

Diagnosis

Radiographs are necessary to confirm the diagnosis and evaluate the degree of arthritis present. In the past, the Orthopedic Foundation of America (OFA) was the only recognized group to 'certify' a dog being free of dysplasia. The OFA required that properly positioned radiographs be taken of dogs no younger than 2 years of age. Unfortunately, many of the surgeries that stabilize the hip and prevent dysplasia need to be performed before 12 months of age.

Actually, a diagnosis of hip dysplasia can now be made with 80% certainty at 4 months of age utilizing the PennHIP Distraction Technique. In performing this technique, the dog is anesthetized, placed on its back with the hind legs situated in a normal weight-bearing position. A safe, specially designed fulcrum-like device is applied between the legs to evaluate the degree of laxity (looseness) in the hip. A higher degree of laxity indicates a greater chance of developing severe arthritis.

Please ask us to discuss the benefits of performing a PennHIP examination on your pet if there is some suggestion or concern for Canine Hip Dysplasia.

Evaluation

For an evaluation of your dog or for further information about the diagnosis and treatment of hip dysplasia, please call Veterinary Surgical Centers of the Delta.

Conclusion

Canine Hip Dysplasia is a serious problem facing veterinarians, dog breeders and pet owners alike. Few cases are exactly alike. Careful evaluation of all the radiographs, combined with a sedated examination must be considered by the veterinary surgeon prior to electing the proper method of treatment option available.

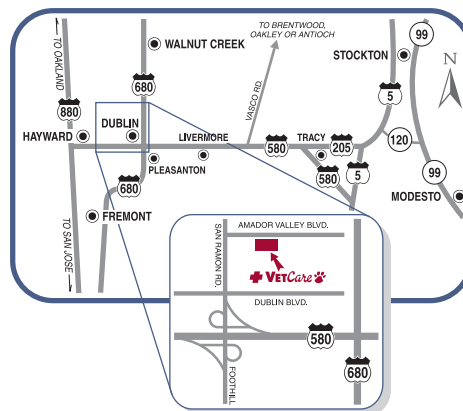
Early diagnosis is critical for the pet, pet owner and breeder. PennHIP distraction films allow accurate hip evaluation as early as 4 months of age, allowing plenty of time for surgery to prevent further hip deterioration.

VETERINARY SURGICAL CENTERS OF THE DELTA

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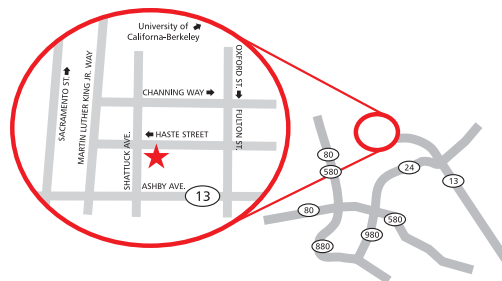


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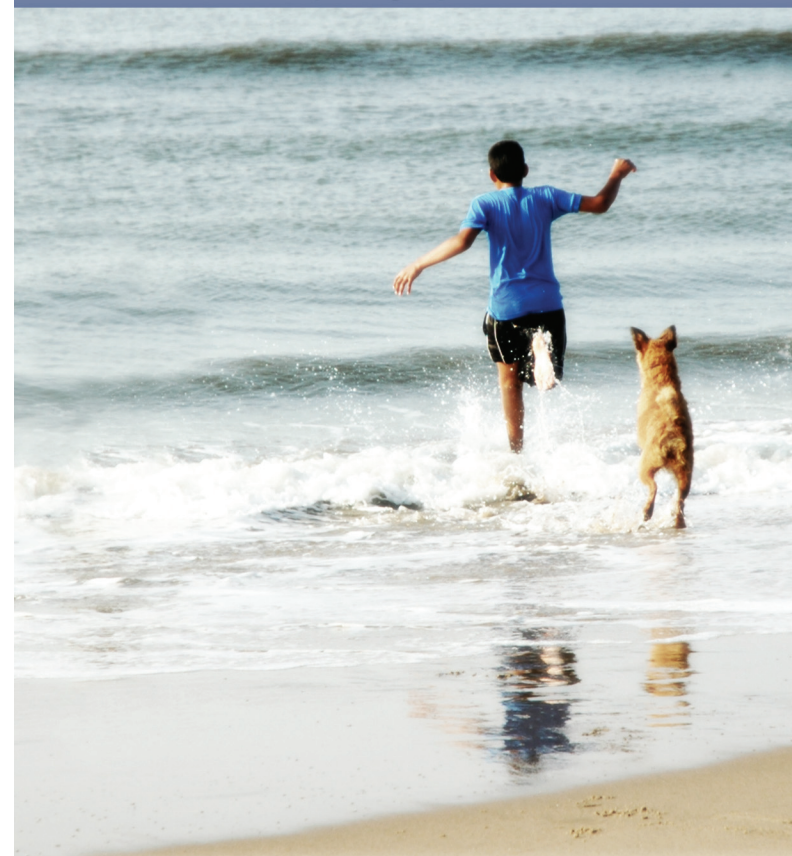
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VETERINARY SURGICAL CENTERS OF THE DELTA

The Hip Treatment of Canine Hip Dysplasia



Come. Sit. Stay.
Heal...

Canine Hip Dysplasia

Canine Hip Dysplasia (CHD) is a progressive, degenerative disease of the hip that is genetic in origin. It has been reported equally in males and females of all breeds, but is more common in large breed dogs. It most commonly affects both hips (92% of patients).

