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VCOT is an international peer-reviewed journal, publishing original basic research or clinical applications with high scientific content, as well as clinical communications, case reports, comments and Letters to the Editor. The Journal appears 6 times a year in print and online (www.vcot-online.com), with preprint publication available prior to the printed issue.

Submitted manuscripts should not have been published elsewhere or be planned for publication elsewhere. All papers should contribute new information about any aspect of veterinary and comparative orthopaedics and traumatology. Manuscripts will be accepted for publication based on their technical merit, originality and the degree to which they further advance the field.

Manuscript Categories

The following types of articles are accepted for publishing: *Review Articles, Original Research, Clinical Communications, Case Reports, Brief Communications, Letters to the Editor*, and *What is your Diagnosis*.

Original Research papers documenting the finding of clinical or experimental investigations should contain a testable hypothesis or clear statement of purpose. Papers reporting the diagnosis, treatment or outcome in clinical patients that lack a testable hypothesis are published as **Clinical Communications**.

Brief Communications are short papers reporting on a clinical or research material of special interest. **Letters to the Editor** can be a response to a previous article or a comment or observation which the author would like to address to the readership.

What is your Diagnosis are shorter articles presented in a Question-Answer format (submit as "Clinical Communication").

Case Reports documenting one or several clinical cases will be considered for publication only if the disease, disorder, injury, or procedure is exceptionally unique and has not been reported previously. The report must provide new and clinically important information about the disorder, which must be well characterized by appropriate documentation of clinical findings, diagnostic pathology, diagnostic imaging, or preferably a combination of these. Similarly, long-term follow-up data must be included, as appropriate to the case(s). The reason(s) why the case is important, and the impact of this new knowledge on furthering our understanding of the particular subject must be discussed.

Reports that are primarily describing additional cases of a previously reported disorder, albeit rare or unusual, will not be considered for publication. Moreover, variations in the manifestation of a disorder are not considered sufficiently unique to warrant publication – for example the occurrence of a fracture, tumour, infection or foreign body in an atypical species of animal or anatomical location.

Reporting Guidelines

The following reporting guidelines may be of use when conducting and reporting your research:

- Standards for the reporting of diagnostic accuracy studies (STARD): <http://www.stard-statement.org>
- Consolidated standards for reporting randomised clinical trials (CONSORT): <http://www.consort-statement.org>
- Systematic reviews and meta-analyses (PRISMA): <http://www.prisma-statement.org>
- Animal Research: Reporting In Vivo Experiments (ARRIVE Guidelines): <https://www.nc3rs.org.uk/arrive-guidelines>

- MOOSE (for reporting of meta-analyses of observational studies)
- COREQ (for reporting qualitative research)
- Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals by the International Committee of Medical Journal Editors (ICMJE): www.icmje.org

Authorship

VCOT follows the guidelines of the International Committee of Medical Journal Editors (<http://www.icmje.org/>) in regards to authorship. The editorial office is not responsible for resolving disputes between authors or potential authors of manuscripts submitted or accepted for publication, and it is the duty of the authors to decide upon the author order.

Authors must meet all of the following requirements:

1) Substantial contributions to the conception, study design, or acquisition of data, as well as participation in the analysis and interpretation of data; 2) Drafting of the article or revising it critically for important intellectual content; 3) Approval of the submitted version of the manuscript, all revised versions, and the final version to be published; and 4) Agreement to be publicly accountable for the appropriate portions of the content.

The number of authors of any full length paper is limited to 10, case reports are limited to 5. Requests to exceed these limits must be accompanied by detailed justification. Any person who contributed materially to the paper, but does not meet these qualifications for authorship may be recognized for their function or contribution in the "Acknowledgements".

Authorship Contribution form: Starting in 2017, authors will be required to fill out this form - noting the contributions of each author - and submit with their manuscript.

Change in Authorship: Any requests for the addition or deletion of author names, as well as re-ordering of the names following acceptance of the manuscript must be sent to the Managing Editor from the corresponding author of the manuscript. **This request must include:** The reason for the change and written confirmation from all authors that they agree with this change. In the case of the addition or removal of authors, this includes a confirmation from the author(s) being added or removed. The Editor-in-Chief will be informed of such requests and publishing of the manuscript online and in print will be postponed until the authorship has been agreed upon. Should such changes occur following online or print publication of the manuscript, publishing of a corrigendum may be required.

