HIP EVALUATION REPORT

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Practice Copy

Radiography Date: 08/29/96
Reference #: 804157-1844-0152

Date Received: 09/06/96

Date: 09/16/96

DOG	OWNER	PRACTICE
CLAIRCREST NOBODY'S BUSINESS GLDR 11/10/93 M 81 lbs 34 mo SN121009/02	NICKIE HERTZOG R.R. 1, BOX 40 PLEASANT HILL MO 64080-9651 816 540-2824	ROSS BURD OXFORD ANIMAL HOSPITAL 13433 SWITZER RD OVERLAND PARK KS 66213

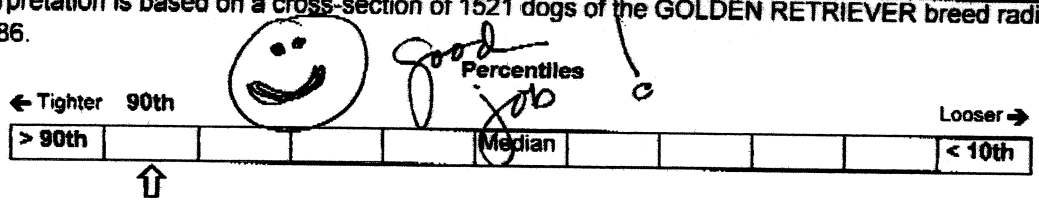
RESULTS	Distraction Index (DI)	Degenerative Joint Disease (DJD)	Cavitation	Other Findings
Right Hip	**0.36**	**None**	**No**	**N/A**
Left Hip	**0.36**	**None**	**No**	**N/A**

Right Hip	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.
Left Hip	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.

The Laxity Profile Ranking is based on the hip with the greater laxity (DI). If one of your dog's hips exhibits cavitation or has had surgery performed, the opposite hip will be used in the analysis. If both hips cannot be analyzed, the laxity profile ranking will not be performed.

LAXITY PROFILE RANKING

This interpretation is based on a cross-section of 1521 dogs of the GOLDEN RETRIEVER breed radiographed since 1986.



The chart above indicates the ranking of your dog's passive hip laxity (DI) in relation to the GOLDEN RETRIEVER breed in our database. This result means that 1) your dog's hips are tighter than approximately 90% of this group of dogs (alternatively, 10% of the group has tighter hips than your dog), and 2) your dog's hip laxity is in the tighter half of the laxity profile. The median DI for this group is 0.55. Breed-specific evaluations are analyzed quarterly. 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.

* **As a minimum breeding criterion, we propose that breeding stock be selected from the population of dogs having hip laxity in the tightest 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. Please evaluate your dog's hip score accordingly.**

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 CHD 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.

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

icg

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HIP EVALUATION REPORT

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Date: 12/28/98

Reference #: 815530-01844-00152

Radiography Date: 12/11/98
Date Received: 12/22/98

DOG	OWNER	PRACTICE
CLAIRCREST WAY TO GO GOLDEN RETRIEVER Date of Birth: 01/08/97 Sex: F Weight: 50 lbs Age: 23 mo Reg. # SN508408/01 Chip # 2267065A4B	DAN & NICKIE HERTZOG 17609 191ST ST PLEASANT HILL MO 64068	ROSS BURD OXFORD ANIMAL HOSPITAL 13433 SWITZER RD OVERLAND PARK KS 66213

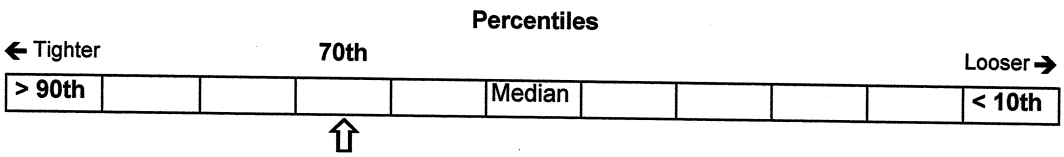
RESULTS	Distraction Index (DI)	Degenerative Joint Disease (DJD)	Cavitation	Other Findings
Right Hip	**0.48**	**None**	**No**	**N/A**
Left Hip	**0.39**	**None**	**No**	**N/A**

Right Hip	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.
Left Hip	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.

