



## INSTRUCTIONS FOR SUBMISSION OF X-RAYS TO THE SV

### Forms

**You will need forms mailed to you. Forms are only available in hard copies as they come in triplicate and cannot be sent electronically. To receive forms, contact our Office Manager, Gretchen, via email, [gswda@gmail.com](mailto:gswda@gmail.com), or phone 747-900-6805, and provide your address and phone number. If this is your first time submitting to the SV, call Gretchen.**

These forms must be completed and signed by the veterinarian at the time of X-ray.  
Please order the forms from the GSDWDA office prior to scheduling your X-ray appointment.

### Evaluation Requirements:

1. Dog must be a German Shepherd Dog.
2. Dog must be at least 12 months of age on the day the X-ray is taken.
3. Dog must be sedated at time of any pelvis (hip) X-ray.
4. Dogs born in the USA must submit the following:
  - a. Copy of AKC Registration Certificate
  - b. Original 4-generation AKC Certified Pedigree with tattoo or microchip printed on it
  - c. If the AKC pedigree does not include the dog's microchip or tattoo number on it, or if it has not been tattooed or microchip certified:
    - 1) Enclose a completed and signed Veterinarian Verification of Tattoo-Microchip form and a \$35 fee.  
(The form is available from the GSDWDA Office or online at [www.gsdwda.org](http://www.gsdwda.org).)
5. Foreign born dogs submit the following:
  - a. Original pedigree papers from the FCI recognized country of birth. A tattoo or microchip must be indicated on original document. If tattoo or microchip is not printed on original papers, it must be certified [see 4.c.1 above].
  - b. Original registration papers from country of birth with all ownership transfers completed.

FEES: WE ACCEPT CHECK, MONEY ORDER, or CREDIT CARD.

Call the office for credit card payment or include card information in your package.

If paying with check or money order, make it payable to "GSDWDA."

For Canadian customers, you must pay with a credit card. Call or include the information in your package.

Hip Evaluation: \$115

Elbow Evaluation: \$105

LÜW Evaluation: \$70

OC (D) Evaluation: \$80

Hip and Elbow Evaluations (if submitted together): \$200

Hip and LÜW Evaluations (if submitted together): \$150

Hip, Elbow and LÜW Evaluations (if submitted together): \$230

### FOR YOUR VET: X-RAY (RADIOGRAPH) REQUIREMENTS

X-rays must be of good technical quality (detail, clear contrast) and must allow a detailed analysis of the bone structure. Please have your vet review the X-rays and pick the best views to submit. The vet must confirm the dog's microchip or tattoo at the time the X-rays are taken.

#### 1. HIPS

- a. The dog must be sedated at the time of X-ray.
- b. X-ray must be clear in the ventrodorsal position with the rear legs extended and parallel to each other, with the knee joints visible. The total pelvis must be visible and should not be tilted.
- c. Film size of 14" x 17" is recommended with the Left or Right indicated.
- d. It must contain an imbedded ID plate with all the required information (see numbers 5 and 6 below). Digital placement of the information on a digital image is acceptable.

#### 2. ELBOWS

- a. There must be AT LEAST one side (medial) view of each elbow joint.
- b. The angle between the humerus and ulna/radius must not exceed 45 degrees.
- c. Both elbows must be submitted.
- d. Each elbow X-Ray may be on separate X-rays, or two elbows may share one 14" x 17" X-ray.

#### 3. LTV Evaluation (Lumbar-Sacral Transitional Vertebrae/LTV)

The same pelvis X-ray for a hip evaluation may be used for this X-ray. The total pelvis including the L7 must be displayed in the image, and the dog must be sedated at time of X-ray. See the attached article for an explanation.

#### 4. OC(D) Evaluation (Osteochondrotis Dissecans)

An additional X-ray must be made with the imbedded ID plate containing all the required information (see numbers 5 and 6 below). The image must demonstrate the region from L 4/5 to the first coccygeal vertebrae on a latero-lateral view. The lumbar sacral conjunction has to be in the central beam, no axial rotation of vertebral column and pelvis, and the technical quality (detail, clear contrast) must allow a detailed analysis of the bone structure. See the attached article for an explanation.

#### 5. The ID PLATE of the X-ray must be a part of the image. Affixed labels and handwritten information will not be accepted by the SV. It can be digitally placed on the image but should be contained in the X-ray.

