British Veterinary Association/Kennel Club
Hip Dysplasia Scheme – Procedure Notes

These procedure notes are intended to explain the BVA/Kennel Club Hip Dysplasia Scheme and to provide helpful instruction to those using the scheme. They are due to be effective from 1 January 2017 and replace all previous documents in relation to the scheme. These notes may be modified from time to time; please consult the BVA website for the latest version.

Introduction

Hip Dysplasia (HD) is a genetically-transmitted condition but environmental factors may influence the final score achieved. The score does not therefore absolutely reflect the potential for transmission of HD of an individual animal but should be regarded only as an indicator of possible transmission of the condition. For the scheme to be meaningful and successful it is important that images from EVERY dog radiographed be submitted for scoring, whether or not the animal is required for breeding and whatever the state of the hips, in order to provide the widest possible information for use by a geneticist and for generation of estimated breeding values (EBVs). Further information about hip dysplasia and the use of the scoring scheme is available in the Canine Health Schemes section of the BVA website.

1. The scheme

The main purposes of the scheme is the examination of radiographs of hips of dogs for hip dysplasia and the issue of a certificate in respect of that examination. The scheme is open to all dogs and is not restricted to those which are registered with the Kennel Club. The examination is conducted by the evaluation of a radiograph for any anatomical and pathological changes indicative of Hip Dysplasia and a score is recorded. This score, and its relation to the breed median score, is intended to assist dog breeders in their selection of breeding stock. Breeders wishing to reduce the risk of HD should select their breeding stock (both dogs and bitches) only from animals with hip scores BELOW the breed median score. Many clinically sound dogs may have high HD scores and should not therefore be used for breeding. The scheme does not cover any other hereditary or clinical defects which may need to be considered when choosing suitable breeding stock. However, breeders wishing to have their dogs graded for Elbow Dysplasia as well as Hip Dysplasia may have the hips and elbows radiographed at the same time and the submissions sent together. In such cases these procedure notes should be read in conjunction with those of the BVA/Kennel Club Elbow Dysplasia (ED) Scheme (details available from BVA website).
2. Bread specific statistics

The breed specific statistics include the breed median (BM) for the last fifteen and five years and the rolling five-year median, which are calculated from the scoring records of each breed to give a representative overview of the HD status of the dogs scored in that breed. When the certificate is available to the submitting veterinary surgeon, a copy of the current breed specific statistics can be obtained from the BVA and Kennel Club websites so that the veterinary surgeon may best advise his/her client regarding the dog’s suitability for breeding.

3. Arranging for radiography and submission to the scheme

The dog’s owner should approach his or her veterinary surgeon and request that the hip radiographs should be acquired and submitted for scoring under the scheme. It is possible to arrange for radiographs of more than one dog to be submitted on the same occasion. The following procedure should be observed:

a) the minimum age of a dog for submission under the scheme is one year. There is no upper age limit;

b) the dog must be permanently identified by either microchip or tattoo;

c) suitable arrangements must be made with the veterinary surgeon for the dog’s hips to be radiographed;

d) the following documents must be made available at the time of radiography if it is registered with the Kennel Club (KC):
   i) the KC Registration Certificate of the dog,
   ii) any related transfer or change of name certificate;

e) prior to radiography of the dog’s hips, the owner and Veterinary Surgeon must complete the “Owners Details” and “Dogs Details” section of the online submission portal, verifying that the details given in these sections relate to the dog being submitted, that the details are correct and granting permission for the results to be used in the ways specified.

f) The owner must read the declaration and acceptance of terms and confirm agreement.

NB Once a certificate of HD scoring has been issued for a dog, the dog’s radiographs may not be resubmitted for scoring under the scheme other than via an Appeal (see section 6).

4. Procedure for radiography of the hips

A ventrodorsal (VD) radiograph of the pelvis is required for scoring. The veterinary surgeon should radiograph the dog’s hips as indicated below.

