



Art. 1 OBJECT

SBS Studbook has established an Interfaculty Veterinary Commission, named IVC. This commission has authority concerning all matters relative to the health of the animals and particularly to the sanitary qualities of the stallions. The IVC has the responsibility to remove an animal from reproduction when it carries injuries in the legs (moving system) relative to a developed orthopedic pathology or an early degeneration (for ex. the presence of an osteochondral fragment, juvenile arthritis, bone spavin, navicular syndrome) and in the respiration system such as laryngeal hemiplegia (whistling) or any other conformation anomaly. The IVC edits for each stallion an official protocol in function of the actual medical knowledge, with the results of the researches and each objective element in its possession. The IVC can ask for any further clinical examination relative to the horses it is examining and also ask for any paraclinical examination it needs.

Art. 2 COMPOSITION

Each member of the Universities of Liège and Gent of veterinary medicine and the board of **SBS Studbook** choose an effective and a mandatory member among veterinaries with experience in the medical science for horses.

The IVC has three effective members indicated as above. If an effective member is unable to attend, he or she will be replaced by a mandatory member by the same instance of the absent effective member.

A representative person of SBS Studbook has also a legal seat in the IVC with an advisory vote.

Art. 3 FUNCTION

The IVC has a meeting each time when necessary, on invitation of the board of **SBS Studbook**.

The meetings of the commission take place in the office of SBS, Avenue Prince de Liège 103 bte 4, in BE- 5100 NAMUR, or elsewhere with agreement of the IVC and in function of the examinations to realize.

The costs relative to the function of the IVC (fee, indemnities of presence) are determined and on charge of **SBS Studbook**, being aware that the costs relative to the medical and paraclinical examinations are entirely on charge of the owners of the concerned horses.

Art. 4 DECISIONS

The decisions, reports and advices from the IVC are collegially accepted on simple majority of votes. Every effective member or mandatory member has one vote. Those decisions, reports and advices have to be motivated. Notice of appeal is not possible.

The secretary of the IVC forwards the decisions without delay to the board of **SBS Studbook** and also to the owner of the horse.

Art. 5 PROCEDURE

In view of the subscription of a stallion to the stallion approval relative to get the approval for breeding, the owner of the horse asks the veterinary medical examination in the veterinary university faculty of his choice, in Liège or Gent. The veterinary protocol can also be edited by a university abroad, recognized by the IVC.

The veterinary protocol can be edited the earliest in the 1st of July of the year preceding the concerned stallion approval.

The veterinary protocol has to be complete and shall contain all information as described in art. 6 of this statement. If not, the protocol will be considered as non-acceptable. The same sanction will be taken if the protocol is not edited according to the standard, approved by **Studbook SBS**, entirely fulfilled with the appendix documents as described in art. 6. The standard documents to use in the veterinary examinations and the forms needed in the medical file, are available at the office of **SBS Studbook** and on its website (www.sbsnet.be). The protocols edited by the recognized university clinics abroad (France: Maison-Alfort (Cirale included) – Lyon – Nantes – Toulouse; Holland: Utrecht; Germany: Berlin – Munich – Leipzig – Giessen – Hannover; Italy: contact Dr.

V BUSONI - University of Liège 0032.43.66.41.80 - before any exam) must be transmitted together with the appendix mentioned in art. 6, to the secretary of the IVC (SBS, Avenue Prince de Liège 103, bte 4 – BE-5100 NAMUR) by the owner of the horse and at least 60 days before the official stallion approval. The IVC gives a favorable or unfavorable advice based on the veterinary protocols, edited in Belgium or abroad. On explicit demand of the owner, the IVC can hear the veterinary indicated by the owner to clarify the file.

Before taking a final decision, the IVC can ask the owner of the horse for complementary information and examinations. The IVC can also implement the useful complementary clinical and paraclinical examinations, by a veterinary, laboratory or university determined by the IVC.

The secretary of the IVC is reporting the decision relative to the concerned animal to each stallion owner by personal letter. Only the stallions with a positive opinion from the IVC can be enrolled to the official stallion approval. Basically, a stallion will just have a veterinary balance at his first presentation for approval. SBS Studbook has the right to ask any new complementary veterinary examination when it thinks it is useful.

In this case the board of **SBS Studbook** presents the file to the IVC, who informs the owner. It is the IVC who will give advice after hearing the owner's veterinary, on demand of the owner, and after the complementary examinations. If this advice is unfavorable, the stallion cannot be presented at a new approval and his approval will be removed from the list containing the approved breeding stallions.

Art. 6 PROTOCOL OF THE VETERINARY EXAMINATION

The veterinary examination concerns:

- 1) The identification of the stallion. This must be of absolute reliability: written and graphic descriptions have to be mentioned on the protocol; also the life number (UELN) and/or the microchip number have to be mentioned on the radiographs and all technical protocols;
- 2) The general examination contains a cardiovascular examination, an examination of the eyes and teeth and of the reproductive system;
- 3) An endoscopic examination of the respiratory system with video;
- 4) A clinic examination of the locomotion system with video including the inspection in stagnation, in movement on hard ground, on a straight line and in a circle, a systematic palpation, flexion tests of several anatomic structures (spavin, flexion, angle ...);
- 5) Radiological examination of both forefeet, without horseshoes, of the fore and hind pastern joints, of the hocks and knees, and also of every other suspect part of the body;
- 6) Complementary examinations: during the presentation at the official stallion approval and during four weeks before and one week after the official approval, as well as during all performances, **SBS Studbook** has the right to ask for an examination at the home station of the stallion, to track the use of practices and products which are forbidden by F.E.I. The costs are entirely on charge of the owner of the horse.

