

Dysplasia Center Glessen (DZG), GbR

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



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: [redacted]
Street Address: [redacted]
City, Province: OXFORD MILLS, ON
Postal Code: K0G 1S0
CANADA
Name of Veterinarian: CEDARVIEW ANIMAL HOSPITAL
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.
Date (dd/mm/yy) 07/08/25 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 scanned for the x-rays. I relinquish ownership of the resulting x-ray images.
Date (dd/mm/yy) 07/08/25 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 Penetration
☐ Excessive Penetration ☐ 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	☒ Spheric	☐ CFHO	☐ Minor
		☐ Flexed hindlegs	☐ Deformation	☐ Minor
			☐ Lips	☐ Minor
Femoral Head Position	☐ Deep	☐ Subluxation	☒ Minor	
Femoral Neck	☒ Slim	☐ Cylindrical	☒ Shouldered from head	☐ Minor
	☒ Tight Contour	☐ Blurred	☐ New bone formation	☐ Minor
Joint Space	☐ Extended hindlegs	☐ Congruent	☐ Incongruent	☐ Minor
	☐ Flexed hindlegs	☐ Congruent	☐ Incongruent	☒ Minor
Femoral Head Centre	☐ Medial DAR	☒ Lateral DAR	☐ On DAR	
Narberg Angle	☐ $\geq 105^\circ$	☒ $< 105^\circ$	☐ $< 100^\circ$	☐ $< 90^\circ$

HD-SV Rating: ☐ Normal
FCI Equivalent: A

Overall Assigned HD Score

☒ Nearly Normal ☐ Mild HD ☐ Moderate HD ☐ Severe HD
B C D E

12.9.2025
Date of Examination

Stamp

X-ray Expert's Signature

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Verein für Deutsche Schäferhunde (VfS) e.V. • Südallee 71 • 86167 Augsburg • E-Mail: info@vfd.de • www.vfd.de



Dysplasia Center Giessen (DZG), GbR

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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.:	Microchip Number:	Date of Birth (dd/mm/yyyy):	
SZ2394437	981189900157499	16/06/2024	
		Male ☐ Female ☒	

Owner's name:	LEE HANRAHAN	Name of Veterinarian:	
Street Address:		Name of Practice:	CEDARVIEW ANIMAL HOSPITAL
City, Province:	Postal Code:	Veterinarian Board Reg.No.:	
OXFORD MILLS, ON	K0G 1S0	WUSV Foreign HD/ED Licence No.:	
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-rayimg. I relinquish ownership of said x-rays.		X-Ray ID.No.:	Date of X-ray: 07/08/2025
07.08.25 [Signature] 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 [Signature] Date (dd/mm/yy) Veterinarian Signature	

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

Assessment of LTV X-Rays

Scoring of LSTV

☐ Type 0
☐ Type 2

☒ Type 1
☐ Type 3

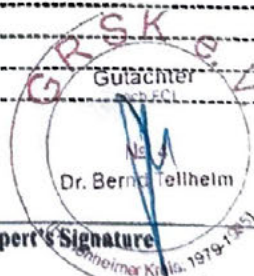
LTV:Type 1

Remarks: _____
Additional findings: _____

12.9.2025
Date of Examination

Stamp

X-ray Expert's Signature



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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: 9811B9900157499	Date of Birth (dd/mm/yyyy): 16/06/2024
☐ Male ☒ Female		

Owner's name: LEE HANRAHAN	Name of Veterinarian:
Street Address: [REDACTED]	Name of Practice: CEDARVIEW ANIMAL HOSPITAL
City, Province: OXFORD MILLS, ON	Postal Code: K0G 1S0
Veterinarian Board Reg.No.: WUSV Foreign HD/ED Licence 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 lumbar spine and sacral bone prior to the date of x-raying. I relinquish ownership of said x-rays.	
07/08/25 [Signature]	07/08/25 [Signature]
Date (dd/mm/yy) Owner's Signature	Date (dd/mm/yy) Veterinarian Signature

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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

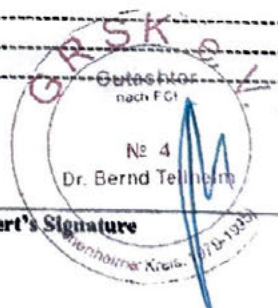
Remarks:

Additional findings:

12.9.2025
Date of Examination

Stamp

X-ray Expert's Signature



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