4.1 Protection of Personnel

The Guidance Notes for the Safe Use of Ionising Radiations in Veterinary Practice (1999), which are based on the Ionising Radiations Regulations 1999, explain that only in EXCEPTIONAL circumstances should dogs be manually restrained for radiography. Since the radiography of dogs for the purposes of this scheme would not constitute exceptional circumstances:
a) it is NECESSARY to employ general anaesthesia, narcosis or deep sedation to enable only mechanical (i.e. nonmanual) restraint for the positioning of the animal;

b) collimation of the primary beam should be clearly visible on the radiograph.

c) the X-ray beam must be projected vertically downwards, perpendicular to the table top.

4.2 Positioning

A standard position for radiography must be employed as follows:

a) the dog must be placed on its back with the pelvis over the middle of the cassette or detector and the X-ray beam centred on the midline between the hips (i.e. the centring point should be at the level of the cranial edge of the pubis, by palpation). The pelvic area must lie flat on the table and not be artificially tilted.

b) in order to avoid lateral rotation, the body should be supported in a straight line using a cradle or sandbags. The thorax must be upright and symmetrical since tilting of any part of the dog’s body is likely also to cause tilting of the pelvis and asymmetry in the appearance of the hips. Lateral tilting of the pelvis can be recognised as a disparity in appearance between the ilial wings and obturator foramina on the two sides. It may be corrected by raising the pelvis slightly on the side on which the ilial wing appears wider and the obturator foramen narrower on the radiograph.

c) the hind legs should be fully extended and adducted so that the femora lie as near parallel to each other as possible: they must not be over-adducted (i.e. they must not converge towards the stifles).

d) the legs should be inwardly rotated so that the patellae lie centrally in the femoral trochlear grooves i.e. the stifles are upright.

e) suitable ties or tape placed around the distal femora or stifles should be used to achieve correct adduction and inward rotation; ties must not be placed around the proximal femora, pelvis or hips and radiographs showing restraint at this level will be rejected.

f) poor positioning which allows either lateral or longitudinal tilt of the pelvis or incorrect positioning of the femora may prevent accurate radiological assessment of the hips; such radiographs may be rejected.

g) To obtain correct positioning, please refer to the “how to” positioning videos on the BVA YouTube channel.

4.3 Markers and identification

The following information MUST be included on digital images:

a) BOTH

i) the Kennel Club Registration Number (from the top right hand corner of the KC Registration Certificate) for dogs registered with the KC (no other form of identification for KC registered dogs is acceptable). For dogs not registered with the KC, identification as used by the veterinary practice, other registering body or breed club may be used. AND

ii) microchip or tattoo number

b) the date of radiography

c) left and/or right marker(s).

NB Radiographs which are not correctly identified will be returned to the submitting veterinary surgeon and an appropriately identified radiograph requested.
4.4 Image quality

Correct exposure is essential to provide a radiograph of good diagnostic quality. When radiographing a large or fat dog with either conventional or digital systems, it is usually necessary to use a grid to minimise the effects of scattered radiation on the image. The image should show good radiographic definition and contrast, and the dorsal acetabular edges (DAE) should be visible superimposed by the femoral heads. The radiograph should be checked for correct positioning, exposure and image quality while the dog is still restrained in case a further radiograph needs to be taken.

4.5 Uploading Images

Images may only be Uploaded as DICOM files.

5. Submission

The procedure for submission and scoring under the scheme is as follows:

The veterinary Surgeon is responsible for uploading the images and providing the correct details (as the owner would want to see them appear on the completed certificate) on the submission portal.

For a step by step guide on how to complete an online submission, please refer to the “How to” video on the BVA YouTube channel.

NB The veterinary surgeon should check that the breed, colour and sex of the dog correlate with those details in the Owner’s Declaration and on the KC Registration Certificate. The veterinary surgeon should also check that the details on the KC Registration Certificate have been accurately and completely transposed by the owner.

