

ZIVA
PENN HIP

Report Viewer

<https://webview.antechimagingsservices.com/BetaViewer/ReportViewer?index=112627&studyUid=1>



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Owner's Copy

PennHIP Report

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Patient Information

Client: Williams, Michelle Patient ID: 511143A PennHIP Num: 112627 Breed: BERNESE MOUNTAIN DOG Sex: Female Date Submitted: 31 Oct 2017	Tattoo Num: Reg. Name: Brienz Rein-da-Maggia Microchip Num: 953010002073811 Date of Birth: 28 Apr 2016 Weight: 80.9 lbs/36.7 kgs Date of Report: 01 Nov 2017	Patient Name: Ziva Registration Num: 04789-2016 Species: Canine Age: 19 months Date of Study: 01 Nov 2017
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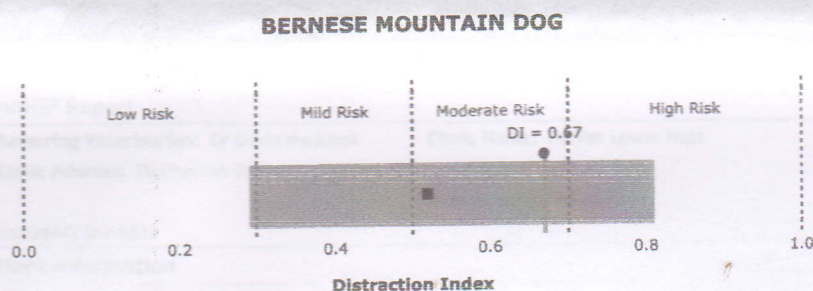
Findings

Distraction Index (DI): Right DI = 0.67, Left DI = 0.67. Osteoarthritis (OA): Radiographic evidence of mild OA on the right hip, evidence of mild OA on the left hip. Cavitation/Other Findings: None.
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Interpretation

Distraction Index (DI): The laxity ranking is based on the hip with the greater laxity (larger DI). In this case the DI used is 0.67.
OA Risk Category: The DI is between 0.50 and 0.69. This patient is at moderate risk for hip OA.

Distraction Index Chart:



Breed Statistics: This interpretation is based on a cross-section of 2568 canine patients of the BERNESE MOUNTAIN DOG breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.29 - 0.81) for the breed. The breed average DI is 0.52 (solid square). The patient DI is the solid circle (0.67).

Summary: The degree of laxity (DI = 0.67) falls within the central 90% range of DIs for the breed. This amount of hip laxity places the hip at a moderate risk to develop hip OA. Radiographic evidence for OA was found on one or both hips (see findings) confirming the diagnosis of Hip Dysplasia. Radiographic evidence of mild OA on the right hip, evidence of mild OA on the left hip.

Interpretation and Recommendations: Mild OA/Moderate Risk: This dog has radiographic evidence of hip OA. Of dogs having Moderate Risk for OA 70% develop it between 1 and 10 years of age. Since OA is progressive dogs that express it early, usually develop advanced stages of OA earlier in life. With OA progression it is increasingly likely that clinical signs will be observed (pain, lameness, stiffness). Other factors that may affect the timing of OA onset, and the rate of progression are DI, age, body weight, breed, and activity levels. **Recommendations:** Evidence-based strategies to lower the risk of dogs getting OA or to treat those having OA fall into 5 modalities.* For detailed information, consult these documents.* Use any or all of these modalities as needed:

- 1) For acute or chronic pain prescribe NSAID PO short or long term. Amantadine can be added if you suspect a neuropathic component or if the response is marginal.
 - 2) Optimize body weight, keep lean, at BCS = 5/9.
 - 3) Prescribe therapeutic exercise at intensities that do not precipitate lameness.
 - 4) Administer polysulfated glycosaminoglycans IM or SQ, so-called DMOAD.
 - 5) Feed an EPA-rich prescription diet preventatively for dogs at risk for OA or therapeutically for dogs already showing radiographic signs of OA.
- At the present time there is inadequate evidence to confidently recommend any of the many other remedies to prevent or treat OA. Studies are in progress. Consider repeating radiographs at periodic intervals to determine the rate of OA progression and adjust treatment accordingly. Older dogs may show clinical signs such as chronic pain, reluctance to go stairs or jump onto the bed, and stiffness particularly after resting. It is unlikely that end-stage hip disease will develop for dogs at this risk level so surgical therapy for the pain of hip OA would rarely be indicated.
- Breeding Recommendations:** Radiographic evidence of hip OA confirms a diagnosis of hip dysplasia and the dog is not recommended for breeding. Consult the PennHIP Manual for more breeder information.