# **Fasig-Tipton Repository**

# SARATOGA FALL SALE

October 20, 2020

- 1. All images must be taken within 21 days prior to the selling date of the horse.
- 2. Radiograph start date:

Session 1 - Tuesday, September 29.

3. All images must be in a single DICOM folder on an external hard drive or flash drive\*:

One (1) hip per folder labeled as follows: hip28 (lower case, no spaces, no leading zeros)

\* CDs will no longer be accepted beginning January 1, 2020.

- 4. ALL IMAGES ARE DUE BY NOON FRIDAY, OCTOBER 16
- 5. 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 = FTN2010-0001

PATIENT NAME = DAM NAME (Example: PAPAS DARLING 08)

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

STUDY DATE = DATE OF X-RAYS

- Letters and certificates accompanying a hip must be delivered to Fasig-Tipton Repository at the time the radiographs are submitted.
- 7. To accommodate viewing sort order, all hips must be submitted with the anatomical/view information as laid out on the following page. You may have to contact your equipment representative to arrange this formatting
- 8. 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. The report will no longer be made available for review at the Repository; interested parties must obtain the report directly from the consignor. The x-ray report must also disclose attending veterinarian's ownership interest in the subject horse, if any.

# FASIG-TIPTON REMOTE REPOSITORY INSTRUCTIONS

Updated: 06/16/2020

**QUICK LINKS** 

**Remote Access** 

Register to View a Study

Register to Submit a Study

Terms and Conditions: Two-Year-Old Sales

**Consignor Portal** 

AAEP Minimum Required Views (create and upload unique doc to ft)

## **NEW USERS**

Register to View a Study

You will have to register separately for each sale.

Register to Submit a Study

#### **REPOSITORY ACCESS**

Access is restricted to registered vets for the purpose of examining a set of x-rays for a potential buyer or submitting x-rays taken on behalf of a consignor for a horse in the sale.

Details will be provided upon registration for repository access. Please change your password immediately upon initial login.

A username and password is required for viewing x-rays. Credentials for submission are different from credentials for viewing.

# **Remote Access Link**

If you have forgotten your password, Asteris has online options for recovery to the registered email address. If you experience further difficulty, please contact repository staff via phone or email at repository@fasigtipton.com.

#### REPOSITORY TERMS AND CONDITIONS

Terms and conditions apply to use of the Fasig-Tipton Online Repository system. By registering to submit and/or view a study using the Fasig-Tipton Online Repository system, you agree to be held bound by the full Terms and Conditions.

# **Full Terms and Conditions:**

**Two-Year-Olds in Training Sales** 

#### **FASIG-TIPTON**

#### REMOTE REPOSITORY INSTRUCTIONS

#### **TECHNICAL INFORMATION**

A modern HTML5 compatible web browser such as Google Chrome is required. Most mobile devices can view the x-rays remotely. Keep in mind that viewing x-rays for diagnostic purposes is better on a larger, high quality screen.

#### **SUBMITTING A STUDY**

To <u>submit a study online</u>, please login to the Keystone Community Website. If you have not submitted x-rays before, you will need to <u>register</u>. You can queue many studies via the DICOM service and then submit them as appropriate to each hip.

If you are using Asteris Keystone at your veterinary practice, you may skip this step and find an option in the Asteris Clinic management software to upload instead. For further information about using this feature, please contact Asteris.

To submit a study via a **USB Thumb Drive or USB Hard Drive** please place each study in its own folder/directory named as per the accession number labelling eg: x:\19GPR-0005, x:\19GPT-0012 etc. assuming X: is the letter of the USB device.

#### **LABELLING**

It is important to label your study as accurately and completely as possible. When submitting a set of x-rays please be sure to complete the following in your software.

Accession Number/DICOM Tag Requirements – A combination of the sale code and the lot number in 4-digit format as per the following examples.

Patient ID = FTZYYMM-XXXX
Z = First letter of state in which sale is held
YY = Last two digits of the sale year
MM = Month of the sale
XXX = Full hip number including leading zeros

## Examples:

2020 Kentucky Winter Mixed Hip 44 = FTK2002-0044 2020 Midlantic Two-Year-Olds in Training Hip 200 = FTM2006-0200 2020 Saratoga Fall Sale Hip 12 = FTN2010-0012

Patient Name (named horses aged 3+) – Horse's Name followed by apostrophe and the Year of Birth (YOB)

Example: SONGBIRD '13

Patient Name (horses aged 2 years or less, unnamed horses aged 3+) – Horse's Dam Name follow by an underscore then Horse's Sire Name followed by apostrophe and the Year of Birth (YOB) Example: BAFFLED TAPIT '11

#### **FASIG-TIPTON**

#### REMOTE REPOSITORY INSTRUCTIONS

The name of the veterinarian or clinic, date, sex and microchip (if available) are also required to appear in the study; no specific formatting is required.

