

# Lavelle's Diagnostic Imaging ABN 755 752 02799

Dr RB Lavelle MA Vet MB MRCVS DVR FANZCVS FAVA

## ORCHID CANINE HIP & ELBOW DYSPLASIA REPORT #19194

### Dog Details

### Dog Details

Registered Name	JANCERIE SHAMROCK		
Registered Number	03901-2017		
Microchip Number/Tattoo	990000000162181		
Breed	Labrador Retriever		
Contact Name	Battrick A J	Email	allybattrick@gmail.com
Contact Address	159 Braddick Road, RD5, Wellsford 0975 NZ		

### Referring Veterinarian Details

Veterinarian Name	Dr Danny Cash, Warkworth Vets		
Veterinary Registration		Email	clinic@warkworthvets.co.nz

### Radiologist Details

Radiologist Name	Roger Lavelle		
Radiologist Practice	Lavelle's Diagnostic Imaging		
Address	80 Ashworths Rd, Lancefield, VIC		
Telephone Number	61 3 5429 1682	Email	lavellesdiagnosticimaging@gmail.com

### General Details

Date Xrayed	2018-05-01	Film Quality	Satisfactory
Date Received	2018-05-07	Positioning	Tilted laterally left
Date Returned	2018-05-07		

### Examination Results

Hip Joint	Right	Left	Hips Comments	
Norberg Angle	0	2	The current five year breed average for the Labrador Retriever is 7.12 and the median is 6.00.	
Subluxation	1	4		
Cranial acetabular edge	1	0		
Dorsal acetabular edge	0	0		
Cranial effect acetabular rim	0	0		
Acetabular fossa	0	0		
Caudal acetabular edge	0	0		
Femoral head/neck exostosis	0	0		
Femoral head re-contouring	0	0	8	Total Score
<b>Total</b>	2	6		

Elbow Joint	Mm of change	Grade	UAP	Comment
Right elbow	0	0	No	
Left elbow	0	0	No	

\*\* Indicates elbows were not examined.

**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. **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

*R. B. Lavelle*

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Payment Details Electronic Transfer: Account Name: Lavelles Diagnostic Imaging – BSB 063 541 Account No: 10608568 ☐ or Cheque ☐ Results available when payment received.