

# VETERINARY CRITERIA FOR PERMANENT IMPORTATION OF RACEHORSES INTO HONG KONG

*Revised October 2013 AA MacLean*

**NAME:**

**SIRE:**

**DAM:**

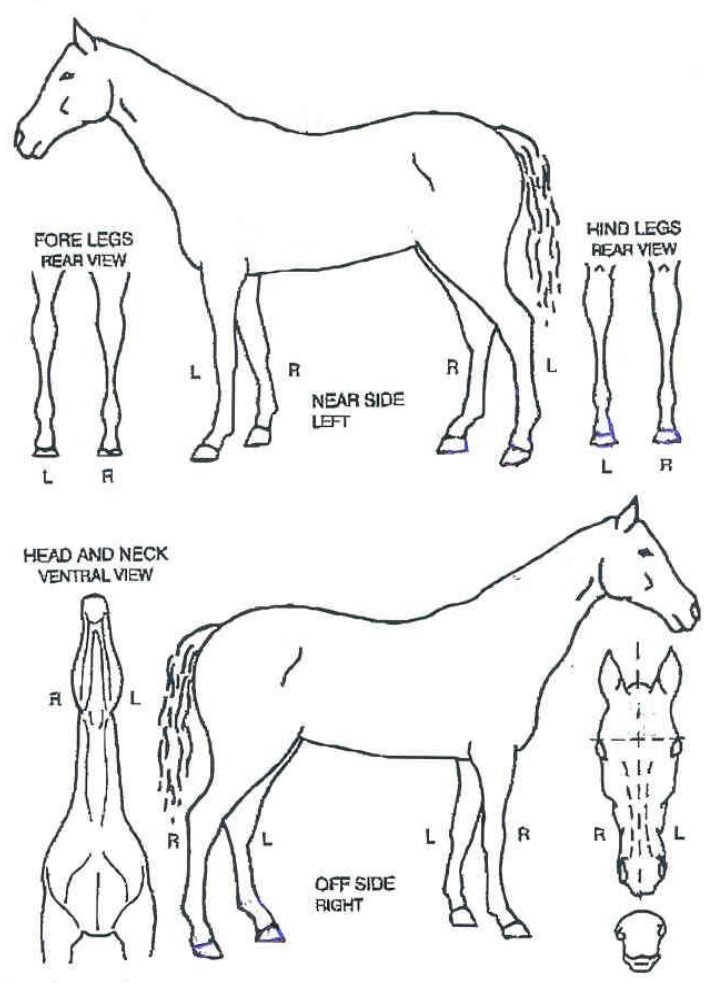
**SEX:**

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**HEIGHT:**

**Microchip number:**

**SHIPPING AGENT:**



This protocol must be completed within 30 days of entering pre-export quarantine)

## 1. HISTORY (eg. Previous surgery, bleeding, drug treatment, etc)

The above described horse was examined in the presence of \_\_\_\_\_  
(groom/trainer/owner\*) at \_\_\_\_\_ on the \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ .

After due enquiry, no / some\* significant relevant medical / surgical history was provided.

History of Bleeding (EIPH)	Yes / No
Vices ie windsucking, crib-biting, weaving	Yes / No
History of previous surgery	Yes / No
History of abnormal heart rhythm or other heart abnormality	Yes / No
Recent illness/ injury	Yes / No
Recent medication (including intra-articular medication)	Yes / No
Other relevant history?	

Details:

Are you the routine veterinarian for the owner/trainer of this horse Yes / No

Has horse raced Yes / No  
Race record (if known):

## COMMENTS:

## 2. 5-STAGE VETERINARY EXAMINATION

- ❖ Preliminary examination (at rest) - physical examination.
- ❖ Trot-up (in hand) - complete lameness examination.
- ❖ Strenuous exercise (under saddle) - half pace or faster
- ❖ Rest period - physical examination 10 – 20 minutes post exercise.
- ❖ Second trot-up and examination - repeat flexion tests.

