



Fasig-Tipton

MIDLANTIC FALL YEARLINGS

2200 York Rd, Timonium MD

October 3-4, 2022

REPOSITORY INFORMATION

- **All Radiographs must be taken within 21 days prior to the day the horse is selling.**

Radiograph start date:

Monday, September 12th – Day 1 Horses

Tuesday, September 13TH – Day 2 Horses

- **All images are due in the repository by NOON – FRIDAY SEPTEMBER 30TH.
PLEASE review submitting veterinarian instructions.**

- **The Repository will be open for viewing:**

Sunday October 2nd from 12:00 p.m. - 5:00 p.m.

Monday October 3rd from 8:00 a.m. - End of Sale

Tuesday October 4th from 8:00 a.m. - End of Sale

- **SCOPING VIDEOS must be performed no earlier than 10 days from the actual date the horse is sold. PLEASE STATE THE HORSE ID CREDENTIALS AT THE COMMENCEMENT OF THE VIDEO RECORDING.**

Video Scope Start Dates:

Friday, Sept. 23rd – Day 1 Horses

Saturday, Sept. 24th – Day 2 Horses

- **ALL X-RAYS, REPORTS, DOCUMENTS AND SCOPE VIDEOS SHOULD BE SUBMITTED THROUGH ASTERIS.**

Important Contact information:

marylandrepository@fasigtipton.com

484-643-6205

[Asteris](#)

877-7ASTERIS (877-727-8374)

FASIG-TIPTON
REMOTE REPOSITORY INSTRUCTIONS

Updated: 12/09/2021

SUBMITTING VETERINARIAN

NEW USERS

You must have an account set up with Asteris to submit or view x-rays. These accounts must have separate usernames and passwords. [Register to Submit a Study](#)

SUBMITTING A STUDY

To [submit a study online](#), please login to the Keystone Community Website. If you have not submitted x-rays before, you will need to register using the link above. 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](#).

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. Terms & Conditions of Sale: [Conditions of sale](#)

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 = FTMYYMM-XXXX

M = First letter of state in which sale is held

YY = Last two digits of the sale year

MM = Month of the sale

XXXX = Full hip number including leading zeros

Examples:

2022 Midlantic Two-Year-Olds in Training Hip 44 = **FTM2205-0044**

2022 Midlantic Fall Yearlings Hip 400 = **FTM2210-0400**

2022 Midlantic December Mixed Hip 250 = **FTM2212-0250**

Patient Name: Horse's Name OR Dam and last 2 digits of Year of Birth (YOB)

Example: **SPRING DANCE 21**

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.

FASIG-TIPTON
REMOTE REPOSITORY INSTRUCTIONS

OVERLAYS

Please export your studies **WITH 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.

REQUIRED VIEWS

[AAEP Minimum Required Views](#)

To accommodate viewing sort order all hips must be submitted with the anatomical/view information. You may have to contact your equipment representative to arrange this formatting.

ALL REPORTS

All reports must be submitted in **PDF format** through Asteris. They should be submitted along with the x-rays where possible, and at least four (4) days prior to the start of the sale. The veterinary report will no longer be made available for review at the repository. The x-ray report must also disclose attending veterinarian's ownership interest in the subject horse, if any.

SCOPING VIDEOS (OPTIONAL)

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

Recommended file size: There is a 100MB limit to video file size. For ease of viewing, it is recommended that file sizes be kept within reason. Supported file types: *.asf, *.avi, *.mov, *.mp4, *.mpeg, *.mpg, *.wmv

Please **state the horse ID credentials** at the commencement of the video recording.

All video scopes should be submitted through Asteris.

The videos can be viewed on-site and remotely.

