GENERAL
Horses presented for these veterinary examinations must be identified by presentation of an original registration paper showing name, birth date, color and markings, chip number (if applicable), and a four-generation pedigree. When possible, chips should also be used to verify the identity of the horse. The horse’s name, registration number and date of examination must be printed on the radiographs.

• For additional verification of identity and possible DNA testing a hair sample should be taken and mailed to the KWPN-NA office.

RADIOGRAPHS
New: Starting September 1, 2008, the fetlocks on the hindleg must also be evaluated.

Procedure
(for mares, geldings and stallions)

• Radiographs must be taken of the coffin bone and the fetlock of both forelegs; as well as the hock and the stifle of both hindlegs.

• Radiographs must be taken according to KWPN specifications and be mailed to the KWPN-NA office within three months of being taken. Radiographs will be forwarded to Holland for evaluation.

• Radiographs must be taken by a veterinary teaching hospital or a hospital/clinic that is on a par with a veterinary teaching hospital.

AGE

• The examination must be done after April 1st of the two-year-old year.

• Horses may present radiographs only once (unless the criteria are changed or criteria are added).

EVALUATION

• The evaluation of the radiographs will be conducted by a radiograph committee appointed by the KWPN. The committee has the right to refuse an evaluation if the radiographs do not meet KWPN specifications. The committee also has the right to request additional radiographs.

• The committee evaluates the following: Arthritis of the Pastern, Navicular Bone, Bone Spavins, Sesamoids and Osteochondrosis in the Hock or Stifles.

A horse will not meet the requirements if Osteochondrosis is present or if the score on one of the items is higher than the classification specified.

RE-EVALUATION

• If the owner disagrees with the results of the committee’s evaluation, he/she may request a re-evaluation. The request must be made in writing and be submitted within one month of receipt of the results. A different KWPN committee will conduct the re-evaluation, using the same set of radiographs, plus additional views – if so desired.
REQUIREMENTS FOR THE RADIOLOGICAL EXAMINATION OF
KWPN MARES AND STALLIONS FOR CLASSIFICATION IN THE BREEDING PROGRAM

A complete set of radiographs for review of the veterinary classification committee comprises 22 radiographs of excellent technical quality according to projection and exposure.

(Projections according: A standardized nomenclature for radiographic projections used in veterinary medicine.

Name of horse, registration number, chip number (if chipped), date of examination and indication of legs must be printed on the radiographs!

Images must be high quality printed films or CD.
Maximal size of the prints 25 x 30 cm (9.8 - 11.8 inches). Mail to KWPN-NA office.

The following projections are required:

FRONT LEG, BOTH SIDES:
Navicular bone
- Lateromedial (LM) view, 2
- Dorso 55Eproximal - Palmarodistal oblique (D55Pr-PaDiO) view of the podotrochlea, with grid.

For both projections the foot, after removal of the shoe, cleaning and trimming of the sole and frog, is positioned in a wooden block which lifts the foot 16 cm from the floor and tilts the heel 55 (upright-pedal view). For the dorso-palmar projection the frog and sole should be packed with soft soap or appropriate paste (Play Doh).

Fetlock joint
- Sesamoid bones in projection without superposition of the collateral one; 4
one in Dorso 45E medial Palmarolateral oblique (D45M-PaLO) direction for the medial and one in the Dorso 45Elateral-Palmaromedial oblique (D45L-PaMO) direction for the lateral sesamoid bone,
- Lateromedial (LM) view, 2

HINDLEG, BOTH SIDES:
Fetlock joint
- Lateromedial (LM) view, 2

Hock joint, including all tarsal joints and calcaneus:
- Lateromedial (LM) view, 2
- Dorsoplantar (DPI) view, 2
- Dorso 45E medial-Plantarolateral oblique (D45M-PILO) view, 2
(Radiographs made in the Plantaro 45Elateral-Dorsomedial oblique (Pl45L-DMO) direction are not accepted).

Knee-joint/genual joint/stifle joint:
- Lateromedial (LM) view, 2
- Caudo 10E proximal 60E latero-Craniomedial oblique (CdOPr60L-CrMO) view, 2

TOTAL OF RADIOGRAPHS: 22

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(Dated: October 16, 2008)