6. SCORING

Scrutineers, appointed by BVA, meet frequently to score the radiographs. Two scrutineers agree the score for each radiograph;

a) for each hip joint a score is derived by evaluation of nine separate features by employing a set of defined criteria. The final score is the sum of the points awarded for each of the nine radiographic features of both hip joints. The minimum score for each hip is 0 and the maximum is 53, which gives a total range of 0-106. The LOWER the score the less the degree of Hip Dysplasia evident;

NB If there appear to be any inconsistencies or inaccuracies with the owners or dogs details, the submission will be returned to the veterinary surgeon with relevant comments, prior to scoring.

6.1 Reject radiographs

If a radiograph is rejected, an alert will be sent to the submitting veterinary surgeons online account with any relevant comments. The fee will not be refunded and the scoring procedure will not be completed. When a subsequent radiograph is submitted for that dog, a further fee will be required (see Schedule 1).
7. Results

a) The results of scoring are automatically sent to the in the form of a completed certificate. These can be found under the “My Certificates” tab in the online portal. For further guidance, please refer to the “how to” video on the BVA YouTube channel. The names of Kennel Club registered dogs scored under the scheme, together with the results of the HD score, will be sent to the Kennel Club for publication and inclusion on the relevant documents.

b) Relevant details may be sent to a geneticist for statistical analysis or creation of EBVs as arranged by BVA.

7.1 Requests for results

a) Pending results:
   i) An owner must contact the submitting veterinary surgeon, NOT BVA, for results issued under the scheme;

b) Past results:
   i) Results for KC-registered dogs which have previously been published are available on the Kennel Club website;
   ii) Any results which have not been published should be sought directly from the owner(s) of the dog;

8. Appeals procedure

An owner has a right to appeal with regard to the results of a HD score. The procedure is as follows:

a) Any application for appeal against the result of a HD score must be lodged by the owner to the submitting veterinary surgeon within 45 days from the date of dispatch from BVA. The veterinary Surgeon will then need to contact the Canine Health Schemes team at chs@bva.co.uk for further advice and commence the appeals procedure.

b) The radiograph will be re-scored by a further pair of scrutineers and then by the Chief Scrutineer, whose decision will be final, and the new score results will be relayed in the normal way. The original certificate against which the appeal was made will be retained by the BVA. N.B. the first result may have already been submitted to the KC for publication before the second result is received but in this case will be replaced by the final result.
Schedule 1

Charges as at 1 January 2018

The scale of fees as at 1 January 2018 is set out on the BVA website. These charges do not include the cost of radiography and may be changed from time to time. Any changes will be notified by further communication.

NB Radiographs which are judged by the scrutineers as unsuitable cannot be scored. BVA will not refund submission fees for rejected radiographs.

Schedule 2

BVA/KC Hip Dysplasia Scheme: Panel of Scrutineers as at 1 January 2018

The BVA appointed panel of scrutineers detailed below may be changed from time to time. Any changes will be notified by further communication.

Dr J V DAVIES BVetMed DVR MRCVS DipECVS DipECVDI (Chief Scrutineer)
Dr A ANDERSON BVetMed DSAS (Orth) FRCVS
Mrs E A BAINES MA VetMB DVR DipECVDI MRCVS
Mr D D CLARKE MA VetMB DVR CertSAC MRCVS
Mr D G CLAYTON JONES BVetMed DVR DSASO FRCVS
Dr R DENNIS MA VetMB DVR FRCVS DipECVDI
Dr C GIBBS BVSc DVR FRCVS DipECVDI
Prof M E HERRTAGE MA BVSc DVSc DVRDVD DSAM FRCVS DipECVDI Dip ECVIM
Mr J E F HOULTON, MA VetMB DVR DSAO MRCVS DipECVS
Mr B M TURNER BVSc (Massey) DVR CertSAO MRCV