Dysplasia Center Giessen (DZG), GbR

Official HD-ED Panel for the Verein für Deutsche Schäferhunde (SV) e.V. | Member of VDH, FCI, WUSV

dzg

HD 17/25

Score Sheet For Radiological HD Examination

Use for German Shepherd Dogs only

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
co-owner if applicable
Street Address: [redacted]

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 hip 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 and the dog was sedated for the x-rays. 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):

☐ Asymmetry ☐ Insufficient Stretching ☐ Insufficient Pronation
☐ Excessive Pronation ☐ Lack of Contrast ☐ Hindlegs not parallel
☐ Lack of Definition ☐ Front part of pelvis not displayed

Assessment of HD X-rays

Acetabulum/Socket	Overall impression	☒ Deep	☐ Flat	☐ Minor
	Cranial Contour	☒ Linear	☐ Subcondr. Sclerosis	☐ Minor
	Cranial Lateral Rim	☒ Rounded	☐ Flattened	☐ Minor
Femoral Head/Ball	Overall impression		☐ CFHO	☐ Minor
		☒ Spheric	☐ Deformation	☐ Minor
		☐ Flexed hindlegs	☐ Lips	☐ Minor
Femoral Head Position	☐ Deep		☐ Subluxation	☒ Minor
Femoral Neck	☒ Slim	☐ Cylindrical	☒ Shouldered from head	☐ Minor
	☒ Tight Contour	☐ Blurred	☐ New bone formation ☐ CCO	☐ Minor
Joint Space	☐ Extended hindlegs	☐ Congruent	☐ Incongruent	☒ Minor
	☐ Flexed hindlegs	☐ Congruent	☐ Incongruent	
Femoral Head Centre	☐ Medial DAR	☒ Lateral DAR	☐ On DAR	
Norberg Angle	☐ ≥105°	☒ <105°	☐ <100°	☐ <90°

Overall Assigned HD Score

HD-SV Rating:	☐ Normal	☒ Nearly Normal	☐ Mild HD	☐ Moderate HD	☐ Severe HD
FCI Equivalent:	A	B	C	D	E

GSSCC Almost Normal HD

12.9.2025

Date of Examination Stamp X-ray Expert's Signature

Gutachter nach FCI Nr. 4 Dr. Bernd Tellheim

Dr. Bernd Tellheim Dipl. ECVDI • Dysplasie Zentrum Gießen, Schubertstrasse 42, 35392 Gießen, Germany • ...
Verein für Deutsche Schäferhunde (SV) e.V. • Steinerne Furt 71 • 86167 Augsburg • ...

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17/25

Radiological Score Sheet
Lumbar Transitional Vertebra (LTV) Examination

Use for German Shepherd Dogs only

Registered Pedigree Name: RIVERSIDE HIGH DRIVES

Pedigree Registration No.: SZ2394437

Microchip Number: 981189900157499

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

Male | X | Female

Owner's name: LEE HANRAHAN

Street Address: [redacted]

City, Province: OXFORD MILLS, ON

Postal Code: K0G 1S0

CANADA

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 lumbar spine and sacral bone prior to the date of x-raying. I relinquish ownership of said x-rays.

07/08/25 — Date (dd/mm/yy) — Owner's Signature

Name of Veterinarian:

Name of Practice: CEDARVIEW ANIMAL HOSPITAL

Veterinarian Board Reg.No.:

WUSV Foreign HD/ED Licence No..:

X-Ray ID.No.:

Date of X-ray: 07/08/2025

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

Assessment of LTV X-Rays

Scoring of LSTV

[ ] Type 0 [X] Type 1 [ ] Type 2 [ ] Type 3

LTV:Type 1

Remarks:

Additional findings:

12.9.2025 — Date of Examination

Stamp

GRSK e.V. Gutachter FCI Dr. Bernd Tellhelm

X-ray Expert's Signature

Dr. Bernd Tellhelm Dipl. ECVDI • Dysplasie Zentrum Gießen, Schubertstrasse 42, 35392 Gießen • Germany • bernd.tellhelm@vetmed.uni-giessen.de
Verein für Deutsche Schäferhunde (SV) e.V. • Steinerne Furt 71 • 86167 Augsburg • E-Mail info@schaeferhunde.de

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17/25

Radiological Score Sheet
Lumbar-Sacral OC(D)

Use for German Shepherd Dogs only

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: [redacted]

City, Province: OXFORD MILLS, ON **Postal Code:** K0G 1S0

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 lumbar spine and sacral bone prior to the date of x-raying. I relinquish ownership of said x-rays.

07/08/25 — **Date** (dd/mm/yy) — **Owner's Signature**

Name of Veterinarian:

Name of Practice: CEDARVIEW ANIMAL HOSPITAL

Veterinarian Board Reg.No.:

WUSV Foreign HD/ED Licence No..:

X-Ray ID.No.: **Date of X-ray:** 07/08/2025

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

Assessment of OCD X-Rays

OCD Scoring Requested by Owner

☒ Yes, Scoring of OCD:

☒ No Signs of OC(D)

☐ Signs of OC(D)

☐ Step L7:S1

OCD:None

Remarks:

Additional findings:

12.9.2025 — **Date of Examination**

Stamp

GRSK e.V. Gutachter nach FCI № 4 Dr. Bernd Tellhelm

X-ray Expert's Signature

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