



ELITE BOERBOEL BREEDERS ASSOCIATION OF SOUTHERN AFRICA (Int.)

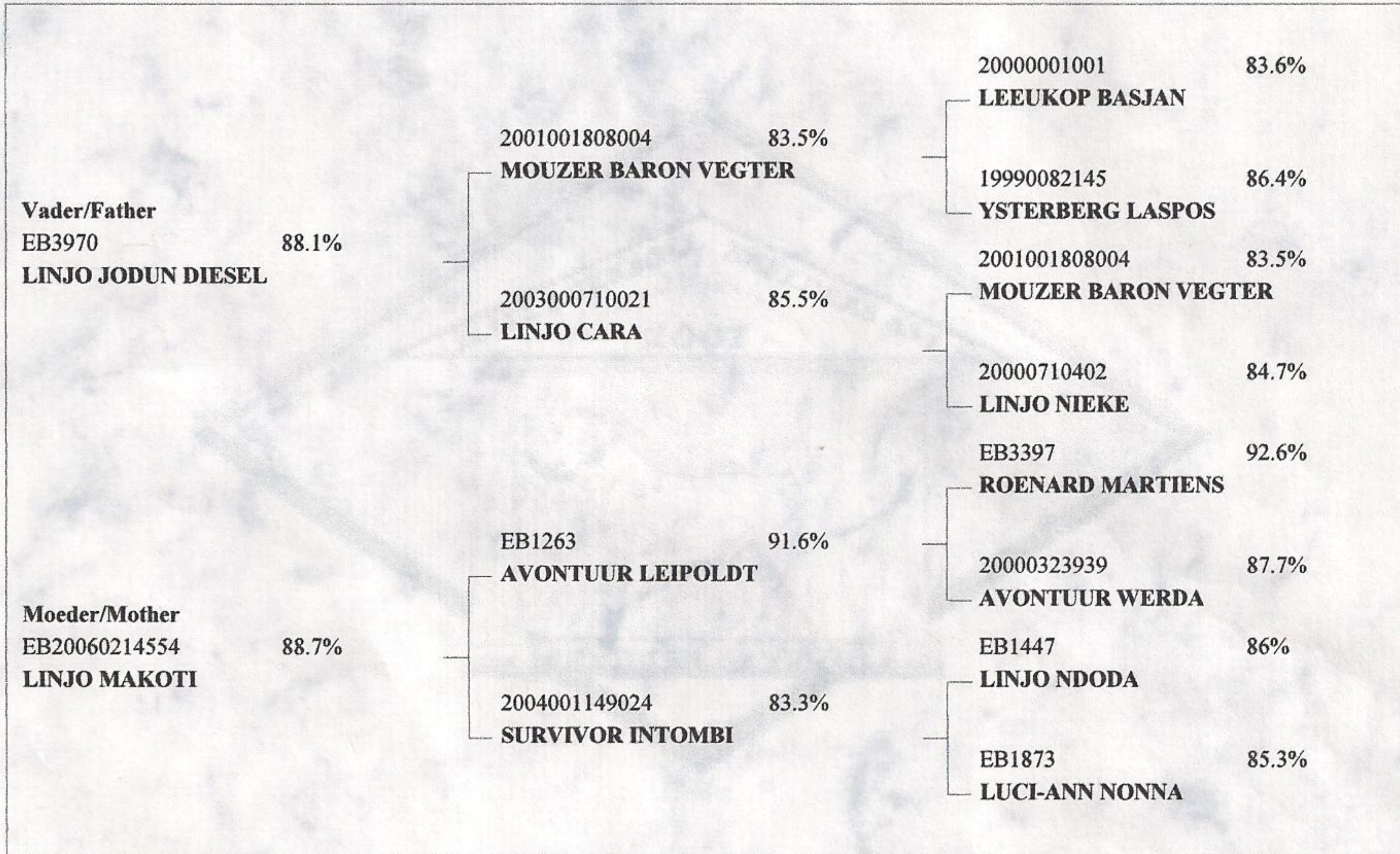
Certificate No. 200710221234

GEBOORTE SERTIFIKAAT / BIRTH CERTIFICATE

Naam: LINJO MAY-HAN
Name:
Geslag: MALE
Gender:
Status: UNKNOWN

ID: EB3969
Kleur: REDBROWN
Colour:

Geboorte: 2008/02/28
Birth Date:
Masker: STRONG
Mask:
ID Pet No: 4A253A1574



Owner Lid/Member No
Eienaar/Owner

M VAN DEN EYNDEN
 30309 CENTRE ROAD RR
 STRATHROY
 ONTARIO CANADA N7G 3H7

Breeder Lid/Member No
Teeler/Breeder

EBBASA 07
 LINJO BOERBOELE

Stolk
 Certified as correct EBBASA Registration Officer

Datum/Date: 2009/03/16

Plek/Place: Pretoria

Reference #: **884518**
Practice #:

