



Fasig-Tipton

FASIG-TIPTON REPOSITORY

KENTUCKY MIXED SALE

1. ALL IMAGES MUST BE SUBMITTED IN DICOM 3.0 FORMAT ON EXTERNAL HARD DRIVE/USB DRIVE, OR CD (ONE HIP PER CD)
2. ALL IMAGES PER HIP MUST BE IN A SINGLE DICOM FOLDER
3. ALL IMAGES ARE DUE BY NOON - FEBRUARY 4, 2010

4. DICOM TAG REQUIREMENTS:

PATIENT ID = FTKYYMM-XXXX

FTK = FASIG-TIPTON KENTUCKY

YY = LAST TWO DIGITS OF THE YEAR

MM = MONTH OF SALE

XXXX = FULL HIP NUMBER - INCLUDING LEADING ZEROS i.e. 0001

EXAMPLE: FASIG-TIPTON KENTUCKY HIP 0001

PATIENT ID = FTK1002-0001

PATIENT NAME = DAM NAME

EXAMPLE: PAPAS DARLING 08

STUDY DESCRIPTION = NAME OF VETERINARIAN/CLINIC TAKING X-RAYS

STUDY DATE = DATE OF X-RAYS

5. LETTERS AND CERTIFICATES ACCOMPANYING A HIP MUST BE DELIVERED TO FASIG-TIPTON REPOSITORY AT THE TIME THE RADIOGRAPHS ARE SUBMITTED

6. TO ACCOMMODATE VIEWING SORT ORDER ALL HIPS MUST BE SUBMITTED WITH THE ANATOMICAL/VIEW INFORMATION ON PAGE 2 – TO SET THIS UP YOU MAY HAVE TO CONTACT YOUR EQUIPMENT REPRESENTATIVE

7. **WHEN DOWNLOADING X-RAYS TO A HARD DRIVE/USB DRIVE OR CD EACH SET MUST BE IN ITS OWN FOLDER AND LABELED AS FOLLOWS – hip 82 – NO ZEROS OR SPACES BETWEEN HIP AND THE NUMBER, WITH THE WORD “hip” IN LOWER CASE. IF YOU HAVE ANY QUESTION PLEASE CALL MARY BETH AT 859-255-1555**

**THE AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS (AAEP)
HAS MADE THE FOLLOWING RECOMMENDATIONS FOR FILMS
FOR REPOSITORY PURPOSES**

APPROVED RADIOGRAPHIC LABELING NOMANCLATURE

	DICOM TAG	DICOM TAG
	LEFT	RIGHT
EACH CARPUS		
Medial Oblique (30° - 40°)	Left Carpus DMPLO	Right Carpus DMPLO
Lateral Oblique (20° cranial to medial lateral) (very flat)	Left Carpus DLPLO	Right Carpus DLPLO
Flexed Lateral	Left Carpus FLM or Left Carpus_Flexed_LM	Right Carpus FLM or Right Carpus_Flexed_LM
Third carpal skyline – recommended for two-year-olds In training	Left Carpus DPr DDiO	Right Carpus DPr DDiO
FETLOCK		
Front		
AP elevated 15°	Left Front Fetlock DP	Right Front Fetlock DP
Medial Oblique	Left Front Fetlock DMPLO	Right Front Fetlock DMPLO
Lateral Oblique	Left Front Fetlock DLPLO	Right Front Fetlock DLPLO
Flexed Lateral	Left Front Fetlock Flexed LM Or Left Front Fetlock_FLM	Right Front Fetlock Flexed LM OR Right Front Fetlock_FLM
Hind		
AP elevated 15°	Left Hind Fetlock DP	Right Hind Fetlock DP
Medial to Lateral Oblique	Left Hind Fetlock DMPLO	Right Hind Fetlock DMPLO
Lateral to Medial Oblique	Left Hind Fetlock DLPLO	Right Hind Fetlock DLPLO
Standing Lateral	Left Hind Fetlock LM	Right Hind Fetlock LM
TARSUS		
Medial Oblique (or 15° PALMO)	Left Tarsus DMPLO	Right Tarsus DMPLO
Off Center AP (slightly lateral)	Left Tarsus DP	Right Tarsus DP
Lateral	Left Tarsus LM	Right Tarsus LM
EACH STIFLE		
Lateral to Medial	Left Stifle LM	Right Stifle LM
20° PALMO (Posterior lateral 20° to anterior medial Oblique should include femoral condyle in its entirety)	Left Stifle Cdl_CrMO	Right Stifle Cdl_CrMO

All radiographs must be taken within 30 days of date of sale.

February 24, 2009