Acknowledgements

Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed 'Acknowledgements'. Those who do not qualify for authorship should also be included here. This section will be placed at the very end of the text. For submission however, please place this information with the Title page.

Funding

Authors should provide all relevant information regarding the funding which was received, including any provision of experimental materials, equipment, writing assistance, or related. It should also be stated what role the research funder had, for instance,

whether they were also involved in other aspects of the study such as the design. This information will be published with the paper, should it be accepted. If no funding was received, please state this.

Conflicts of Interest

Upon Submission, it is required to indicate on the Title page for each author if there is, or has been a situation where a conflict of interest **could** be construed. This includes both financial and personal relationships that might bias or be seen to bias their work. Each author should also acknowledge the source of any extra-institutional funds or support. Any financial interests in companies that market material that are, or have been, the subject of research reported in the manuscript should be acknowledged. Such information may or may not be held in confidence while the paper is under review, and should the article be accepted for publication, this information will be published with the paper.

Animal Care Guidelines

All material published in VCOT must adhere to high ethical standards concerning animal welfare. In order to be considered for publishing, the following requirements must be met and noted in the manuscript:

1. Follows international, national and/or institutional guidelines for humane animal treatment and complies with relevant legislation (i.e. EU Convention on the protection of animals revised directive 86/609/EEC, USA Animal Welfare Acts, American Veterinary Medical Association Guidelines for the Euthanasia of Animals, ARRIVE Guidelines – Animal Research: Reporting of In Vivo Experiments).
2. Has been approved by the ethics review committee at the institution or practice at which the study/studies were conducted where such a committee exists. If there is no existing committee, it is expected that the research have been conducted in a manner likely to be approved by an ethics committee in most countries.
3. For studies using client-owned animals, client consent must be obtained and the study needs to demonstrate best practice of veterinary care.
4. Include the detailed care which was given, and the drug dosages and regimes which were instituted for analgesia and euthanasia, if applicable.

Details regarding the above requirements are to be included in your manuscript at the time of submission, either as a separate heading or as part of the "Materials and Methods" section; the specifics should be blinded (institutional names and locations should be removed) so as to preserve the double-blind review process. The Editor-in-Chief reserves the right to reject manuscripts on the basis of ethical or welfare concerns.

Manuscript Submission

VCOT only accepts manuscripts submitted online via the ScholarOne Manuscripts website at:

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First time users will need to set up an account in order to obtain a user ID and password, which can be done in a few minutes. Use of the site is free.

Online Support is available via the Support Portal accessible via the "Help" link in the upper right hand corner. If you experience difficulties submitting your manuscript online, please contact Laura Lenz in the VCOT Editorial Office (Laura.Lenz@schattauer.de; Tel: +49 711 229 87 58).

Before submitting, please carefully check the proof generated by the system, especially all Greek letters and other special symbols. The version in this proof is the version seen by the Editor and Reviewers.

Any specific requests or information which we should be aware of, such as conflicts of interest with certain reviewers or planned use of the paper for Boards or other credentials, should be stated in the Cover Letter or the Editorial Office should be contacted directly.

Confirmation emails: Please note that following submission of the manuscript, regardless of whether it is the first submission or a revised submission, a confirmation email will be sent out by the system. If, within 24 hours you have not received this email, please check your email address for your user account. If your email is correct, please check your spam folder and spam filter rules.

Submission of Revised Manuscripts

Please submit your revised manuscript before the deadline stated in your decision letter has been reached. Please also note that the deadline has actually expired by the end of the day (midnight), German time, on the day just before the deadline. For example, for a deadline of May 21, when the clock turns midnight and the date officially changes from May 20 to the 21, the deadline has expired. If more time is needed, please contact the Editorial Office. Revisions should be submitted as a revision under the original manuscript number - if the deadline has passed, inform the Editorial Office rather than submitting as a new manuscript.

Do not forget to activate **Track Changes** when making revisions, or to highlighting the areas where text was changed, and to submit a **point by point** response to the reviewers comments along with your revision.