LAXITY PROFILE RANKING

The Laxity Profile Ranking is based on the hip with the greater laxity (DI). If one of your dog's hips exhibits cavitation or has had surgery performed, the opposite hip will be used in the analysis. If both hips cannot be analyzed, the laxity profile ranking will not be performed.

This interpretation is based on a cross-section of 3735 dogs of the GOLDEN RETRIEVER breed radiographed since 1986.



The chart above indicates the ranking of your dog's passive hip laxity (DI) in relation to the GOLDEN RETRIEVER breed in our database. This result means that 1) your dog's hips are tighter than approximately 70% of this group of dogs (alternatively, 30% of the group has tighter hips than your dog), and 2) your dog's hip laxity is in the tighter half of the laxity profile. The median DI for this group is 0.54. Breed-specific evaluations are analyzed quarterly. 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.

* **As a minimum breeding criterion, we propose that breeding stock be selected from the population of dogs having hip laxity in the tightest 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. Please evaluate your dog's hip score accordingly.**

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.

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

SYNBIOTICS® CORPORATION

Please contact your PennHIP veterinarian with any questions regarding this report.

Owner Copy

PennHIP Hip Evaluation Report

Report Date: 1/11/2007

Reference #: **863520**
Practice #: 10409-30

Radiography Date: 12/21/2006
Date Received: 1/9/2007

Owner:
DAN & NICKIE HERTZOG
17609 191ST ST
PLEASANT HILL, MO 64068
UNITED STATES

PennHIP Member:
DR. ROSS BURD
OXFORD ANIMAL HOSPITAL
13433 SWITZER RD
OVERLAND PARK, KS 66213
UNITED STATES

ANIMAL

CLAIRCREST MONKEY BUSINESS (LOLA)
CANINE / GOLDEN RETRIEVER
Date of Birth: 1/17/2006 Sex: F Weight: 56 lbs. Age: 11 mo.

Reg. #: SR33030702
Microchip: 055 856 374
Tattoo:

RESULTS

LEFT	Distraction Index (DI)	**0.38**	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**	
RIGHT	Distraction Index (DI)	**0.38**	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 10,325 CANINE animals of the GOLDEN RETRIEVER breed. The median DI for this group is 0.54.

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 GOLDEN RETRIEVER breed in our database. This result means that 1) your animal's hips are tighter than approximately 100% of this group of animals (alternatively, 0% 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 Hip Evaluation Report

Owner Copy

Report Date: 8/8/2012

Reference #: 901984
Practice #: 10409-75

Radiography Date: 3/8/2012
Date Received: 8/6/2012

Owner:
NICKIE HERTZOG
17609 191ST STREET
PLEASANT HILL, MO 64080-9651
UNITED STATES

PennHIP Member:
DR. ROSS BURD
OXFORD ANIMAL HOSPITAL
13433 SWITZER RD
OVERLAND PARK, KS 66213
UNITED STATES

ANIMAL

CLAIRCREST GO GO GIRL (GIGI)
CANINE / GOLDEN RETRIEVER
Date of Birth: 5/28/2011 Sex: F Weight: 0 lbs. Age: 10 mo.

Reg. #: SR68605501
Microchip: 033519289
Tattoo:

RESULTS

LEFT	Distraction Index (DI)	**0.42**	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**	
RIGHT	Distraction Index (DI)	**0.39**	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 14,232 CANINE animals of the GOLDEN RETRIEVER breed. The median DI for this group is 0.54.

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 GOLDEN RETRIEVER breed in our database. This result means that 1) your animal's hips are tighter than approximately 80% of this group of animals (alternatively, 20% 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.

