



AVTDI DIAGNOSTIC IMAGING SKILLS LIST

Section A

General Radiography

- Perform the following diagnostic quality, radiographic studies.
- Demonstrate knowledge of basic anatomy, margins/landmarks and correct positioning for the radiographic study.
- Demonstrate execution of the study (including appropriate exposure settings and restraint technique)

Candidates must demonstrate knowledge and mastery of 75% of the skills listed in Section A (General Radiology), in either small animal, large animal or a combination of both.

| Small Animal (Canine/Feline) | Skill # | Date Performed | Species | Modality | Patient ID / Hospital ID | Signed |
|-----------------------------------|---------|----------------|---------|----------|--------------------------|--------|
| Thorax | A1 | | | | | |
| Thorax DV | A2 | | | | | |
| Thorax humanoid view | A3 | | | | | |
| Abdomen | A4 | | | | | |
| Abdomen horizontal beam | A5 | | | | | |
| Femur | A6 | | | | | |
| Tibia/fibula | A7 | | | | | |
| Stifle | A8 | | | | | |
| TPLO | A9 | | | | | |
| TTA | A10 | | | | | |
| Longbone | A11 | | | | | |
| Humerus | A12 | | | | | |
| Elbow | A13 | | | | | |
| OFA or flexed elbow | A14 | | | | | |
| Antebrachium | A15 | | | | | |
| Horizontal beam extremity | A16 | | | | | |
| Carpus | A17 | | | | | |
| Tarsus | A18 | | | | | |
| Manus/pes | A19 | | | | | |
| Shoulder | A20 | | | | | |
| Scapula | A21 | | | | | |
| Skyline of shoulder or stifle | A22 | | | | | |
| Stress/flexed/extended of a joint | A23 | | | | | |



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|--|----------------|-----------------------|----------------|-----------------|--------------------------------|---------------|
| Obliques of a joint | A24 | | | | | |
| Skull | A25 | | | | | |
| Mandibular or maxillary intraoral | A26 | | | | | |
| Cervical spine | A27 | | | | | |
| Thoracolumbar spine | A28 | | | | | |
| Lumbosacral spine | A29 | | | | | |
| Pelvis | A30 | | | | | |
| OFA or PennHip pelvis | A31 | | | | | |
| | | | | | | |
| Small Animal (Exotics) | Skill # | Date Performed | Species | Modality | Animal ID / Hospital ID | Signed |
| Whole-body (or thorax or abdomen) | A32 | | | | | |
| Whole-body (or thorax or abdomen) (second species) | A33 | | | | | |
| Whole-body (or thorax or abdomen) (third species) | A34 | | | | | |
| Pectoral limb/wing | A35 | | | | | |
| Pectoral girdle (H-view) | A36 | | | | | |
| Pelvic limb | A37 | | | | | |
| | | | | | | |
| Large Animal | Skill # | Date Performed | Species | Modality | Animal ID / Hospital ID | Signed |
| Elbow | A38 | | | | | |
| Shoulder | A39 | | | | | |
| Radius | A40 | | | | | |
| Femur | A41 | | | | | |
| Pastern | A42 | | | | | |
| Fetlock | A43 | | | | | |
| Distal phalanx/hoof | A44 | | | | | |
| Carpus | A45 | | | | | |
| Tarsus | A46 | | | | | |
| Splint bones | A47 | | | | | |
| Stifle | A48 | | | | | |
| Pelvis/hip | A49 | | | | | |
| Cervical spine | A50 | | | | | |
| Guttural pouch | A51 | | | | | |
| Larynx/pharynx | A52 | | | | | |
| Nasal | A53 | | | | | |
| TMJ | A54 | | | | | |
| Maxilla/mandible | A55 | | | | | |



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|------------------------------------|-----|--|--|--|--|--|
| Poll | A56 | | | | | |
| Dorsal spinous processes (withers) | A57 | | | | | |
| Thorax | A58 | | | | | |
| Abdomen | A59 | | | | | |

Section B

Advanced Imaging and Contrast Examinations

- Demonstrate knowledge of common conditions/disease processes associated with the imaging study.
- Demonstrate an understanding of basic patient risks associated with the imaging study.
- Demonstrate knowledge of basic anatomy, scan margins/landmarks and proper positioning for the imaging study.
- Demonstrate execution of the study including setting modality specific parameters.
- Demonstrate knowledge of contrast administration and contraindications if applicable.
- Candidates must demonstrate knowledge and mastery of 50% of the skills listed in Section B (Advanced Imaging and Contrast Examinations).
- Skills in Section B (Advanced Imaging and Contrast Examinations) may be duplicated ONLY if a different modality is used.

