

Office Use Only

APPL _____

RAD _____

CK _____

Accredited Breeders Scheme

NZKC

Private Bag 50903, Porirua 5240

Phone: (04) 237-4489; Fax: (04) 237-0721

www.nzkc.org.nz

Office
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Only

Application for Hip/Elbow Dysplasia Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: 04933-2017		
Registered name: CH I'M THE ENTERTAINER AT AFFITUDE			Sex: DOG	Colour: BLACK	
Breed: AFFENPINSCHER			Date of Birth (dd/mm/yy) 23.02.17		
ID Number (if any): 900141800002144	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Microchip	Registration number of Sire: 03191-2012		Registration number of Dam: 02674-2015
Owner Name: DR K. WYLIE			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: DR K. WYLIE		
Mailing address: P O BOX EDGENARE			Mailing address: TOTAL VETS, 516 GLOUCESTER ST.		
City: CHRISTCHURCH	Postcode: 8143	Phone: 021701889	City: CHRISTCHURCH	Postcode: 8011	Phone: 3894564
Phone (Mobile):	email:		Phone (Mobile):	email: Kirsten@totalvets.co.nz	

☒ I declare that the details of the dog described are accurate and relate to the dogs tested.

☒ I hereby authorise release of the test results to the NZKC for publication on this dog's pedigree.

☐ I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical and scientific research to be published.

(Signature of owner)

(Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type _____
2. Tranquilizer type PRIMIZOL TOBACUSIC
3. Other type _____

Veterinarian's signature _____

Instructions

Please attach original results for verification or email link to results

I have reviewed the result for the dog described above.

The total hip score/distractor index was R: 0.48 L: 0.50

The Elbow Grade was R: N/A L: N/A

Signed _____



- ☐ I certify that the examination was performed according to the ABS procedure.
- ☐ I DID verify tattoo/microchip information on this dog ☐ I DID NOT verify tattoo/microchip information on this dog

Veterinarian Signature

Date: (Date/Month/Year)

Fees:

Fees for data base entry by submitter\$5.00

Fees for data base entry by NZKC\$35.00

Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc

Card Number (Visa or Mastercard)

Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

PennHIP Report

Referring Veterinarian: Dr Kirsten Wylie
Email: theteam@totalvets.co.nz

Clinic Name: Total Veterinary Services LTD
Clinic Address: 516 Gloucester St
 Linwood, Christchurch,
 CAN 8011
Phone: (643) 389-4564
Fax: (643) 389-4565

Patient Information

Client: Wylie, Kirsten
Patient Name: Junior
Reg. Name: I'M THE ENTERTAINR AT
 AFFITUDE
PennHIP Num: 115470
Species: Canine
Date of Birth: 23 Feb 2017
Sex: Male
Date of Study: 13 Feb 2018
Date of Report: 13 Feb 2018

Tattoo Num:
Patient ID: 271226A
Registration Num: 04933-2017
Microchip Num: 900141800002144
Breed: AFFENPINSCHER
Age: 12 months
Weight: 8.8 lbs/4 kgs
Date Submitted: 12 Feb 2018

Findings

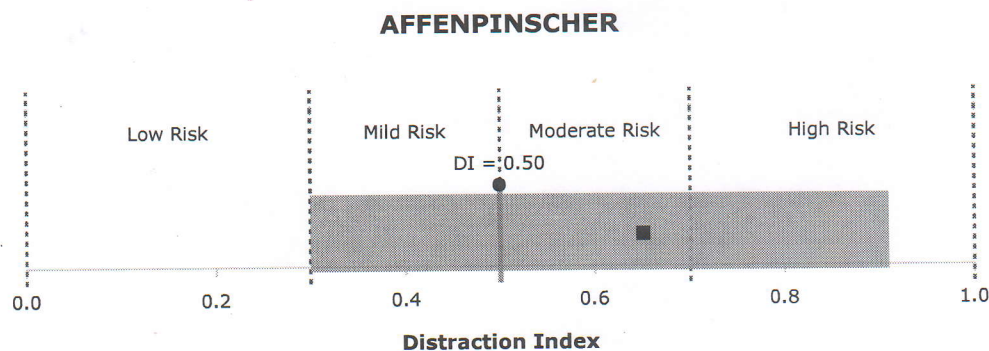
Distraction Index (DI): Right DI = 0.48, Left DI = 0.50.
Osteoarthritis (OA): No radiographic evidence of OA for either hip.
Cavitation/Other Findings: None.

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 0.50.

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 39 canine patients of the AFFENPINSCHER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.30 - 0.91) for the breed. The breed average DI is 0.65 (solid square). The patient DI is the solid circle (0.50).

Summary: The degree of laxity (DI = 0.50) 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. No radiographic evidence of OA for either hip.

Interpretation and Recommendations: No OA/Moderate Risk: Likely to develop radiographic evidence of hip OA by 1-10 years of age (70% of dogs.) The risk to develop OA, the timing of OA onset, and the rate of progression are dependent upon many factors including DI, breed, body weight, age, 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 response is marginal or if neuropathic pain is suspected.
- 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: Please consult the PennHIP Manual.

* From WSAVA Global Pain Council Guidelines and the 2015 AAHA/AAFP Pain Management Guidelines

Comments:

None