<u>Results of Examination</u>	WNL within normal limits	AB abnormal
Skin and hair coat	WNL	AB
Body Condition	WNL	AB
Temperament	WNL	AB
Temperature	WNL	AB
Evidence of vices	WNL	AB
Eyes (assessment of eyelids, cornea, pupil Menace and papillary light reflex, discharge)	WNL	AB

**Nervous System:**

Demeanour	WNL	AB
Posture & ability to back and turn	WNL	AB

**Gastrointestinal System:**

Teeth and mouth	WNL	AB
Abdominal sounds	WNL	AB

**Cardiovascular System:**

Heart rate	beats/minute	
Heart rhythm	WNL	AB
Auscultation (murmurs)	WNL	AB
Jugular veins and Mucus membranes	WNL	AB

**Respiratory System:**

Nose ( discharge, airflow, stridor, symmetry)	WNL	AB
Sinus (symmetry, percussion)	WNL	AB
Chest (Auscultation, rate )	WNL	AB

**Urogenital System:**

External genitalia (conformation)	WNL	AB
If Male Entire -presence of 2 testicles	WNL	AB

**Musculoskeletal System:**

Conformation	WNL	AB
Comments:		
Hooves	WNL	AB
Symmetry of hindquarters	WNL	AB
Back flexibility and muscling	WNL	AB

	<u>Left fore</u>	<u>Right fore</u>	<u>Left hind</u>	<u>Right hind</u>
Shod	yes/no	yes/no	yes/no	yes/no
Hoof tester response	WNL/AB*	WNL/AB*	WNL/AB*	WNL/AB*
Palpation	WNL/AB*	WNL/AB*	WNL/AB*	WNL/AB*
Comments:				
Flexion Test response	WNL/AB*	WNL/AB*	WNL/AB*	WNL/AB*
Comments:				
Observation at exercise		WNL		AB
Recovery rate and re-examination		WNL		AB

Conditions **NOT ACCEPTABLE** for import into Hong Kong

- ❖ Blind in one eye
- ❖ Wobbler syndrome
- ❖ Persistent lameness
- ❖ Previous history of epistaxis caused by EIPH
- ❖ Previous history of heart irregularity
- ❖ Previous history of neurectomy ( “denervng”)
- ❖ Laminitis

Conditions that may be acceptable for importation but must be **NOTED** and the prospective owner advised prior to importation into Hong Kong (not necessarily complete).

- ❖ Vices - crib biting, weavers, box walkers, wind sucker etc
- ❖ Hoof quarter crack, chronic hoof distortion and poor foot conformation
- ❖ Cryptorchid (rig)
- ❖ Sesamoiditis

**RESULT:** **Satisfactory / unsatisfactory**

**COMMENTS:**

### 3. ENDOSCOPIC EXAMINATION OF UPPER RESPIRATORY TRACT

Examples of conditions **NOT ACCEPTABLE** for import into Hong Kong (not necessarily complete)

- ❖ Laryngeal hemiplegia (roarer) ; pronounced incomplete ( Grade 4/5 Lane) abduction associated with noise at exercise
- ❖ Ethmoid haematoma
- ❖ Persistent Dorsal Displacement of Soft Palate
- ❖ Pharyngeal / Laryngeal developmental anomalies
- ❖ Epistaxis (EIPH) - including Grade 3 EIPH or greater on scope after the exercise component of the clinical examination.
- ❖ Severe chondritis
- ❖ Marked narrowing of nasal passages (conchal enlargement, septal deviation, etc )

Examples of conditions that may be acceptable for importation but must be **NOTED** and the prospective owner advised prior to importation into Hong Kong ( not necessary complete ).

- ❖ Entrapped epiglottis
- ❖ Sub epiglottic cyst
- ❖ Easily induced, difficult to replace, intermittent dorsal displacement of the soft palate
- ❖ Laryngeal function grade 3/5 Lane

Please assess the laryngeal function according to the grading system of “*Lane*”:

**Grade 1** - all movements, both adductory and abductory are synchronized and symmetrical

**Grade 2** - All major movements are symmetrical and a full range is achieved. Transient asynchrony, flutter or delayed opening may be seen.

**Grade 3** - Asymmetry of the rima glottides at rest due to reduced motility by the left arytenoids cartilage and vocal fold. On occasions, ie after swallowing or during nostril closure manoeuvre, full symmetrical abduction is achieved.

**Grade 4** - There is consistent asymmetry of the rima glottides but with some residual active motility by the left arytenoid and vocal fold. Full abduction is not achieved at any stage.

