

Reference #: **919678**

Radiography Date: 4/16/2015

Practice #:

Date Received: 4/16/2015

PennHIP Member:
 DR. SUZANNE HIGGINS
 DEER CREEK ANIMAL HOSPITAL
 3025 E. ROSEGARDEN LANE
 PHOENIX, AZ 85050
 UNITED STATES

Owner:
 LISA YOUNG
 11924 S 212TH AVE
 BUCKEYE, AZ 85326
 UNITED STATES

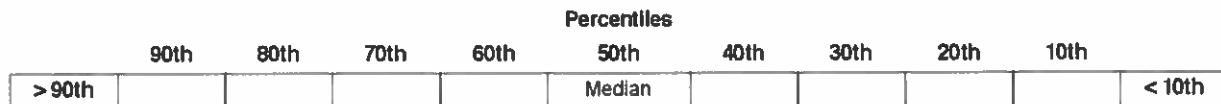
ANIMAL	
CARUSO CANINE / LABRADOR RETRIEVER Date of Birth: 1/13/2013 Sex: M Weight: 80 lbs. Age: 27 mo.	Reg. #: Microchip: Tattoo:

RESULTS			
LEFT	Distraction Index (DI)	0.28	DI is less than or equal to 0.30, with no radiographic evidence of DJD.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	
RIGHT	Distraction Index (DI)	0.33	DI is greater than 0.30 with no radiographic evidence of DJD. There is an increasing risk of developing DJD as the DI increases; low risk when DI is close to 0.30, high risk when DI is close to 0.70 or above.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	

Please note that the PennHIP DI is a measure of hip joint laxity, it does not allude to a "passing" or "failing" hip score.

LAXITY PROFILE RANKING

The laxity profile ranking is based on the hip with the greater laxity (DI). This interpretation is based on a cross-section of 26,270 CANINE animals of the LABRADOR RETRIEVER breed. The median DI for this group is 0.45.



The chart above indicates the ranking of your animal's passive hip laxity (DI) in relation to all CANINE animals of the LABRADOR RETRIEVER breed in our database. This result means that 1) your animal's hips are tighter than approximately 90% of this group of animals (alternatively, 10% of the group has tighter hips than your animal), and 2) your animal's hip laxity is in the tighter half of the laxity profile. Breed-specific evaluations are analyzed semi-annually. Consequently, the average laxity and range of laxity for any given group will change over time.

PennHIP does not make specific breeding recommendations. Selection of sire and dam for mating is the decision of the breeder.

NOTE: As a minimum breeding criterion, we propose that breeding stock be selected from the population of animals having hip laxity in the tighter half of the breed (to the left of the median mark on the graph). Higher selection pressure equates to more rapid expected genetic change per generation.

By implementing selection based on passive hip laxity, we expect the breed average DI over the years to move toward tighter hip configuration, meaning lower hip dysplasia susceptibility. The PennHIP database permits scientific adjustment of criteria to reflect these shifts, the average laxity and range of laxity for a particular breed will change over time.