HANGING PROTOCOLS

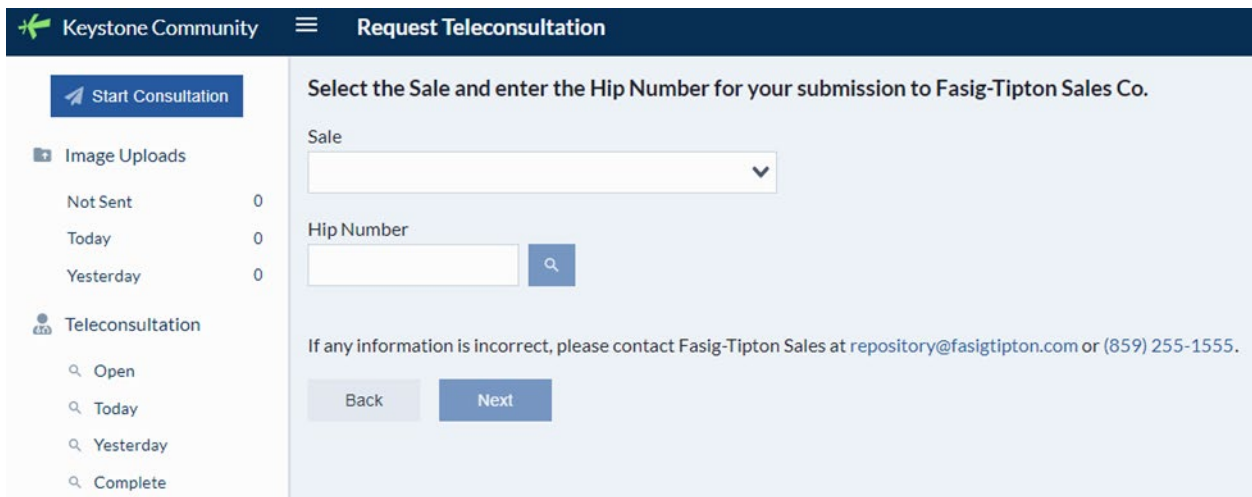
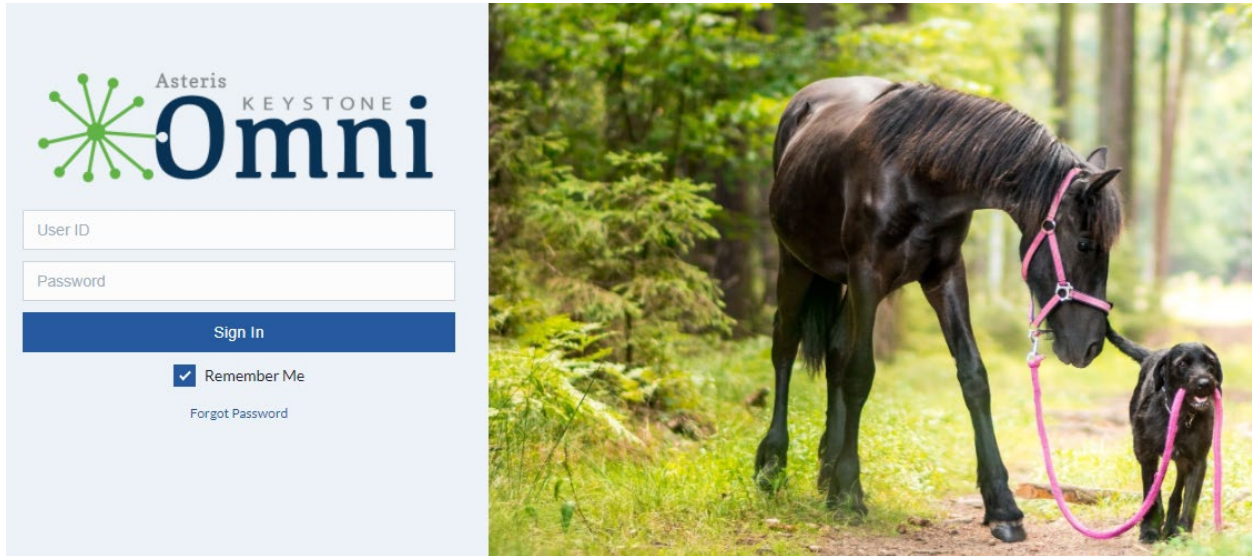
Our system is hanging protocol aware and can be customized depending on how effectively the anatomy of the horse can be identified during uploading of the study. If you want the viewing vet to be able to adjust the hanging protocol used, we recommend you upload your study and match any images which can't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

FASIG-TIPTON
REMOTE REPOSITORY INSTRUCTIONS

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.

1. See below for submitting radiograph studies and reports:
 - a. <https://keystone.asteris.com/#/login>



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REMOTE REPOSITORY INSTRUCTIONS

VIEWING VETERINARIAN

NEW USERS

You must have an account set up with Asteris to submit or view x-rays. These accounts must have separate usernames and passwords.

[Register to View a Study](#)

Please email request to register to view a study to: <mailto:marylandrepository@fasigtipton.com>

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.