Manuscript Submission Requirements

The following is a list of formatting requirements for submitted manuscripts. Papers that deviate from this will be returned with a request for changes, and will not undergo review until these changes have been made.

- **Files to submit:** Each of the following sections should be submitted as a separate document: Title Page, Summary + Main Text + References, Legends, Tables, Figures.
- **File type:** Word or Rich Text Format files should be used for the manuscript files; gif, jpeg, tif, or eps should be used for all image files; and word or excel for all Tables. Do not embed Figures or Tables in the text of the manuscript.
- **Title Page:** Should include all author names and affiliations, correspondence author and contact information, Acknowledgments, Funding, and Conflict of interest statements.
- **Formatting:** Continuous line numbering should be used throughout the text along with double-line spacing.
- **References:** The Vancouver style should be used - references are numbered consecutively in order of appearance in the text, and identified by Arabic numerals in parentheses at the end of the sentence.
- **Blinding:** All identification information should be removed from the paper for double blind peer review. This includes author names, initials, institu-

tions, countries and cities, as well as information which may appear in radiographs or other images. Either "Blinded" or "XX" can be used in the text for any places where this information was.

- **Animal Care:** A section detailing the perioperative care which was given should be included, if relevant, as well as whether institutional approval was gained and what guidelines were followed. Please see the "Animal Care Guidelines".
- **Character Count:** Total character count for your main text should not exceed the allowed limits. Please see the separate section on this.
- **Author Contributions Form:** Following the first online submission of your manuscript, the Corresponding Author should fill out the Author Contributions form on behalf of all authors and send this to the Editorial Office.

Peer Review Process

All articles submitted to the Journal will first be checked by the Managing Editor to ensure they conform to the guidelines listed in this document. Manuscripts that fail to meet these requirements will not be sent for review and you will be asked to resubmit in an appropriate format. VCOT reserves the right to reject any manuscript.

Manuscripts that enter the peer review process will be examined by a minimum of two expert reviewers. They will be asked to comment on the scientific quality of the work, and its contribution to the field. The entire process is blinded: the authors do not know who is reviewing the paper, and the reviewers do not know who the authors are or where they come from.

Based on the reviews, the Editor-in-Chief will then issue a decision concerning acceptance, major or minor revision, or rejection. Those which are accepted for publication are subject to the authors addressing all editorial and production concerns.

Manuscript Formatting

Structure

- For *Original Research, Clinical Communications, & Brief Communications*, the manuscript should be divided into sections, including an Introduction, Materials and Methods, Results, and Discussion. The most important sections within each main section should be stressed by subheadings.
- *Review Articles* should have an Introduction, and then the appropriate section headings in bold.
- For *Case Reports*, please include an Introduction followed by a Discussion. Additional section headings can be included.
- *What is your Diagnosis* should be divided into a Question & an Answer and the 2 main sections should be Case History & Discussion/Diagnosis.

Summary

As a general rule, VCOT prefers a Structured Summary, divided into the following headings: Objectives, Methods, Results, and Clinical Significance. Please limit to 1,500 characters including spaces.

Character Count

- *Original Research, Clinical Communications, & Review Articles* should not exceed 20,000 characters, including spaces, and no more than 40 references.
- *Case Reports* should not exceed 15,000 characters, including spaces. References should be limited to 30, and a total of 5 essential figures and tables. Each figure may consist of a montage of

several images (i.e. orthogonal radiographic views).

- *Brief Communications* should not exceed 10,000 characters, including spaces, with no more than 10 references, and 2 essential figures or tables.
- *Letters to the Editor* should not exceed 6,000 characters, including spaces, and there should be no more than 2 figures or tables.
- *What is your Diagnosis* should be no more than 2,500 characters, including spaces, and 6 references.

Please note that the total character counts apply only to the main body of the text; starting with first word of the Introduction and ending with the last word of the Conclusion. Manuscripts exceeding these character counts will be returned to the authors for shortening before peer review.