All dogs are born with normal hips (fig. 1). Between 12-16 weeks of age, the dysplastic hip will begin to loosen due to increased joint fluid and excessive elasticity in the soft-tissues surrounding the hip. This results in the ball coming out of the socket and eventually getting 'locked out' of the socket with scar tissue. As time passes, the constant grinding of the ball on the rim of the socket results in potentially severe arthritis.

The loosening of the ball in the socket and the developing arthritis will result in pain and rear limb stiffness which can cause difficulty rising or walking and playing. Often a noticeable 'bunny hopping' hind limb gait is the result. These symptoms can begin as early as 4 months or as late as 9 to 10 years of age, depending on the individual severity of the disease, as well as the dog's tolerance for pain.

Treatment

Treatment regimens can be either medical or surgical depending on the individual circumstances. Medical treatment usually involves rest, *strict* weight control, nutritional supplements and anti-inflammatory

medications to symptomatically relieve the pain. These treatments do not correct the source of pain or underlying problem. Several surgical procedures are now available for correcting the various stages of Canine Hip Dysplasia.

Pelvic Osteotomy

In a young dog with no degenerative changes in the hip joint, Pelvic Osteotomy (fig. 2) is effective in correcting the effects of the underlying joint looseness. In this procedure, the pelvic bones are cut in three places and the surgeon redirects the hip socket so that the ball (femoral head) becomes more deeply seated inside. The pelvic bone is then fixed in its new position by a bone plate and screws. This eliminates hip instability and pain, allowing the hip to develop more normally.

Juvenile Pubic Symphysiodesis

If hip dysplasia is identified in a young dog (<16 weeks of age), a procedure referred to a juvenial pubic symphysiodesis (JPS) may be performed. This involves using electro-cautery (weakened electrical current) to 'arrest' the growing pattern in the growth plate of the pelvis. This 'arrest' results in an alteration in the alignment of the pelvis such that the pelvic cup 'rotates' into a position which protects the pet from the debilitating effects of hip dysplasia. This protection generally lasts the life-time of your pet. The key to success for this particular procedure relies in exceptionally early identification of the problem.

Femoral Head & Neck Excision

If the hip joint (ball and socket) has become irreversibly damaged, a Pelvic Osteotomy would not benefit your pet. One result of the hip instability is cartilage deterioration and erosion. Cartilage covers the joint surface and serves to smoothly lubricate the joint through its entire range of motion. Once this layer has been ground away by dysplasia, the underlying bone of the joint and pain receptors are exposed.

In these instances, removal of the femoral head and neck (the ball portion of the joint) eliminates a source of pain (fig. 3). The dog's body reacts by forming a false joint with the hip being supported by surrounding muscles and the joint capsule. Although free from pain, this procedure will also significantly reduce the performance of the limb.

Total Hip Replacement

This option (fig. 4) involves replacing the diseased hip joint with an artificial joint made of a high density polyethylene (socket) and stainless steel (ball). These components are held in place with bone cement. A new technique of Total Hip Replacement involves the use of porous coated components that are held in place by surrounding bone in-growth rather than by cement. This system has been shown to have a very hearty and long-term durability.

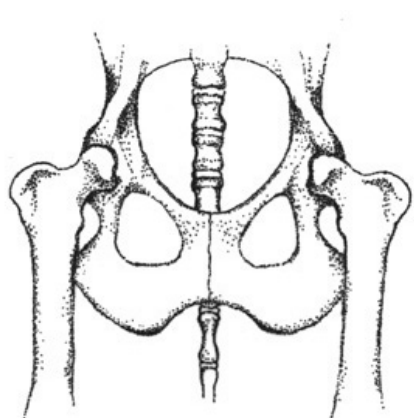


Fig. 1 Normal Hip Joint

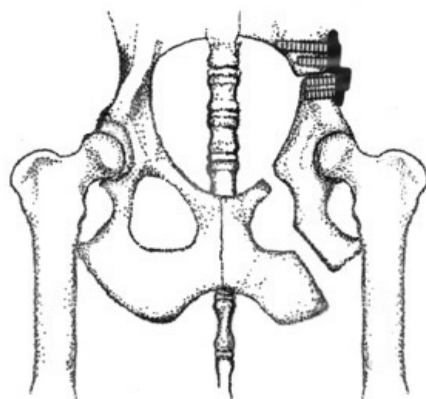


Fig. 2 Pelvic Osteotomy

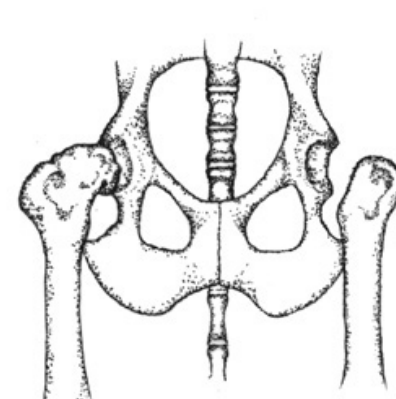


Fig. 3 Femoral Head & Neck Excision

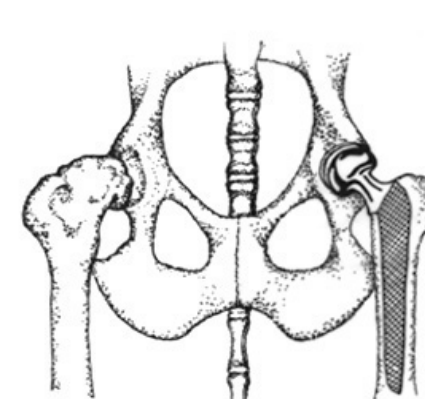


Fig. 4 Total Hip Replacement