a requested return of August, 15, 1986. A return rate of 41.33 percent provided 267 responses from which to develop an assessment of the use of radiology in veterinary clinics in the State of Oklahoma.

Conclusions and Recommendations

The findings of this study can be most effectively reported by responding to the questions formed by the objectives posed in Chapter I. The answers to the following survey questions are based on an analysis of the information contained in the preceding chapter.

Survey Question One-Radiographic

Equipment

Data on radiographic equipment identified 206 units and 23 manufacturers. Portable units purchased new after January 1, 1980 had increased in mean price by 44.7 percent, and the mean mA had increased by 14.3 percent, while the mean kVp came up only 6.3 percent. Used

portable units purchased after January 1, 1980 increased in mean price by 72 percent, while the mean mA had decreased by 9.2 percent and the mean kVp by 2.4 percent.

Mobile units had only one unit purchased new prior to 1980, no price was available on this unit. Two units purchased new after January 1, 1980 average \$3065.00 this data does not allow for a reference between the systems on price. There was an increase in the mean mA of 16.7 percent and a decrease in the mean kVp by 2.1 percent. Used mobile units rose in mean price by 39 percent for machines purchased after January 1, 1980. The mean mA increased by 24.4 percent and mean kVp decreased 6.8 percent.

There was an increase in the mean price for new fixed units purchased after January 1, 1980 by 61 percent. However the mean mA of these units also increased by 45 percent and the mean kVp by 8.3 percent. Used fixed units increased by 19.7 percent for units purchased after January 1, 1980, while the mean mA increased by 33.7 percent, and the mean kVp by 2.0 percent.

It might be assumed that if we would conduct a follow-up of this survey for a number of years that there would be little change in the types of equipment available to the practicing veterinarian. The only major changes projected would be a continuing increase in the mean prices for all styles of radiographic equipment, with only a modest increase in the mean mA and mean kVp.

Survey Question Two-Radiographic

Film/Screens

Radiographic film information identified 12 companies providing

film to the veterinary community. Three companies accounted for 78 percent of the film usage. These companies are also highly visible national corporations and would also represent the majority of human radiography usage.

Radiographic screens revealed 11 manufacturers with Dupont and Kodak holding 80 percent of the market. An assessment of the relative speed of the screens indicated there were 21.39 percent plus still using the old par speed screens. Forty-one and two tenths percent were using the new rare earth screens. It is hoped that within a short period of time there could be a discontinuance of the par speed screens as more used rare earth screens are released on the market.

Survey Question Three-Radiographic Techniques

The assessment of the radiographic techniques is difficult due to the fact that many assumptions relative to the combined factors of film, screens, speeds, technical settings, processing, and machine output are not standardized. When reviewing the relationship between the portable and mobile techniques for the small animal thorax the mA is approximately doubled on the mobile and the kVp on the portable system is increased by six, this would provide for radiographs that would be approximately half the density on the portable as on the mobile. This may be corrected when it is noted that twice as many hi-plus screens were identified in the portable tally as was identified on the mobile. The fixed unit increased in the mean mAs, the mean kVp, and the mean TFD. These parameter settings may be offset by the fact

that 57.5 percent of the respondents indicated the use of a grid.

The review of the techniques for the small animal pelvis show a mean technique equal to what was used on the small animal thorax. This provides a close correlation to what would be expected when changing from a primarily air filled cavity to a bony structure. The exposure parameters for the large animal carpus must be assumed to be from the portable and mobile units. It is unlikely that the veterinary practices were doing radiography on the equine patient with a fixed unit. However, there was five responses in this area. Techniques for radiography of the carpus using either the portable or the mobile units were very close to being equal when the mean radiographic effect is considered.

Any further review of techniques for radiography of the veterinary patient should be made at the clinics. This would allow for greater accuracy when examining all of the factors which contribute to the total radiographic image.

Survey Question Four-Radiographic Processing

The majority (86.4 percent) of veterinary clinics were manually processing the radiographs. The analysis of the mean data relative to manual processing provided a true linear response of the time--temperature relationship. However, when reviewing the individual responses from the survey some extremes to acceptable processing techniques were noted. Twelve automatic processors were identified in the survey. Half of which were purchased within the last five years, and only one of the remaining was purchased prior to 1980. There were

few facilities who had elected to forego the expense or trouble of manual processing and processed their radiographs outside the clinic. It might be projected that further studies would show an increase in the number of automatic processors as more used units are made available and prices are reduced.

