

FASIG-TIPTON REPOSITORY

KENTUCKY SELECTED YEARLING SALE

1. **ALL IMAGES MUST BE TAKEN WITHIN 21 DAYS OF THE SESSION WHICH IS NO EARLIER THAN JUNE 18TH. AND SUBMITTED IN DICOM 3.0 FORMAT ON EXTERNAL HARD DRIVE/USB DRIVE, OR CD (ONE HIP PER CD), ALL IMAGES PER HIP MUST BE IN A SINGLE DICOM FOLDER**
2. ALL IMAGES PER HIP MUST BE IN A SINGLE DICOM FOLDER
3. ALL IMAGES ARE DUE BY 10 a.m. - JULY 5, 2018
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** = FTK1807-0001
 - 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**
8. **IN EFFORT TO ENCOURAGE MORE USE OF THE REPOSITORY PRE-SALE AND MORE ACCURATE VETERINARIAN INFORMATION FOR USE ON THE SALES GROUNDS, ALL X-RAYS SUBMITTED TO THE REPOSITORY MUST BE ACCOMPANIED BY A VETERINARIAN X-RAY REPORT. THIS REPORT WILL BE ACKNOWLEDGED AS HAVING BEEN RECEIVED BY THE SALES COMPANY AND THE STAMPED REPORT WILL BE RETURNED TO THE CONSIGNOR. A COPY WILL BE KEPT ON FILE IN THE REPOSITORY AS WELL. THE X-RAY REPORT MUST ALSO DISCLOSE ATTENDING VETERINARIAN’S OWNERSHIP INTEREST IN THE SUBJECT HORSE, IF ANY.**

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

APPROVED RADIOGRAPHIC LABELING NOMENCLATURE

| | 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 | Right Front Fetlock Flexed LM |
| | Or Left Front Fetlock_FLM | OR Right Front Fetlock_FLM |
| Lateral (Standing Lateral to Medial) | Left Front Fetlock_SLM | Right Front Fetlock_SLM |
| 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 |
| PA (Posterior/Anterior) | Left Stifle_PA | Right Stifle_PA |