



**Fasig-Tipton**

## **REPOSITORY**

### **KENTUCKY SELECTED YEARLING 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 - JULY 8, 2010
4. DICOM TAG REQUIREMENTS:
  - PATIENT ID** = FTKYMM-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** = FTK1007-0001
  - 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 FOR USE ON THE SALES GROUNDS. 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<br>Left Carpus_Flexed_LM               | Right Carpus FLM or<br>Right Carpus_Flexed_LM               |
| Third carpal skyline – recommended for two-year-olds<br>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<br>Or Left Front Fetlock_FLM | Right Front Fetlock Flexed LM<br>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<br>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   |

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