SWORN AFFIDAVIT

1

Collin Armand Martin ID number 8205065266087 states under oath in English. I make this statement in terms of section 212 (4) of Criminal Procedures Act 51 of 1977.

2

I am a 41-year-old male working as a specialist veterinary pathologist for Idexx South Africa, where I have been employed since 2014.

3

I qualified as a veterinarian in 2008 at Onderstepoort Faculty of Veterinary Science. I am currently registered as a specialist anatomical veterinary pathologist with the South African Veterinary Council and my registration number is S020/06090. I worked as a veterinarian from 2009 to 2014 as a small animal clinician at Blue Hills Veterinary Clinic in Kyalami. I left Blue Hills to pursue an anatomical pathology residency with Idexx at Onderstepoort in 2014 and was trained by Dr. Liza Du Plessis, Dr. Sarah Clift amongst others at the faculty. I qualified with an MMedVet (Pathology) in 2020. I am currently a specialist veterinary pathologist for Idexx South Africa.

4

Due to unavailability of state post-mortem services, I was contacted by Elani Kruger (an Inspector for the SPCA Cape of Good Hope) on Monday the 26th of June 2023 and asked I could assist with a post-mortem on a suspected cruelty case.

5

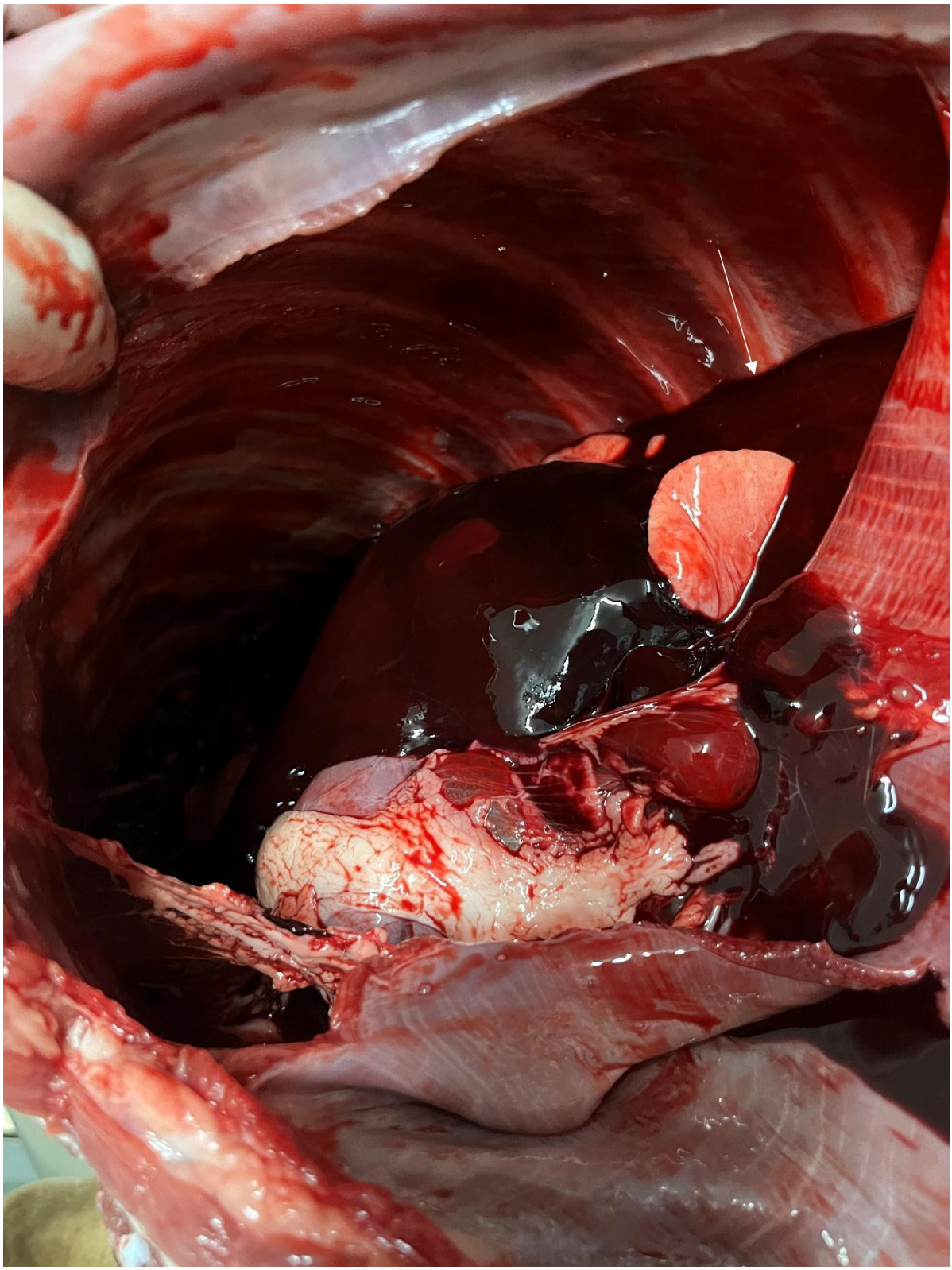
I performed the post-mortem at the hospital section of the SPCA Cape of Good hope on the morning of the 27th of June 2023 and made the following observations. The carcass was in bag labelled with admission number 097634.

