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# MAINE COON CAT HIP DYSPLASIA EVALUATION

PLEASE COMPLETE IN BLACK PEN IN BLOCK LETTERS  
Include DICOM images, Form, Pedigree and Payment Details

| CAT DETAILS                                  |   |                     |
|--|---|---------------------|
| Pedigree Name: <u>SuperCoons Wolverine</u> ✓ | Sex: <u>Male</u>                              | DOB: <u>28/7/21</u> |
| Microchip Number: <u>[REDACTED] 671</u> ✓    | Microchip and Pedigree name MUST BE ON IMAGES |                     |
| SIRE: <u>Platon Akella Leader</u>            | DAM: <u>SuperCoons Yogi</u>                   |                     |

| OWNER DETAILS AND DECLARATION  |                                 |
|--|---------------------------------|
| Owner Name: <u>Kyra Foster</u>   | UMCFA MEMBER NUMBER: <u>021</u> |
| Owner Address: <u>[REDACTED]</u>   | Telephone: <u>041 046 6767</u>  |
| Owner Email: <u>compkora@aol.com</u>   |                                 |
| OWNER DECLARATION: I hereby declare that:<br>a) The particulars above are correct and relate to the cat submitted for radiological examination,<br>b) I give consent for the results to be submitted for statistical analysis and breed recording, and,<br>c) I give consent for the statistical analysis to be published. |                                 |
| OWNERS SIGNATURE: <u>K Foster</u>  | Date: <u>4/8/22</u>             |

| VETERINARIAN DETAILS AND DECLARATION   |   |
|--|---|
| Referring Vet Name: <u>Dr Leah Wingard</u>   | Date Radiographs Taken: <u>4/8/22</u> ✓ |
| Referring Vet Practice: <u>Chirnside park vet clinic</u>   |   |
| Address: <u>103 Switchback Rd, Chirnside park VIC 3116</u>   |   |
| Vet Email: <u>clinic@chirnsideparkvet.com.au</u>   | Telephone: <u>03 9737 6366</u>          |
| VET DECLARATION: I hereby declare that:<br>i) I have checked this cat's ID as indicated and sighted the (Tick as applicable): Microchip# ✓ Pedigree Papers ✓<br>ii) The cat was anaesthetized or sedated for the radiographs using, and,<br>iii) I have included the microchip number and the pedigree name on the images. |   |
| VETERINARIANS SIGNATURE: <u>[Signature]</u>  | Date: <u>4/8/22</u>                     |

| RADIOLOGIST                       |   |          |   |   |   |   |                      |
|-----------------------------------|---|----------|---|---|---|---|----------------------|
| Film Quality: <u>Satisfactory</u> | underexposed; overexposed; extraneous marks; not labelled adequately;                             |          |   |   |   |   |                      |
| Positioning: <u>Satisfactory</u>  | Pelvis tilted laterally left/right; femora not sufficiently extended; femora not evenly extended; |          |   |   |   |   |                      |
| HIP JOINT                         | RIGHT   | LEFT     | COMMENT                                 |   |   |   |                      |
| Norberg angle                     | <u>3</u>  | <u>2</u> | <u>93°/96°</u>                          |   |   |   |                      |
| Subluxation                       | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Cranial acetabular edge           | <u>1</u>  | <u>1</u> |   |   |   |   |                      |
| Dorsal acetabular edge            | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Cranial effective acetabular rim  | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Acetabular fossa                  | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Caudal acetabular edge            | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Femoral head/neck exostosis       | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| Femoral head recontouring         | <u>0</u>  | <u>0</u> |   |   |   |   |                      |
| TOTAL INDIVIDUAL HIP              | <u>4</u>  | <u>3</u> | TOTAL SCORE (max possible 106) <u>7</u> |   |   |   |                      |
| Hip Grades: <u>Normal (0)</u>     | 1   | 2        | 3                                       | 4 | 5 | 6 | Breed Average Score: |
| ESTIMATED EQUIVALENT OTHER GRADES |   |          |   |   |   |   | COMMENT              |
| Paw Peds: <u>NORMAL</u>           |   |          |   |   |   |   |                      |
| Other:                            |   |          |   |   |   |   |                      |

|   |   |
|---|---|
| Date Radiographs Received: <u>8/8/22</u>  | Date Radiographs Examined: <u>10/8/2022</u>   |
| Date Radiographs Returned: <u>10/8/22</u> | Examined By: <u>[Signature]</u>               |
| Our Reference: <u>MC 215</u>              | JL Richardson, BVMS, MVS, FANZCVS (Radiology) |