PennHIP

Member:
SUZANNE HIGGINS

PennHIP Reference #
919678

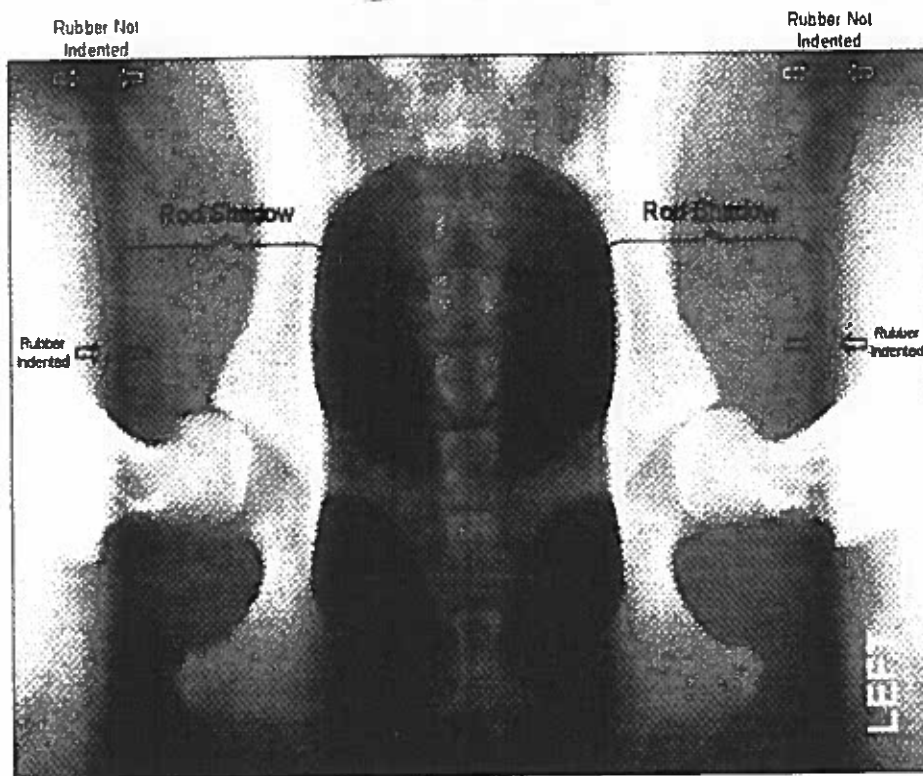
Report Date:
4/17/2015

RADIOGRAPH EVALUATION COMMENTS

Comments for Dr. Higgins only:

The rods were too closely spaced causing thigh muscles to superimpose more than 3/4 of the Left femoral head. See attached picture and, in future, get the head shadows to 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 heads.

Thank you for your attention to this in the future.



IMPORTANT POINTS



- Position **femoral heads** within shadows of rods → this avoids thigh musculature superimposing on femoral head and neck.
- Position **femurs** approximately perpendicular to x-ray tabletop (from a lateral perspective) – Film shows optimal appearance.
- Position **tibias** parallel to each other and tabletop (not demonstrated on cropped image).
- Position **pelvis** symmetrically. **NOTE:** Assistant should apply equal downward pressure to each side of the distractor to prevent pelvic rotation.
- **ESSENTIAL:** Look for obvious distraction **ON BOTH HIPS** (always more than compression view). Film will not be accepted if one or both hips have no distraction. If more than one distraction film is submitted, please number all distraction films chronologically.
- Note **indentation of rubber** on rods (black open arrows). Should be 25-50% indented compared to unindented rubber (white open arrows).
- Label film with **date, right or left side marker, owner surname, and dog identification.**

Reference #: **919677**
Practice #: 15626Radiography Date: 4/16/2015
Date Received: 4/16/2015PennHIP Member:
DR. SUZANNE HIGGINS
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UNITED STATESOwner:
LISA YOUNG
11924 S 212TH AVE
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UNITED STATES

ANIMAL	
CASSIE	Reg. #:
CANINE / LABRADOR RETRIEVER	Microchip:
Date of Birth: 2/21/2013 Sex: F Weight: 74 lbs. Age: 26 mo.	Tattoo:

RESULTS			
LEFT	Distraction Index (DI)	0.24	DI is less than or equal to 0.30, with no radiographic evidence of DJD.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	
RIGHT	Distraction Index (DI)	0.27	DI is less than or equal to 0.30, with no radiographic evidence of DJD.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	

Please note that the PennHIP DI is a measure of hip joint laxity, it does not allude to a "passing" or "failing" hip score.

LAXITY PROFILE RANKING										
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Percentiles										
	90th	80th	70th	60th	50th	40th	30th	20th	10th	
> 90th					Median					< 10th
↑										
The chart above indicates the ranking of your animal's passive hip laxity (DI) in relation to all CANINE animals of the LABRADOR RETRIEVER breed in our database. This result means that 1) your animal's hips are tighter than over 90% of the animals in this group, and 2) your animal's hip laxity is in the tighter half of the laxity profile. Breed-specific evaluations are analyzed semi-annually. Consequently, the average laxity and range of laxity for any given group will change over time.										

PennHIP does not make specific breeding recommendations. Selection of sire and dam for mating is the decision of the breeder.

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RADIOGRAPH EVALUATION COMMENTS

Please inform the owners: When the Distraction Index is at or below 0.30 we recommend repeating at some later date (*prior to breeding*) in order to confirm that the hips are this tight.

It has been our long-standing policy that when the hips appear tight to your eye, double check that the anesthesia is providing sufficient relaxation by a deep toe-pinch [which should not elicit a withdrawal response], and repeat the distraction view. As confirmation, send both (or all if more than two are taken) distraction views to us.