

PennHIP Report

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Patient Information

Client: Manire, Danielle

Patient Name: Ollie-Ollie Onyx Free

Reg. Name:

PennHIP Num: 135713

Species: Canine

Date of Birth: 06 Dec 2018

Sex: Male

Date of Study: 14 Oct 2019

Date of Report: 17 Oct 2019

Tattoo Num:

Patient ID: 20843

Registration Num:

Microchip Num: 990000003019083

Breed: MINIATURE POODLE

Age: 10 months

Weight: 10 lbs/4.5 kgs

Date Submitted: 15 Oct 2019

Findings

Distraction Index (DI): Right DI = 0.57, Left DI = 0.49.

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

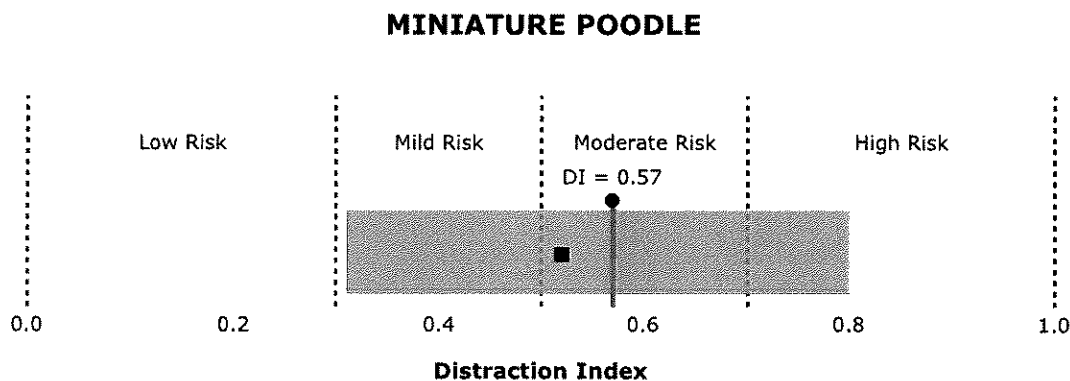
Cavitation/Other Findings: No cavitation present.

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 0.57.

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 304 canine patients of the MINIATURE POODLE breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.31 - 0.80) for the breed. The breed average DI is 0.52 (solid square). The patient DI is the solid circle (0.57).

SUMMARY: The degree of laxity (DI = 0.57) 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

COMMENTS:

None