Radiography Date: 11/4/2009
Date Received: 12/10/2009

Owner:
MARTIN VAN DEN EYNDEN
3039 CENTRE RD.
STRATHROY, ONT N7G 3H7
CANADA

PennHIP Member:
DR. SEAN EGAN
EGAN ANIMAL HOSPITAL
131 HERITAGE RD.
CHATHAM, ON N7M 5W7
CANADA

ANIMAL	
LINJO MAY-HAM	Reg. #: EB3969
CANINE / SOUTH AFRICAN BOERBOEL MASTIFF	Microchip: 4 A25 3A1 574
Date of Birth: 2/28/2008 Sex: M Weight: 118 lbs. Age: 21 mo.	Tattoo:

RESULTS			
LEFT	Distraction Index (DI)	0.31	DI is greater than 0.30 with no radiographic evidence of DJD. There is an increasing risk of developing DJD as the DI increases; low risk when DI is close to 0.30, high risk when DI is close to 0.70 or above.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	
RIGHT	Distraction Index (DI)	0.31	DI is greater than 0.30 with no radiographic evidence of DJD. There is an increasing risk of developing DJD as the DI increases; low risk when DI is close to 0.30, high risk when DI is close to 0.70 or above.
	Degenerative Joint Disease (DJD)	None	
	Cavitation	No	
	Other Findings	Not Applicable	

Please note that the PennHIP DI is a measure of hip joint laxity, it does not allude to a "passing" or "failing" hip score.

LAXITY PROFILE RANKING										
The laxity profile ranking is based on the hip with the greater laxity (DI). This interpretation is based on a cross-section of 737 CANINE animals of the SOUTH AFRICAN BOERBOEL MASTIFF breed. The median DI for this group is 0.54.										
Percentiles										
	90th	80th	70th	60th	50th	40th	30th	20th	10th	
> 90th					Median					< 10th
↑										
The chart above indicates the ranking of your animal's passive hip laxity (DI) in relation to all CANINE animals of the SOUTH AFRICAN BOERBOEL MASTIFF breed in our database. This result means that 1) your animal's hips are tighter than approximately 100% of this group of animals (alternatively, 0% of the group has tighter hips than your animal), and 2) your animal's hip laxity is in the tighter half of the laxity profile. Breed-specific evaluations are analyzed semi-annually. Consequently, the average laxity and range of laxity for any given group will change over time.										

PennHIP does not make specific breeding recommendations. Selection of sire and dam for mating is the decision of the breeder.

NOTE: As a minimum breeding criterion, we propose that breeding stock be selected from the population of animals having hip laxity in the tighter half of the breed (to the left of the median mark on the graph). Higher selection pressure equates to more rapid expected genetic change per generation.

By implementing selection based on passive hip laxity, we expect the breed average DI over the years to move toward tighter hip configuration, meaning lower hip dysplasia susceptibility. The PennHIP database permits scientific adjustment of criteria to reflect these shifts; the average laxity and range of laxity for a particular breed will change over time.

PennHIP / Veterinary School of the University of Pennsylvania / 3800 Spruce Street / Philadelphia, PA 19104

Orthopedic Foundation for Animals Preliminary (Consultation) Report



LINJO MAY-HAM
registered name

EB3969
registration number

BOERBOEL
breed

M
sex

FAWN
color

2/28/2008
date of birth

4A253A1574
tattoo/microchip/DNA profile

20
age at evaluation in months

1396577
application number

11/25/2009
date of report

2094
film/case no(s)

Owner
MARTIN VANDENEYNDEN
3039 CENTRE RD
STRATHRAY, ON N7G3H7
CANADA

Veterinarian
DR. SEAN EGAN
131 HERITAGE RD
CHATHAM, ON N7M5W7
CANADA

RADIOGRAPHIC EVALUATION OF PHENOTYPE WITH RESPECT TO HIP/ELBOW DYSPLASIA

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

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> BORDERLINE HIP JOINT CONFORMATION
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"/> MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> SEVERE HIP DYSPLASIA
radiographic evidence of marked dysplastic changes of the hip joints</p> |
|--|---|

RADIOGRAPHIC FINDINGS

HIP JOINTS - STANDARD VD VIEW

- subluxation
- remodeling of femoral head/neck
- osteoarthritis/degenerative joint disease
- shallow acetabula
- acetabular rim/edge change
- unilateral pathology _____ left _____ right
- transitional vertebra
- spondylosis
- panosteitis
- other

ELBOW JOINTS – FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

Grade I	L _____	R _____
Grade II	L _____	R _____
Grade III	L _____	R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)	L _____	R _____
united anconeal process (UAP)	L _____	R _____
fragmented coronoid process (FCP)	L _____	R _____
osteochondrosis	L _____	R _____

Consultation by: Greg Keller DVM

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

