

Canadian Thoroughbred Horse Society National Office

REPOSITORY 2025 NATIONAL DIGITAL MIXED SALE

Participation by Consignors/Owners is voluntary.

HOURS

The Repository will be available to veterinarians of prospective buyers online as follows:

Thursday, November 20 at 9:00 am TO Tuesday, November 25 at 12:00 pm

VIEWING REQUIREMENTS

• Any veterinarian wanting to view the Repository information must complete a CTHS form identifying him/herself and the lot number of the horse.

CONSIGNOR REQUIREMENTS (INCLUDING OWNERS)

- The Consignor will determine the nature and extend of such information and shall be responsible for its accuracy.
- All of the minimum required views must be on file.
- All information must be marked by lot number.
- · All information must be clearly dated

BUYER REQUIREMENTS (INCLUDING AGENTS)

• The Repository is for use by licensed veterinarians on behalf of their buyer/clients. Access to a Consignor's Repository information may be denied to non-veterinarians.

ACCEPTABLE INFORMATION

NOTE: Radiographs previously submitted at each province's 2025 Yearling Sale will be accepted providing they are clearly dated.

- 1. Radiographs must include the date, lot number and uploaded no later than **Wednesday**, **November 19** at 12:00 noon.
- 2. All digital radiographs must include:
 - lot number of the horse
 - dam
 - last 2 digits of foaling year
 - · date of the x-rays

- 3. All digital radiographs must be submitted in DICOM format and all images for a hip must be included in a single DICOM study.
- 4. Consignors must submit a minimum of 36 views as listed below.
- 5. Additional information/material that will be accepted in the Repository includes, but is not limited to, the following veterinary statements describing:
 - any joint surgery known by the Seller or Consignors
 - any impairment of vision or injury to the eye
 - abdominal surgery except surgery to repair a ruptured bladder in a foal
 - endoscopic examinations
 - locomotor ataxia (wobbler syndrome)

LOCATION

The Repository content may be uploaded and viewed here:

https://keystone.asteris.com/#/community/6141c2eb-0400-1850-1846-fffff200826/register

CONDITIONS

- CTHS will not review the Repository information and makes no warranty or assurance off any kind concerning its completeness or accuracy.
- Consignor will determine the nature and extent of Repository information and be responsible for its accuracy.
- If Consignors fail to precisely describe a condition known to them, or a warranted condition is not described in the Repository, the Buyer may dispute and possibly rescind the sale.
- The sale will be government by the Conditions of Sale.
- The Repository is intended to be a service available to buyers and Consignors to promote openness and confidence in the sales process.

MINIMUM REQUIRED FILMS FOR SALES REPOSITORY

EACH CARPUS (left & right):

Lateral/Medial Oblique (30° - 40°) (Dorsolateral 35°, to palmar medial oblique) Medial/Lateral Oblique (20° - 30°) (Dorsolateral 25°, to palmar lateral oblique) Flexed Lateral (Flexed lateral to medial)

EACH FETLOCK (left & right):

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) Standing Lateral (Standing lateral to medial)

HIND:

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

Obliques should be elevated slightly to separate the sesamoid and PI interface.

EACH HOCK (left & right):

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

EACH STIFLE (left & right):

Lateral to Medial

20° PALMO (Posterior lateral 20° to anterior medial oblique must include medial femoral condyle in it's entirety). PA (Posterior/Anterior)

LABELING

Standard markers for radiographic views are always lateral unless there is no lateral aspect, then they are placed anteriorly. For oblique views, the marker is located posteriorly on a (DLPMO) lateral oblique and anteriorly on a (DMPLO) medial oblique. For an AP view, the marker is located laterally and for a lateral view, the marker is located anteriorly.