



GERMAN SHEPHERD DOG CLUB OF AMERICA HD, ED, LUW, OCD EVALUATION GUIDELINES

New x-rays evaluation procedure

as of January 19, 2023

Required documents for x-ray submission to be evaluated by SV Germany:

1. All forms for x-rays must be signed by the owner and veterinarian and submitted ELECTRONICALLY via email to GSDCA SV Programs office.
2. Pedigree must be SCANNED and submitted electronically via email to GSDCA SV Programs office.
3. Proof of payment via PayPal to info@gsdcasv.org must be submitted via email to GSDCA SV Programs Office.
4. X-rays must be emailed to GSDCA SV Office in DCM format ONLY or uploaded by your vet directly to SV server www.myvetsxl.com

Please note only files scanned in pdf format will be accepted.

No pictures taken by the phone!

You will be notified by GSDCA Programs Office when x-ray evaluations for your dog are processed by SV and ratings are issued. Subsequently the original pedigree can be submitted for stamping to SV Germany.

Forms and filling instructions please see below:

Page 1 – List of required documents for electronic submission

Page 2 - Evaluation requirements and fees

Page 3 – Radiograph requirements

Page 4 – HD examination form (to be filled, scanned and submitted electronically via email to GSDCA SV Programs office.)

Page 5 – ED 1 examination form (submitted electronically via email to GSDCA SV Programs office.)

Page 6 - ED 2 examination form (submitted electronically via email to GSDCA SV Programs office.)

Page 7 - OCD examination form (submitted electronically via email to GSDCA SV Programs office.)

Pages 8-9 – samples as assistance for filling the forms.

Evaluation Requirements:

- Must be a German Shepherd Dog
- Must be at least 12 months of age on the day of the radiograph(s)
- Must be sedated for the HD (with or without LTV)

Upon receipt of notification from GSDCA SV Office with your dog's x-rays rating submit the following:

Dogs Born in the U.S.

Submit the following with the x-rays

- Original AKC Registration Certificate
- Original 4-Generation AKC Certified Pedigree
- Pedigree must indicate the dog's tattoo or microchip number.

Foreign Born Dogs

Submit the following with the x-rays

- Original registration/pedigree papers from dog's country of birth.
- Tattoo or microchip must be indicated on the original document.

IF YOUR DOGS X-RAYS ARE NOT UPLOADED BY YOUR VET DIRECTLY TO SV SERVER, THERE IS AN ADDITIONAL FEE OF \$50.00 FOR EACH DOG THAT MUST BE ADDED TO EVALUTAION FEES.

<u>Evaluation Fees</u>	<u>Member Fee</u>	<u>Non-Member Fee</u>
HD (Hips)	\$160.00	\$185.00
ED (Elbows)	\$160.00	\$185.00
HD & ED (Hips & Elbows)	\$210.00	\$230.00
HD w/LÜW (lumbar sacral vertebrae diagnosis)	\$180.00	\$200.00
HD & ED w/LÜW	\$240.00	\$260.00
HD, ED, LÜW and OC (D) (osteochondrosis)	\$275.00	\$295.00

The fee has to be paid at GSDCA store on www.gsdca.org

ALL FEES ARE NON-REFUNDABLE

GSDCA SV Office

54 Guymard Tpke

Godeffroy NY 12729

For any questions email: office@gsdcasv.org or call GSDCA SV Office 516-852-9035

x-rays@gsdcasv.org

RADIOGRAPH REQUIREMENTS

(Dogs must be at least 12 months of age)

1. HIPS (with or without LTV), the dog must be sedated at time of x-ray. Radiographs must be clear in the ventrodorsal position with the rear legs extended and parallel to each other, with the knee joints visible. The pelvis should not be tilted. Film size of 14"x17" is recommended with the Left or Right indicated.
2. ELBOWS
 - a. X-rays must be of good technical quality (not too light, not too dark). Two elbow radiographs can share one x-ray of 14"x17".
 - b. Both elbows must be submitted.
 - c. There must be AT LEAST one side (medial) view of each elbow joint. The angle between the humerus and ulna/radius must not exceed 45 degrees.
3. ID PLATE of the radiograph must be a part of the x-ray. Affixed labels and handwritten information on the x-ray will not be accepted by the SV.
4. ID PLATE must contain the following information:
 - a. Registered name of the dog EXACTLY AS IT APPEARS ON THE REGISTRATION DOCUMENTS.
 - b. Registration number: If born in the USA, AKC registration number; if foreign born, FCI recognized kennel club registration number.
 - c. Tattoo or Microchip number.
 - d. Dog's date of birth.
 - e. Date radiograph was taken.
 - f. Name of owner.
 - g. Veterinarian's name and business address.

