



## **X-rays and quality criteria of radiographic views for assessment of the osteoarticular status of candidates for the sBs 'Health Label'**

### **Identification of radiographs**

All radiographs should be labelled with:

- *Name* of the horse
- Family name of the *owner*
- *Breed, sex* and *age* of the horse
- *Date* of the radiographic examination

*Right* and *Left* limb should be clearly identified on radiographs with letters (R or D for right, L or G for left). Letters should not be superimposed to the radiographic image and should be positioned *laterally* on the DP view of the foot.

### **Radiographic views requested**

**Total** : 16 views

*Front feet*: 4 views (LM, Oxspring view)

*Front and hind fetlocks*: 4 views (LM)

*Hocks*: 6 views (LM, PI45°L-DM, D45°L-PIM)

*Stifle*: 2 views (LM)

#### **Front feet**

- Lateromedial view
- Oxpring (or upright pedal): D60°Pr-PaDi (low heels) or D50°Pr-PaDi (high heels) view centred on the distal sesamoid bone, highlighting the distal border of the distal sesamoid bone

#### *Quality criteria*

- No shoe should be present on the foot
- The sulci of the frog should be completely filled with a soft tissue opacity material
- Proximal interphalangeal joint should be included in both views
- Both views should be taken separately from fetlock views (centering should be on the foot)
- If possible, LM view should be taken on the weight bearing foot
- Medial and lateral condyle of P2 should be perfectly superimposed on the LM view (a distance of 2 mm between the medial and lateral condyle of P2 is tolerated)
- Oxspring views should be exposed for the navicular bone, P3 should be visible

#### **Front and hind fetlocks**

- Lateromedial view

#### *Quality criteria*

- Medial and lateral side of the metacarpal/tarsal condyle should be perfectly or almost perfectly superimposed



- The dorsal profile of the sagittal ridge should be visible dorsal to the each condyle profile if the LM is not perfect
- Visualization of the palmar/plantar sesamoido-phalangeal space should be good. Oblique views will be taken if visualization is difficult and there is a doubt about the presence of a palmar/plantar fragment
- The proximal interphalangeal joint should be included in the LM view of the hind fetlock

### Hocks

- Lateromedial view
- Plantaro45°lateral-dorsomedial oblique view
- Dorso45°lateral-plantaromedial oblique view

#### *Quality criteria*

- The x-ray beam should be oriented to make the intertarsal and tarsometatarsal joint space perfectly visible on the LM view
- Lateral and medial ridges of the talus should be perfectly superimposed on the LM view (a distance of few mm between the 2 ridges is tolerated if the intertarsal and tarsometatarsal spaces are well visible)
- The proximal extremity of the metatarsus should be visible on the LM view of the hock

### Stifles

- Latero-medial view

#### *Quality criteria*

- The femoral condyles should be superimposed on the LM view (a distance of few mm to 1.5 cm between the 2 condyles is tolerated)
- The femoral trochlear ridges should be entirely visible on both views
- The cranial profile of the lateral trochlear ridge should not be superimposed to the outline of the trochlear groove
- Exposure of the LM view should be sufficient to perfectly detect any abnormality within the femoral condyles

### ***For further information about radiographic examination:***

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