6. ID PLATE MUST contain the following information.

1. Registered name of the dog EXACTLY AS IT APPEARS ON THE REGISTRATION DOCUMENTS.
2. Registration number. If born in the USA, AKC registration number; if foreign born, FCI recognized kennel club registration number.
3. Tattoo or Microchip number. If this is not on the X-ray, the SV may request a new X-ray be taken. Please be sure your vet includes this!
4. Dog's date of birth.
5. Date X-ray was taken.
6. Name of owner.
7. Veterinarian's name, business address, and phone number.

If any of the required information is not included in the ID plate, please contact the office.

#### DIGITAL SUBMISSION OF X-RAYS

To submit digital X-rays to the SV, the veterinarian who took the X-rays must be registered with vetsXL.com. If they are not yet registered, go to this link <https://www.myvetsxl.com/en/Logon/default.aspx>. Signing up is a one-time process that must be completed by the vet. Once accepted by VetsXL, the X-rays can be submitted electronically.

- 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;
- Select the organization which is Verein für Deutsche Schäferhund (SV);
- Select the examiner Dr. Bernd Tellhelm.

For questions or additional instructions, contact the Office, 747-900-6805.

#### NON-DIGITAL SUBMISSION OF X-RAYS

The SV will not accept digital X-rays in any format other than films. For conversion of X-rays to film, contact X-Ray Copy Service. If you request it, they will send the films directly to the office, and you can submit your paperwork to the office separately.

#### X-Ray Copy Service Instructions

Provide per order:

Name

Address

Phone number

E-mail address

Brief instructions

You can either send the CD or email the files. For the best results, send DICOM files.

Fees are \$13 per film printed plus shipping. Shipping is via FedEx, and in most cases FedEx Ground unless specified quicker. Turnaround time is usually the same day. Orders must be paid before shipping. They will send an invoice via email and the invoice can be paid from the link provided.

Contact:

George R Miladinovich  
2536 Hi Ridge Drive  
North Huntingdon, PA. 15642  
X-Ray Copy Service | Pittsburgh, PA | [www.xraycopyservice.com](http://www.xraycopyservice.com)  
412-392-1952 – Main  
412-225-4332 – Cell

REQUIRED DOCUMENTS CHECKLIST:

- X-ray films if not submitted by vet electronically.
- All copies of the completed **signed** SV hip, elbow, and/or OC(D) evaluation forms. BOTH the owner and Vet must sign all forms.
- Original 4 generation pedigree** with microchip or tattoo printed on it [see 4.c.1 above].
- Copy** of registration. If born in the USA, AKC registration; if foreign born, FCI recognized kennel club registration.
- Evaluation fees

**Whether you submit digital or X-rays films, the required documents must be mailed to the GSDWDA Office for submission to the SV. Please contact the Office Manager Gretchen with any questions at [gsdwda@gmail.com](mailto:gsdwda@gmail.com), or 747-900-6805.**

Submit X-rays and Required Documentation via **Traceable** Mail to:

GSDWDA  
Attn: Gretchen Weinzimer  
22456 Dolorosa St.  
Woodland Hills, CA 91367-4440

QUESTIONS?

747-900-6805  
[GSDWDA@gmail.com](mailto:GSDWDA@gmail.com)

## Information for SV-Veterinarians

# LUMBAR-SACRAL TRANSITIONAL VERTEBRAE / LTV

Transitional Vertebrae develop at the transition of the vertebral spine segments (e.g. lumbar spine / sacral bone). If this occurs the deformed vertebra shows characteristics of the front segment and of the past segment as well.

The lumbar spine of dogs normally consists of seven vertebrae (L). Three vertebrae (S), which are totally fused at an age of 18 month at latest are forming the sacral bone (Figure 1). Between L7 and S1 exists a normal disc and there is no contact between the transverse processes an no contact to the alia of the ilium (Figure 3). Lumbar-sacral transitional vertebrae (LTV) develop in the region of L7 and S1. They are characterized by an abnormal form most frequently at the spinal and transvers processes. In an advanced stage the vertebral body can also be involved.

A correlation between LTV and the prevalence of Cauda Equina Syndrome (CES) is discussed.

Proposed by the Swiss Dysplasia Commission for the screening on hip radiographs LTV are divided in four types. The differentiation is based on two criteria:

1. Degree of the fusion of the spinal processes of the sacrum
2. Symmetric or asymmetric formation of the transverse processes and configuration of the contact area of transverse processes with the alia of the ilium.