A username and password are 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 <mailto:marylandrepository@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. Terms & Conditions of Sale: [Conditions of sale](#)

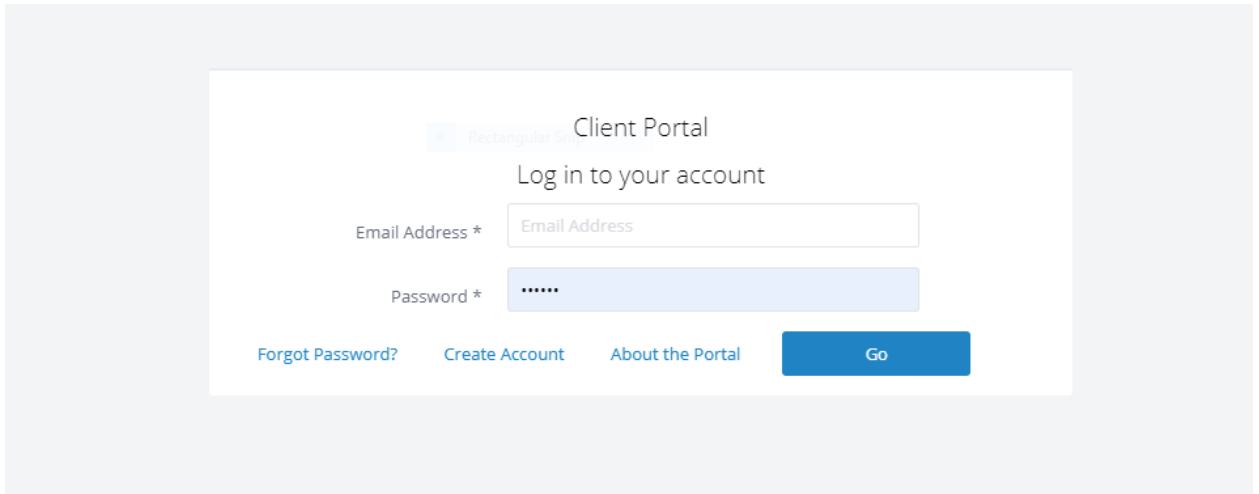
TECHNICAL INFORMATION

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.

FASIG-TIPTON
REMOTE REPOSITORY INSTRUCTIONS

CONSIGNOR INFORMATION

- **Consignors can review and print their x-ray reports using the Client Portal.**
<https://www.fasigtipton.com/forms/consignors>
Login with your username and password.



Client Portal

Log in to your account

Email Address *

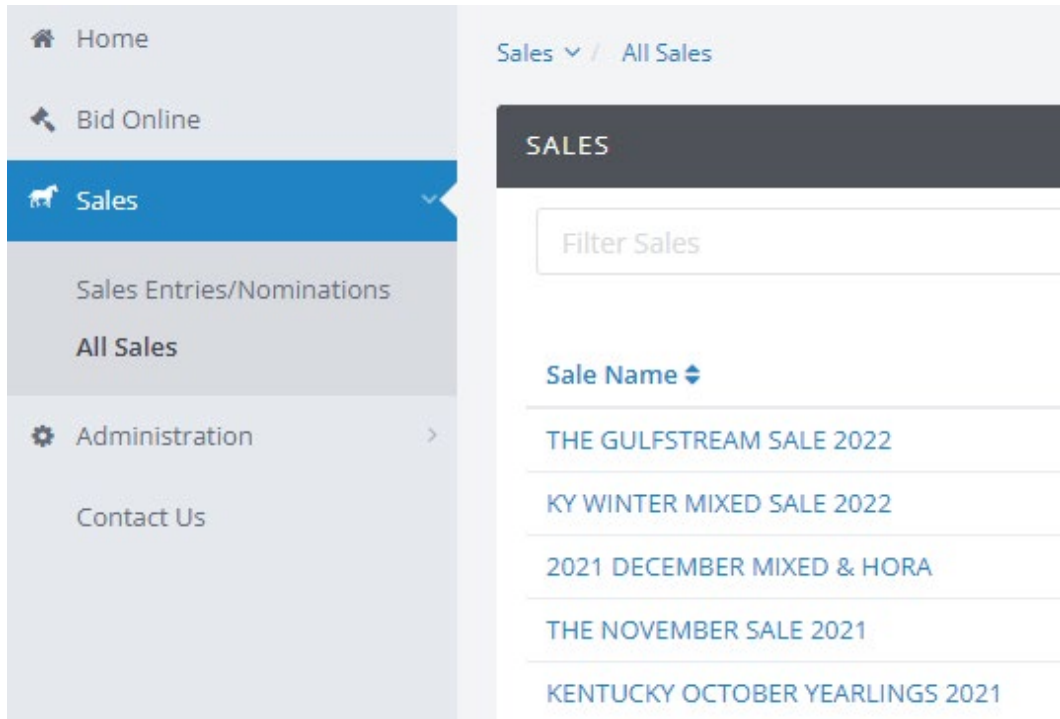
Password *

[Forgot Password?](#) [Create Account](#) [About the Portal](#) [Go](#)

Select the current sale and then Repository.

For Printing reports, select summary. A register of each horse will be shown with a green check. Click on each check mark to open & print or save report on your device.

