



IRISH DRAUGHT HORSE SOCIETY OF NORTH AMERICA
IRISH DRAUGHT X-RAYS

Instructions to Owner:

Every purebred stallion presented for inspection must have an official set of x-rays which have been *approved by the IDHSNA designated veterinarian* at least 3 weeks before the inspection date. X-rays may be taken at any time after January 1 of the stallion's 3 year old year for use at any age. The x-rays must be officially evaluated within one year of when they were taken.

A total of 20 digital x-rays (also called radiographs) are required and the list of views follows. The stallion will need to be unshod to complete all views.

Please forward x-rays, along with the completed x-ray form to Dr. Brendan Furlong:
images@bwfurlong.com
with the subject line: IDHSNA Inspection x-rays for review by Dr. B.W. Furlong

Payment is made to B W Furlong & Associates for both the official review and the pre-reading (see below). You will receive results from the official reading from the IDHSNA registrar.

Stallion owners *may* opt to have a pre-reading of the x-rays, prior to and separate from the official reading utilizing Dr. Furlong. Contact Dr. Furlong's office directly to inquire about current costs (paid directly to the veterinary practice) and submission. Only the stallion owner will receive the results for the pre-reading of x-rays. The pre-reading is independent of the IDHSNA process, and *is not required*.

Instructions to Veterinarian:

A total of 20 digital x-rays are required. Please see the list following.

Also complete the form (page 3) on horse use and any other observations.

Documents and x-rays should be sent directly from the veterinary office to ensure validity. Documents may be scanned and emailed.

IDHSNA's designated veterinarian for reading x-rays is:

Dr. Brendan Furlong
B.W. Furlong & Associates
101 Homestead Road
Califon, NJ 07830
or
PO Box 16
Oldwick, NJ 08858
908-439-2821

Email to: images@bwfurlong.com
with the subject line: IDHSNA Inspection x-rays for review by Dr. B.W. Furlong

Contact the IDHSNA registrar if you have any question regarding x-rays including where they should be sent.

Lucy Stevenson
Cell: (406) 540-2199
Email: IDHSNA@hotmail.com



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RADIOGRAPHS

Radiographs must be **identified with the stallion name, date of x-ray**, and must identify **left or right limb**. Phalanges must be labelled **fore or hind**. The projections/views must be accurate. The definition of bones, joints and soft tissue outlines should be clearly visible. In cases where the quality of x-rays is deemed to be unsatisfactory, a new set or partial set of x-rays will be required.

A. RIGHT FORE: (shoe removed)

1. **Lateromedial views of the front foot and pastern**- Both front feet should be on foot blocks. Taken from lateral to medial centering on the coronary band.
2. **Lateromedial view of the fetlock** - Taken from lateral to medial centering on the fetlock.
3. **Dorsopalmar view of the front foot** - Foot on block and centering beam on the hoof.
4. **Dorsopalmar view of fetlock and pastern** - Angle the machine down approximately 15 degrees. Center on the fetlock joint space.
5. **Dorsopalmar projection with the toe of the foot in a foot block (dorsoproximal - palmarodistal oblique or Oxspring view)**. The navicular bone must be displayed in the distal half of the middle phalanx and should not overlap the joint space of the coffin - Take with the horse pointing its toe down so that the sole lies on the cassette. This view is take from front to back with the beam centered on the coronary band. The central and collateral sulci of the hoof should be packed.

B. LEFT FORE: (shoe removed)

6. **Lateromedial views of the front foot and pastern**- Both front feet should be on the foot blocks. Taken from lateral to medial centering on the coronary band.
7. **Lateromedial view of the fetlock** - Taken from lateral to medial centering on the fetlock.
8. **Dorsopalmar view of the front foot** - Foot on block and center in the middle of the hoof.
9. **Dorsopalmar view of fetlock and pastern** - Angle the machine down approximately 15 degrees. Center on the fetlock joint space.
10. **Dorsopalmar projection with the toe of the foot in a foot block (dorsoproximal - palmarodistal oblique or Oxspring view)**. The navicular bone must be displayed in the distal half of the middle phalanx and should not overlap the joint space of the coffin - Take with the horse pointing its toe down so that the sole lies on the cassette. This view is take from front to back with the beam centered on the coronary band. The central and collateral sulci of the hoof should be packed.

C. RIGHT STIFLE

11. **Lateromedial views including the patella, femoral trochlear ridges and femoral condyles** - Center in the femorotibial joint about 10 cm caudal to the leg. Collimate tightly around the stifle.

D. LEFT STIFLE

12. **Lateromedial views including the patella, femoral trochlear ridges and femoral condyles** - Center on the femorotibial joint about 10 cm caudal to the leg. Collimate tightly around the stifle.

E. RIGHT HOCK

13. **Lateromedial** - Taken from lateral to medial, centered on the lower hock joints.
14. **Dorsolateral plantaromedial oblique** - Taken from lateral front to medial back. Centered on lower hock joints
15. **Dorsomedial plantar lateral oblique** - Taken from the inside front to the outside back, centered on the lower hock joints.

F. LEFT HOCK

16. **Lateromedial** - Taken from lateral to medial, centered on the lower hock joints.
17. **Dorsolateral plantaromedial oblique** - Taken from lateral front to medial back. Centered on lower hock joints
18. **Dorsomedial plantar lateral oblique** - Taken from the inside front to the outside back, centered on the lower hock joints.

G. RIGHT HIND FOOT

19. **Lateromedial (LM) including fetlock pastern and coffin joints and the distal phalanx** - Center on the center of the pastern bone. Collimate dorso-proximally to include the distal phalanx and fetlock joint.

H. LEFT HIND FOOT

20. **Lateromedial (LM) including fetlock pastern and coffin joints and the distal phalanx** - Center on the center of the pastern bone. Collimate dorso-proximally to Include the distal phalanx and fetlock joint.



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Name of Owner: _____

Name of Stallion: _____

Stallion Date of Birth: _____

Brief History of Use: _____

Other Observations:

I hereby certify that I have this day taken radiographs of the above-described stallion.

Stamp

Name (print): _____

Signature: _____

Date: _____

NOTE: You should have receive a 3 page package. If you do not have 3 numbered pages do not proceed.
The packet contains 2 pages of information including a list of the 20 views required and this .