Style specifics:

- Contributions should be submitted in *UK English*; this however is not a requirement, and if the paper is accepted, the Editorial Office will make all necessary changes. For non-English speaking authors, it may be of benefit to use an English editing firm to help in improving the English usage.
- *Abbreviations* should be spelled out for the first use followed by the abbreviation in parentheses; thereafter the abbreviation can be used. The use of abbreviations however should be kept to a minimum.
- *Nomenclature* should be done according to internationally approved rules. All anatomical nomenclature should be written in full and Anglicized.
- *Units of measurement* should be given in the metric system or in SI units and temperatures should be in °C.
- For *instruments, specific equipment, or drugs* which are referred to in your paper, please cite the specific information (model number if relevant, generic and trade name, manufacturer and their location) as a footnote using roman letters at the end of the paper or as footnotes in the text.
- *Figures and Tables* should be cited in sequential order, in parentheses, in the text. The actual file for each figure and table should be named according to its number in the text (i.e. Figure 1, Table 2).
- *Greek letters, special characters, & mathematical symbols* should be inserted using the "Symbol" or "Formula" toolbar menu in your word processing program. Before submitting your manuscript, please verify in the system-created pdf that all have converted correctly.

Formulas

Special care should be taken with the presentation of formulas, especially complex ones. In order to save formulas into your document in a manner that will ensure their accurate appearance in the proof generated by the system, create the formulas as text or use the "Formula" toolbar. Alternatively, upload as a separate document and refer to the formula as you would a Figure or Table.

Figures

Figures should ideally be saved as eps or tif files and with a minimum resolution of 1200 dpi for line drawings, 800 dpi for graphics as well as photos that include text or other markings, and 300 dpi for unedited digital photos.

Avoid using any of the following file types as these are optimized for screen viewing rather than print,

and thus have a limited set of colours and a low number of pixels: gif, bmp, pict, wpg.

Figures should be named based on their order in text (i.e. Figure 1). Submit each Figure as a separate file; legends should be included at the end of the main text or in a separate document. Do not embed figures into the text. Avoid the use of symbols, lettering, and numbering if possible, but when present, it should be consistent (same font size), clear, and large enough to remain legible against the background should the figure size be resized. For more details on Figure preparation, please see the last page of these instructions.

Tables

Create tables using the table function in Word or Excel, with each entry in a separate cell and do not use tabs or line breaks within cells. Tables should be submitted as a separate file rather than embedded in the text. Do not save Tables as a pdf or Figure file. Legends should be included either directly with the Table itself, at the end of the main text, or in a separate document. Each table should be appropriately numbered (based on order in text); extensive tables should be submitted as Supplementary Material. Tables of 1 print page or larger, will be treated as Supplementary Material and will be published online, but not in print.

Supplementary Materials

Videos clips as well as large tables, data sets or additional figures, can be published online along with the electronic version of the article. Supplementary materials should be clearly referred to in the text and numbered sequentially (i.e. Supplementary Figure 1, Supplementary Table 1). These items will not be proofed or typeset, though it will be made available to the Reviewers during the review process.

References

As previously mentioned, references should be done in the Vancouver style and thus numbered according to their appearance in the text, and only referred to by their number in parentheses within the text. For articles with more than three authors, use only the first three authors (last name, first initial) followed by et al. Journal names are cited according to Index Medicus, which can be found at <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. When possible, avoid using *abstracts* as references. The use of *unpublished data and personal communications* should also be avoided, and when used, these should solely be indicated in the text with a footnote containing the following information: Authors/ sources name, Workplace Name, City, Country and date of communication or material.

Examples of References

- *Journal Articles* – Zoi SI, Papadimitriou SA, Galatos AD, et al. Influence of a titanium mesh on the management of segmental long bone defects. An experimental study in a canine ulnar model. *Vet Comp Orthop Traumatol* 2015; 28: 417–424.
- *Books* – Rocha E, Silva M. The kinin trail: Possible significance of bradykinin. In: Maxwell RA, Acheson G, editors. *Pharmacology and the Future of Man*. vol 5. Basel: Karger; 2001. pg. 250–266.
- *Website* – Orthopedic Foundation for Animals (OFA). Hip Dysplasia statistics [homepage on internet] 2007. [cited on 2015 July 13]. Available from: <http://www.offa.org/hipstatabreed.html>.

If the paper has been accepted but not yet published, please use “in press”, and for papers that have not

yet been accepted please use “Manuscript submitted for publication”.