FASIG-TIPTON
REMOTE REPOSITORY INSTRUCTIONS



- All x-rays submitted to the repository must be accompanied by a veterinarian x-ray report. This report will be date & time stamped following the approval process and will be made available to the consignor in the Fasig-Tipton Client portal. [Client Portal](#).
- 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.
- Consignors can review their Repository submissions & activities via the [Client Portal](#).
- The repository system displayed in the [Client Portal](#) will include both remote and on-site activity.
- Consignors may add as many individual users to their [Client Portal](#) account as necessary.
- Each individual user will be able to customize the text/email alerts they would like to receive, relating to repository activity as well as many other aspects of their consignment.
- Terms & Conditions of Sale: [Conditions of sale](#)

MINIMUM REQUIRED VIEWS
FOR FILMS AND REPOSITORY PURPOSES

APPROVED RADIOGRAPHIC LABELING NOMENCLATURE

CARPUS

Medial/Lateral Oblique (20° - 30°)
(Dorsomedial 25°, Palmar Lateral Oblique)
Lateral/Medial Oblique (30 - 40°)
(Dorsolateral 35°, to Palmar Medial Oblique)
Flexed Lateral (Flexed lateral to Medial)

DICOM TAG LEFT

L Carpus_DMPLO
L Carpus_DLPMO
L Carpus_FLM
L Carpus_Sky_DRow

DICOM TAG RIGHT

R Carpus_DMPLO
R Carpus_DLPMO
R Carpus_FLM
R Carpus_Sky_DRow

Third Carpal Skyline (recommended for two-year-olds in training)

FETLOCK

Front:

AP elevated 15° (Dorsal, 15° elevated to palmar)
Medial Oblique (Dorsomedial 30°, to palmar lateral oblique)
Lateral Oblique (Dorsolateral 30°, to palmar medial oblique)
Lateral (Flexed Lateral to Medial)
Lateral (Standing Lateral to Medial)

L FFetlock_DP
L FFetlock_DMPLO
L FFetlock_DLPMO
L FFetlock_FLM
L FFetlock_SLM

R FFetlock_DP
R FFetlock_DMPLO
R FFetlock_DLPMO
R FFetlock_FLM
R FFetlock_SLM

Hind:

AP elevated 15° (Dorsal, 15° elevated, to plantar)
Medial Oblique (Dorsomedial 30°, 15° elevated, to plantar lateral oblique)
Lateral Oblique (Dorsolateral 30°, 15° elevated to plantar medial oblique)
Standing (Lateral to medial)

L HFetlock_DP
L HFetlock_DMPLO
L HFetlock_DLPMO
L HFetlock_LM

R HFetlock_DP
R HFetlock_DMPLO
R HFetlock_DLPMO
R HFetlock_LM

HOCK

Medial/Lateral Oblique (or 15° PALMO)
(Dorsomedial 65° to plantar lateral oblique) or
(Plantaro-lateral 25° to dorsomedial oblique)
Off Center AP
(slightly lateral) (Dorsolateral 10° to plantar medial)
Lateral to medial

L Hock_DMPLO
L Hock_DP
L Hock_LM

R Hock_DMPLO
R Hock_DP
R Hock_LM

STIFLE

Lateral to Medial
20° PALMO (posterior lateral 20° to anterior medial oblique
should include medial femoral condyle in its entirety)
PA (posterior/anterior)

L Stifle_LM
L Stifle_CaLCrMO
L Stifle_PA

R Stifle_LM
R Stifle_CaLCrMO
R Stifle_PA

PRACTICE: _____
 ADDRESS: _____

 PHONE: _____



Report of Radiographic Findings

Doctor: _____ Date: _____ Sale: _____
 Hip # _____ Name: _____ Location: _____
 Client/Consignor: _____

INTERPRETATION: Note: NSA = no significant abnormalities

Left Front Fetlock: _____

 Right Front Fetlock: _____

 Left Carpus: _____

 Right Carpus: _____

 Left Hind Fetlock: _____

 Right Hind Fetlock: _____

 Left Tarsus: _____

 Right Tarsus: _____

 Left Stifle: _____

 Right Stifle: _____

 Additional Comments: _____

I (do__) (do not__) have direct financial interest in all or any part of this horse.

This report and the findings contained herein are solely for the addressee and may not be used or relied upon by any other person or entity without the express written consent of _____. The interpretation of radiographs and findings may vary with the examiner, the type of examination requested, method of examination and a horse's changing condition. This is a report of the undersigned's findings, based on the type of examination requested by the addressee, on the date indicated. This report is limited to the findings contained herein and no other findings or opinions should be inferred beyond those expressly set forth herein. This report does not constitute a warranty or guarantee of any kind. This report is for use on horses intended for public auction while meeting the requirements of repositories currently in operation. It is not intended to be all inclusive but is meant to supply a workable format of reporting.

Read by: _____