Survey Question Five-Radiation Safety

The first area of radiation safety was to address personnel monitoring. One hundred and three responses out of 105 indicated they were providing some form of personnel monitoring to the occupationally exposed worker. The use of film badges was the most acceptable means of monitoring. This is probably related to the fact that the college uses this form. The Oklahoma Department of Health, Radiation Protection Division usually recommends the use of thermoluminescence dosimetry, because of its longer useful life, which does not require as frequent a period of change as does the film badge. The response on the availability and usage of the lead aprons and gloves, indicated that protective equipment was being provided 97.7 percent of the time. A field study on the integrity of protective equipment used in the veterinary clinics might prove to be of interest. The portion of the survey questioning inspection by the state provided 159 responses, of which 78 percent or 124 indicated that they had been visited by one of the inspectors. Information from the Oklahoma Department of Health, showed that by the end of 1986, 145 facilities had been inspected.

Survey Question Six-Assessment of Cost

The assessment of the cost of selected radiographic examinations, indicates that the mean cost for two views of the thorax or the pelvis of a small animal patient was \$32.50. The differences in the minimum and maximum for these examinations may possibly be attributed to the cost of anesthesia being included. The cost for radiography of the large animal carpus had a mean price of \$29.37. The spread in the range here may be associated with cost for traveling to the clients to provide radiographic services.

It is recommended that additional studies regarding the use of radiology in veterinary clinics be undertaken. The information derived has provided data relative to the types of radiographic units, the types of radiographic film/screens, radiographic techniques for selected examinations, modes of radiographic film processing, a review of the use of radiation safety and an assessment of the mean cost of selected radiographic examinations. Further studies should incorporate visits to the facilities for the purpose of direct interview and recording additional information. Photographic documentation of radiographic units and of the radiology area would be strongly suggested.

A SELECTED BIBLIOGRAPHY

- American Animal Hospital Association. Standards for AAHA Hospitals.
Denver, CO: American Animal Hospital Association, 1983.
- American College of Veterinary Radiology. Guidelines for Radiology in Veterinary Medicine. (Unpublished paper submitted to the AVMA Council on Veterinary Services, 1981.) Schaumburg, IL: ACVR Committee to Formulate Standards for Radiology in Veterinary Practice, 1981.
- Douglas, S. W. "X-Ray Equipment for Veterinary Practice." Veterinary Record, Vol. 103 (1978), pp. 88-90.
- Gibbs, Christine. "Use of Diagnostic Radiology in Veterinary Practice." Veterinary Record, Vol. 103 (1978), pp. 93-96.
- Herrtage, M. E. "Radiographic Technique." Veterinary Record, Vol. 103, (1978), pp. 90-92.
- Lee, Robin. "Radiation Protection in Veterinary Practice." Veterinary Record, Vol. 103 (1978), pp. 97-100.
- Morgan, J. P. and Silverman, Sam. Techniques in Veterinary Radiography. Davis, CA: Veterinary Radiology Associates, 1984.
- National Council on Radiation Protection and Measurements. Radiation Protection in Veterinary Medicine--NCRP Report No. 36. Washington, DC: National Council on Radiation Protection and Measurement, 1970.
- Pharr, John W. and Fretz, Peter B. "X-Ray Intensifying Screen Technology for Improving Veterinary Field Radiography." Journal of American Veterinary Medical Association, Vol. 175 (1979), pp. 1103-1105.
- Ticer, James W. Radiographic Techniques in Veterinary Practices. Philadelphia, PA: W. B. Saunders, Company, 1984.

APPENDIXES

APPENDIX A

TABLE I THROUGH TABLE XXIX

TABLE I
RADIOGRAPHIC UNITS

MANUFACTURES	PORTABLE	MOBILE	FIXED	NOT IDENTIFIED
BENNETT	0	0	5	0
BOWIE	13	0	0	0
CGR	0	1	0	0
CONTINENTAL	0	2	2	2
DIAGNOSTIC X-RAY	1	0	0	0
EUREKA	0	0	1	0
FISHER	5	6	8	1
GENERAL ELECTRIC	3	6	13	1
KELLY-KOETT	0	1	0	0
KRAMEX	16	0	0	0
MACHLETT LABS	0	0	1	0
MATTERN	0	0	1	0
MIN X RAY	12	0	1	0
PHILLIPS	0	1	0	0
PICKER	4	7	3	0
PROFEXRAY	11	8	8	1
SEREND	4	0	0	0
STANDARD	0	1	2	0
TOSHIBA	0	1	0	1
TRANSWORLD	0	0	1	0
UNIVERSAL	2	8	13	0
WRAPPLER	0	0	1	0
WESTINGHOUSE	0	2	11	0
UNKNOWN	2	1	0	0
NOT DEFINED	0	0	0	11
TOTAL	73	45	71	17
TOTAL UNITS	**206**			