| Advanced Imaging/Contrast Exam Skills | Skill # | Date Performed | Species | Modality | Animal ID / Hospital ID | Signed |
|---|---------|----------------|---------|----------|-------------------------|--------|
| Perform a skull examination | B1 | | | | | |
| Perform a nasal/sinus/orbit examination | B2 | | | | | |
| Perform an inner ear examination | B3 | | | | | |
| Perform a mandibular/TMJ or dental arcade examination | B4 | | | | | |
| Perform a brain examination | B5 | | | | | |
| Perform a thoracic or lung examination | B6 | | | | | |
| Perform a thoracic or lung examination | B7 | | | | | |



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|---|-----|--|--|--|--|--|
| (second species) | | | | | | |
| Perform a thoracic angiography examination | B8 | | | | | |
| Perform an abdominal examination | B9 | | | | | |
| Perform an abdominal examination (second species) | B10 | | | | | |
| Perform an abdominal angiography examination | B11 | | | | | |
| Perform a brachial plexus examination | B12 | | | | | |
| Perform a cervical (soft tissue) / neck examination | B13 | | | | | |
| Perform a cervical spine examination | B14 | | | | | |
| Perform a thoracolumbar spine examination | B15 | | | | | |
| Perform a lumbosacral spine examination | B16 | | | | | |
| Perform a stifle examination | B17 | | | | | |
| Perform an elbow examination | B18 | | | | | |
| Perform a shoulder examination | B19 | | | | | |
| Perform a pelvic examination | B20 | | | | | |
| Perform a carpal examination | B21 | | | | | |
| Perform a tarsal examination | B22 | | | | | |
| Perform a metacarpal or proximal/middle phalanx examination | B23 | | | | | |
| Perform a distal phalanx examination | B24 | | | | | |
| Perform a navicular examination | B25 | | | | | |
| Perform a suspensory ligament examination | B26 | | | | | |



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|--|---------------------------|-----------------------|----------------|---------------------------|--------------------------------|---------------|
| Perform a tendon examination | B27 | | | | | |
| Perform a thyroid examination | B28 | | | | | |
| Perform a cardiac examination | B29 | | | | | |
| Perform a first pass cardiac examination | B30 | | | | | |
| Perform a trans-colonic or trans-splenic portal examination | B31 | | | | | |
| Perform a GFR renal examination | B32 | | | | | |
| Perform a mucociliary clearance examination | B33 | | | | | |
| Perform a hepatobiliary examination | B34 | | | | | |
| Perform an optical examination | B35 | | | | | |
| Assist with or perform a cystogram or urethrogram | B36 | | | | | |
| Assist with or perform an esophogram | B37 | | | | | |
| Assist with or perform an upper GI barium study | B38 | | | | | |
| Assist with a myelogram | B39 | | | | | |
| Assist with or perform an intravenous pyelogram/urogram | B40 | | | | | |
| Assist with or perform a tracheal or tracheal stenting procedure | B41 | | | | | |
| | Skill # Duplicated | Date Performed | Species | Alternate Modality | Animal ID / Hospital ID | Signed |
| Duplicate Skill Different Modality | | | | | | |
| Duplicate Skill Different Modality | | | | | | |
| Duplicate Skill Different Modality | | | | | | |
| Duplicate Skill | | | | | | |



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| Duplicate Skill Different Modality | | | | | | |
| Duplicate Skill Different Modality | | | | | | |

Section C

Supplemental Skills/Nursing and Pharmacology

- Candidates must demonstrate knowledge and mastery of 50% of the skills listed in Section C (Supplemental Skills/Nursing and Pharmacology).

