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Doctor's Copy

PennHIP Report

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Patient Information

Client: Piatek, Holly	Tattoo Num:
Patient Name: Finn	Patient ID: 18792
Reg. Name:	Registration Num:
PennHIP Num: 163301	Microchip Num:
Species: Canine	Breed: BERNESE MOUNTAIN DOG
Date of Birth: 05 Mar 2021	Age: 7 months
Sex: Male	Weight: 70.3 lbs/31.9 kgs
Date of Study: 11 Oct 2021	Date Submitted: 11 Oct 2021
Date of Report: 12 Oct 2021	

Findings

Distraction Index (DI): Left DI = 0.55, the right DI was not computed.

Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**

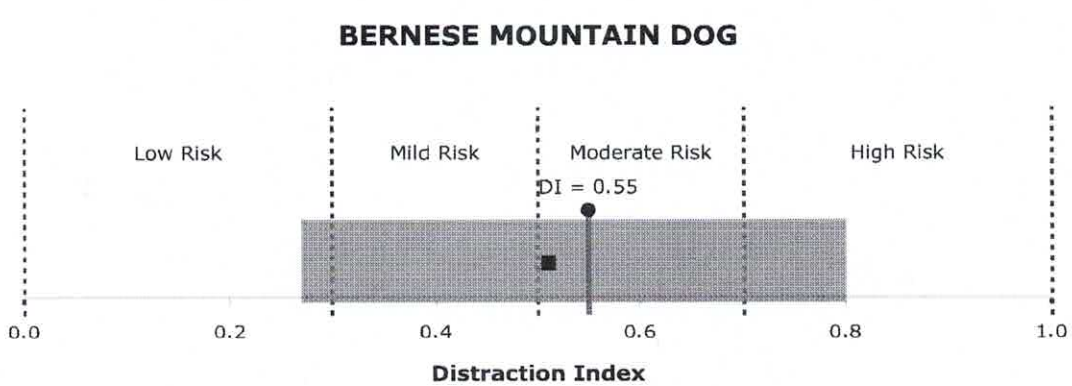
Cavitation/Other Findings: Cavitation was present on the right hip. Cavitation is harmless to the hip, however it can artificially and temporarily increase the distraction index. Therefore, no laxity score is provided for the right hip.

Interpretation

Distraction Index (DI): One hip cannot be used for the laxity ranking (see Findings). The opposite hip will be used in the analysis. The value of the DI is 0.55.

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 3497 canine patients of the BERNESE MOUNTAIN DOG breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.27 - 0.80) for the breed. The breed average DI is 0.51 (solid square). The patient DI is the solid circle (0.55).

SUMMARY: The degree of laxity (DI = 0.55) 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:

UNILATERAL CAVITATION (but since the NON-cavitated hip score already ranks the dog worse than average, it may not be worth repeating. That is, the overall score won't improve).

An official PennHIP report is issued if only one hip is cavitated (since hip laxity tends to be bilaterally symmetrical). Some owners may wish to pay for another evaluation to receive distraction indices on both hips, however, there is no requirement to repeat the images. But, if the client (or veterinarian) questions the results, repeating the study is recommended.

If the owner decides to repeat, follow these steps precisely to help avoid cavitating again:

(a) Take the first Distraction image using (approximately) HALF your normal applied distraction (adduction) force. Label it 'Half-strength'. Always check to be sure there is some visible distraction compared to what a typical *Compression* view would show.

(b) If no laxity is seen, apply a bit more force and label the image '3/4 strength'.

(c) The final image should be made using your normal FULL distraction (adduction) force. Label it 'Full-strength'. Number all images sequentially, unless your time-stamps are accurate.

***NOTE: If re-taken within 4 months only the distraction views above are required. If more than 4 months elapse, the hip extended, compression and the above distraction views are required, as changes in the hip may have occurred.**