TABLE II
PORTABLE UNITS PURCHASED NEW PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
BOWIE		20	80		78
BOWIE		10	70		76
BOWIE		15	80	2,395.00	78
FISCHER	FP-100	10	90		77
FISCHER	FP-200	20	90	2,000.00	76
KRAMEX	PX20N	20	72		78
MIN X RAY	100	15	63	1,200.00	79
MIN X RAY		15	63		65
MIN X RAY		15	63		
MIN X RAY	100	15	63	1,000.00	74
MIN X RAY	300	30	100	3,000.00	76
SEREND		15	63	600.00	70
UNIVERSAL		30	100		56
<hr/>					
minimum		10	63	600.00	
maximum		30	100	3,000.00	
mean		18	77	1,699.16	

TABLE III

PORTABLE UNITS PURCHASED NEW AFTER JANUARY 1, 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
BOWIE		20	80	2,500.00	80
BOWIE		20	80	2,800.00	85
BOWIE					86
BOWIE	TP-20	20	80	3,000.00	85
BOWIE	TP-20	20	80	2,795.00	84
BOWIE		20	80	2,400.00	82
BOWIE (TANAKA)	TP 202	13	70	1,500.00	84
FISCHER		20	90	4,000.00	83
KRAMEX	PX20N	20	80	2,300.00	84
KRAMEX		20	80	3,200.00	81
KRAMEX	PX 20N	20	80	2,500.00	80
KRAMEX	DX 30N	30	100	4,095.00	83
KRAMEX		20	80		85
KRAMEX		20	90	4,000.00	86
KRAMEX	PR 8020	20	80	3,000.00	85
KRAMEX	PX-20N	20	80		86
KRAMEX		20	80	3,000.00	80
KRAMEX		20	80	3,000.00	80
KRAMEX		20	80	3,000.00	80
KRAMEX		20	80	3,000.00	80
KRAMEX	DX30N	30	100	4,000.00	84
KRAMEX	PX 30N	20	80		85
KRAMEX 80	PX 20N	20	80	3,500.00	85
MIN X RAY	300	30	90	3,500.00	85
MIN X RAY	300 (A)	30	90	3,500.00	82

minimum		13	70	1,500.00	
maximum		30	100	4,095.00	
mean		21	83	3,075.71	

TABLE IV

PORTABLE UNITS PURCHASED USED PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
BOWIE					
FISCHER					
MIN X RAY		15	63		74
PICKER	ARMY	100	100	1,500.00	73
PICKER	TYPE 793	90	100	650.00	71
PROFEXRAY				30.00	
PROFEXRAY	A	20	80		57
PROFEXRAY	F-1A	20	80	500.00	75
PROFEXRAY	A	20	80	5.00	79
PROFEXRAY		20	80	500.00	75
PROFEXRAY	OLD	15	80	250.00	72
UNIVERSAL		30	100		66

minimum		15	63	5.00	
maximum		100	100	1,500.00	
mean		37	85	490.71	

TABLE V

PORTABLE UNITS PURCHASED USED AFTER JANUARY 1, 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
				1,500.00	83
		100	100	500.00	81
BOWIE		20	80		86
BOWIE				2,100.00	85
FISCHER	TC-50	50	100	2,200.00	84
GENERAL ELECTRIC	11CD2-2	15	90		82
GENERAL ELECTRIC	90 TYPE 2	15	90	1,800.00	82
GENERAL ELECTRIC	D TYPE 3			350.00	82
MIN X RAY	110	13	68	1,800.00	83
PICKER	43	100	100	3,000.00	84
PROFEXRAY		20	80	400.00	84
PROFEXRAY	VERY OLD	20	80		80
PROFEXRAY	A	20	80	550.00	81
SEREND	20	15	63	750.00	82
SEREND	SEREND 20	15	63	500.00	85

minimum		13	63	350.00	
maximum		100	100	3,000.00	
mean		34	83	1,287.50	

TABLE VI
PORTABLE UNITS NOT CLASSIFIED

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
DIAGNOSTIC X-RAY	MT-40	50	100		
MIN X RAY		15	63		
MIN X RAY		15	63		
MIN X RAY		15	63		
PICKER					
PROFEXRAY	227-T	20	80		
SEREND	20				
<hr style="border-top: 1px dashed black;"/>					
minimum		15	63	0.00	
maximum		50	100	0.00	
mean		23	74		

