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FCI Requirements for Official Hip Dysplasia Screening

Based on notes of the FCI – workshop on Hip Dysplasia

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1. Administration, identification and procedure

a) The minimum age for official hip radiographs is one (1) year for most dog breeds and 18 months for large and giant breeds.

b) The dog is identified by a recognized, permanent system, using microchip. Legible tattooing is accepted in countries where tattooing is allowed for dog identification.

c) The owner must confirm in writing and sign that:

1. the dog being radiographed is the one stated on the pedigree;

2. to the best of his/her knowledge, the dog has not been exposed to any surgical procedure aimed to improve the development of the hip joint;

3. he/she gives permission for the radiographs to be retained by the national organizing body (Kennel Club or scoring panel) unless legal grounds prohibit this. The results may be used for statistical and scientific purposes respecting national and international privacy and data storage regulations. FCI recommends central storage of the radiographs or a certified copy (or a digital image) for minimal 5 years.

d) The veterinarian should confirm in writing and sign that he/she has checked and confirmed the identification of the dog as reported on the pedigree.

e) All dogs should be sufficiently sedated or anaesthetized to ensure full relaxation of the muscles during the radiographic procedure. FCI recommends the weight of dog, type of medication (active substance) and dosage to be recorded on the form.

f) As minimal identification on the radiographs, it must include the dog's identification number (microchip or tattoo or registration number), the date of birth, the date when the radiographs are made, the identification details for the veterinarian and/or the clinic and marks for the right or left side. These data must be permanently printed on the

radiograph before film developing (photo-stamp) and may not be removed prior to evaluation.

g) The technical quality of the radiograph must allow correct scoring of the hip joint. Quality-deficient radiographs must be rejected by the scoring panel, unless the panel does not expect the classification to be changed with improved positioning or radiographic quality, for example in dogs with severe HD.

h) When digital radiography (preferred DICOM 3 format) is used, the identification data requirement is identical to that of conventional radiographs (see f). High quality prints depicting the joints in original size may be required by the national scrutineer panel.

i) The standard scoring will be done based on minimal one radiograph in position 1. An additional radiograph with the stifles abducted (position 2) may be used to optimize the scoring. See attached text and images for optimal positioning.

j) Radiographs should be interpreted and scored by a specialized veterinarian approved by the national kennel club and/or the breed club in which the dog is registered.

2. Appeal procedure

k) At national level, each FCI member or contract partner should provide an appeal procedure. Appeal can be filed by the owner of a dog. The appeal cannot be processed by the scrutineer/panel scoring the dog initially.

l) Evaluation of the appeal must be based on the radiograph of the first scoring.

m) The owner may submit and the appeal panel can request additional radiographs (incl. Position 2).

n) The radiographs should be evaluated with equal importance, except in dogs with lax hip joints, where FCI orders scoring to be based on the set demonstrating the higher degree of joint laxity.

o) The decision of the appeal procedure is final.

3. International standardization

p) FCI recommends all its members, contract partners and screening program organizing bodies to facilitate the participation of their members of scoring panels in an official F.C.I. program of equilibration of HD scorings.