The carcass was that of an adult, white and tan, intact female Pit Bull Terrier that was in good body condition. Moderate autolytic change was noted along with postmortal bloat.
External examination revealed pale mucous membranes with moderate right sided hypostasis.
Teeth were in good condition and approximate age is 1.5-2 years old.
There was no collar or external identification.
A small 3x4cm excoriation was noted on the left scapula.
On opening the carcass, severe subcutaneous haemorrhage (bruising) was evident in left cranial thoracic (chest) area extending up to the cranial cervical (neck). Removal of the skin showed fractured ribs in the lateral cranial thoracic area with torn intercostal muscles. There was line of fractured ribs extending from Rib 2 to Rib 6 on the ventrolateral aspect, while

dorsally there was a line of fracture extending from Rib 1 to Rib 5. This created a movable portion of thoracic ribs compatible with a flail chest.

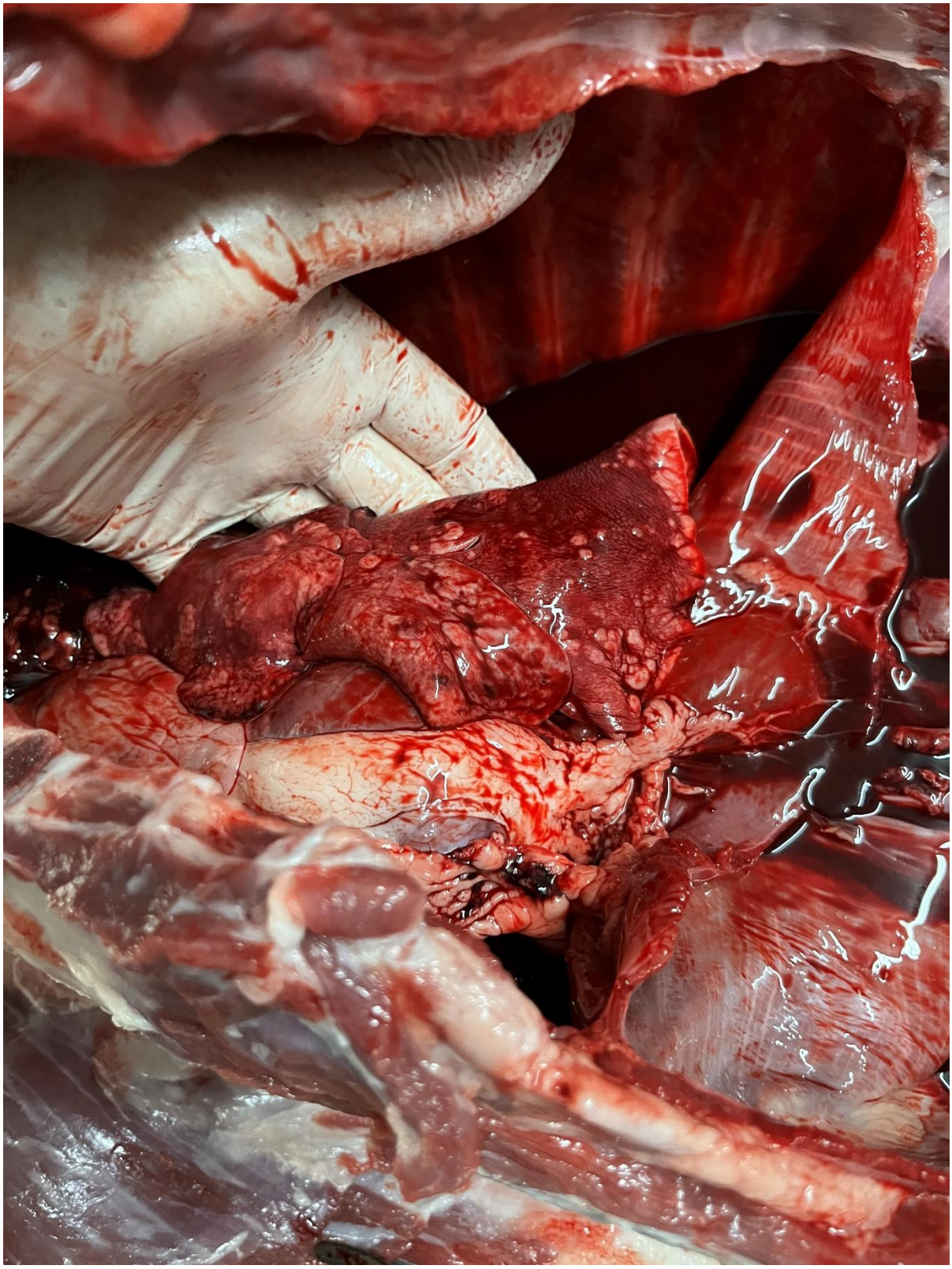
Picture 1 - Finger shows the lateroventral line of fractured ribs and torn intercostal muscles with bruising