TABLE VII

MOBILE UNITS PURCHASED NEW PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. - PURCHASED
UNIVERSAL	MOBILMASTR	25	95		50

minimum		25	95	0.00	
maximum		25	95	0.00	
mean		25	95		

TABLE VIII

MOBILE UNITS PURCHASED NEW AFTER JANUARY 1, 1987

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
UNIVERSAL		30	90		85
UNIVERSAL	MBLMSTR 30	30	95	3,065.00	80

minimum		30	90	3,065.00	
maximum		30	95	3,065.00	
mean		30	93	3,065.00	

TABLE IX

MOBILE UNITS PURCHASED USED PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
CONTINENTAL	EH-S	60	100	1,200.00	79
FISCHER	TG-50	50	100	1,200.00	76
FISCHER	TC-30	30	100	500.00	79
FISCHER	L-11-046	40	100	900.00	79
FISCHER	SS-30	25	120	2,700.00	75
FISCHER	L-11046	40	100	900.00	79
GENERAL ELECTRIC		15	90		72
GENERAL ELECTRIC	11AA2-3	15	90		
GENERAL ELECTRIC	TYPE 88	12	140		64
GENERAL ELECTRIC	D-2	30	90	750.00	76
KELLY-KOETT		100	100	1,500.00	72
PICKER		300	120		79
PICKER		200	130	4,500.00	76
PROFEXRAY	MI-A	20			78
PROFEXRAY		20	80	300.00	
PROFEXRAY	14-1A	15		750.00	79
PROFEXRAY		25	100		77
TOSHIBA	KCD-10-M	50	100		
UNIVERSAL	A 4G1 ?	25	100	500.00	64
UNIVERSAL	EASYMATIC	100	100		
UNIVERSAL				500.00	79
<hr/>					
minimum		12	80	300.00	
maximum		300	140	4,500.00	
mean		59	103	1,246.15	

TABLE X

MOBILE UNITS PURCHASED USED AFTER JANUARY 1, 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
CGR	UZ260PSPG	250	120	5,000.00	86
CONTINENTAL	EH-5	40	90	1,600.00	84
FISCHER	TC-20	30	90		83
GENERAL ELECTRIC		100	90	1,500.00	81
GENERAL ELECTRIC	GE 100	30	100	500.00	80
PICKER	6139	300	120	4,000.00	80
PICKER	ANTIQUE	30	90	2,600.00	86
PICKER		100		3,000.00	83
PICKER		30	90	1,500.00	86
PROFEXRAY		20	80	500.00	86
PROFEXRAY	OLD	20	80		82
PROFEXRAY		25	120	150.00	85
PROFEXRAY	A-400	20	80	600.00	82
STANDARD		200	100	1,000.00	84
UNIVERSAL	3720	30	100	6,000.00	83
WESTINGHOUSE	OLD	20	90	600.00	81

minimum		20	80	150.00	
maximum		300	120	6,000.00	
mean		78	96	2,039.28	

TABLE XI
MOBILE UNITS NOT CLASSIFIED

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
PHILLIPS	11056	30	95		
PICKER	ARMY	90	100	1,200.00	81
UNIVERSAL	3205-100	50	80	1,500.00	70
WESTINGHOUSE	MILITARY	100	100		
X?X?		200	130		
<hr style="border-top: 1px dashed black;"/>					
minimum		30	80	1,200.00	
maximum		200	130	1,500.00	
mean		94	101	1,350.00	

TABLE XII

FIXED UNITS PURCHASED NEW PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
EUREKA (LITTON)	RA 59	100	100		74
FISCHER	36600G	300	125		77
FISCHER	LES-300	300	125	7,637.50	74
FISCHER	LFS-300	300	125	7,637.00	74
MIN X RAY	300	30	100		70
UNIVERSAL		30	100	1,500.00	60
UNIVERSAL	3360	60	100		68

minimum		30	100	1,500.00	
maximum		300	125	7,637.50	
mean		160	110	5,591.50	

TABLE XIII

FIXED UNITS PURCHASED NEW AFTER JANUARY 1, 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
BENNETT	C-325-S	300	120	13,000.00	85
BENNETT	C8355	300	125	1,500.00	80
BENNETT	B-6606B	300	125	12,560.00	85
BENNETT	C-3255	300	125	17,000.00	85
BENNETT		300	125		83
TRANSWORLD	325 V	300	120	12,000.00	80
UNIVERSAL	6061	300	125		86
UNIVERSAL	EASYMATIC	300	125	8,000.00	86
UNIVERSAL	EASYMATIC	300	125	8,300.00	84
UNIVERSAL	EASYMATIC	300	100	8,000.00	80
UNIVERSAL	EASYMATIC	300	125	8,700.00	80
UNIVERSAL		300	100	7,500.00	85
UNIVERSAL	ESYMT C 325	300	125	7,600.00	85