For further information and examples: <http://www.ncbi.nlm.nih.gov/books/NBK7256/?amp>

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Acceptance of Manuscripts

Manuscripts are submitted with the understanding that they are original contributions and do not contain data that have been published elsewhere. It is taken for granted that the publication has been approved by all participating authors.

The following forms are required upon acceptance of papers:

- Copyright and Conflict of Interest Form
- Author Statement Form(s) (signed by each author, or an individual form for each author)
- Colour Figures Form (if applicable)

Papers cannot be further processed, nor can they be published online or in print, until these forms are received.

These forms can be downloaded from the online submission site at <http://mc.manuscriptcentral.com/vcot> under “Instructions and Forms”, or at www.vcot-online.com under “Authors”.

Once accepted, all original files for graphics and images should be sent to the Managing Editor if available in a higher quality than what was submitted online. Please send via email to Laura.Lenz@schattauer.de.

Final Proofs

All accepted manuscripts are subject to editing by the Editor-in-Chief and the Managing Editor. The designated Correspondence Author will receive the final proofs for approval and corrections. All corrections must be returned within the stated time period; if this is not possible please inform the Managing Editor. Authors may be charged for alterations in the galley proofs if the corrections are extensive or if the cost of the author's alterations exceeds 10% of the cost of composition. Neither the Editor nor the Publisher accept any responsibility for printed errors which are not noted by authors at the time of proof-reading.

Colour Figure Charge

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In both of the above cases, the article must include the following statement: This article is not an exact copy of the original published article in VCOT. The definitive publisher-authenticated version of [insert complete citation information here] is available online at: [insert URL here].

It is not allowed to use the edited version of the published article (Published version) and to post it on the author's own website or to upload it to institutional and/or centrally organized repositories.

The original author however is allowed to use the Published version for teaching purposes and to include the article in a thesis or dissertation provided that this is not to be published commercially.

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For more information please contact the Editorial Office.

Misconduct

If misconduct of any form is suspected of one or more authors at any time during the publication process, the author(s) will be contacted and given the opportunity to provide an explanation. If a satisfactory response is not provided, then the author's manuscript will be withdrawn and their institution may be notified. The author(s) may also be prohibited for a period of time from publishing their work in the Journal.

Guidelines for Figure Preparation

Graphics which are to be published in a journal need to fulfil certain quality criteria. Submitting photographs as well as other types of figures, charts or graphs in the most appropriate format will help ensure the highest possible degree of quality during the publication process. In order to help you out with this, here are some additional guidelines:

- Place annotations in a legend.
- Avoid the use of headings.
- Abbreviations should be avoided in tables, but can be used in images along with the accompanying explanation in the legend.
- All axes should be clearly labelled, and the same font should be used throughout.
- Colour should be used only when it is of relevance to the contents and needed for clarity.
- Use graphics software (i.e. Adobe Photoshop or Illustrator) rather than Microsoft Word, Excel or Powerpoint when creating or altering images. When altering or adding additional information to images, do not delete the original files as these may be required for publishing.
- If graphics software is not available, and it is necessary to use PowerPoint for instance, do not lose the original image files. Please also use the Powerpoint or word files for submission rather than creating a pdf.
- Make sure that all added labelling and lines or symbols are clear within images. Check that lines are thick enough (1-point or thicker) and symbols or other labelling is large enough so that they will remain visible when the image is resized for type-setting.
- Check that all added information appears clearly on images and that it is not lost in the background.
- When using a digital camera to create your images, please change the settings so that the images are saved in tiff format when possible, and choose the highest resolution setting.
- If the figures being submitted have been changed from their original form (e.g. cropping, addition of labels or markings, combining into multi-part images), do not delete the original files as these may be needed for printing.
- Screen shots are not acceptable files to submit for images, unless there is absolutely no other option.

Data Formats

For **publication of manuscripts**, it is important that all graphics are submitted with high quality resolution. This generally means 1200 dpi for line drawings, 800 dpi for graphics, and 300 dpi at minimum for photographs or colour and half-tone artwork. It is

also important that all graphics are submitted in their original file format.