Figure 3 demonstrates a normal lumbar-sacral conjunction (Type 0) on a pelvic radiograph.

Type 1 shows a normal anatomical form of L7 and sacrum bone but with an separated spinal process of S 1 (Figure 4). Type 2 includes all the different forms of LTV with more obvious abnormal anatomical findings if the development is symmetrically (Figure 5).

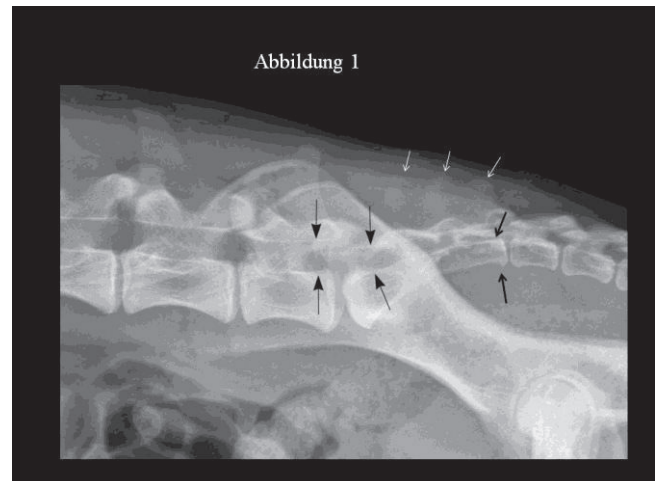
All asymmetrical forms of LTV are included in Type 3 (Figure 6).

A very high risk for the dog to get a cauda equina syndrome (CES) is the development of an OCD (Osteochondrosis dissecans) at S1 (Figure 2). In such cases the disc between L7 and S1 is always damaged.

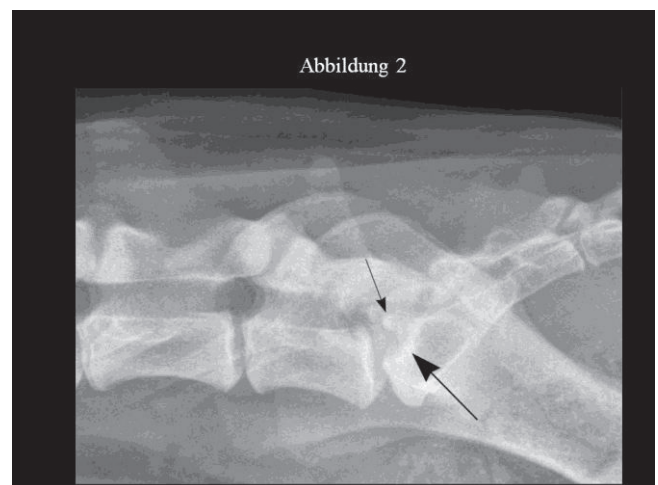
Actually the Verein für Deutsche Schäferhunde (SV) e.V. has decided to include the anatomical changes at the lumbar sacral conjunction, especially LTV and OCD in the screening, but on a voluntary base. To examine LTV the standard pelvis radiograph for CHD is adequate. Except for the identification of a dog on different radiographs also for this examination it is very important that the total pelvis including L7 is displayed on the image (Figure 3). All CHD radiographs, which don't meet this requirement, are not evaluable and have to be refused in any case.

If a dog owner wants to have an examination concerning OCD an additional radiograph has to be made. The image has to demonstrate the region from L 4/5 to the first coccygeal vertebra on a latero-lateral view. The lumbar sacral conjunction has to be in the central beam, no axial rotation of vertebral column and pelvis and the technical quality (detail, contrast) must allow a detailed analysis of the bone structure (Figure 1).