minimum		300	100	1,500.00	
maximum		300	125	17,000.00	
mean		300	120	9,469.09	

TABLE XIV
FIXED UNITS PURCHASED USED PRIOR TO 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
FISCHER	M-11				
FISCHER	TF	30	85		
FISCHER	TC	30	100		
GENERAL ELECTRIC	MAXICON	200	90	3,000.00	76
GENERAL ELECTRIC	R-2	100	75	1,000.00	75
GENERAL ELECTRIC	SMC-1940	200	100	1,300.00	76
GENERAL ELECTRIC	YR 39		94		70
GENERAL ELECTRIC	KX-11 (5)	200	100	2,600.00	76
GENERAL ELECTRIC	MAXICON	200	90	3,500.00	76
GENERAL ELECTRIC	R TYPE-4	100	90		
GENERAL ELECTRIC		200	100	1,000.00	78
GENERAL ELECTRIC	11CK2-1	300	125	5,000.00	75
GENERAL ELECTRIC		100	82		
GENERAL ELECTRIC		100	100	1,500.00	70
MACHLETT LABS	PROF/DYX40	100	100	2,600.00	77
PICKER		200	100	500.00	75
PICKER	R-1	100	100		79
PROFEXRAY	A409	20	85	250.00	79
PROFEXRAY	OLD	100		1,000.00	74
PROFEXRAY		20	80	600.00	62
PROFEXRAY	TC-2	20	80		70
PROXERAY	R 305-2S	300	100		71
STANDARD	E	110	100	750.00	73
UNIVERSAL	A 555	30	100	200.00	72
UNIVERSAL	337-S	20	120	50.00	60
WAPPLER	YR 1938	100	100	450.00	56
WESTINGHOUSE	DIAFLEX 60	200	125	4,500.00	75
WESTINGHOUSE		300	125	8,500.00	79
WESTINGHOUSE	OLD HUMAN	100	100	5,000.00	62
WESTINGHOUSE	981625?Y48	200	100	1,500.00	78
WESTINGHOUSE		200		2,500.00	73
WESTINGHOUSE	981475	100	100	1,500.00	79
<hr/>					
minimum		20	75	50.00	
maximum		300	125	8,500.00	
mean		132	98	2,121.73	

TABLE XV

FIXED UNITS PURCHASED USED AFTER JANUARY 1, 1980

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
CONTINENTAL	JB-AS	200	100	2,000.00	80
CONTINENTAL	EH	10	70	2,000.00	83
FISCHER	SS75 /SS22	500	100	2,500.00	86
FISCHER	TG-50	50	100	2,000.00	81
GENERAL ELECTRIC				800.00	81
MATTERN		100	100	750.00	81
PROFEXRAY		100	100	4,500.00	80
PROFEXRAY	TC 3	100	100	3,885.00	85
PROFEXRAY		100	100	3,000.00	81
STANDARD		400	125	7,000.00	83
UNIVERSAL	3205	30	80	1,200.00	84
WESTINGHOUSE	981625	200	100	600.00	84
WESTINGHOUSE	AUTOFLEX	200	130	2,000.00	85
WESTINGHOUSE	XO 4790	200	90	4,000.00	83
WESTINGHOUSE	WESTEX	200	100	3,400.00	84
WESTINGHOUSE	DYNAMAX	200	110		81

minimum		10	70	600.00	
maximum		500	130	7,000.00	
mean		173	100	2,642.33	

TABLE XVI
FIXED UNITS NOT CLASSIFIED

RADIOGRAPHIC UNIT	MODEL	max. mA	max. kVp	COST \$	YR. PURCHASED
GENERAL ELECTRIC PICKER UNIVERSAL	48 (1) PRE WW II	90 30	90 100 80		65
minimum		30	80	0.00	
maximum		90	100	0.00	
mean		60	90		

TABLE XVII
RADIOGRAPHIC FILMS BY MANUFACTURER

MANUFACTURER	COUNT	PERCENTAGE
DUPONT	24	19.83
FUJI	6	4.96
FR MEDICAL	1	0.83
GEVART	1	0.83
KONICA	2	1.65
POLAROID	3	2.48
RS-90	1	0.83
SAKURA	2	1.65
SUPERIOR	1	0.83
3M	47	38.84
DUPONT/3M	2	1.65
KODAK/DUPONT	4	3.31
KODAK/FUJI	2	1.65
KODAK/3M	9	7.44
3M/FUJI	5	4.13
3M/KONICA	1	0.83
KODAK/DUPONT/KONICA	1	0.83
KODAK/DUPONT/3M	2	1.65
KODAK/3M/FUJI	1	0.83
KODAK/DUPONT/3M/FUJI	4	3.31
NOT IDENTIFIED	2	1.65
TOTAL	121	

