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## PennHIP Report

**Referring Veterinarian:** Dr Nicholas Sygrove
**Email:** nick@vetcareltd.co.nz

**Clinic Name:** VetCare Tauranga
**Clinic Address:** 182 Moffat Road
Bethlehem, AUK 3110
**Phone:** (647) 576-9555
**Fax:**(647) 576-9695

## Patient Information

**Client:** Assistance Dogs NZ, Wendy
**Patient Name:** Whiskey
**Reg. Name:** ZOMARICK SIR GLENFIDDICH (IMP-CAN)
**PennHIP Num:** 104816
**Species:** Canine
**Date of Birth:** 06 Jan 2015
**Sex:** Male
**Date of Study:** 05 Jan 2017
**Date of Report:** 17 Mar 2017

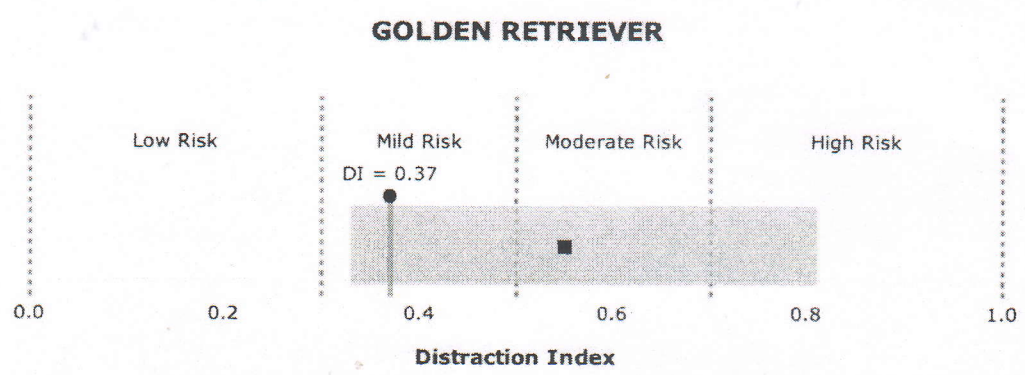
**Tattoo Num:**
**Patient ID:** WHIASSIST
**Registration Num:** CA597303
**Microchip Num:** 952000000859859
**Breed:** GOLDEN RETRIEVER
**Age:** 24 months
**Weight:** 67 lbs/30.4 kgs
**Date Submitted:** 12 Mar 2017

## Findings

**Distraction Index (DI):**Right DI = 0.33, Left DI = 0.37.
**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 0.37.
**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 (0.37).
**Summary:**The degree of laxity (DI = 0.37) 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.