**Grade 5** - True hemiplegia. No residual activity of left arytenoids or vocal fold.

Performed before exercise Yes No

Performed after exercise Yes No

Tranquilizer required Yes No

**RESULT:** **Satisfactory / Unsatisfactory**

**Laryngeal Grading system according to “Lane”** **Grade**

**Evidence of blood in airway? (See Attachment 2)** **No / Yes Grade**

**COMMENTS:**

#### 4. RADIOGRAPHIC EXAMINATION

Conditions **NOT ACCEPTABLE** for import into Hong Kong include

- ❖ Sesamoid fractures
- ❖ Articular bone fragments causing lameness
- ❖ Laminitis - acute, P3 rotation or distal displacement
- ❖ Advanced degenerative joint disease
- ❖ Bone cyst depending on site and severity
- ❖ Severe active sesamoiditis

Examples of conditions that may be acceptable for importation but must be **NOTED** and the prospective owner advised prior to importation into Hong Kong (not necessarily complete).

- ❖ OCD lesion depending on location and severity
- ❖ Fractures depending on location and severity
- ❖ Ringbone
- ❖ Sesamoiditis

Radiographic views to be taken - see **attachment 1**

*(Please note recent addition of AP view of Navicular bone in both front feet is required as well as view of perimeter of pedal bone).*

Must ensure radiographs are of good quality, well labelled and all presented (48 views)      Yes / No\*

**RESULT:**                              **Satisfactory**      /      **Unsatisfactory\***

**COMMENTS:**



**RECOMMENDATION FOR EXPORT INTO HONG KONG FOR RACING :**

Within the limits of the examination\* :

A. No abnormality that may significantly affect the horse's future suitability for racing has been detected and I believe this horse **meets** the requirements of the HKJC for suitability for importation into Hong Kong.

**or**

B. I believe this horse clinically meets the requirements of the HKJC , but, in my opinion, a finding of\* **low / moderate** potential significance for future suitability to race has been **noted**. The prospective owner should be made aware of those findings, so that an informed decision as to whether to proceed with the importation may be made.

**or**

C. I believe this horse does **not meet** the requirements of the HKJC for suitability for importation into Hong Kong.

\* (delete paragraphs as appropriate)

**COMMENTS:**

***Veterinary Surgeon:***

NAME :

SIGNATURE :

Date:



## ATTACHMENT A

**Radiographs of diagnostic quality with proper labeling of the following joints (minimum no. of required views = 48) :**

- |          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | Carpus:   | 5 views  | <b>AP, flexed lateral<br/>medial oblique, lateral oblique,<br/>skyline view of third carpal bone</b>   |
| <b>2</b> | Fetlocks  | 10 views | <b><u>Front</u> - 6 views<br/>AP, medial oblique,<br/>lateral oblique, standing lateral and flexed lateral as well as new flexed AP<br/>view of distal palmer cannon bone (see attached protocol)</b><br><br><b><u>Hind</u> - 4 views<br/>- AP, medial oblique,<br/>Lateral oblique, standing lateral view</b> |
| <b>3</b> | Hock  | 4 views  | <b>AP, lateral, medial oblique, and lateral oblique</b>  |
| <b>4</b> | Stifle  | 2 views  | <b>PA and lateral</b>  |
| <b>5</b> | Front feet  | 3 views  | <b>Lateral, AP of Pedal bone, AP of Navicular bone</b>   |
| <b>6</b> | Other anatomical parts which are clinically indicated |          |  |

## ATTACHMENT B

### **Grading system for blood observed on endoscopy of lower airway**

- 0** no blood detected in the pharynx, larynx, trachea or main stem bronchi.
- 1** Presence of one or more flecks, or two or less short (less than ¼ length of trachea), narrow (less than 10% of the tracheal) streams of blood in the trachea or main stem bronchi.
- 2** One long stream of blood (greater than ½ length of trachea) or greater than 2 short streams occupying less than 1/3 of the trachea circumference.
- 3** Multiple, distinct streams of blood covering more than 1/3 of the tracheal circumference. No blood pooling at the thoracic inlet.
- 4** Multiple, coalescing streams of blood covering greater than 90% of the tracheal surface. Blood pooling at the thoracic inlet.

The detection of Grade 3 or Grade 4 EIPH or epistaxis after the exercise component of the five-stage vetting is **unacceptable.**