### **Dear Doctors**

Stallion selection is an important step in the management and sustainability of our studbook. The quality of tomorrow's foals depends on rigorous selection.

Veterinary expertise, the first stage in our selection process, is certainly one of the most important steps.

We therefore ask you to complete the entire protocol accurately.

Once completed, the protocols will be evaluated by of Faculté Vétérinaire de Liège, and we are confident that we can count on the accuracy and professionalism of our veterinary practitioners.

The practitioner accepts professional responsibility for the contents of this report.

The SBS studbook is at your disposal should you have any questions or require further clarification.

Yours sincerely

The SBS Studbook



# GLOBAL VIEW OF VETERINARY PROTOCOL

#### **PART 1: IDENTIFICATION, GENERAL EXAM**

- **Identification of the horse**: verification of chipnumber, UELN and the graphic and written description in the passport of the horse.
- 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 / echocardio)

# 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.

#### **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: 4 views (LM and "Oxspring" views (D60°Pr-PaD)

Front and hind fetlocks: 4 views (LM)

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

Stifle: 4 views (LM, CdL-CrM)

#### **Front feet**

- · Lateromedial view
- DPr-PaDi ("Oxpring" or "upright pedal")

#### Quality criteria

- No shoe should be present on the foot
- The sulci of the frog should be 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 (2 mm between the medial

and lateral con-dyle of P2 are tolerated)

 The DPr-PaDi view 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 each condyle profile if the LM is not perfect
- Visualization of the palmar/plantar sesamoidophalangeal space should be good. Oblique views will be taken if visualization is dif-ficult 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
- · Caudolateral-craniomedial

#### Quality criteria

- The femoral condyles should be superimposed on the LM view (a distance offew mm to 1.5 cm between the 2 condyles is toler-ated)
- 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 on the LM view
- Exposure of both views should be sufficient to perfectly detect any abnormality within the femoral condyles

### **WARNINGS:**

Only DICOM format X-ray will be accepted.

Please note, when sending the veterinary protocol to the SBS studbbok, the x-rays must have been taken within a maximum of 6 months.

#### **Analysis Calendar:**

- November 30th for protocol sent before 20/11,
- December 19h for protocol sent between 20/11 and 9/12,
- January 15th for protocol sent between 9/12 and 5/1,
- January 27nd for protocol sent between 5/1 and 17/1.





E.

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Spontaneous coughing

H. Reproductive organs examination

Left testis (cryptorchidy, size and consistence)

Right testis (cryptorchidy, size and consistence)

Auscultation of lungs G. Auscultation of heart

Remarks ...

VETERINARY PROTOCOL						
EXAMINATION REP	ORT					
HORSE						
Name of Horse:		Chip numr	ner:			
Studbook :		-				
Date of birth :		Color :				
Vaccine protection	☐ Influenza	☐ Herpes				
Attention, horses must be v	accinated against influenza	and herpes virus f	for the Selection S	how		
OWNER(S)				INVOICING DETAILS		
Company:						
First Name :		Last Name	:			
Street :		N°:				
Country:	P.C.:	Town:				
Tel.:	Mobile :					
E-mail :		VAT:				
VETERINARY						
First Name :		Last Name	:			
Street:		N°:				
Country:	P.C.:	Town:				
Mobile :		E-mail :				
PR	OTOCOL TO BY SEND T	O SBS COMPLE	TED AND SIGNE	:D		
CLINICAL EXAMINA Veterinarian certifies that he h EXAMINATION						
A. Grooming and state of r	nutrition	☐ No remarks	Remarks :			
B. Skin and scars (e.g. scar	s from surgery)	☐ No remarks	Remarks :			
C. Examen of the mouth (c	overjet/overbite)	☐ No remarks	Remarks:			
D. Ocular examination		☐ No remarks	Remarks :			

■ Not present

■ No remarks

☐ No remarks

☐ No remarks

■ No remarks

☐ Present

Remarks: ....

Remarks: .....

Remarks: .... Remarks: .....



/E	TERINARY PROTOCOL						
CLINICAL EXAMINATION OF THE LOCOMOTOR SYSTEM							
A.	Inspection and palpation of front limbs	☐ No remarks	Remarks :				
В.	Inspection and palpation of hind limbs	☐ No remarks	Remarks :				
C.	Posture of front limbs)	☐ No remarks	Remarks:				
D.	Posture of hind limbs	☐ No remarks	Remarks:				
E.	Examination of walk and trot in hand straight forward,	☐ No remarks	Remarks:				
	on hard ground						
F.	Trot in a circle on soft and hard ground on both reins	☐ No remarks	Remarks:				
G.	Tight turns	☐ No remarks	Remarks:				
Н.	Neurological disturbances : Signs of ataxic movements	☐ Not present	☐ Present				
l.	Auscultation of lungs and heart after exercices	☐ No remarks	Remarks :				
J.	Remarks						
RAI	DIOGRAPHIC EXAM (Attention only DICOM F	ormat)					
Radiographic views requested							
	: 20 views						
ront locks	feet : 4 views (LM and "Oxspring" views (D60°Pr-PaD) and hind fetlocks : 4 views (LM) s : 8 views (LM, PI45°L-DM, D30°L-PIM, PID) : 4 views (LM ,CdL-CrM)						

## Radiographic remarks

0.	
Foot RF :	
Foot LF:	
Fetlock RF :	
Fetlock LF :	
Fetlock RH :	
Fetlock LH :	
Hock Right :	
Hoct Left :	
Stifle Right :	
Stifle Left :	
Remarks :	
iverriar K5.	



### VETERINARY SIGNATURE

I, the undersigned	doctor of veterinary medicine,			
declare that I have examined the stallion candidate				
belonging to on	and that I have completed the			
veterinary protocol with accuracy and probity.				
The complete protocol will be digitized and sent by me to <b>sbs@sbsnet.be</b> together with the X-rays in <b>DICOM format</b> .				
Done at	on			
Sincerely and accurately	Stamp and handwritten signature			