



Owner's Copy

PennHIP Report

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Patient Information

Client: Assistance Dogs NZ, Wendy
Patient Name: Charlie
Reg. Name: LUKHANGOLD CHAMPAGNE
CHALI
PennHIP Num: 105097
Species: Canine
Date of Birth: 16 Feb 2015
Sex: Female
Date of Study: 05 Jan 2017
Date of Report: 17 Mar 2017

Tattoo Num:
Patient ID: CHARASSIST
Registration Num: 05806-2015
Microchip Num: 982000363324319
Breed: GOLDEN RETRIEVER
Age: 23 months
Weight: 62.4 lbs/28.3 kgs
Date Submitted: 12 Mar 2017

Findings

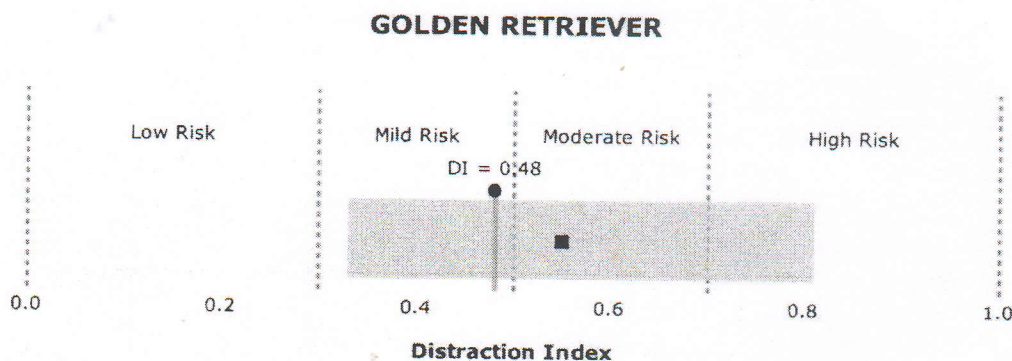
Distraction Index (DI): Right DI = 0.48, Left DI = 0.44.
Osteoarthritis (OA): No radiographic evidence of OA for either hip.
Cavitation/Other Findings: None.

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 0.48.

OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.

Distraction Index Chart:



Breed Statistics: This interpretation is based on a cross-section of 17829 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.33 - 0.81) for the breed. The breed average DI is 0.55 (solid square). The patient DI is the solid circle (0.48).

Summary: The degree of laxity (DI = 0.48) falls within the central 90% range of DIs for the breed. This amount of hip laxity places the hip at a mild risk to develop hip OA. No radiographic evidence of OA for either hip.

Interpretation and Recommendations: No OA/Mild Risk: Low risk to develop radiographic evidence of hip OA early in life, however OA may manifest after 6 years of age or later. Risk of OA increases as DI, age, body weight, and activity level increase. OA susceptibility is breed specific, larger breeds being more susceptible. **Recommendations:** Evidence-based strategies to lower the risk of dogs developing hip 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 a neuropathic component to the 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.