

# FASIG-TIPTON REPOSITORY

## SARATOGA FALL SALE

1. **ALL IMAGES MUST BE TAKEN WITHIN 21 DAYS OF THE SESSION** 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 NOON - OCTOBER 11, 2018

4. DICOM TAG REQUIREMENTS:

**PATIENT ID** = FTNYYMM-XXXX

FTN = FASIG-TIPTON NEW YORK

YY = LAST TWO DIGITS OF THE YEAR

MM = MONTH OF SALE

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

EXAMPLE: FASIG-TIPTON NEW YORK HIP 0001

**PATIENT ID** = FTN1810-0001

**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 POLLY 484-643-6205.**
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 NOMANCLATURE**

	DICOM TAG	DICOM TAG
	LEFT	RIGHT
<b>EACH CARPUS</b>		
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
<b>FETLOCK</b>		
<b>Front</b>		
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
Lateral (Standing Lateral to Medial)	Left Front Fetlock_SLM	Right Front Fetlock_SLM
<b>Hind</b>		
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
<b>TARSUS</b>		
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
<b>EACH STIFLE</b>		
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