

## PennHIP Report

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## Patient Information

Client: Gramlich, Eric	Tattoo Num:
Patient Name: Gym Joy	Patient ID: 31036
Reg. Name: Gym Joy	Registration Num: 202000422
PennHIP Num: 161467	Microchip Num: 528210006092374
Species: Canine	Breed: SOUTH AFRICAN BOERBOEL MASTIFF
Date of Birth: 15 Mar 2020	Age: 17 months
Sex: Female	Weight: 112.8 lbs/51.2 kgs
Date of Study: 25 Aug 2021	Date Submitted: 25 Aug 2021
Date of Report: 26 Aug 2021	

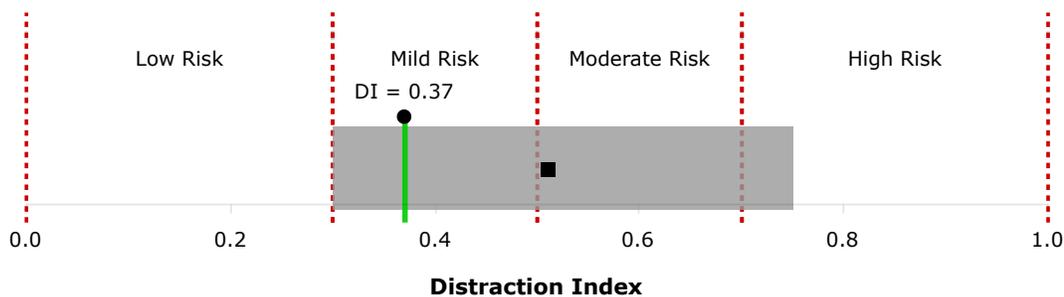
## Findings

Distraction Index (DI): Right DI = 0.37, the left DI was not computed.  
 Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**  
 Cavitation/Other Findings: Cavitation was present on the left hip. Cavitation is harmless to the hip, however it can artificially and temporarily increase the distraction index. Therefore, no laxity score is provided for the left hip.

## Interpretation

Distraction Index (DI): One hip cannot be used for the laxity ranking (see Findings). The opposite hip will be used in the analysis. The value of the DI 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:

### SOUTH AFRICAN BOERBOEL MASTIFF



**BREED STATISTICS:** This interpretation is based on a cross-section of 1650 canine patients of the SOUTH AFRICAN BOERBOEL MASTIFF breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.30 - 0.75) for the breed. The breed average DI is 0.51 (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.**

**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:**

### UNILATERAL CAVITATION

An official PennHIP report is issued if only one hip is cavitated (since hip laxity tends to be bilaterally symmetrical). Some owners may wish to pay for another evaluation to receive distraction indices on both hips, however, there is no requirement to repeat the images. But, if the client (or veterinarian) questions the results, repeating the study is recommended.

**If the owner decides to repeat, follow these steps precisely to help avoid cavitating again:**

(a) Take the first Distraction image using (approximately) HALF your normal applied distraction (adduction) force. Label it 'Half-strength'. Always check to be sure there is some visible distraction compared to what a typical *Compression* view would show.

(b) If no laxity is seen, apply a bit more force and label the image '3/4 strength'.

(c) The final image should be made using your normal FULL distraction (adduction) force. Label it 'Full-strength'. Number all images sequentially, unless your time-stamps are accurate.

**\*NOTE: If re-taken within 4 months only the distraction views above are required. If more than 4 months elapse, the hip extended, compression and the above distraction views are required, as changes in the hip may have occurred.**