

X-rays and quality criteria of radiographic views for assessment of the osteoarticular status of candidates for the sBs 'Health Label' (16 views)

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, P145°L-DM, D45°L-PIM)

Stifle: 2 views (LM)

Front feet

- Lateromedial view
- Oxspring (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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