

# NATIONAL ROTTWEILER COUNCIL (AUSTRALIA) — HIP AND ELBOW DYSPLASIA REPORT

Return completed form to: Susie Baird  
PO Box 1102, Grovedale VIC 3216

(RCSA)

\* 04858 \*

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

|                                                        |                                          |
|--------------------------------------------------------|------------------------------------------|
| Dog's Registration No.: <u>8010007462</u> ✓            | Date of Birth: <u>4/3/2022</u>           |
| Tattoo No. / Microchip No.: <u>953010004964639</u> ✓   | Sex: <u>Female</u>                       |
| Dog's Registered Name: <u>YARNIX AON PURPLE RAIN</u> ✓ | Date Radiography Taken: <u>31/5/2023</u> |

Name of Owner: Mrs K Nixon ✓  
 Address: PO Box 621, Humpty Doo NT 0836  
 Email: yarnixrotts@gmail.com Phone: 0412 590 386

## PEDIGREE DETAILS MUST BE INSERTED

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| Sire: <u>WISEWEILERS DARKEN RAHL (IMP NOR)</u> | Dam: <u>YARNIX KALEIN SAMS LEGACY</u>    |
| PGS: <u>HEIZELWOOD FICHTER (FIN)</u>           | MGS: <u>ROTTGEMS CIRCLE EIRE EINSTEN</u> |
| PGD: <u>WISEWEILERS YUNA (NOR)</u>             | MGD: <u>ROTTGEMS KYANA KALEA</u>         |

I hereby declare that:

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination.
- (b) The dog has not previously been submitted for scoring.
- (c) I give permission for the results of the examination to be used at a future date for the purpose of statistical research.

Owner's Signature: KR Date: 4.7.2023

Veterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph (c) Both (please indicate)

Name: DR K SMITH  
 Address: 11 Litchfield Vet Group, Stuart Hwy, Litchfield, NT 0839

Tattoo Number has been checked and recorded on the x-ray plate. (Y/N)  
 Microchip Number has been checked and recorded on the x-ray plate. (Y/N)  
 Paperwork Number has been checked and recorded on the x-ray plate. (Y/N)

Date: 4.7.2023 Signed: [Signature] Vet's signature on dog's Australia form

Film Quality: Satisfactory Underexposed; Overexposed; Extraneous marks  
 Positioning: Satisfactory Tilted Laterally Left/Right; Femora not sufficiently extended; Femora not evenly extended

| Hip Joint                        | Right    | Left     | Comment            |
|----------------------------------|----------|----------|--------------------|
| Norberg Angle                    | <u>0</u> | <u>0</u> | <u>108° / 116°</u> |
| Subluxation                      | <u>1</u> | <u>1</u> |                    |
| Cranial Acetabular Edge          | <u>1</u> | <u>1</u> |                    |
| Dorsal Acetabular Edge           | <u>1</u> | <u>1</u> |                    |
| Cranial effective Acetabular Rim | <u>0</u> | <u>0</u> |                    |
| Acetabular Fossa                 | <u>0</u> | <u>0</u> |                    |
| Caudal Acetabular Edge           | <u>0</u> | <u>0</u> |                    |
| Femoral Head/Neck Exostosis      | <u>0</u> | <u>0</u> |                    |
| Femoral Head Recontouring        | <u>0</u> | <u>0</u> |                    |
| Total                            | <u>3</u> | <u>2</u> | <u>5</u>           |

HIP GRADING

1

ELBOW GRADE

Right 0 B 1 2 3 ( 0 mm)

Left 0 B 1 2 3 ( 0 mm)

Date submitted for examination: 11/8/23 Date Returned: 15/8/23 Date Examined: 15/8/2023

Signature of the reader: [Signature]

Name of the reader: DR JENNIFER RICHARDSON

Radiography clearly labelled with: Tattoo No.: Y/N Microchip No.: Y/N Dog's Registration No.: Y/N Paperwork No.: Y/N