Tattersalls Ireland

**B.E.V.A. Recommended radiographic views of YEARLINGS & FOALS submitted for public sale.**

**Repository Deadline – Yearlings & Foals** – X-Rays must be taken of a lot within 28 days of the first day of the Sale in which the Lot is due to be sold.
Radiographs must be clearly labelled to record the identity of the animal, the date and time the radiographs were taken, and the limb must be clearly identified. Tattersalls Ireland reserve the right to reject any information submitted to the repository that is not appropriately labelled.

**FRONT FETLOCKS**

- Dorsopalmar (angled down 30˚ and to include the pastern joint)
- Lateromedial (to include the pastern joint)
- Lateromedial flexed (optional)
- Dorsolateral-palmaromedial oblique 45˚
- Dorsomedial-palmarolateral oblique 45˚

**HIND FETLOCKS**

- Dorsoplantar (angled down 30˚ and to include the pastern joint)
- Lateromedial (to include the pastern joint)
- Dorsolateral-palmaromedial oblique 45˚
- Dorsomedial-palmarolateral oblique 45˚

**CARPUS**

- Dorsopalmar
- Lateromedial
- Lateromedial flexed (optional)
- Dorsolateral-palmaromedial oblique 30˚
- Dorsomedial-palmarolateral oblique 20˚

**TARSUS**

- Dorsoplantar 10˚ Dorsolateral-Plantaromedial
- Lateromedial
- Dorsolateral-plantaromedial oblique 45˚
- Dorsomedial-plantarolateral oblique 45˚

**STIFLES**

- Lateromedial
- Caudocranial
- Caudolateral-Craniomedial Oblique 20˚ (optional)

**INSTRUCTIONS**

The radiographic markers should be placed laterally on dorsopalmar and dorsoplantar views.

Tattersalls Ireland

**B.E.V.A. Recommended radiographic views of YEARLINGS & FOALS submitted for public sale.**

**Repository Deadline – Horses In Training** – X-Rays must be taken of a lot within 14 days of the first day of the Sale in which the Lot is due to be sold.
Radiographs must be clearly labelled to record the identity of the animal, the date and time the radiographs were taken, and the limb must be clearly identified. Tattersalls Ireland reserve the right to reject any information submitted to the repository that is not appropriately labelled.

**FRONT FEET**

- Lateromedial
- Dorsoproximal-palmarodistal oblique distal phalanx (upright pedal)

**FRONT FETLOCKS**

- Dorsopalmar (angled down 30˚ and to include the pastern joint)
- Lateromedial (to include the pastern joint)
- Lateromedial flexed (optional)
- Dorsolateral-palmaromedial oblique 45˚
- Dorsomedial-palmarolateral oblique 45˚
- Flexed dorsopalmar

**HIND FETLOCKS**

- Dorsoplantar (angled down 30˚ and to include the pastern joint)
- Lateromedial (to include the pastern joint)
- Dorsolateral-palmaromedial oblique 45˚
- Dorsomedial-palmarolateral oblique 45˚
- Flexed dorsopalmar (*optional*).

**CARPUS**

- Dorsopalmar
- Lateromedial
- Lateromedial flexed (optional)
- Dorsolateral-palmaromedial oblique 30˚
- Dorsomedial-palmarolateral oblique 20˚
- Skyline distal row carpal bones (3rd carpal bone skyline)

**TARSUS**

- Dorsoplantar 10˚ Dorsolateral-Plantaromedial
- Lateromedial
- Dorsolateral-plantaromedial oblique 45˚
- Dorsomedial-plantarolateral oblique 45˚

**STIFLES**

- Lateromedial
- Caudocranial
- Caudolateral-Craniomedial Oblique 20˚ (optional)

**INSTRUCTIONS**

- The radiographic markers should be placed laterally on dorsopalmar and dorsoplantar views.

Tattersalls Ireland

**GUIDELINES FOR VIDEO ENDOSCOPIC EXAMINATION OF THE UPPER AIRWAY OF HORSES SUBMITTED FOR PUBLIC SALE**

1. **Repository Deadline** – BEVA recommend the time interval between video acquisition and 1st day of the sales session in which the horse sells should be ≤ 10 days. Tattersalls Ireland however, acknowledge the logistical difficulties presented by this reduced deadline and have outlined the following examination deadlines:
   **Yearlings & Foals**: Videos must be taken of a lot within 17 days of the first day of the Sale in which the Lot is due to be sold. Tattersalls Ireland however, recommend that the 10 day guideline is followed if possible.
   **Horses in Training:** Videos must be taken of a lot within 10 days of the first day of the Sale in which the Lot is due to be sold.

2. **Identification:**

- The horse should be identified either with embedded/on-screen digital annotation, and annotations should include date of examination and name of veterinary surgeon/practice.
- Footage of horse, microchip scanning and/or relevant page from the sales catalogue may also be used as an acceptable method of identification.
- Tattersalls reserve the right to reject any information submitted to the repository that is not appropriately labelled.

3. **Image Quality:**

- The video recording should comprise a single, unbroken and unedited stream of footage, ideally video should be a minimum of 720p (HD ready).

4. **Endoscopic Technique:**

- Either nostril may be used for introduction of the endoscope, however every attempt should be made to maintain the endoscope centrally in the nasopharynx to minimise parallax error when assessing the laryngeal cartilages. Orientation of the laryngeal image should be vertical at all times.
- The initial footage should permit clear, unobstructed visualisation of the entire epiglottis, arytenoid cartilages and vocal cords/ventricles. The endoscope should be advanced close enough to the larynx to allow thorough assessment of the mucosal surfaces in order to permit detection of ulceration or chondritis. Touching or prodding of the arytenoid cartilages with the endoscope is to be discouraged.
- Laryngeal function grading systems are founded on assessment of arytenoid cartilage movements. Video footage should permit visualisation of the larynx not only at maximal abduction but also periods of full relaxation, in order that the full range and synchrony of arytenoid movements can be observed.
- In order to permit detection of both static and dynamic abnormalities, the minimum acceptable time of direct visualisation of the larynx (i.e., exclusive of passage of the endoscope through the nasal passages) should be at least 45 seconds and preferably 60 seconds. This time should be used constructively by the acquiring veterinarian to stimulate the larynx when necessary; long videos that do not document the full range of movements should be discouraged. It is stressed that quality of video footage and technique used are of much greater importance than overall length of video.
- Full arytenoid abduction may be demonstrated/stimulated by a variety of means including stimulation of swallowing via introduction of flush solution, nasal occlusion or exercise. It is recommended that the video footage contains good visualisation of at least 3 swallows. Please note that whichever method of laryngeal stimulation is used it is vital that the larynx is seen during full relaxation during the examination, and that exercise immediately prior to video acquisition may therefore be counterproductive.