In order to calculate size, please note the following: If the image is 1800 x 900 pixels and it will be printed at 300 dpi, the resultant size is 6 x 3 inches or 15.2 x 7.6 cm (1800/300 and 900/300).

For the **initial submission**, it is not required that the highest quality files be used, and oftentimes it is not possible as the file size is too large for the online submission website. Lower resolution formats (72–150 dpi), as long as the resolution is high enough for viewing, are acceptable. However once accepted, all original files, in high quality, will need to be sent to the Managing Editor.

As a **general rule of thumb**, images that are between 12 and 15 cm wide with at least 600 dpi resolution at 100% of final size work best. This will allow the necessary resolution for images during the review process.

Image files should not be larger than 40 megapixels as otherwise the system will not be able to convert them into the pdf document for review. This can be calculated by multiplying the width in pixels by the height in pixels. If this number exceeds 40 megapixels, you can either separate your image into A, B, and C, etc. or to reduce the dimensions of the original image. Do not copy the graphic into a Word or PowerPoint document, but submit as an image file with clear labelling (e.g. Fig. 1).

For **graphs** that are created in excel, please submit as a pdf or word document upon initial submission, but once accepted the original excel files will be needed – the only exception to this is when graphs have been altered in another program, such as PowerPoint, with additional information.

Resolution can not be achieved through mathematics

There are programs that can increase the number of image dots by splitting each dot into several dots; however in print the image will still look very pixelated, because splitting of image dots does not add information to the image. Therefore, make sure that you always use the highest resolution your computer can offer when creating digital images.

- Use the highest resolution when scanning.
- Chose the highest resolution when taking photographs with a digital camera. It is recommended to use a camera model with at least 5 megapixels.

Vector graphics have no resolution problems

Some programs, such as Excel, produce images not with a limited number of dots but as a vector graphic. Vectorisation eliminates the problem of resolution. However, if halftone images (photos) are copied into such a program, these images retain their low resolution.

Convention for radiographic orientation

For radiographic images, please follow the guidelines below. When preparing illustrations from native DICOM format, please note that most clinical DICOM viewers export images with the low resolution, typically 90–100 dpi, used by most operating systems. Use a program that maintains the original matrix to prepare illustrations, for example Image J, and thus

meet or exceed the requirement of a minimum resolution of 300 dpi. Knowing the original acquisition matrix size allows a simple calculation to determine the number of dpi based on a width or height of the finished illustration of 12–15 cm.

Radiographs: Lateral views of any part should be orientated with the cranial or rostral part to the viewers left. Ventrodorsal or dorso-ventral images should be viewed with the left side on the reader's right. Images of extremities should have the proximal portion of the limb at the top of the image. There is not a convention as to whether the lateral or medial aspect of the limb should be to the right or the left, but the orientation should be consistent within the manuscript.

Ultrasound: For abdominal imaging with the patient in dorsal recumbency, sagittal images should be orientated with the ventral surface at the top of the image, and the cranial aspect to the left. In the transverse plane, the patient's right side should be on the left of the image. If the transducer has been placed on the right side of the abdomen in a transverse plane, ventral should be on the right of the image and dorsal on the left. For images obtained from the left side of the abdomen, ventral should be on the left side of the image and dorsal on the right.

Echocardiographic images: Computed tomography and magnetic resonance images should be orientated in the following manner:

Head and spine

- Sagittal plane: cranial (rostral) to the left, dorsal at the top.
- Transverse plane: dorsal at the top, left to the reader's right.
- Dorsal plane: cranial (rostral) at the top, left to the reader's right.

Thorax and abdomen

- Images should be displayed as they were acquired.

References

1. Thrall DE. Textbook of Veterinary Diagnostic Imaging (3rd Ed). Philadelphia, WB Saunders 1998; 26.
2. Nyland TG, Mattoon JS. Veterinary Diagnostic Ultrasound. Philadelphia, WB Saunders 1995; 11–12.
3. Thomas WP, Gaber CE, Jacobs GJ, et al. Recommendations for standards in trans thoracic two dimensional echocardiography in dogs and cats. J Vet Intern Med 1993; 7: 247–252.
4. Anon. Instructions to authors. Vet Radiol Ultrasound 2000; 41: 584.

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