

# YGVA



Brno • Czech Republic  
12-14th July 2017



## ABSTRACT and POSTER SUBMISSION

~~DEADLINE 10<sup>th</sup> of MAY 2017~~

DEADLINE FOR SUBMISSION EXTENDED  
TO  
29th of May 2017

9<sup>th</sup> YGVA Meeting Committee

Michal Kyllar

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# ABSTRACT SUBMISSION AND INSTRUCTIONS FOR AUTHORS

The organizing Scientific Committee of the 9<sup>th</sup> YGVA Meeting invites authors to submit scientific abstracts for podium and poster presentation at the meeting. Papers from young researchers are particularly welcome. A maximum of two papers from each author will be accepted.

Papers must be written and presented in English. Fifteen (15) minutes will be allotted for the presentation of each paper, which should include a short discussion time. All abstracts are reviewed by the meeting organizing committee which reserves the right to decide on the final form of the presentation (oral or poster presentation).

Once the review process of all submitted abstracts is completed, authors will receive an e-mail informing whether the abstract has been accepted and whether it has been selected for a poster or for an oral presentation.

All contributions, either oral or poster, must be submitted and presented by a registered conference participant. Submission without meeting attendance will not be accepted.

Abstracts will be accepted in digital form only and must be prepared according to the following instructions.

**Abstracts are to be submitted via email! The deadline for submission is MAY 10th, 2017 12.00 p.m. local time (GMT+1).**

Authors will be notified of the form of presentation by May 24th, 2017.

## 1. ABSTRACT FORMAT

A single abstract is required: text length should be max. 8.000 characters including spaces. This will be evaluated by the Organizing Committee and proceedings published on EAVA web pages WWW.EAVA.EU.COM.

## 2. TITLE

Title of work must be in CAPITAL LETTER, maximum length 180 characters including spaces.

## 3. SUBJECT

## 4. ADDRESS FOR CORRESPONDENCE

## 5. AUTHORS

- Max. 10 authors. Mark the presenting author with an asterisk.
- Indicate affiliation to an institute with superscript numbering e.g., Smith T<sup>1</sup>, Patterson C<sup>2</sup>.
- Enter institutes in numerical sequence after the parameter <Institution> e.g. 1 XXXXXX, 2XXXXXX

## 6. TYPE OF PRESENTATION

Indicate preferred type of presentation (oral or poster)

## 7. TEXT AND BIBLIOGRAPHY

Please, use the following example as abstract template:

Email word .doc or .docx format abstracts to  
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## CRUCIATE LIGAMENT STRUCTURE IN RELATION TO TIBIAL PLATEAU ANGLE IN DIFFERENT BREEDS OF DOGS

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## INTRODUCTION

The cranial cruciate ligament (CCL) is critical to stifle joint stability in dogs. Among the joints of dogs the stifle joint is the most commonly affected one. Rupture of CCL leads to joint instability and subsequent development of osteoarthritis. Although stifle joint trauma may cause CCL rupture, it is recognized that the most common cause of CCL rupture is non-contact injury e.g. degeneration of CCL leading to its failure. Potential factors involved in pathogenesis of non-contact CCL rupture are many: immune-mediated mechanisms, age related degeneration, obesity, and conformational abnormalities such as patellar luxation, narrowed intercondylar notch, and the slope of tibial plateau or tibial plateau angle (TPA).

## MATERIALS AND METHODS

A total number of 223 stifles was radiographed in different breeds of dogs. All owners gave permission for their dog to be radiographed and to

# ABSTRACT SUBMISSION AND INSTRUCTIONS FOR AUTHORS

use their history clinical records for our study. A thorough history was taken for each dog including weight, age, and time of neutering. Dogs with history of stifle surgery were excluded from the study. Dogs were considered free of CCL rupture (complete or partial) if they were not lame, had no cranial drawer sign, no effusion in the joint, no sign of pain with hyperextension of stifle joint, no thickening of medial joint capsule and radiographic abnormalities in the stifle joint. Dogs were divided into three groups based on breed predisposition (group 1, n=112) and non-predisposition (group 2, n=45) to CCL rupture and group with confirmed ruptured CCL (group 3, n=66). All radiographs were performed in general anaesthesia. The tibial slope was measured according to the description of Slocum. Haematoxylin-eosin staining has been used to discern the cell population and distribution in the ligament; alcian blue (AB-PAS) staining was used to visualize extracellular matrix (glycosaminoglycans) and gomori stain for collagen fibres. A total number of 19 samples was evaluated: 10 of dogs of breed predisposed to CCL rupture and 9 of non-predisposed breeds of dogs to CCL rupture.