To submit digital x-rays to the SV the veterinarian must first sign up with vetsXL.com. This link www.MyVetsXL.com will take you directly to the website application for submitting digital x-rays:

- Hip x-rays are to be submitted in the hip section; elbow x-rays go into the elbow section.
- Select the breed which is in German: **Deutscher Schäferhund**; then • Select the organization which is **Verein für Deutsche Schäferhund**; then
- Select the last examiner on the list which is **Dr. Bernd Tellhelm**.

Once accepted by VetsXL, the x-rays can be submitted electronically. Signing up is a one-time process that must be completed by the vet.

08/01/22

Evaluation sheet SV HD examination

May only be used for German Shepherd Dogs!

Evaluation transitional vertebra (LÜW) yes no

Name of dog: _____

Stamp of vet

Sex: male female Bb No.: _____

Tattoo /chip no.: _____ DOB: _____

Owner's address or billing address:

Name/First name: _____

Address: _____

Date of x-ray: _____ Membernr.: _____

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-HD/LÜW processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the hip joints and/or of the transitional vertebra/sacral bone has been made.

Lack in position or quality:

Asymmetric	<input type="checkbox"/>	low-grade
Limbs not stretched sufficiently	<input type="checkbox"/>	<input type="checkbox"/>
Limbs not turned sufficiently	<input type="checkbox"/>	<input type="checkbox"/>
Limbs turned too strong	<input type="checkbox"/>	<input type="checkbox"/>
Limbs not parallel enough	<input type="checkbox"/>	<input type="checkbox"/>
Blurred	<input type="checkbox"/>	<input type="checkbox"/>
Lacking contrast	<input type="checkbox"/>	<input type="checkbox"/>
Front part of the pelvis is missing	<input type="checkbox"/>	<input type="checkbox"/>
Faulty development	<input type="checkbox"/>	<input type="checkbox"/>

Date _____ Owner's signature _____

Pelvis socket:

Overall impression	deep	<input type="checkbox"/>	plain	<input type="checkbox"/>	low-grade
Cranial contour of socket	linear	<input type="checkbox"/>	subchondral. sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Cranialateral frame of socket	roundly decreasing	<input type="checkbox"/>	flattened	<input type="checkbox"/>	<input type="checkbox"/>
			with deposits	<input type="checkbox"/>	<input type="checkbox"/>

Femoral head:

Overall impression	globular	<input type="checkbox"/>	too small	<input type="checkbox"/>	<input type="checkbox"/>
			Formation of collar	<input type="checkbox"/>	<input type="checkbox"/>
			Deformation	<input type="checkbox"/>	<input type="checkbox"/>

Crooked limbs

Position of head in socket:

	deep	<input type="checkbox"/>	loose	<input type="checkbox"/>	<input type="checkbox"/>
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Femoral neck:

	slender	<input type="checkbox"/>	cylindric	<input type="checkbox"/>	<input type="checkbox"/>
	deposited from head	<input type="checkbox"/>	blurred	<input type="checkbox"/>	<input type="checkbox"/>
	sharply contoured	<input type="checkbox"/>	Apposition	<input type="checkbox"/>	<input type="checkbox"/>
			Morgan line	<input type="checkbox"/>	<input type="checkbox"/>

Joint space:

Limbs stretched	concentric	<input type="checkbox"/>	divergent	<input type="checkbox"/>	<input type="checkbox"/>
Limbs stooped	concentric	<input type="checkbox"/>	divergent	<input type="checkbox"/>	<input type="checkbox"/>

