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Check us out online at-----
www.WoroneckiRanchQuarterHorses.com
Or email, call or stop by the ranch
woroneckiranch@westriv.com

7 Identified Diseases Information as it Pertains to Woronecki Ranch Quarter Horses

At Woronecki Ranch Quarter Horses we take an ethical response to any genetic diseases as they are identified. AQHA previously had a 5-panel test requirement for breeding stallions since 2015. Two more diseases have been identified and AQHA has now required a 6-panel test. A 7th disease has been identified and could soon be added to the panel. We, as well as many other breeders, have decided to test for that (EJSCA). We also know that there could be many more diseases yet to be discovered. We order our tests through the VGL laboratory of the School of Veterinary Medicine at the University of California, Davis and provide those results to AQHA and buyers. VGL is internationally recognized as a pioneer and expert in DNA-based animal testing. The effects of these equine diseases are wide-ranging, from mild and manageable to severe and terminal. We have compiled a short description of each disorder tested. **In many instances we only test the necessary specific test based upon the parents' test results. If both parents are N/N on all or some diseases then the offspring is also N/N on those diseases by default. Please see ALL PAGES of this document link.**

Glycogen Branching Enzyme Deficiency (GBED) is a fatal genetic disorder that results from the inability to correctly store glycogen in several organs of the body. Most die within couple weeks of age, but none have been known to survive more than 2 months of age. These foals are often still born. **GBED is a recessive trait and only horses that inherit both recessive genes from each parent (G/G) will be afflicted. Carriers (N/G) and non-carriers (N/N) will have no problems in their lives as they will NOT be afflicted at all, and they will be able to perform all performance activities. If you decide to breed a carrier (N/G) it is highly advised to not breed to another carrier to avoid producing afflicted offspring.**

Hereditary Equine Regional Dermal Asthenia (HERDA) is an inherited skin condition primarily found in Quarter Horses that is characterized by hyperextensible skin, scarring, and severe lesions along the back of affected horses. **HERDA is a recessive trait and only horses that inherit both recessive genes from each parent (HRD/HRD) will be afflicted. Carriers (N/HRD) and non-carriers (N/N) will have no problems in their lives as they will NOT be afflicted at all, and they will be able to perform all performance activities. If you decide to breed a carrier (N/HRD) it is highly advised to not breed to another carrier to avoid producing afflicted offspring.**

Hyperkalemic Periodic Paralysis (HYPP) is an inherited disease of the muscles primarily found in Quarter Horses which is characterized by sporadic episodes of muscle tremors or paralysis. **HYPP is a dominant trait and carriers (N/H) will be afflicted but can be managed with careful nutritional care. It is highly recommended NOT to breed a carrier.**

Formerly known as IMM, Myosin-heavy chain myopathy (MYHM) is a muscle disease in Quarter Horses and related breeds that results in two distinct clinical disease presentations. The first presentation is called immune-mediated myositis or IMM and it is characterized by episodes of severe muscle atrophy following an autoimmune event. The second is severe muscle pain and damage termed non-exertional rhabdomyolysis or "tying-up" that is not associated with exercise and may or may not have muscle atrophy. **MYHM is a codominant trait and carriers (N/My) may develop a myosin-heavy chain myopathy. Horses with (My/My) may develop a more severe form of a myosin-heavy chain myopathy. It is highly recommended NOT to breed a carrier.** After consulting with veterinarians and experts in breeding who deem this disorder to not be as severe or common as HYPP or PSSM1, we have decided at this time to continue to breed certain individuals identified at WRQH. We will not breed carriers to carriers to minimize the potential. We have several aged horses that carry MYHM and have had no problems with them. If things prove differently, we will adjust at that time.

EQUINE DISEASE TEST REPORT

<p><i>Provided Information:</i></p> <p>Name: MY BLUESTEM DRIFT JW</p> <p>Registration: AQHA Pending</p>	<p>Case: NQ71453</p> <p>Date Received: 23-Jun-2021</p> <p>Report Issue Date: 08-May-2025</p> <p>Report ID: 6412-3125-4060-2102</p> <p>Reissue of: 6664-0699-6416-7040</p> <p style="text-align: center; font-size: small;">Verify report at vgl.ucdavis.edu/verify</p>
<p><i>DOB:</i> 05/05/2021 <i>Sex:</i> Stallion <i>Breed:</i> Quarter Horse</p>	
<p><i>Sire:</i> WALTER O RIELLY</p> <p><i>Reg:</i> 4343282</p> <p><i>Microchip:</i></p>	<p><i>Dam:</i> MY KITTYS BELLE JW</p> <p><i>Reg:</i> 4870211</p> <p><i>Microchip:</i></p>

RESULT

INTERPRETATION

Glycogen Branching Enzyme Deficiency (GBED)	N/N	Normal. No copies of the GBED allele detected.
Hereditary Equine Regional Dermal Asthenia (HERDA)	N/N	Normal. No copies of the HERDA allele detected.
Hyperkalemic Periodic Paralysis (HYPP)	N/N	Normal. No copies of the HYPP allele detected.
Myosin-Heavy Chain Myopathy (MYHM)	N/N	Normal. No copies of the MYHM allele detected. Horse does not have increased susceptibility for immune mediated myositis or nonexertional rhabdomyolysis caused by the MYHM allele.
Malignant Hyperthermia (MH)	N/N	Normal. No copies of the MH allele detected.
Polysaccharide Storage Myopathy Type 1 (PSSM1)	N/N	Normal. No copies of the PSSM1 allele detected.