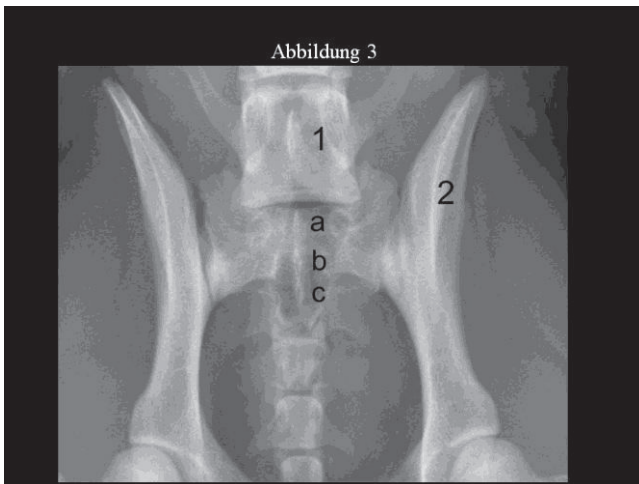
Dr. Bernd Tellhelm



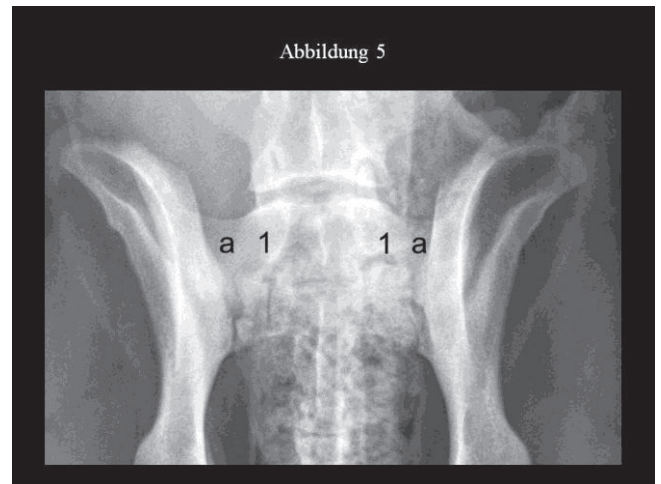
Latero-lateral radiograph of a normal lumbar-sacral conjunction. The bony structures are well defined, the vertebral canal is wide (large black arrows). The three sacral vertebrae (caudal large black arrows to small black arrows) are totally fused and also the spinal processes (white arrows).



Latero-lateral radiograph of the lumbar-sacral conjunction of a dog 12 month of age with an OCD of the first sacral vertebra. The ossification of the front part of the sacral bone is incomplete (large arrow), a separate piece of bone (small arrow) is situated within the vertebral canal.



*Hip-radiograph including the lumbar-sacral region. It shows a normal lumbar-sacral conjunction (Type 0). The transverse processes of the last lumbar vertebra / L7 (1) are symmetric with a normal orientation (cranio-lateral). There is no contact with the alia of the ilium (2). Sacral bone and L 7 are totally separated. The spinal processes of the sacral bone are fused (a, b, c).*



*Hip-radiograph including the lumbar sacral region. Demonstrated is a symmetric LTV (1) developing a broad contact area with the alia of the ilium by its transverse processes (a / Type 2).*



*Hip-radiograph including the lumbar-sacral region. The spinal process (a) of the first sacral vertebra is separated. Symmetric LTV type 1 (1).*



*Hip-radiograph including the lumbar sacral region. Demonstrated is an obviously asymmetric developed LTV (Type 3). The left transverse process (1) of the vertebra has a broad contact area with the left alia of the ilium. The right transverse process (2) shows a normal configuration.*



## Evaluation sheet SV HD examination

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

**Lumbar-Sacral Transitional Vertebrae (LTV) Evaluation, Check "yes" or "no"**

Evaluation transitional vertebra (LÜW)  yes  no

Name of dog: **Registered Name of Dog Exactly as it Appears on Registration**

Stamp of vet

**Veterinarian's Name**

**Business Address**

**Phone number**

If using a stamp, stamp all 3 forms

Sex:  male  female Bb No.: **Registration number**

Tattoo /chip no.: \_\_\_\_\_ DOB: **Date of birth**

**Owner's address or billing address:**

Name/First name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of x-ray: \_\_\_\_\_ Member#: **If SV Member, fill in #**

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.