## RESULTS

Group 1 - A total number of 112 stifle joints was investigated in this group. Breeds included in this group were Labradors (26), Labrador retrievers (15), Rottweilers (23), English Staffordshire terriers (27), mongrels (7), American bulldogs (4), Dobermans (3), West Highland White terriers

(3), Rhodesian Ridgebacks (2), German shepherds (2). There were 11 intact males, 14 intact females, 43 castrated males, and 44 spayed females. Mean TPA was 26.4 degrees with a range 21 to 33 degrees. Group 2 - A total number of 45 stifle joints has been radiographed and studied. Breeds investigated in this group included greyhounds (18), old English sheep dog (8), collie (15), basset hound (2), blood hound (2), of those 4 have been entire males, 5 entire females, 14 castrated males, and 22 spayed females. Mean TPA measured in this group was 19.4 degrees with a range from 15 to 26 degrees. Group 3 - A total number of 66 stifle joints has been investigated in this group. Breeds included in this were English Staffordshire terriers (23), Labradors (18), Rottweilers (11), Labrador retrievers (6), West Highland White terriers (2), German shepherds (1), American bulldogs (1). There were 6 intact males, 13 intact females, 21 castrated males, and 26 spayed females.

## DISCUSSION

Results of this study revealed that breeds of dogs predisposed to CCL rupture and dogs with ruptured CCLs have significantly greater TPA (mean TPA 26.4 degrees for predisposed breeds and

mean TPA of 25.4 degrees for those with ruptured CCLs) than dogs of non-predisposed breeds of dogs. This study also reveals a difference in prevalence of CCL rupture while comparing entire and neutered animals with the latter having higher prevalence. Also TPA of the neutered animals are higher than those of entire animals. This difference, which is small, although significant, suggests that there is limited association between TPA and injury to the CCL while comparing these two groups of dogs. Breeds non-predisposed to CCL rupture show normal ligament structure with parallel collagen fibers and evenly distributed fibroblasts with elongated nuclei. The CCL structure changes with increasing value of TPA. From slight changes in distribution of 'classically' shaped fibroblasts through fibrocartilagineous transformation to changes in fibroblast phenotype and increased amount of glycosaminoglycans. The prevalence of fibrocartilage in the structure of CCL probably cannot be considered as pathology but more likely as an adaptation to an increased load on CCL due to increased exercise in athletic dogs with normal TPA or due to an increased TPA in non-athletic dogs.

## REFERENCES

Back W., Remmen J.L.M.A., Knaap J., De Koning J.J. (2003). Effect of lateral heel wedges on sagittal and transverse plane kinematics of trotting Shetland ponies and the influence of feeding and training regimes. Equine Veterinary Journal 35, 606-612.

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## GUIDELINES FOR SUBMISSION OF POSTERS

The total area of the poster should be 1.30 m in height and 0.80 m in width. The text of the poster should include the title, author or authors and their affiliation. The text should be of sufficient size that the poster can be read from a minimum distance of one meter. Results can be presented using graphs and pictures, again bearing in mind the minimum viewing distance. Posters should be attached to mounting boards using velcro provided by the organization. They must be displayed in the viewing area on the first day of the Meeting and remain until the end of it.

Submission of poster abstracts should be made by MAY 10<sup>th</sup> 2017, 12.00 pm local time (GMT+1).

All posters are reviewed by the meeting organizing committee which reserves the right to select the type of presentation.

All contributions, either oral or poster, must be submitted and presented by a registered conference participant. Submission without conference attendance will not be accepted.

Participants are encouraged to advertise their poster to the audience in a “60 second poster presentation” on stage. The presentation, expected from every poster presenter, will allow you to advertise your poster, introduce yourself and attract people to stop by during the poster sessions. Slides for all posters (one slide per poster!) will be compiled in a steadily rolling PowerPoint presentation on stage. Each poster’s PowerPoint slide should include (1) title of the poster (2) one figure of graphical abstract, (3) authors (presenting author underlined)/affiliation. The power point slides should be submitted together with the abstract submission.

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FOR FURTHER INFORMATION PLEASE  
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