

ORCHID/CHED

Officially Registered Canine Health Information Database
ANKC Canine Hip and Elbow Dysplasia Report #38251



Dog Details

| | | | |
|--------------------|------------------|-------|-------------|
| Registered Name | ARUSHI RUBY STAR | | |
| Registered Number | 3100408464 | DOB | 22 Apr 2020 |
| Microchip Number | 956000007364791 | | |
| Breed | Golden Retriever | Sex | Female |
| Owner Name | Ms S Pekin | | |
| Owner Registration | 4100270183 | | |
| Contact Name | Shanelle Pekin | Email | |
| Contact Address | | | |

Referring Veterinarian Details

| | | | |
|---------------------------|---|-------|-----------------------|
| Veterinarian Name | Sugarland Animal Hospital - Dr. Marianne Curran | | |
| Veterinarian Registration | | Email | info@sugarlandvet.com |

Radiologist Details

| | | | |
|----------------------|----------------------------------|-------|-------------------------------------|
| Radiologist Name | Dr Roger B Lavelle | | |
| Radiologist Practice | Lavelle's Diagnostic Imaging | | |
| Address | 80 Ashworths Rd, Lancefield, VIC | | |
| Telephone Number | 61 3 5429 1682 | Email | lavellesdiagnosticimaging@gmail.com |

General Details

| | | | |
|---------------|-------------|--------------|--------------|
| Date Xrayed | 28 Oct 2021 | Film Quality | |
| Date Received | 10 Dec 2021 | Positioning | Satisfactory |
| Date Returned | 10 Dec 2021 | | |

Examination Results

| Hip Joint | Right | Left | Hips Comment |
|-------------------------------|----------|----------|---|
| Norberg Angle | 1 | 0 | Please use DICOM format. |
| Subluxation | 2 | 2 | |
| Cranial acetabular edge | 1 | 1 | |
| Dorsal acetabular edge | 0 | 0 | |
| Cranial effect acetabular rim | 0 | 0 | |
| Acetabular fossa | 0 | 0 | |
| Caudal acetabular edge | 0 | 0 | |
| Femoral head/neck exostosis | 0 | 0 | |
| Femoral head re-contouring | 0 | 0 | The current five year breed average for the Golden Retriever is 10.81 and the median is 8.00. |
| Total | 4 | 3 | Total Score 7 |

| Elbow Joint | Mm of change | Grade | UAP | Comment |
|-------------|--------------|-------|-----|---------|
| Right elbow | 0 | 0 | No | |
| Left elbow | 0 | 0 | No | |

Payment Details Electronic Transfer: Account Name: Lavelles Diagnostic Imaging – BSB 063 541 Account No: 10608568 [] or Cheque []. Results available when payment received.

R. B. Lavelle
 Dr Roger B Lavelle
 MA Vet MB MRCVS DVR FANZCVS FAVA

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