

CANINE HIP AND ELBOW DYSPLASIA ASSESSMENT

PLEASE COMPLETE IN BLACK PEN IN BLOCK LETTERS

APPLICATION FOR SCORING (Tick One): HIPS AND ELBOWS <input checked="" type="checkbox"/> HIPS ONLY <input type="checkbox"/> ELBOWS ONLY <input type="checkbox"/>																																																																				
DOG DETAILS: Registered Name: <u>Dowfalls Zena Princess</u> ✓ ANKC Reg.# <u>2100612275</u> Microchip Number: (MUST be imprinted onto x-rays) <u>941000027212037</u> ✓ Breed: <u>Labrador Retriever</u> Sex: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: <u>12/01/2024</u> Sire: <u>Petelynn StormBoy</u> Dam: <u>Kahmoo Lilly</u>																																																																				
OWNER DETAILS AND DECLARATION: Owner Name: <u>Carolyn Duff</u> Telephone Contact #: <u>0428671252</u> Address: <u>102 Dowlings Falls Rd Toorooka NSW 2440</u> Email: <u>dowfalls@bigpond.com</u> DECLARATION: I Declare That: a) The particulars above are correct and relate to the dog submitted for radiological examination, b) I give consent for the results to be submitted for statistical analysis, and, c) I give consent for the statistical analysis to be published.																																																																				
OWNERS SIGNATURE: <u>[Signature]</u>		Date: <u>23/01/2025</u>																																																																		
VETERINARIAN DETAILS AND DECLARATION: Referring Vet Name: <u>Dr CAMPBELL DUFF</u> Telephone Contact #: <u>65627391</u> Referring Vet Practice: <u>Macleay Valley vets</u> Email: <u>info@mvs.net.au</u> Address: <u>142 Belgrave Street Kempsey NSW</u> Date of Radiographs: <u>23.01.25</u> ✓ DECLARATION: I Declare That: i) I have checked this dog's ID as indicated, ii) The dog was anaesthetised for the radiographs, and, iii) I have sighted the (Please tick each one as applicable): Tattoo... <input type="checkbox"/> ..Microchip#... <input checked="" type="checkbox"/> ..Pedigree Papers... <input checked="" type="checkbox"/>																																																																				
VETERINARIAN'S SIGNATURE: <u>[Signature]</u>		Date: <u>23.1.25</u>																																																																		
HIP AND ELBOW SCORES: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">HIP JOINT:</th> <th style="width: 15%;">Right</th> <th style="width: 15%;">Left</th> <th style="width: 30%;">ELBOW JOINT:</th> <th style="width: 10%;">mm change</th> <th style="width: 10%;">Grade</th> </tr> </thead> <tbody> <tr> <td>Norberg Angle: <u>106°/103°</u></td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Subluxation:</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td>Right</td> <td style="text-align: center;">0</td> <td style="text-align: center;">(0) 1 2 3</td> </tr> <tr> <td>Cranial Acetabular Edge:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td>Left</td> <td style="text-align: center;">0</td> <td style="text-align: center;">(0) 1 2 3</td> </tr> <tr> <td>Dorsal Acetabular Edge:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"> Right UAP Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Left UAP Y <input type="checkbox"/> N <input checked="" type="checkbox"/> </td> </tr> <tr> <td>Cranial Effective Acetabular Rim:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"> Australian Breed Average: International Grade: (A) B C D E Australian Grade: 0 (1) 2 3 4 5 6 </td> </tr> <tr> <td>Acetabular Fossa:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"> TOTAL HIP SCORE: <u>3</u> (Max 106) </td> </tr> <tr> <td>Caudal Acetabular Edge:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"></td> </tr> <tr> <td>Femoral Head/Neck Exostosis:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"></td> </tr> <tr> <td>Femoral Head/Neck Re-contouring:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td colspan="3"></td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td colspan="3"></td> </tr> </tbody> </table>			HIP JOINT:	Right	Left	ELBOW JOINT:	mm change	Grade	Norberg Angle: <u>106°/103°</u>	0	1				Subluxation:	1	1	Right	0	(0) 1 2 3	Cranial Acetabular Edge:	0	0	Left	0	(0) 1 2 3	Dorsal Acetabular Edge:	0	0	Right UAP Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Left UAP Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			Cranial Effective Acetabular Rim:	0	0	Australian Breed Average: International Grade: (A) B C D E Australian Grade: 0 (1) 2 3 4 5 6			Acetabular Fossa:	0	0	TOTAL HIP SCORE: <u>3</u> (Max 106)			Caudal Acetabular Edge:	0	0				Femoral Head/Neck Exostosis:	0	0				Femoral Head/Neck Re-contouring:	0	0				TOTAL	1	2			
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SIGNATURE: <u>[Signature]</u>		DATE: <u>24/1/2025</u> OUR REFERENCE: <u>2024-076</u>																																																																		

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