## **OVERLAYS**

Please export your studies without burnt in overlays on images. Our DICOM viewing software has the option toggle the most relevant tags on/off when viewing. In addition, there is a button to view all tags.

#### **SURGERY REPORTS**

If a surgery report is submitted it must be submitted in hard copy format. They should be submitted along with the x-rays where possible, and at least four (4) days prior to the start of the sale.

# **SCOPING VIDEOS (OPTIONAL)**

The videos can be viewed on-site and remotely.

Supported file types: \*.asf, \*.avi, \*.mov, \*.mp4, \*.mpeg, \*.mpg, \*.wmv

Recommended file size: There is no limit to video file size. For easy of viewing, it is recommended that file sizes be kept within reason.

Scoping videos must be performed no earlier than 10 days from the actual date the horse is sold.

# **HANGING PROTOCOLS**

Our system is hanging protocol aware and can be customized depending on how effectively the anatomy of the horse can identified during uploading of the study. If you want the viewing vet to be able to adjust the hanging protocol used we recommend you upload your study and match any images which can't be automatically identified.

Uploading your own studies online allows the submitting vet full control over the process and more accuracy as the automatic options do not always match perfectly.

If you have an x-ray machine that is new to market or recently updated please encourage your machine vendor to contact Asteris so they can work with the vendor to automate the hanging protocol detection system in their software. It is advisable to submit a sample set of x-rays before a sale to help eliminate potential problems.

#### **FOR CONSIGNORS**

Consignors can access Fasig-Tipton Online Repository system activity via the <u>Consignor Portal</u>. Repository system activity displayed in the Consignor Portal will include both remote and on-site activity.

# AMERICAN ASSOCIATION OF EQUINE PRACTICIONERS (AAEP)

HAS MADE THE FOLLOWING RECOMMENDATIONS FOR FILMS AND REPOSITORY PURPOSES

# APPROVED RADIOGRAPHIC LABELING NOMANCLATURE

| EACH CARPUS                            | DICOM TAG LEFT                  | DICOM TAG RIGHT                  |
|--|---------------------------------|----------------------------------|
| Medial Oblique (30°-40°)               | Left Carpus DMPLO               | Right Carpus DMPLO               |
| Lateral Oblique (20° cranial to medial | Left Carpus DLPMO               | Right Carpus DLPMO               |
| lateral) (very flat)                   |                                 |                                  |
| Flexed Lateral                         | Left Carpus FLM or              | Right Carpus FLM or              |
|  | Left Carpus_Flexed_LM           | Right Carpus_Flexed_LM           |
| Third Carpal Skyline (recommended for  | Left Carpus DPr DDiO            | Right Carpus DPr DDiO            |
| two-year-olds in training)             |                                 |                                  |
| FETLOCK                                |                                 |                                  |
| Front                                  |                                 |                                  |
| AP elevated 15°                        | Left From Fetlock DP            | Right Front Fetlock DP           |
| Medial Oblique                         | Left Front Fetlock DMPLO        | Right Front Fetlock DMPLO        |
| Lateral Oblique                        | Left Front Fetlock DLPMO        | Right Front Fetlock DLPMO        |
| Flexed Lateral                         | Left Front Fetlock Flexed LM or | Right Front Fetlock Flexed LM or |
|  | Left Front Fetlock_FLM          | Right Front Fetlock_FLM          |
| Lateral (standing lateral to medial)   | Left Front Fetlock_SLM          | Right Front Fetlock_SSLM         |
| Hind                                   |                                 |                                  |
| AP elevated 15°                        | Left Hind Fetlock DMPLO         | Right Hind Fetlock DMPLO         |
| Medial to Lateral Oblique              | Left Hind Fetlock DMPLO         | Right Hind Fetlock DMPLO         |
| Lateral to Medial Oblique              | Left Hind Fetlock DLPMO         | Right Hind Fetlock DLPMO         |
| Standing Lateral                       | Left Hind Fetlock LM            | Rind 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    | Left Stifle Cdl_CrMO            | Right Stifle Cdl_CrMO            |
| anterior medial oblique should include |                                 |                                  |
| femoral condyle in its entirety)       |                                 |                                  |
| PA (posterior/anterior)                | Left Stifle_PA                  | Right Stifle_PA                  |