

PennHIP Report

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Patient Information

Client:	Tattoo Num:
Patient Name: Rocco	Patient ID: 26842 I
Reg. Name:	Registration Num:
PennHIP Num: 173511	Microchip Num:
Species: Canine	Breed: MAREMMA SHEEPDOG
Date of Birth: 19 Jan 2022	Age: 16 weeks
Sex: Male	Weight: 43 lbs/19.5 kgs
Date of Study: 11 May 2022	Date Submitted: 15 May 2022
Date of Report: 18 May 2022	

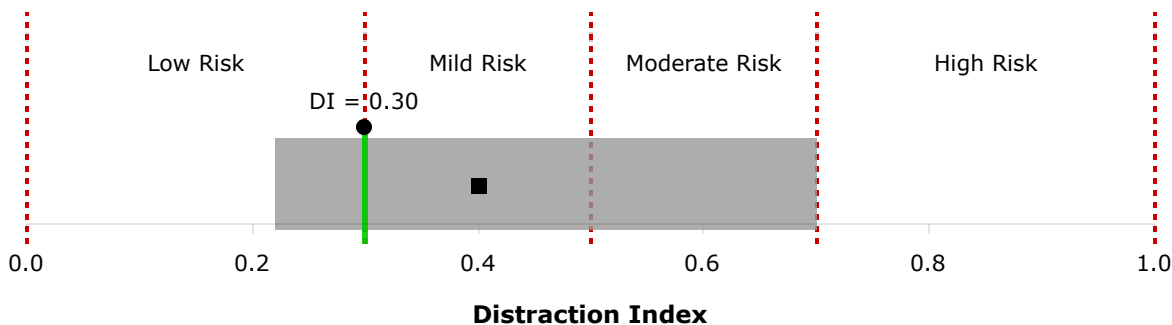
Findings

Distraction Index (DI): Right DI = 0.30, Left DI = 0.29.
 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 0.30.
 OA Risk Category: The DI is less than or equal to 0.30. This patient is at minimal risk for hip OA.
 Distraction Index Chart:

MAREMMA SHEEPDOG



BREED STATISTICS: This interpretation is based on a cross-section of 218 canine patients of the MAREMMA SHEEPDOG breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.22 - 0.70) for the breed. The breed average DI is 0.40 (solid square). The patient DI is the solid circle (0.30).

SUMMARY: The degree of laxity (DI = 0.30) falls within the central 90% range of DIs for the breed. This amount of hip laxity places hip at a minimal risk to develop hip OA. **No radiographic evidence of OA for either hip.**

INTERPRETATION AND RECOMMENDATIONS: No OA/Minimal Risk: Unlikely to show radiographic evidence of hip OA; even more unlikely to develop clinical signs of hip dysplasia. **Recommendations:** Normal to strenuous activity is permitted. Keep lean: try to maintain BCS at 5/9 for a longer and healthier life. **Breeding Recommendations:** Please Consult the PennHIP Manual.

COMMENTS:

Please inform the owners that 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.

We recommend to you, the PennHIP Member, that when the hips appear tight to your eye on future cases, repeat the distraction view at the time of the study to confirm the finding. First, check that the anesthesia is providing sufficient relaxation by a deep toe-pinch [which should not elicit a withdrawal response]. Send both distraction views to us (or all, if more than two are taken).