Art. 7 FEE

The fee concerning the veterinary examinations of the stallion-candidate is on charge of the owner of the horse and doesn't include the subscription.

This is also the case concerning the fee for complementary examinations, asked directly by the IVC, even if they are executed by a person determinate by the IVC. These costs have to be paid before the final decision of IVC to be pronounced for the concerned horse.

If the IVC needs complementary examinations, the IVC secretary can ask a provision to cover these examinations. If the provision is not paid in the determined delay, the procedure will be cancelled, and the stallion will not be allowed to the official stallion approval and in this case, the stallion will not be mentioned, even temporary if he was already mentioned, on the list of breeding stallions approved by **SBS Studbook**.



Warnings :

- (1) Any lack of identification conditions of the animal, the owner or the veterinary responsible of the realized exams will be the object of a refusal of the file from the members of the veterinary commission
- (2) Any lack of identification conditions of the demanded documents (digital pictures, ECG protocols, copy of endoscopy, X-Rays) will be the object of a refusal of the file from the members of the veterinary commission
- (3) Horses without microchip will not be allowed to take the veterinary exams

Part 1 : Identification, general exam, endoscopy upper airways

- **Identification of the horse** : verification of chipnumber and the graphic and written description in the passport of the horse. A copy of the horse passport will be added to the medical files.
- **General examination including** :
 - o Exam of the mouth (overjet/overbite) and the reproductive organs (cryptorchidy)
 - o Auscultation of lungs & heart (in case of abnormality: electrocardiogram / echocardiogram)
- **Endoscopy of the upper airways:**
Images to be stored on video or digital including the identification of the horse. The aim is to check for the grade of faryngeal hyperplasia and to detect possible asynchronism in laryngeal function (laryngeal hemiplegia). The grade list, proposed by the Havemeyer Foundation regarding "Recurrent Laryngeal Neuropathy" is applied :

Grade I : All arytenoid cartilage movements are synchronous and symmetrical. Full arytenoid cartilage abduction can be achieved and maintained.

Grade II : Arytenoid cartilage movements are asynchronous and/or larynx is asymmetrical at times, but full arytenoids cartilage abduction can be achieved and maintained.

Grade II-1: Transient asynchrony

Grade II-2 : There is asymmetry much of the time but there are occasions, typically after swallowing or nasal occlusion, when full symmetrical abduction is achieved and maintained.

Grade III : Arytenoid cartilage movements are asynchronous and/or asymmetric. Full arytenoids cartilage abduction cannot be achieved and maintained.

Grade III-1: there is asymmetry much of the time but there are occasions, typically after swallowing or nasal occlusion, when full symmetrical abduction is achieved, but not maintained.

Grade III-2 : Obvious arytenoids abductor deficit and arytenoids asymmetry. Full abduction is never achieved.

Grade III-3 : Marked, but not total arytenoids abductor deficit and asymmetry with little arytenoids movement. Full abduction is never achieved.

Grade IV : complete immobility of the arytenoid cartilage and vocal fold.



Part 2 : Clinical examination of the locomotor system

- Exam at rest (inspection and palpation)
- Exam in movement: the horse is presented at walk and trot on a straight line and on circle to the left and right both on both a deformable and firm surface. Flexion tests are optional.
- Other tests can be performed, pending the results of the clinical exam (e.g.: transcranial magnetic stimulation test for confirmation of myelopathy in case of symptoms of spinal ataxia).

Locomotor function is described or scored numerically according to the AAEP (American Association of Equine Practitioners) grading scale :

- grade 0 Lameness not perceptible under any circumstances
- grade I Lameness is difficult to observe and is not consistently apparent, regardless of circumstances (under saddle, circling, inclines, hard surface, etc)
- grade II Lameness is difficult to observe at a walk or when trotting in a straight line but consistently apparent under certain circumstances (weight-carrying, circling, inclines, hard surface, etc.)
- grade III Lameness is consistently observable at a trot under all circumstances.
- grade IV Lameness is obvious at a walk.
- grade V Lameness produces minimal weight bearing in motion and/or at rest or a complete inability to move.

Part 3 : Radiographic exam

X-rays and quality criteria of radiographic views for assessment of the osteoarticular status of SBS-candidate sires

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 : 20 views

Front feet : 6 views (LM and 2 "Oxspring" views (D60°Pr-PaD)

Front and hind fetlocks : 4 views (LM)

Hocks : 8 views (LM, PI45°L-DM, D30°L-PIM, PID)

Stifle : 2 views (LM)

Front feet

- Lateromedial view
- DPr-PaDi ("Oxpring" or "upright pedal"): 2 views centred on the distal sesamoid bone but, if possible, oriented at slightly different proximo-distal angles to better highlight the distal border of the distal sesamoid bone (eg: D60°Pr-PaDi and D50°Pr-PaDi view)



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)
- DPr-PaDi 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
- Proximal interphalangeal joint should be included in the LM view of the hind fetlock

Hocks

- Lateromedial view
- Plantaro45°lateral-dorsomedial oblique view
- Dorso30°lateral-plantaromedial oblique view
- Dorsoplantar 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
- The axial aspect of the medial malleolus and the intertarsal spaces should be clearly delineated on the D30°L-PIM oblique view

Stifles

- Lateromedial 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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