Further internal examination of the chest showed a loss of negative intrathoracic pressure due to accumulation of large quantities of fresh haemorrhage in both pleural cavities (haemothorax, severe), approximately 1.5L volume.



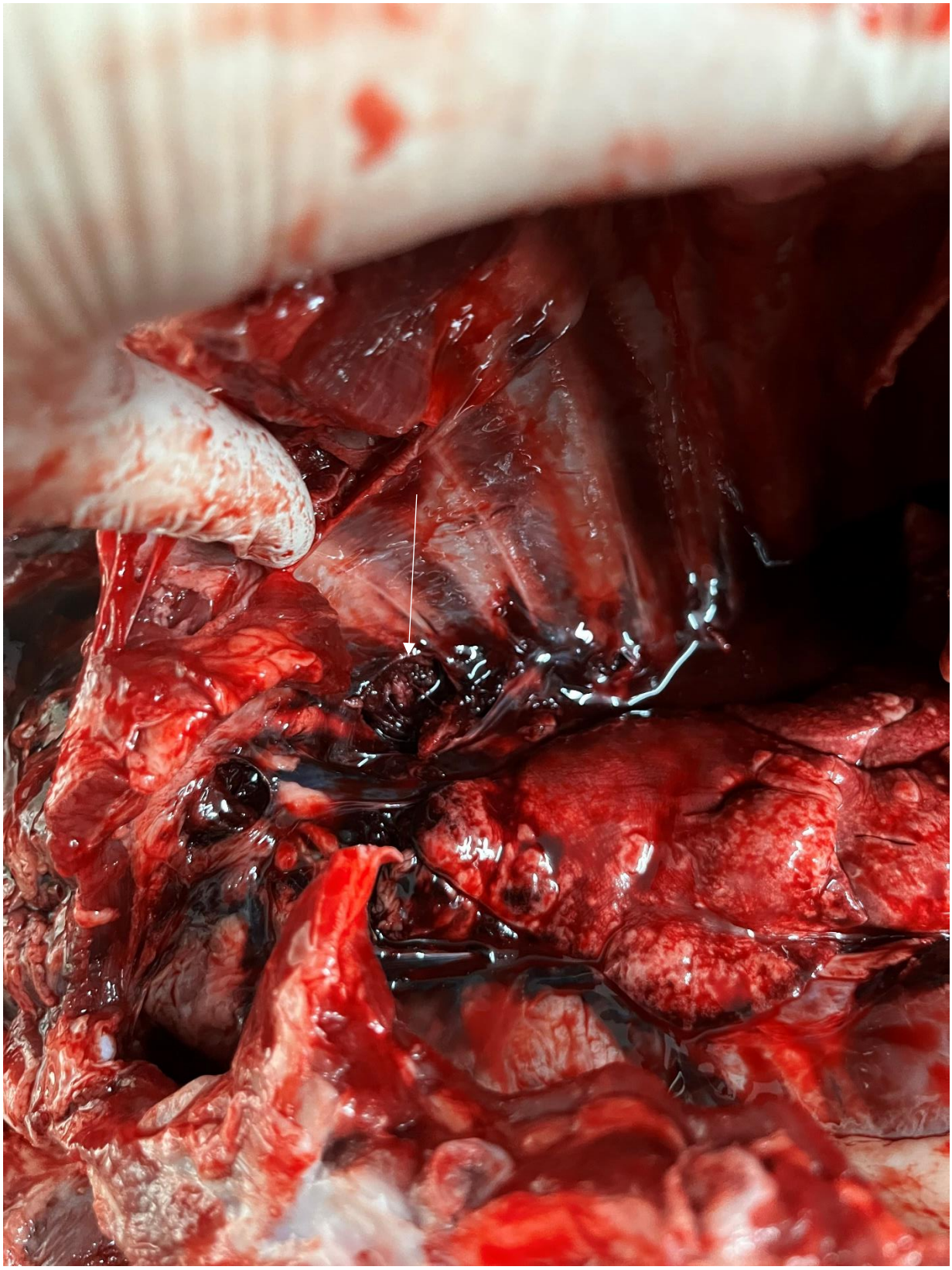
Picture 2 - Shows severe haemothorax (white arrow) - likely emanating from the ruptured intercostal arteries adjacent to the fractured ribs.

This was accompanied by marked bilateral pulmonary atelectasis (collapsed lungs).



Picture 3 – pulmonary atelectasis (collapsed lung) held in hand.

There were numerous tears in the parietal pleural associated with fractured ribs (likely source of haemorrhage).



Picture 4 – Extent of the dorsal rib fractures with intercostal muscle tearing, haemorrhage and rupture of the parietal pleura (white arrow).

Bruising was also noted focally on the pericardium. Further severe bruising was noted around the thoracic inlet extending into the cranial mediastinum.

Picture 5 – Severe internal haemorrhage (bruising) from the cranial thoracic inlet cranially up the neck (white arrow).

The remaining organs and post-mortem did not show any significant change.

6

The post-mortem findings are entirely consistent with severe blunt force trauma to the left cranial portion of the thorax. This resulted in a line of fractured ribs both dorsally and ventrally causing a flail chest (movable slab of ribs). The impact trauma also resulted in severing large intercostal arteries adjacent to the ribs and tearing of the parietal pleura. This caused rapid accumulation of haemorrhage into the pleural space, restricting the ability of the lungs to expand with air. Subsequent rapid loss of blood volume (hypovolaemic shock) combined with reduced pulmonary compliance (hypoxia) resulted in rapid death of the patient.

7

My conclusion through my training, knowledge and experience was that this animal suffered greatly from the moment of impact till eventual expiry. All efforts should have been made to transport the patient to veterinary facility for immediate treatment and relief of pain. A flail chest is known to be particularly painful as there are also large nerve bundles directly adjacent to the ribs, along with intercostal arteries and veins, which will be aggravated by constant movement of breathing.

8

I know and understand the contents of this statement.
I have no objection to taking the prescribed oath.
I see the prescribed oath as binding on my conscience.

_____

DEPONENT

The deponent has acknowledged that he knows and understands the contents of this affidavit/declaration, which was signed and sworn to before me at _____ on this the _____ day of _____ 2022, the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

_____

COMMISSIONER OF OATHS

Full names: _____

Designation: _____

Business address: _____