Canadian Thoroughbred Horse Society
National Office

REPOSITORY

2026 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 19 at 9:00 am TO Tuesday, November 24 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 2026 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 18 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-ffffff200826/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.