

# Orthopedic Foundation for Animals Preliminary (Consultation) Report

WILLOWBROOK CLOVER  
*registered name*

WS65851101  
*registration no.*

BERNESE MOUNTAIN DOG  
*breed*

F  
*sex*

*film/test/lab #*

08/03/2019  
*date of birth*

956000007678125  
*radiograph number*

10  
*age in years/months/days*

2156431  
*application number*

07/14/2020  
*date of report*



MARCUS HERSHBERGER  
3354 PENROD RD NW  
SUGARCREEK OH 44681

EAST HOLMES VETERINARY CLINIC INC  
5503 COUNTY RD 120  
BERLIN OH 44610

### RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

\* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b>EXCELLENT HIP JOINT CONFORMATION*</b><br/>superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input checked="" type="checkbox"/> <b>GOOD HIP JOINT CONFORMATION*</b><br/>well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> <b>FAIR HIP JOINT CONFORMATION*</b><br/>minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> <b>BORDERLINE HIP JOINT CONFORMATION</b><br/>marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – Repeat study in six months</p> <p><input type="checkbox"/> <b>MILD HIP DYSPLASIA</b><br/>radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> <b>MODERATE HIP DYSPLASIA</b><br/>well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> <b>SEVERE HIP DYSPLASIA</b><br/>radiographic evidence of marked dysplastic changes of the hip joints</p> |
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### RADIOGRAPHIC FINDINGS

- |  |   |
|--|---|
| <p><input type="checkbox"/> subluxation</p> <p><input type="checkbox"/> remodeling of femoral head/neck</p> <p><input type="checkbox"/> osteoarthritis/degenerative joint disease</p> <p><input type="checkbox"/> shallow acetabula</p> <p><input type="checkbox"/> acetabular rim/edge change</p> | <p><input type="checkbox"/> unilateral pathology <input type="checkbox"/> left <input type="checkbox"/> right</p> <p><input type="checkbox"/> transitional vertebra</p> <p><input type="checkbox"/> spondylosis</p> <p><input type="checkbox"/> panosteitis</p> <p><input type="checkbox"/> other _____</p> |
|--|---|

Consultation by: *G.G. Keller DVM*  
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