



## Vottorð

Kristinn Páll Pálsson (0106695619)

Brúnalda 1 -- 850 Hella

- 8641504 -

Ljóssins-Korri (Hundur)

Labrador

3 ára

gulur

fótbrot

fótbrot

I / cond # Vinstri distal humerus.

preq

diprivan,

vél

Lag skúfa þvert í distal humerus.

Rtg x 4 í aðgerð.

1 x 500 ml Na Cl.

inj depom

inj romefen

vist í 1 dag.

Ofangreindur hundur gekkst undir aðgerð á vinstri olnboga þ. 27.03.2006  
búast má við varanlegum breytingum á þeim olnboga sem gætu haft  
áhrif á röntgendóma.

Reykjavík, 7.8.2008

*Ólöf Loftsdóttir*

ÓLÖF LOFTSDÓTTIR  
DÝRALÆKNIR

Dýraspítalinn Vatnsveituvegur 4  
VÍÐIDAL 110 Reykjavík

14/4-08



# The Icelandic Kennel Club - Hundaræktarfélag Íslands

Date: 7.4.2008

Röntgen nr. 1514

Name of dog: Ljóssins Korri

Reg. number: IS09450/06

D.o.b.: 26.12.2005

♂  ♀

Breed: Labrador

ID: 352206000010298

Owner: Jón Ingi Guðmundsson

Please find enclosed:

X-rays on CD

Hip X-rays

Elbow X-rays

Hip results:

Date: 15/4-08

Elbow results:

Date: \_\_\_\_\_

Left:

- A
- B
- C
- D
- E

Right:

- A
- B
- C
- D
- E

Left:

- A
- C
- D
- E

Right:

- A
- C
- D
- E

Hips:

- |                           |                                |                                 |
|---------------------------|--------------------------------|---------------------------------|
| No secondary changes:     | Left: <input type="checkbox"/> | Right: <input type="checkbox"/> |
| Slight secondary changes: | Left: <input type="checkbox"/> | Right: <input type="checkbox"/> |
| Marked secondary changes: | Left: <input type="checkbox"/> | Right: <input type="checkbox"/> |
| Great secondary changes:  | Left: <input type="checkbox"/> | Right: <input type="checkbox"/> |

Elbows:

- |                           |   |  |
|---------------------------|---|--|
| No secondary changes:     | Left: <input type="checkbox"/>            | Right: <input checked="" type="checkbox"/> |
| Slight secondary changes: | Left: <input type="checkbox"/>            | Right: <input type="checkbox"/>            |
| Marked secondary changes: | Left: <input checked="" type="checkbox"/> | Right: <input type="checkbox"/>            |
| Great secondary changes:  | Left: <input type="checkbox"/>            | Right: <input type="checkbox"/>            |

*Arður or agent's side:*

Signature: Veterinary surgeon for hip score

Signature: Veterinary surgeon for elbow score