AIS PennHIP

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Doctor's Copy

PennHIP Report

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Patient Information

Client: De Lisle, Ashley
Patient Name: Penny
Reg. Name:
PennHIP Num: 159531
Species: Canine
Date of Birth: 23 Jan 2021
Sex: Female
Date of Study: 22 Jun 2021
Date of Report: 08 Jul 2021

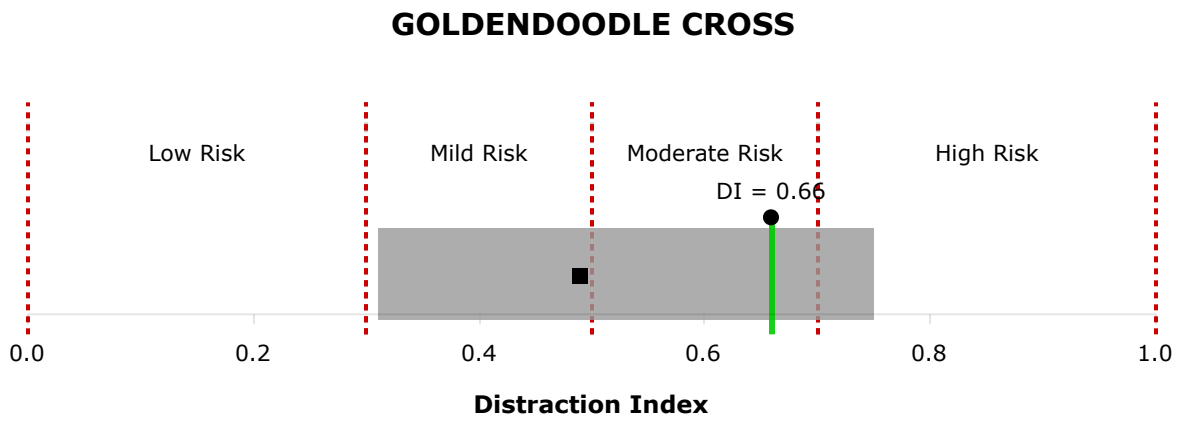
Tattoo Num:
Patient ID: C152231
Registration Num:
Microchip Num:
Breed: GOLDENDOODLE CROSS
Age: 5 months
Weight: 34 lbs/15.4 kgs
Date Submitted: 08 Jul 2021

Findings

Distraction Index (DI): Right DI = 0.66, Left DI = 0.63.
Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**
Cavitation/Other Findings: No cavitation present.

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 0.66.
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 2157 canine patients of the GOLDENDOODLE CROSS breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.31 - 0.75) for the breed. The breed average DI is 0.49 (solid square). The patient DI is the solid circle (0.66).

SUMMARY: The degree of laxity (DI = 0.66) 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:

1. The rods were too closely spaced causing thigh muscles to superimpose more than 1/2 of the femoral head(s). In future, the head shadows should lie completely inside the rod-shadows with little to no thigh overlapping onto the head(s). Important note: the acetabula are NOT required to be included in the rod-shadows, just the femoral heads.

Thank you for your attention to this in the future.

2. Please list the specific drugs used for sedation. On the consult form you just stated "IV induction."

Ideal Distraction View with Comments

See picture in above link.