EQUINE JUVENILE SPINOCEREBELLAR ATAXIA TEST REPORT

<p><i>Provided Information:</i></p> <p><i>Name:</i> MY BLUESTEM DRIFT JW</p> <p><i>Registration:</i> AQHA Pending</p>	<p><i>Case:</i> NQ71453</p> <p><i>Date Received:</i> 23-Jun-2021</p> <p><i>Report Issue Date:</i> 19-Dec-2024</p> <p><i>Report ID:</i> 3155-1613-8372-1031</p> <p style="text-align: center; font-size: small;">Verify report at vgl.ucdavis.edu/verify</p>
<p><i>DOB:</i> 05/05/2021 <i>Sex:</i> Stallion <i>Breed:</i> Quarter Horse</p>	
<p><i>Sire:</i> WALTER O RIELLY</p> <p><i>Reg:</i> 4343282</p> <p><i>Microchip:</i></p>	<p><i>Dam:</i> MY KITTYS BELLE JW</p> <p><i>Reg:</i> 4870211</p> <p><i>Microchip:</i></p>

RESULT

INTERPRETATION

<p>Equine Juvenile Spinocerebellar Ataxia</p>	<p>N/N</p>
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Normal. No copies of the allele associated with equine juvenile spinocerebellar ataxia (EJSCA) detected.



REGISTERED NAME
MISS TWO ID PEONITA



REGISTRATION NUMBER
6004544



01012000

DATE ISSUED
06/17/2020

OWNER NAME
JODIE & WARREN WORONIECKI

JODIE & WARREN WORONIECKI
7075 28TH ST
HEBRON ND 58638



DNA CASE NUMBER
QHA406019

MARKINGS

LEFT HIND PASTERN WHITE. DARK SPOTS ON LEFT HIND CORONET. NO OTHER MARKINGS.

DISEASE PANEL RESULTS: HYPP-N/N HERDA-N/N MH-N/N PSSM TYPE 1-N/N GBED-N/N

For more information regarding the disease results, refer to www.aqha.com/geneticstesting

The name on the front of this certificate listed as CURRENT OWNER is the present owner of this horse as shown on the records of American Quarter Horse Association. If ownership changes have occurred, up to three previous owners are listed below. All other ownership records are on file in the AQHA office.

(Physical Address)
1600 Quarter Horse Drive
Amarillo, TX 79104

Telephone: (806)376-4811
www.aqha.com

(Mailing Address)
P.O. Box 200
Amarillo, Texas 79168

**MYOSIN-HEAVY CHAIN MYOPATHY (MYHM)
 TEST REPORT**

<i>Provided Information:</i>		<i>Case:</i>	NQ125779
<i>Name:</i>	MISS TWO ID PEPONITA	<i>Date Received:</i>	18-Jun-2025
<i>Registration:</i>	6004544	<i>Report Issue Date:</i>	30-Jun-2025
		<i>Report ID:</i>	8705-6287-2070-6100
Verify report at vgl.ucdavis.edu/verify			
<i>DOB:</i> 05/27/2018 <i>Sex:</i> Mare <i>Breed:</i> Quarter Horse			
<i>Sire:</i>	TWO ID SWEET BUCK	<i>Dam:</i>	PEPONITA ROAN BAR JW
<i>Reg:</i>	5444755	<i>Reg:</i>	5084537
<i>Microchip:</i>		<i>Microchip:</i>	

RESULT

INTERPRETATION

Myosin-Heavy Chain Myopathy (MYHM)	N/My
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Affected. One copy of the MYHM allele detected. Horse is susceptible to immune mediated myositis or nonexertional rhabdomyolysis.

EQUINE JUVENILE SPINOCEREBELLAR ATAXIA TEST REPORT

<p><i>Provided Information:</i></p> <p><i>Name:</i> MISS TWO ID PEPONITA</p> <p><i>Registration:</i> 6004544</p>	<p><i>Case:</i> NQ125779</p> <p><i>Date Received:</i> 18-Jun-2025</p> <p><i>Report Issue Date:</i> 25-Jun-2025</p> <p><i>Report ID:</i> 2250-0057-3765-0002</p> <p style="text-align: center; font-size: small;">Verify report at vgl.ucdavis.edu/verify</p>
<p><i>DOB:</i> 05/27/2018 <i>Sex:</i> Mare <i>Breed:</i> Quarter Horse</p>	
<p><i>Sire:</i> TWO ID SWEET BUCK</p> <p><i>Reg:</i> 5444755</p> <p><i>Microchip:</i></p>	<p><i>Dam:</i> PEPONITA ROAN BAR JW</p> <p><i>Reg:</i> 5084537</p> <p><i>Microchip:</i></p>

RESULT

INTERPRETATION

<p>Equine Juvenile Spinocerebellar Ataxia</p>	<p>N/N</p>
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Normal. No copies of the allele associated with equine juvenile spinocerebellar ataxia (EJSCA) detected.