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

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Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Tanner Miller
Email: tanner.dvm@gmail.com

Clinic Name: Drexel Veterinary Clinic
Clinic Address: 104 W. BatesPO Box 77
Drexel, MO 64742
Phone: (816) 657-2102
Fax:(816) 657-3499

Patient Information

Client: Hertzog, Nickie
Patient Name: Marilyn
Reg. Name: Claircrest Gentleman Prefer Blondes
PennHIP Num: 109956
Species: Canine
Date of Birth: 16 Jun 2015
Sex: Female
Date of Study: 01 Aug 2017
Date of Report: 02 Aug 2017

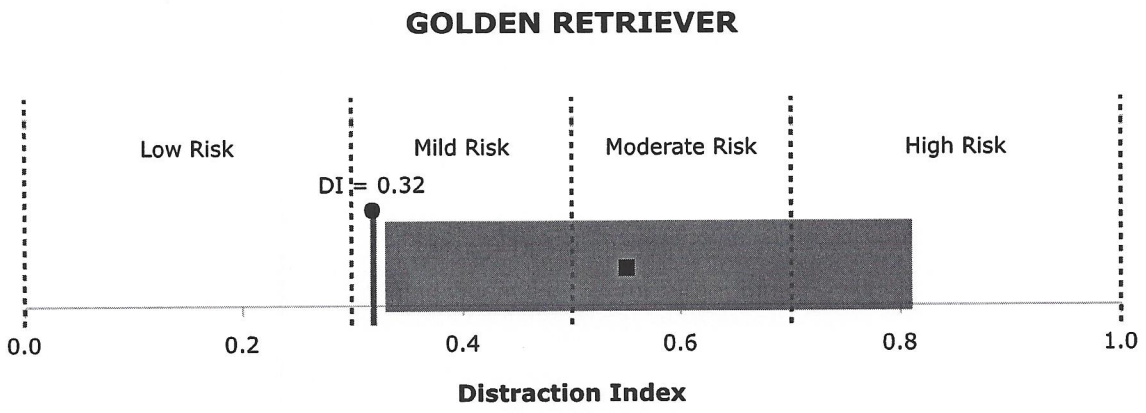
Tattoo Num:
Patient ID: SR88981602
Registration Num: SR88981602
Microchip Num: 0A02354766
Breed: GOLDEN RETRIEVER
Age: 26 months
Weight: 54 lbs/24.5 kgs
Date Submitted: 01 Aug 2017

Findings

Distraction Index (DI): Right DI = 0.32, Left DI = 0.28.
Osteoarthritis (OA): No radiographic evidence of OA for either hip.
Cavitation/Other Findings: None.

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 0.32.
OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.
Distraction Index Chart:



Breed Statistics: This interpretation is based on a cross-section of 18032 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.33 - 0.81) for the breed. The breed average DI is 0.55 (solid square). The patient DI is the solid circle (0.32).

Summary: The degree of laxity (DI = 0.32) ranks the hip within the tightest 5% 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

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Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Tanner Miller
Email: tanner.dvm@gmail.com

Clinic Name: Wildcat Veterinary Clinic
Clinic Address: 415 South MetcalfSuite A
Louisburg, KS 66053
Phone: (913) 837-4444
Fax:(913) 837-4405

Patient Information

Client: Hertzog, Nickie
Patient Name: Magic
Reg. Name: Claircrest Fairy Magic
PennHIP Num: 111014
Species: Canine
Date of Birth: 31 May 2016
Sex: Male
Date of Study: 30 Aug 2017
Date of Report: 07 Sep 2017