Center of femoral head:

	medial of dorsal	<input type="checkbox"/>	lateral	<input type="checkbox"/>	<input type="checkbox"/>
	edge of socket	<input type="checkbox"/>			on dors. edge of socket

Measurement of Norberg angle:

	angle 105° or more	<input type="checkbox"/>	less than 105°	<input type="checkbox"/>
			less than 100°	<input type="checkbox"/>
			less than 90°	<input type="checkbox"/>

Rating of vet:

No evidence for hip dysplasia	<input type="checkbox"/>
Borderline	<input type="checkbox"/>
Mild hip dysplasia	<input type="checkbox"/>
Moderate hip dysplasia	<input type="checkbox"/>
Severe hip dysplasia	<input type="checkbox"/>

FCI Rating of SV-HD center:

A Normal	<input type="checkbox"/>
B Nearly normal	<input type="checkbox"/>
C Still permitted /moderate HD	<input type="checkbox"/>
D Moderate HD	<input type="checkbox"/>
E Severe HD	<input type="checkbox"/>

Rating of LÜW (L7 : S1)

No transitional vertebra	<input type="checkbox"/>
LÜW Typ 1	<input type="checkbox"/>
LÜW Typ 2	<input type="checkbox"/>
LÜW Typ 3	<input type="checkbox"/>

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee personally, the x-rays have been marked clearly, an x-ray note has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the HD/LÜW x-rays is resigned from.

Signature _____

Date _____ Signature _____

Nachdruck verboten

SV-HG (Original)
HG-Rücklauf
HD-Tierarzt/Tierärztin

1. Blatt weiß:
2. Blatt weiß:
3. Blatt weiß:



Evaluation sheet SV-ED examination

May only be used for German Shepherd Dogs!

Stamp of vet

Owner's address or billing address:

Name/First name

Address

Membership number

Date of x-ray: Number:

Sex [] male [] female

Name of dog with kennel name

Breed book number

Tattoo/Chip number DOB

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee personally, the x-rays have been marked clearly, an x-ray not has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the ED x-rays is resigned from.

Date Signature vet

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-ED processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the elbow joints has been made.

Date Signature owner

Remarks vet:

Rating of vet:

[] No evidence for elbow dysplasia [] Borderline [] Mild elbow dysplasia

[] Severe elbow dysplasia [] Moderate elbow dysplasia

Rating of ED center /FCI:

[] normal/ED 0 [] moderate ED/ED 2 [] OCD [] Coronoid disease [] incomplete IPA

[] nearly normal [] severe ED/ED 3 [] FCP [] Arthrosis grade

[] still permitted /ED 1 [] IPA level

ED rating refused because of:

[] Lack in positioning [] Lack in quality

Remarks:

Additional ratings:

Date Stamp Signature evaluator

Nachdruck verboten

SV-HG (Original)
HD/ED Tierarzt/Tierärztin
Gutachter/in

1. Blatt:
2. Blatt:
3. + 4. Blatt:



Evaluation sheet SV-ED examination

May only be used for **German Shepherd Dogs!**

Stamp of vet

Owner's address or billing address:

Name/First name _____

Address _____

Membership number _____

Date of x-ray: _____ Number: _____

Sex male female

Name of dog with kennel name _____

Breed book number _____

Tattoo/Chip number _____ DOB _____

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee **personally**, the x-rays have been marked clearly, an x-ray not has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the ED x-rays is resigned from.

Date Signature of vet

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-ED processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the elbow joints has been made.

Date Signature of owner

Remarks vet: _____

Points CH

	Osteoph	Osteoph	Skleros	Inkongr.	Coron.	Ancon.	Trochl.	Pkt	PktΣ	Pktø
right										
left										

Points Version

	Osteoph	Osteoph	Skleros	Inkongr.	Coron.	Ancon.	Trochl.	Pkt	PktΣ	Pktø
right										
left										

Angular measurement in degree

OL	PA	UL	RA

Remarks: _____

Date Stamp Signature evaluator

Befundbogen zur OC (D)-Röntgenuntersuchung des SV

Darf nur für **Deutsche Schäferhunde** verwendet werden!