TABLE XVIII
RADIOGRAPHIC SCREENS BY MANUFACTURER

MANUFACTURER	COUNT	PERCENTAGE
BARRAY	1	0.86
DUPONT	54	46.55
FISCHER	2	1.72
FUJI	2	1.72
HALSEY	1	0.86
KODAK	38	32.76
POLAROID	1	0.86
SAKURA	1	0.86
SPECTRA	1	0.86
US RADELIN	1	0.86
3M	10	8.62
DUPONT/3M	2	1.72
KODAK/DUPONT	1	0.86
KODAK/DUPONT/3M	1	0.86
TOTAL	116	

TABLE XIX
RADIOGRAPHIC FILM/SCREEN SPEEDS

SPEED	COUNT	PERCENTAGE
RARE EARTH	38	43.18
HI PLUS	22	25.00
PAR	19	21.59
RARE EARTH or PAR	1	1.14
RARE EARTH or HI PLUS	3	3.41
HI PLUS or PAR	3	3.41
HI SPEED	1	1.14
TF-2	1	1.14

TABLE XX
RADIOGRAPHIC FILM/SCREEN - SPEED VS. EQUIPMENT

	PAR	HI PLUS	RARE EARTH
PORTABLE	5	25	16
MOBILE	8	12	14
FIXED	10	20	10

TABLE XXI
MEAN VALUES OF REPORTED RADIOGRAPHIC TECHNIQUES
FOR SMALL ANIMAL THORAX

<u>PORTABLE</u>			
mA	10 - 100	23.237	(7.92 avg. mAs)
time	0.02 - 1.50	0.341	
kVp	50 - 90	68.27	
distance	16 - 47	32.87	
grid	yes = 4	no = 18	
<u>MOBILE</u>			
mA	10 - 200	48.485	(16.00 avg. mAs)
time	0.01 - 3.00	0.330	
kVp	10 - 86	62.29	
distance	20 - 40	31.38	
grid	yes = 1	no = 18	
<u>FIXED</u>			
mA	5 - 300	134.226	(19.60 avg. mAs)
time	0.01 - 1.50	0.146	
kVp	34 - 106	68.492	
distance	20 - 63	36.11	
grid	yes = 23	no = 17	

TABLE XXII
MEAN VALUE OF REPORTED RADIOGRAPHIC TECHNIQUES
FOR SMALL ANIMAL PELVIS

<u>PORTABLE</u>			
mA	10 - 100	23.568	(8.86 avg. mAs)
time	0.02 - 1.20	0.376	
kVp	50 - 100	68.11	
distance	16 - 45	31.87	
grid	yes = 4	no = 11	
<u>MOBILE</u>			
mA	10 - 200	40.469	(16.11 avg. mAs)
time	0.03 - 3.00	0.398	
kVp	10 - 80	60.806	
distance	20 - 40	31.38	
grid	yes = 1	no = 16	
<u>FIXED</u>			
mA	5 - 300	132.049	(22.32 avg. mAs)
time	0.01 - 1.50	0.169	
kVp	34 - 100	67.30	
distance	20 - 63	35.74	
grid	yes = 26	no = 12	

TABLE XXIII
MEAN VALUES OF REPORTED RADIOGRAPHIC TECHNIQUES
FOR LARGE ANIMAL CARPUS

<u>PORTABLE</u>			
mA	10 - 100	21.658	(8.69 avg. mAs)
time	0.02 - 2.5	0.401	
kVp	43 - 85	70.333	
distance	14 - 54	30.290	
grid	yes = 1	no = 18	
<u>MOBILE</u>			
mA	10 -200	43.611	(12.12 avg. mAs)
time	0.02 - 0.75	0.278	
kVp	50 - 100	69.267	
distance	24 - 40	32.50	
grid	yes = 0	no = 10	
<u>FIXED</u>			
mA	10 - 300	124.000	(34.47 avg. mAs)
time	0.02 - 1.00	0.278	
kVp	55 - 74	63.200	
distance	30 - 40	35.00	
grid	yes = 1	no = 4	