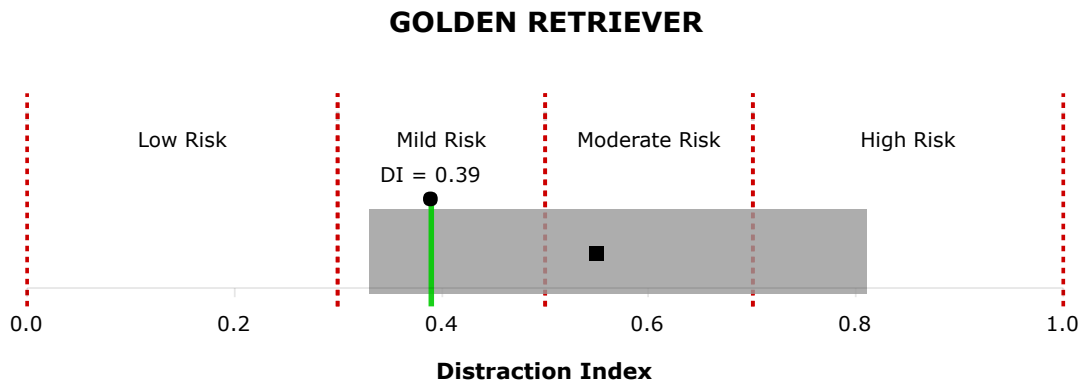
Tattoo Num:
Patient ID: 28457
Registration Num: SR94019601
Microchip Num: 7E10114568
Breed: GOLDEN RETRIEVER
Age: 15 months
Weight: 77.8 lbs/35.3 kgs
Date Submitted: 01 Sep 2017

Findings

Distraction Index (DI): Right DI = 0.39, Left DI = 0.39.
Osteoarthritis (OA): No radiographic evidence of OA for either hip.
Cavitation/Other Findings: None.

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 0.39.
OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.
Distraction Index Chart:



Breed Statistics: This interpretation is based on a cross-section of 18032 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.33 - 0.81) for the breed. The breed average DI is 0.55 (solid square). The patient DI is the solid circle (0.39).
Summary: The degree of laxity (DI = 0.39) 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:
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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

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Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Aaron Stohs
Email: admin@wildcatvetclinic.com

Clinic Name: Wildcat Veterinary Clinic
Clinic Address: 415 South MetcalfSuite A
Louisburg, KS 66053
Phone: (913) 837-4444
Fax:(913) 837-4405

Patient Information

Client: Hertzog, Nickie
Patient Name: Blaze
Reg. Name: Claircrest Guns A Blazin'
PennHIP Num: 141576
Species: Canine
Date of Birth: 17 Dec 2018
Sex: Female
Date of Study: 24 Apr 2020
Date of Report: 28 Apr 2020

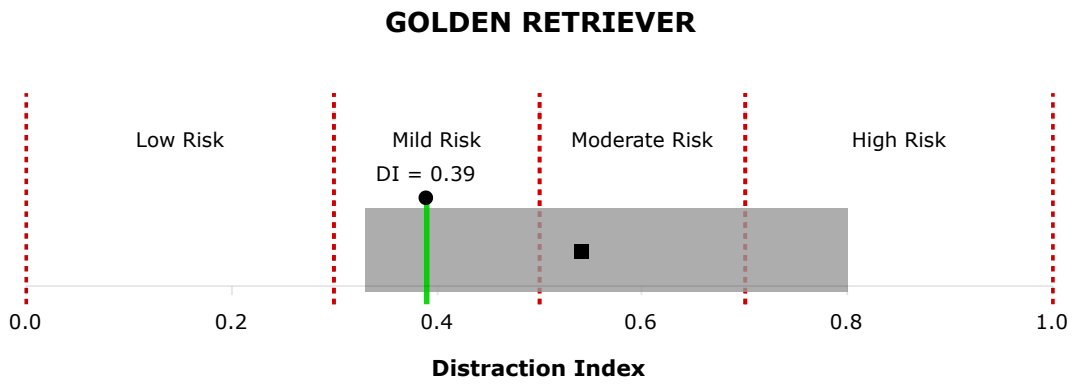
Tattoo Num:
Patient ID: 933041000027239
Registration Num: SS09711502
Microchip Num: 933041000027239
Breed: GOLDEN RETRIEVER
Age: 16 months
Weight: 50 lbs/22.7 kgs
Date Submitted: 27 Apr 2020

Findings

Distraction Index (DI): Right DI = 0.39, Left DI = 0.34.
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 0.39.
OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.
Distraction Index Chart:



BREED STATISTICS: This interpretation is based on a cross-section of 21067 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.33 - 0.80) for the breed. The breed average DI is 0.54 (solid square). The patient DI is the solid circle (0.39).