Stempel des/der Tierarztes/Tierärztin

Eigentümer/in bzw. Rechnungsanschrift:

Name/Vorname _____

Anschrift _____

Mitgliedsnummer _____

Datum Röntg.Aufn.: _____ Nummer: _____

Geschlecht Rüde Hündin

Name des Hundes mit Zwingername _____

ZB-Nummer _____

Tätowier-/Chip-Nummer _____ Wurfstag _____

Hiermit wird bestätigt, dass die Tätowier-, Chip- und Zuchtbuchnummer vom/von der Unterzeichnenden selbst mit der Ahnentafel verglichen, die Röntgenaufnahme eindeutig gekennzeichnet ist. Auf die Eigentumsrechte an den OC (D) -Aufnahmen wird verzichtet.

Datum Unterschrift Tierarzt/Tierärztin

Ich bestätige die Angaben des vorgenannten Hundes und nehme zustimmend zur Kenntnis, dass mit der Teilnahme am kostenpflichtigen SV-OC (D)-Verfahren die angefertigte Röntgenaufnahme in das Eigentum des SV übergeht. Ich bestätige die Identität des Hundes und dass an diesem bis zum Zeitpunkt des Röntgens keine Operationen an der Lendenwirbelsäule/Kreuzbein vorgenommen wurden.

Datum Unterschrift Eigentümer/in

Bemerkungen TA: _____

Beurteilung auf Osteochondrose-OC (L7 : S1)

Kein Hinweis auf OC

Hinweis auf OC

Stufe L7:S1

Beurteilung abgelehnt wegen:

mangelhafte Lagerung

mangelhafte Qualität

Bemerkungen: _____

Zusätzliche Befunde: _____

Datum Stempel Unterschrift Gutachter/in

Befundbogen zur ED-Röntgenuntersuchung des SV

Darf nur für Deutsche Schäferhunde verwendet werden!

Stempel des/der Tierarztes/Tierärztin

Vet name
Address
Phone

Eigentümer/in bzw. Rechnungsanschrift:

Name/Vorname owner name

Anschrift address

phone

Mitgliedsnummer SV number if available

Datum Röntg.Aufn.: Xray date Nummer: _____

Geschlecht

Rüdemale Hündin *female*

Name des Hundes mit Zwingername

Name of dog

ZB-Nummer

Registration Number

Tätowier-/Chip-Nummer

tattoo / Microchip Wurfstag Birth Date

Hiermit wird bestätigt, dass die Tätowier-, Chip- und Zuchtbuchnummer vom/von der Unterzeichnenden selbst mit der Ahnentafel verglichen, die Röntgenaufnahme eindeutig gekennzeichnet und die Ahnentafel mit dem Röntgenvermerk versehen worden ist. Auf die Eigentumsrechte an den ED-Aufnahmen wird verzichtet.

Date
Datum

Vet signature
Unterschrift Tierarzt/Tierärztin

Ich bestätige die Angaben des vorgenannten Hundes und nehme zustimmend zur Kenntnis, dass mit der Teilnahme am kostenpflichtigen SV-ED-Verfahren die angefertigte Röntgenaufnahme in das Eigentum des SV übergeht. Ich bestätige die Identität des Hundes und dass an diesem bis zum Zeitpunkt des Röntgens keine Operationen an den Ellenbogengelenken vorgenommen wurden.

Date
Datum

Owner Signature
Unterschrift Eigentümer/in

Bemerkungen TA: _____

Beurteilung des/der Tierarztes/Tierärztin:

- kein Hinweis für Ellenbogendysplasie Übergangsform Leichte Ellenbogendysplasie
 Schwere Ellenbogendysplasie Mittlere Ellenbogendysplasie

Befund der ED-Beurteilungsstelle/FCI:

- normal/ED 0 mittlere ED/ED 2 OCD Coronoiderkrankung unvollständige IPA
 fast normal schwere ED/ED 3 FCP Arthrosegrad _____
 noch zugelassen/ED 1 IPA _____ Stufe

ED-Beurteilung abgelehnt wegen:

- mangelhafte Lagerung mangelhafte Qualität

Bemerkungen: _____

Zusätzliche Befunde: _____

Datum _____ Stempel _____ Unterschrift Gutachter/in _____

