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PennHIP Report

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PennHIP Report
Patient Information

Client: WARD, Deb	Tattoo Num:
Patient Name: BUCKLYEE	Patient ID: 221303
Reg. Name:	Registration Num:
PennHIP Num: 141646	Microchip Num:
Species: Canine	Breed: NEWFOUNDLAND
Date of Birth: 19 Jul 2019	Age: 9 months
Sex: Male	Weight: 93.4 lbs/42.4 kgs
Date of Study: 29 Apr 2020	Date Submitted: 29 Apr 2020
Date of Report: 29 Apr 2020	Client: WARD, Deb
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Patient Information
Findings

Distraction Index (DI): Right DI = 0.47, Left DI = 0.60.
Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**
Cavitation/Other Findings: No cavitation present.
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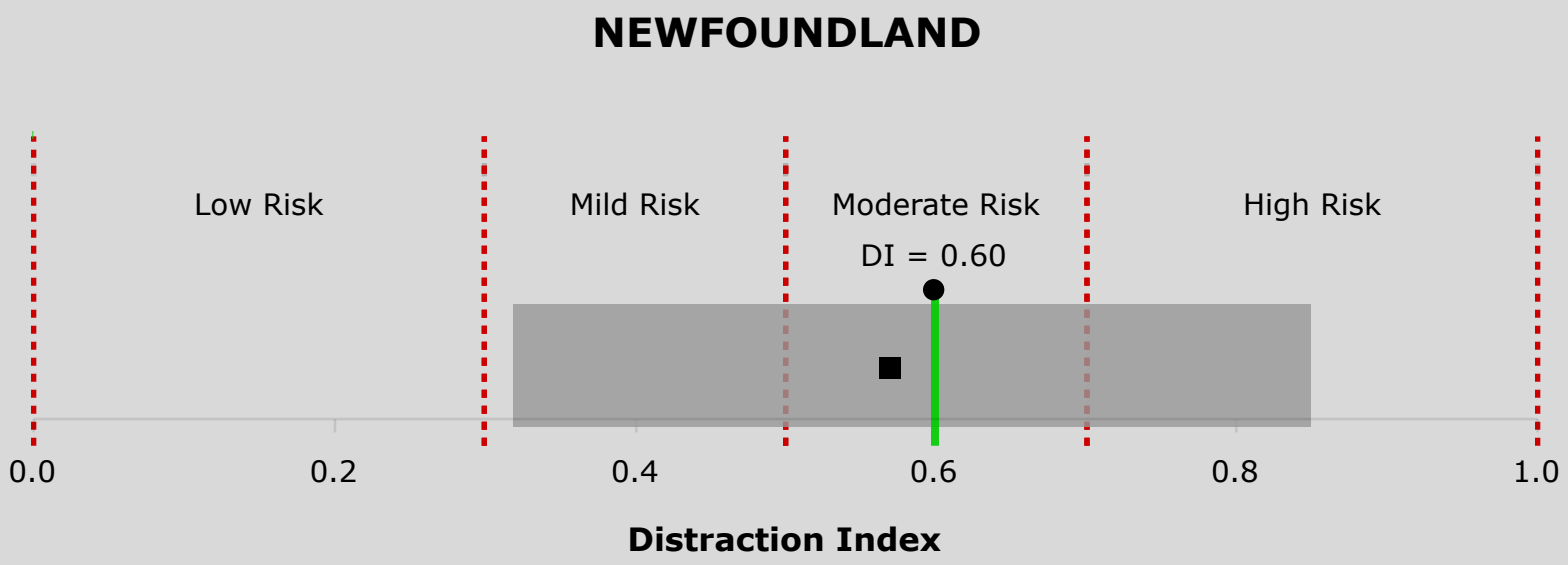
Cavitation/Other Findings: No cavitation present.

Findings
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 0.60.
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 2424 canine patients of the NEWFOUNDLAND breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.85) for the breed. The breed average DI is 0.57 (solid square). The patient DI is the solid circle (0.60).

SUMMARY: The degree of laxity (DI = 0.60) 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.**
Distraction Index (DI): The laxity ranking is based on the hip with the greater laxity (larger DI). In this case the DI used is 0.60.
OA Risk Category: The DI is between 0.50 and 0.69. This patient is at moderate risk for hip OA.
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Summary: The degree of laxity (DI = 0.60) 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

Interpretation