

registered name

HYBRID

breed

film/test/lab #

[REDACTED]

[REDACTED]

08/29/2024

date of report

Owner

[REDACTED]

[REDACTED]

M

sex

07/25/2023

date of birth

13

age at evaluation in months

Organization

**Veterinarian**

WEST PLAINS VETERINARY CLINIC  
1716 HWY 160 W; PO BOX 965  
WEST PLAINS MO 65775

Preliminary Elbow Dysplasia Evaluation Report

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 \_\_\_\_\_

*G.G. Keller DVM*

G.G. KELLER, DVM, MS, DACVR