| Supplemental Nursing Skills | Skill # | Date Performed | Species | Modality | Animal ID / Hospital ID | Signed |
|--|---------|----------------|---------|----------|-------------------------|--------|
| Demonstrate use of positioning or restraint devices for hands free radiography | C1 | | | | | |
| Demonstrate knowledge and use of digital imaging storage. | C2 | | | | | |
| Demonstrate the ability to export or email digital images | C3 | | | | | |
| Demonstrate the ability to identify and correct for a technique-based imaging artifact | C4 | | | | | |
| Demonstrate the ability to identify and correct for a movement related imaging artifact | C5 | | | | | |
| Demonstrate the ability to identify and correct for an anatomical related imaging artifact | C6 | | | | | |
| Demonstrate the correct use of a portable x-ray unit | C7 | | | | | |
| Correctly label oblique | C8 | | | | | |



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|--|-----|--|--|--|--|--|
| radiographic images | | | | | | |
| Assist with or perform imaging guided fine needle aspirate | C9 | | | | | |
| Prepare slides for cytology | C10 | | | | | |
| Assist with or perform imaging guided tru-cut biopsy | C11 | | | | | |
| Prepare samples for histology | C12 | | | | | |
| Demonstrate knowledge and use of modality compatible anesthetic and monitoring equipment | C13 | | | | | |
| Demonstrate knowledge of modality specific safety for patient | C14 | | | | | |
| Demonstrate knowledge of modality specific safety for personnel | C15 | | | | | |
| Demonstrate knowledge of patient dose reporting and recording | C16 | | | | | |
| Perform an MPR or 3D reconstruction | C17 | | | | | |
| Use a power injector for an imaging study | C18 | | | | | |
| Assist with an interventional imaging study | C19 | | | | | |
| Perform an emergency shutdown procedure or spill safety clean | C20 | | | | | |
| Perform an imaging guided cystocentesis | C21 | | | | | |
| Assist with or perform an imaging guided abdominocentesis | C22 | | | | | |
| Assist with or perform an imaging guided thoracocentesis | C23 | | | | | |



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|--|-----|--|--|--|--|--|
| Assist with an imaging guided pericardial tap | C24 | | | | | |
| Assist with an imaging guided bone biopsy | C25 | | | | | |
| Assist with an imaging guided soft tissue/organ biopsy | C26 | | | | | |
| Demonstrate patient preparation for an imaging study | C27 | | | | | |
| Perform quality control of imaging machine | C28 | | | | | |

I, the undersigned, declare that I have read the entire AVTDI application packet. I further attest that the above-named applicant has achieved the AVTDI definition of mastery for the above skills that are marked with my signature.

_____ / _____

Printed Name and Degree

Signature

_____ / _____

Printed Name and Degree

Signature

_____ / _____

Printed Name and Degree

Signature

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Printed Name and Degree

Signature

_____ / _____

Printed Name and Degree

Signature

_____ / _____

Printed Name and Degree

Signature

Please provide the names and credentials of all persons who have signed this form attesting to your mastery of advance skills in clinical practice.

A qualified candidate will have demonstrated advanced expertise and ability in the field of Diagnostic Imaging. AVTDI requires that a boarded veterinary specialist or credentialed veterinary technician/nurse specialist (VTS) attest to your knowledge and mastery of the skill. Each person verifying your tasks must complete the bottom of the skills list form to validate their signature. AVTDI has the right to contact any person that has verified a skill. Skills that are



marked as mastered must include at least one case number associated with the skill (if applicable).

AVTDI defines mastery as: the candidate can perform the task safely and consistently, without being coached or directed, no less than 3 times. Mastery requires having performed the task in a wide variety of patients and situations.

Candidates must demonstrate knowledge and mastery of 75% of the skills listed in Section A (General Radiology), in either small animal, large animal or a combination of both, 50% of the skills listed in Section B (Advanced Imaging and Contrast), and 50% of the skills listed in Section C (Nursing and Pharmacology/Supplemental Imaging).

General Radiology:

Total skills (Small Animal: Canine/Feline/Exotics) (#) 37, Mastered skills (#) _____ Percentage reached _____ (%)

OR

Total skills (Large Animal) (#) 28, Mastered skills (#) _____ Percentage reached _____ (%)

OR

Total skills (Combination) (#) 65, Mastered skills (#) _____ Percentage reached _____ (%)

Advanced Imaging and Contrast:

Total skills (#) 41 Mastered skills (#) _____ Percentage reached _____ (%)

Nursing and Pharmacology/Supplemental Imaging:

Total skills (#) 28 Mastered skills (#) _____ Percentage reached _____ (%)

I (printed name) _____ verify the above information and following checklist is true to the best of my ability.

Signature of applicant Date

License number State in which credential is held