

Dysplasia Center Glessen (DZG), GbR

Official NO-ED Panel for the Verein für Deutsche Schäferhunde (SV) e.V. | Member of VDH, FCI, WUSV



Score Sheet For Radiological ED Examination

Use for German Shepherd Dogs only



17/25

Registered Pedigree Name: RIVERSIDE HIGH DRIVES

Pedigree Registration No.: SZ2394437

Microchip Number: 981189900157499

Date of Birth (dd/mm/yyyy): 16/06/2024

Male ☒ Female

Owner's name:

LEE HANRAHAN

Street Address:

City, Province:

OXFORD MILLS, ON

Postal Code:

K0G 1S0

CANADA

Name of Veterinarian:

Clinic:

CEDARVIEW ANIMAL HOSPITAL

Veterinarian Board Reg. No.:

X-Ray ID No.:

Date of X-ray: 07/08/2025

I confirm that the stated information is true, and hereby approve the Veterinarian Radiologist identified herewith to pass on the x-ray images to the DZG for assessment and scoring. I verify that no surgeries have been performed on the elbow joints prior to the date of x-raying. I relinquish ownership of said x-rays.

07/08/25

Date (dd/mm/yy)

Owner's Signature

I confirm reading the microchip of the presented dog and comparing against the presented documentation; registration and pedigree of the dog presented for x-rays. I confirm that the x-rays are marked accordingly. I relinquish ownership of the resulting x-ray images.

07/08/25

Date (dd/mm/yy)

Veterinarian Signature

For DZG use only – please do not write below this line

X-Rays Accepted for Analysis: ☒ Yes ☐ No, reason(s): ☐ Insufficient positioning ☐ Insufficient quality

ED Assessment Score

☒ Normal / ED 0

☐ Mild ED / ED 1

☐ OCD

☐ Coronoid Disease / Incomplete UAP

☐ Borderline

☐ Moderate ED / ED 2

☐ FCP

☐ Arthrosis grade

☐ Severe ED / ED 3

☐ UAP

Step

Remarks:

Additional findings:

12.9.2025
Date of Examination

Stamp

X-ray Expert's Signature



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