SUMMARY: The degree of laxity (DI = 0.39) 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.**

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Referring Veterinarian: Dr Cassi Pettyjohn
Email: info@conroevets.com

Clinic Name: Stone Ridge Veterinary Medical Center of Conroe
Clinic Address: 2555 S. Loop 336 West
Conroe, TX 77304
Phone: (936) 521-1789
Fax:(936) 521-1634

Patient Information

Client: Bowman, Deanna
Patient Name: Claircrest Keepsake Charm
Reg. Name: Claircrest Keepsake Charm
PennHIP Num: 156049
Species: Canine
Date of Birth: 26 Nov 2019
Sex: Male
Date of Study: 27 Apr 2021
Date of Report: 29 Apr 2021

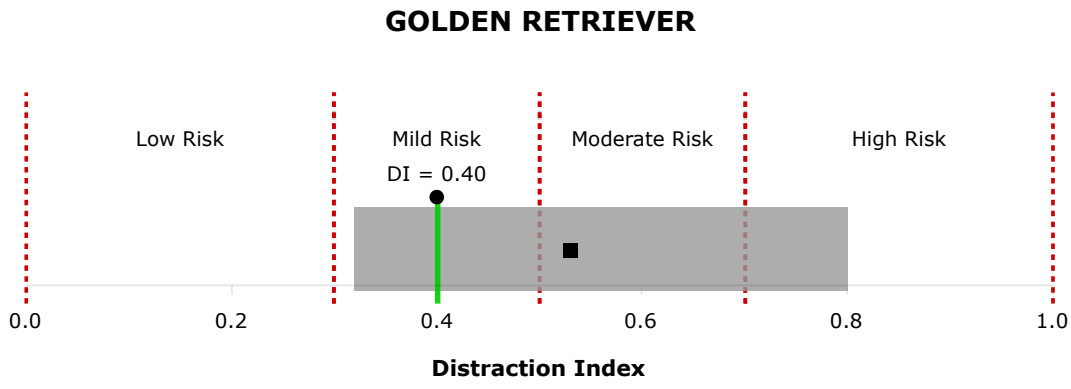
Tattoo Num:
Patient ID: 157698
Registration Num:
Microchip Num: 933041000027228
Breed: GOLDEN RETRIEVER
Age: 17 months
Weight: 80.6 lbs/36.6 kgs
Date Submitted: 27 Apr 2021

Findings

Distraction Index (DI): Right DI = 0.40, Left DI = 0.28.
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 0.40.
OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.
Distraction Index Chart:



BREED STATISTICS: This interpretation is based on a cross-section of 22042 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.80) for the breed. The breed average DI is 0.53 (solid square). The patient DI is the solid circle (0.40).

SUMMARY: The degree of laxity (DI = 0.40) 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.**

PennHIP Report

Referring Veterinarian:Dr Tanner Miller
Clinic Name:Wildcat Veterinary Clinic
Email:admin@wildcatvetclinic.com
Clinic Address:415 South MetcalfSuite A
Louisburg, KS 66053
Phone:(913) 837-4444
Fax:(913) 837-4405

Patient Information

Client:Pleasant Hill, Pleasant Hill
Tattoo Num:
Patient Name:Claircrest Lucky Charm
Patient ID:933041000027234
Reg. Name:
Registration Num:SS15827607
PennHIP Num:151203
Microchip Num:933041000027234
Species:Canine
Breed:GOLDEN RETRIEVER
Date of Birth:21 Dec 2019
Age:13 months
Sex:Male
Weight:61 lbs/27.7 kgs
Date of Study:06 Jan 2021
Date Submitted:06 Jan 2021
Date of Report:07 Jan 2021

