



# AVA/ANKC CANINE HIP & ELBOW DYSPLASIA REPORT



## Pedigree details

Registered Name	ASHDALE PIRING HOT		
Microchip No/Animal Tattoo	900108001654187	Vet scan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Registered Number	01135-2015		
Breed	LABRADOR RETRIEVER		
Date of birth	9/12/14	* must be at least 12mths old	Sex Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Sire	ASHDALE RYDING SKY HIGH		
Dam	BLACKFORK CHERRY FIZZ AF ASHDALE (IMP U.S.A.)		

## Owner details/declaration

Owner Name	LESLEY WATERMAN		
Address	17 MARUA ROAD, ELLERSLIE		
I hereby declare that			
(a) The particulars above are correct and relate to the dog submitted for radiographic examination.			
(b) The dog has not previously been submitted for scoring by the AVA Panel or any individual reader.			
(c) I give permission for the results of the examination to be used at a future date for the purposes of statistical research which will be published and for use by the ANKC. In addition to using the results for statistical purposes, the results will be placed on an opened or closed register.			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Owner signature:	J.A. Waterman		Date 18/04/2016

## Veterinarian details/declaration

Referring veterinarian	Daniel Cash		
Referring veterinary hospital	Warkworth Vets.		
Address	18 Neville St, Warkworth, 0910, Auckland.		
Telephone	09 425 8244		
Identification sighted	Tattoo No. <input type="checkbox"/>	Microchip read <input checked="" type="checkbox"/>	Pedigree Registration paper <input checked="" type="checkbox"/>
Date of radiograph	19.4.16		
Veterinarian signature	[Signature]		Date 19.4.16

## Radiographs

- Radiographs must be taken under general anaesthesia
- Digital x-rays must be in DICOM format
- Digital x-rays must be saved to a disk (no sticky labels on disk) or a memory stick (images cannot be e-mailed)

### Radiographs must include:

Clear indelible labels	Date of radiography
Animal registered name and/or number	Microchip or Tattoo number
Client surname	Left AND right position markers

Film quality: Satisfactory; underexposed; overexposed; extraneous marks

Positioning: Satisfactory; tilted laterally left/right; femora not sufficiently extended; femora not evenly extended

Hip Joint	Right	Left	Comment
Norberg angle	0	0	
Subluxation	1	1	
Cranial acetabular edge	1	1	
Dorsal acetabular edge	0	0	
Cranial effect acetabular rim	0	0	
Acetabular fossa	1	1	
Caudal acetabular edge	1	1	
Femoral head/neck exostosis	0	0	
Femoral head recontouring	0	0	
Total	2	2	4 Total Score (Max possible 106)
Elbow joint	Score	mm	Comment
Right Elbow	0	—	
Left Elbow	0	—	

Date submitted for examination: 02.05.16 Radiologist number: 30 AVA ref: 23828

### Pricing (including GST)

Hips \$76 per dog

Elbows \$22 per dog

Payment can be made via cheque or credit card. Please make cheque payable to AVA Ltd. If paying by credit card please download the credit card form from the website [www.ava.com.au/cheds](http://www.ava.com.au/cheds) E-mail: [avaact@ava.com.au](mailto:avaact@ava.com.au) Tel: 02 62730064

Please post completed form, radiographs and payment to: AVA Hip Dysplasia Scheme, PO Box 4257, KINGSTON ACT 2604.

1) DISCLAIMER OF LIABILITY:- No liability will be accepted for any circumstances of canine hip and or elbow dysplasia not mentioned in this report which manifests after the date of this report.

2) DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This report is made solely for the use and benefit of the owner named herein and no liability or responsibility whatsoever is accepted for any third party who may rely upon this report wholly or in part. Any third party acting or relying on this report wholly or in part does so at their own risk.

Please note: Turnaround time for results is approximately four weeks