TABLE XXIV
RADIOGRAPHIC FILM PROCESSING

Processing	Count	Percentage
MANUAL	147	86.47
AUTOMATIC	12	7.06
OUTSIDE	11	6.47

TABLE XXV
MEAN VALUES FOR MANUAL PROCESSING DATA

	TEMPERATURE	TIME	
		DEVELOPER	FIXER
MINIMUM	58	1.5	1.0
MAXIMUM	83	8.0	20.0
MEAN	70	4.3	7.1

TABLE XXVI
AUTOMATIC PROCESSOR DATA

MANUFACTURER	MODEL	NEW/USED	COST	YEAR PURCHASED
AFP	COMPACT	NEW	4200.00	84
ALPHA TEX	AX 600	USED		81
BOWIE	POLAROID	NEW	800.00	82
FILMAMATIC	F 140	NEW	5000.00	80
FISCHER		NEW	5000.00	83
G.E.	FILMATIC	NEW	4500.00	70
KONICA	QK-60A	NEW		85
LITTON	INDEPENDENT	USED	500.00	
POLAROID	85-12	NEW	1000.00	85
POLAROID		USED		86
SAKURA	QX 60	NEW		81
	F 120	NEW	4000.00	80
=====				
MINIMUM			500.00	
MAXIMUM			5000.00	
MEAN			3500.00	
MEAN (USED)			500.00	

TABLE XXVII
RADIATION PROTECTION DATA

PERSONNEL MONITORING:		
FILM BADGE	80 (yes)	1 (no)
TLD	23 (yes)	1 (no)
COUNT	103	2
INDIVIDUAL BADGES	85 (yes)	
GROUP BADGES	5 (yes)	
CHANGING PERIOD		
WEEKLY	40 film badge	4 TLD
MONTHLY	40 film badge	9 TLD
QUARTERLY	2 film badge	
USEAGE OF LEAD APRONS & GLOVES		
	169 (yes)	4 (no)
INSPECTION by OKLAHOMA DEPARTMENT OF HEALTH		
	124 (yes)	35 (no)

TABLE XXVIII
CHARGES FOR SELECTED EXAMINATIONS

	SMALL ANIMAL THORAX (2 - VIEWS)	SMALL ANIMAL PELVIS (2 - VIEWS)	LARGE ANIMAL CARPUS (2 - VIEWS)
MINIMUM	12.50	12.50	12.50
MAXIMUM	67.50	67.50	50.00
MEAN	32.50	32.50	29.37

TABLE XXIX
MISCELLANEOUS RESPONSE TO SURVEY

COMMENTS ON RADIOLOGY SERVICE NOT AVAILABLE

COUNT = 57

Examples of comments: Retired
 Federal worker
 Industrial worker
 Graduate student
 Relief veterinarian
 Inactive
 Refer radiology cases

DUPLICATE RECORDS RECEIVED FROM FACILITIES

COUNT = 24

SURVEY DATA REVEALS MORE THAN ONE UNIT

2 UNITS IN PRACTICE

COUNT = 16

3 UNITS IN PRACTICE

COUNT = 2

4 UNITS IN PRACTICE

COUNT = 1

APPENDIX B

LETTER FROM DEAN AND RADIOLOGIST



Oklahoma State University

COLLEGE OF VETERINARY MEDICINE
BOREN VETERINARY MEDICAL TEACHING HOSPITAL

STILLWATER, OKLAHOMA 74078
(405) 624-7000 Administration
(405) 624-6656 (Large Animal)
(405) 624-6731 (Small Animal)
(405) 624-6735 (Radiology)

April 15, 1986

Dear OVMA Member;

The College of Veterinary Medicine is cooperating with a research project to determine what type of radiographic equipment and what type of radiographic procedures are being used at veterinary clinics throughout Oklahoma.

The research project provides a survey form for identification of radiographic usage. Your clinic/hospital is one of five-hundred facilities selected to participate in the survey. You will be asked to supply information about the type of radiographic equipment, accessory equipment, technique, processing, radiation safety and radiographic fee's.

Enclosed is the survey form which you are asked to fill out as accurately as possible and return in the postage prepaid envelope by August 15, 1986. Richard Smith, who is conducting the survey in fulfillment of his master thesis in Technical Education, will be collecting and analyzing the data.

We believe that the data accumulated in this research project will provide helpful information that can, in turn, be useful in instruction of our veterinary students. Your cooperation in providing the needed data will ensure the completion of the project.

Robert J. Bahr, DVM
Associate Professor
Veterinary Radiology

Joseph W. Alexander, DVM
Professor and Dean



APPENDIX C

LETTER OF EXPLANATION ON SURVERY



Oklahoma State University

COLLEGE OF VETERINARY MEDICINE
BOREN VETERINARY MEDICAL TEACHING HOSPITAL

STILLWATER, OKLAHOMA 74078
(405) 624-7000 Administration
(405) 624-6656 (Large Animal)
(405) 624-6731 (Small Animal)
(405) 624-6735 (Radiology)

April 15, 1986

Dear OVMA Member;

The questionnaire on the back of this letter is to gather data on the use of radiology in veterinary clinics. It has a two-fold purpose: 1) to provide information on radiographic equipment and radiographic procedure for formal presentation in VMS 6531 (Radiology I), and 2) to provide research data for preparation of a master's thesis in Technical Education. I am acutely aware of the time constraints on the busy professional. If there is not time available in your schedule to complete the questionnaire, please draw an "X" thru the questionnaire and return it in the postage prepaid envelope. This will allow me to assess the distribution return rate for statistical evaluation.