**OWNER MUST SIGN HERE**

Date \_\_\_\_\_ Owner's signature \_\_\_\_\_

**Lack in position or quality:**

- Asymmetric
- Limbs not stretched sufficiently
- Limbs not turned sufficiently
- Limbs turned too strong
- Limbs not parallel enough
- Blurred
- Lacking contrast
- Front part of the pelvis is missing
- Faulty development

	low-grade

**LEAVE BLANK**

**Pelvis socket:**

- |                                |                    |                          |                       |                          |
|--------------------------------|--------------------|--------------------------|-----------------------|--------------------------|
| Overall impression             | deep               | <input type="checkbox"/> | plain                 | <input type="checkbox"/> |
| Cranial contour of socket      | linear             | <input type="checkbox"/> | subchondral sclerosis | <input type="checkbox"/> |
| Cranio-lateral frame of socket | roundly decentered | <input type="checkbox"/> | flattened             | <input type="checkbox"/> |
|                                |                    |                          | with deposits         | <input type="checkbox"/> |

**low-grade**


**Femoral head:**

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


Crooked limbs

**Position of head in socket:**

- |                   |                          |         |                          |
|-------------------|--------------------------|---------|--------------------------|
| deep              | <input type="checkbox"/> | nose    | <input type="checkbox"/> |
| sharply contoured | <input type="checkbox"/> | blurred | <input type="checkbox"/> |


**Femoral neck:**

- |                     |                          |            |                          |
|---------------------|--------------------------|------------|--------------------------|
| slender             | <input type="checkbox"/> | eccentric  | <input type="checkbox"/> |
| deposited from head | <input type="checkbox"/> | blurred    | <input type="checkbox"/> |
| sharply contoured   | <input type="checkbox"/> | Apposition | <input type="checkbox"/> |
|                     |                          | Morgan     | <input type="checkbox"/> |


**Joint space:**

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


**Center of femoral head:**

- |                                 |                          |         |                          |
|---------------------------------|--------------------------|---------|--------------------------|
| medial of dorsal edge of socket | <input type="checkbox"/> | lateral | <input type="checkbox"/> |
|---------------------------------|--------------------------|---------|--------------------------|

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**Measurement of Norberg angle:** angle 105° or more

- |                |                          |
|----------------|--------------------------|
| less than 105° | <input type="checkbox"/> |
| less than 100° | <input type="checkbox"/> |
| less than 90°  | <input type="checkbox"/> |


**Rating of vet: Vet fills in rating**

- |                               |                          |
|-------------------------------|--------------------------|
| 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) | <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.

**VET MUST SIGN HERE**

Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Evaluation sheet SV-ED examination

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

Stamp of vet

Veterinarian's Name,  
Business Address  
Phone number  
If using a stamp,  
stamp all 4 forms

Owner's address or billing address:

Name/First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership number **If SV Member, fill in membership #**

Date of x-ray: \_\_\_\_\_ Number: **leave blank**

Sex  male  female

Name of dog with kennel name **Registered Name of Dog Exactly as it Appears on Registration**

Breed book number **Registration number**

Tattoo/Chip number \_\_\_\_\_ DOB **Dog's date of birth**

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.

### VET MUST SIGN HERE

\_\_\_\_\_  
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.

### OWNER MUST SIGN HERE

\_\_\_\_\_  
Date Signature owner

Remarks vet: \_\_\_\_\_

### Rating of vet: Vet fills in rating

- No evidence for elbow dysplasia  Borderline  Mild elbow dysplasia  
 Severe elbow dysplasia  Moderate elbow dysplasia

### Rating of ED center /FCI:

**LEAVE BLANK**

- normal/ED 0  moderate ED/ED 2  OCD  Coronoid disease  incomplete IPA  
 nearly normal  severe ED/ED 3   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





Examination sheet SV OC (D) examination

May only be used for German Shepherd Dogs!

Stamp of vet
Veterinarian's Name
Business Address
Phone number
If using a stamp, stamp all 3 forms

Owner's address or billing address:

Name/First name

Address

Membership number If SV Member, fill in membership #

Date of x-ray: Number: X-ray # if one

Sex Male Female

Name of dog with kennel name Registered Name of Dog Exactly as it Appears on Registration

Bb-Number Registration number

Tattoo-/Chip-Number Date of birth

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee personally and the x-rays have been marked clearly. The right of ownership over the OC (D) x-rays is resigned from.

VET MUST SIGN HERE

Date Signature vet

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-OC (-) processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the lumbar spine/sacral bone has been made.

OWNER MUST SIGN HERE

Date Signature owner

Rating for Osteochondrosis-OC (L7 : S1)

LEAVE BLANK

No evidence for OCD

Evidence for OCD

Stufe L7:S1

OCD rating refused because of:

Lack in positioning in quality

Remarks:

Additional ratings:

Date Stamp Signature evaluator

Nachdruck verboten

SV-HG (Original)
Veterinarian
HG-Recirculation

1. Sheet:
2. Sheet:
3. Sheet: