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| **Untersuchung auf Patellaluxation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rasse:** | | | | | | | | |  | | | | | | | | | | | | | | Rüde | | | | Hündin | | | | |
| **Name des Hundes:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **ZB-Nr.:** | | | | | | | | |  | | | | | | **Wurftag:** | | | | | | | | **Chip-Nr.** | | | | | | | | |
| **Eigentümer/Besitzer:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Anschrift:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Hiermit bestätige ich die Identität des oben genannten Hundes. Ich versichere, dass keine Korrekturoperationen im Bereich der Hintergliedmaße vorgenommen worden sind. Eine vollständig ausgefüllte Ausfertigung dieses Untersuchungsformulars sende ich an die DFV-Geschäftsstelle. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ort, Datum | | | | | | | | | | Unterschrift des Besitzers/Eigentümers | | | | | | | | | | | | | | | | | | | | | |
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| **Datum der Untersuchung** | | | | | | | | | |  | | | | | | | **1. Untersuchung** | | | | | | | | | **Nachuntersuchung** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | rechts | | |  | |  | | | |  | | links | | |  | |  | |  |
|  | | | | | | | | | | |  | | ja | nein | |  | |  | | | |  | | ja | nein | |  | |  | |  |
| **I. Adspektion in Bewegung** | | | | | | | | | | |  | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | Lahmheit | | | | | | | |  | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | | | | | | dauernd | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | | | | | | intermittierend | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
| **II. Adspektion im Stand** | | | | | | | | | | |  | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | Achsenabweichung | | | | | | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
| **III. Palpation (stehendes Tier)** | | | | | | | | | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | Patella luxierbar | | | | | | | | |  |  |  | |  | | medial | | lateral | | | |  |  | |  | medial | | lateral | |
| **IV. Palpation (liegendes Tier)** | | | | | | | | | | |  | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | Patella luxierbar | | | | | | | |  | |  |  | |  | | medial | | lateral | | | |  |  | |  | medial | | lateral | |
|  | | | | | ohne Rotation | | | | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
| allein durch Tibiarotation | | | | | | | | | | | | |  |  | |  | | medial | | lateral | | | |  |  | |  | medial | | lateral | |
|  | | | Krepitation | | | | | | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
|  | | | Crista tibiae Abweichung | | | | | | | | | |  |  | |  | |  | | | |  | |  |  | |  | |  | |  |
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| **V. Beurteilung** | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
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|  | Grad 0: | | | Die Patella kann in keiner Position vollständig aus dem Sulcus trochlearis gedrückt werden. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grad 1: | | | Die Patella kann vollständig luxiert werden; spontane Reposition bei Einstellen des Druckes. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grad 2: | | | Die Patella kann vollständig luxiert werden. Eine Bewegung der Hintergliedmaße oder manueller Druck führen zur Reposition. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grad 3: | | | Die Patella wird luxiert vorgefunden. Eine Reposition ist möglich. Einstellen des Drucks bewirkt erneutes Luxieren. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grad 4: | | | Die Patella ist permanent luxiert. Eine Reposition ist nicht möglich. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wiederholungsuntersuchung empfohlen:** | | | | | | | | | | | | | | | | | | | nein | | ja | | | | | | | | | | |
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| **Bemerkungen:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Der unterzeichnende Tierarzt versichert, dass er die Identität des Hundes überprüft hat, ihm der Original-Abstammungsnachweis vorgelegt wurde. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ort, Datum | | | | | | | | | | Unterschrift, Praxisstempel | | | | | | | | | | | | | | | | | | | | | |