In completing the questionnaire, please respond only to those items that directly relate to your practice. The office phone number will be the means by which to identify the respondents and should allow a check for duplication of information. Information in the report format will not identify respondents and fee schedules will be collectively summed to determine an average fee.

Please allow me the opportunity of thanking you in advance for your assistance in this project. It would be appreciated if you would return the questionnaire no later than August 15, 1986.

Respectfully,

H. Richard Smith

H. Richard Smith
Manager Radiology Service



APPENDIX D

EXAMPLE OF SURVEY INSTRUMENT

CLINIC/HOSPITAL _____
CITY _____ ZIP _____
OFFICE PHONE (____) _____ - _____

() RADIOLOGY SERVICES NOT AVAILABLE AT THIS FACILITY

1. RADIOGRAPHIC UNIT # 1

Manufacturer: _____
Model: _____
Type: portable() mobile () fixed ()
Year purchased: 19____ new () used () \$ _____
Max. mA _____ Max. kVp _____
Collimation: fixed () variable () none ()

RADIOGRAPHIC UNIT # 2

Manufacturer: _____
Model: _____
Type: portable() mobile () fixed ()
Year purchased: 19____ new () used () \$ _____
Max. mA _____ Max. kVp _____
Collimation: fixed () variable () none ()

2. RADIOGRAPHIC FILM & INTENSIFYING SCREENS

Kodak ()	Kodak ()
Dupont ()	Dupont ()
3 M ()	3 M ()
Fuji ()	Fuji ()
Other _____	Other _____

Calcium tungstate screens: hi plus () par ()
Rare earth screens ()

3. RADIOGRAPHIC TECHNIQUE

Small Animal-Thorax - Lateral view - 15cm
____mA ____time ____kVp ____distance grid (y)(n)
Small Animal-Pelvis - Ventrodorsal - 12cm
____mA ____time ____kVp ____distance grid (y)(n)
Large Animal-Carpus - Dorsopalmar/AP-10cm
____mA ____time ____kVp ____distance grid (y)(n)

4. PROCESSING: Automatic

Manufacturer: _____
Model: _____
Year purchased: 19____ new() used() \$ _____

PROCESSING: Manual

Working Temperature ____F°
Developing Time ____minutes
Fixing Time ____minutes

PROCESSED BY OUTSIDE SOURCE ()

5. RADIATION MONITORING

Film Badge () TLD Badge ()
Changing Period: weekly() Monthly() Quarterly()
Individual badges () Group Badges ()

Lead aprons and gloves available and used:
yes () no ()

Surveyed by: Radiation Control Section
Oklahoma - Dept. of Health
yes () no ()
date of last survey ____/____/____
mo yr

6. CHARGES for RADIOGRAPHY

2 views - Small Animal Thorax \$ _____
2 views - Small Animal Pelvis \$ _____
2 views - Large Animal Carpus \$ _____

2
VITA

Henry Richard Smith

Candidate for the Degree of
Master of Science

Thesis: SURVEY OF THE PRACTICE OF RADIOLOGY IN VETERINARY CLINICS
IN THE STATE OF OKLAHOMA-1986

Major Field: Technical Education

Biographical:

Personal Data: Born in Tulsa, Oklahoma, May 7, 1946.

Education: Graduated from Blackwell High School, Blackwell, Oklahoma, May, 1964; received Associate of Science degree in Radiation and Nuclear Technology from Oklahoma State University, May, 1969; received Bachelor of Science degree in Engineering Technology from Oklahoma State University, May, 1981; completed the requirements for Master of Science degree at Oklahoma State University in July, 1987.

Professional Experience: Radiation Health Specialist, University of Nebraska, May, 1969 to October, 1972; Assistant Instructor in Allied Health, University of Nebraska Medical Center, November, 1972 to May, 1975; Technical Supervisor, Veterinary Radiology, Oklahoma State University, June, 1975 - January, 1982; System Coordinator, Medical Imaging, Scanline, Inc., February, 1982 to February, 1984; Manager, Radiology Service Boren Veterinary Teaching Hospital, March, 1983 to present.