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Doctor's Copy

PennHIP Report

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Patient Information

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Client: Sims, Trace	Tattoo Num:
Patient Name: Nash	Patient ID: 6272
Reg. Name: Nash Mania Bohemia	Registration Num: 47820801
PennHIP Num: 117166	Microchip Num: 953010000459725
Species: Canine	Breed: GERMAN SHEPHERD
Date of Birth: 01 Dec 2014	Age: 40 months
Sex: Male	Weight: 94.5 lbs/42.9 kgs
Date of Study: 03 Apr 2018	Date Submitted: 04 Apr 2018
Date of Report: 08 Apr 2018	

Findings

Distraction Index (DI): Right DI = 0.35, Left DI = 0.36.

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 0.36.

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

Distraction Index Chart:
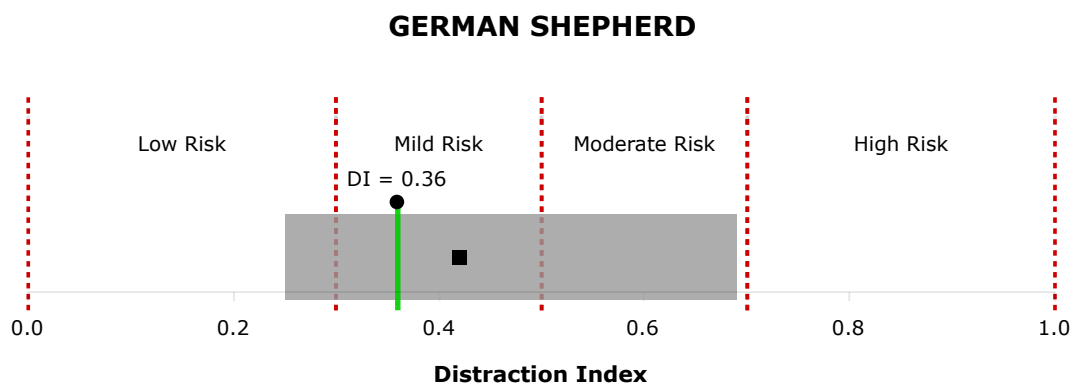
GERMAN SHEPHERD

Breed Statistics: This interpretation is based on a cross-section of 14578 canine patients of the GERMAN SHEPHERD breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.25 - 0.69) for the breed. The breed average DI is 0.42 (solid square). The patient DI is the solid circle (0.36).

Summary: The degree of laxity (DI = 0.36) 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.

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:

The femurs were too extended on the Distraction view. They should be angled slightly forward. An imaginary line (or the transverse collimator line) drawn between the tibial tuberosities should cross the cranial pubis. Another guideline for femoral positioning is to view the dog from the side: the tibial tuberosities should be vertical to the greater trochanters. See the PennHIP Manual for a full description of proper positioning.

Caudally directed (extended) femur positioning predisposes to cavitation. No cavitation was noted in this case.

Thank you for your attention to this in the future.

Ideal Distraction View with Comments