



Doctor's Copy

**PennHIP Report**

<b>Referring Veterinarian:</b> Dr Diane Craig	<b>Clinic Name:</b> Veterinary Surgical Specialists CA
<b>Email:</b> info@vssoc.com	<b>Clinic Address:</b> 2965 Edinger Ave. Tustin, CA 92780
	<b>Phone:</b> (949) 936-0055
	<b>Fax:</b> (949) 936-0062

**Patient Information**

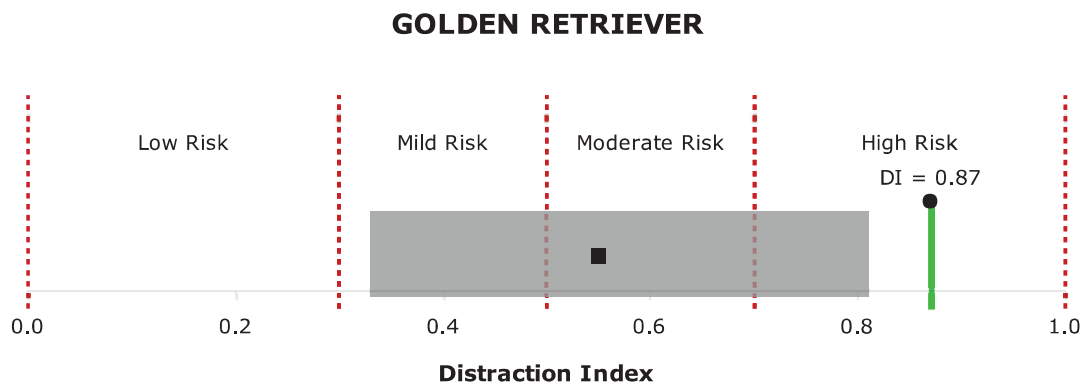
<b>Client:</b> ██████████	<b>Tattoo Num:</b>
<b>Patient Name:</b> ██████████	<b>Patient ID:</b> ██████████
<b>Reg. Name:</b> ██████████	<b>Registration Num:</b>
<b>PennHIP Num:</b> ██████████	<b>Microchip Num:</b>
<b>Species:</b> Canine	<b>Breed:</b> GOLDEN RETRIEVER
<b>Date of Birth:</b> ██████████	<b>Age:</b> 9 months
<b>Sex:</b> Female	<b>Weight:</b> 55 lbs/24.9 kgs
<b>Date of Study:</b> 15 Dec 2016	<b>Date Submitted:</b> 15 Dec 2016
<b>Date of Report:</b> 16 Dec 2016	

**Findings**

**Distraction Index (DI):**Right DI = 0.86, Left DI = 0.87.  
**Osteoarthritis (OA):**Radiographic evidence of mild OA on the right hip, evidence of mild OA on the left 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 0.87.  
**OA Risk Category:**The DI is greater than or equal to 0.70. This patient is at high risk for hip OA.  
**Distraction Index Chart:**



**Breed Statistics:**This interpretation is based on a cross-section of 17621 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. The patient DI is the solid circle (0.87).

**Summary:**The degree of laxity (DI = 0.87) ranks the patient within the loosest 5% of DIs for the breed. This amount of hip laxity places the hip at a high 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/High Risk: Depending on age, size and breed, roughly 100% of large breed dogs with this degree of hip laxity will show hip OA by 2-3 years of age. Because OA onset occurs early, the degree of OA seen depends on the age when the radiographs are taken. Some dogs will show clinical signs within the first year of life. Notable clinical signs observed are shifting weight to the front legs, bunny hopping, trouble with stairs, pain, lameness, exercise intolerance and stiffness. Orthopaedic examination may show restricted range of motion with pain at end points of range. **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. For dogs at high risk for hip OA exercise should be severely limited until up to 18 month of age particularly if pain and lameness are precipitated by the activity. More than 70% of dogs with this most severe form of hip dysplasia will return to reasonable pet-quality function after 18 months of age. Excessive activity, however, will often induce flares of pain treatable with the multi-modalities mentioned above. Repeat hip radiographs at periodic intervals to determine the rate of OA progression and adjust treatment accordingly. It may be wise when the patient is young to begin a conversation about the possibility of FHO or THR should end stage hip disease develop causing unrelenting pain and disability.

**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.

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

**Comments:**

We appreciate that you submitted this case. Hips with osteoarthritis (OA) are just as important to the AIS PennHIP database as hips without OA. The PennHIP database has clinical value because it contains a true representation of the full range of phenotypes, including hips with severe laxity, with or without OA, and hips with all degrees of OA: Mild, Moderate, and Severe. Again, thank you for adhering to these important PennHIP principles.