Findings

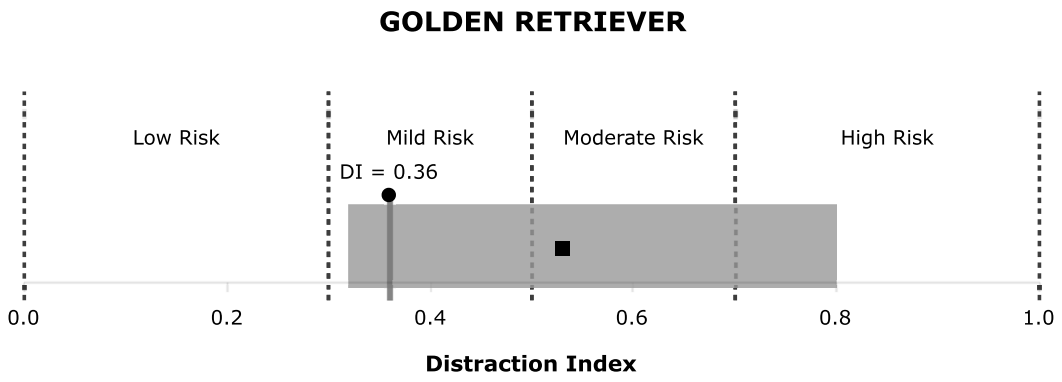
Distraction Index (DI): Right DI = 0.36, Left DI = 0.33.

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:



BREED STATISTICS: This interpretation is based on a cross-section of 21663 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.80) for the breed. The breed average DI is 0.53 (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:

None

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Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Tanner Miller	Clinic Name: Wildcat Veterinary Clinic
Email: admin@wildcatvetclinic.com	Clinic Address: 415 South MetcalfSuite A Louisburg, KS 66053
	Phone: (913) 837-4444
	Fax:(913) 837-4405

Patient Information

Client: Hertzog, Nickie	Tattoo Num:
Patient Name: Barbie	Patient ID: 70147
Reg. Name: Claircrest Hindsight is 2020	Registration Num: SS23692801
PennHIP Num: 174156	Microchip Num: 933000320298690
Species: Canine	Breed: GOLDEN RETRIEVER
Date of Birth: 15 Dec 2020	Age: 17 months
Sex: Female	Weight: 55 lbs/24.9 kgs
Date of Study: 26 May 2022	Date Submitted: 26 May 2022
Date of Report: 29 May 2022	

Findings

Distraction Index (DI): Right DI = 0.35, Left DI = 0.37.

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

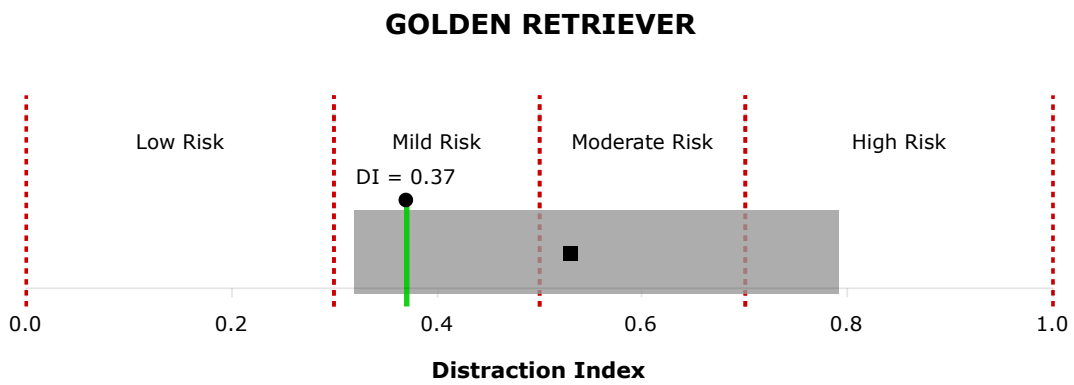
Cavitation/Other Findings: No cavitation present.

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 0.37.

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

Distraction Index Chart:



BREED STATISTICS: This interpretation is based on a cross-section of 24215 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.79) for the breed. The breed average DI is 0.53 (solid square). The patient DI is the solid circle (0.37).

SUMMARY: The degree of laxity (DI = 0.37) 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.**