

SWORN AFFIDAVIT

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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.

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I am a 43-year-old male working as a specialist veterinary pathologist for Idexx South Africa, where I have been employed since 2014.

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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 senior specialist anatomic veterinary pathologist for Idexx South Africa.

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Due to unavailability of state post-mortem services, I was contacted by the inspectorate at the SPCA Cape of Good Hope and asked I could assist with a post-mortem on a suspected cruelty case.

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I performed the post-mortem at the Wildlife section of the SPCA Cape of Good hope on the morning of the 23rd of May 2025 and made the following observations. The carcass was in bag labelled with admission number A60521.

6

The carcass is that of an approximately 6 month old, male, intact, black and white (moggy) cat in fair body condition with minimal autolytic change. Identified with admission number .

Mild to moderate flea infestation is noted as well on the skin. Sand is noted on the fur and in the ears. There is marked crusting of dried blood around the nose bilaterally. The oral mucous membranes are mildly pale. Deciduous dentition is present. After

removal the skin, the skeletal muscles are mildly pale. Mild to moderate bruising is noted on the left thorax in the middle region of rib 10.

There is a large subcutaneous, approximately 5-6cm suggillation/bruise noted on the craniodorsal neck region. The majority is noted on the right side. The thoracic cavity showed normal negative pressure. Within the thoracic cavity, the lungs show mild diffuse congestion in the left and right caudal lobe. The heart shows only scant epicardial fat. No other abnormalities are present. The abdominal cavity shows mild serous atrophy of the omental fat. The liver is mildly pale with mildly accentuated lobulation. The remaining abdominal organs showed no microscopic pathology.

The colon contains well formed faeces. The small intestine only contains scant mucoid material. The stomach contained many fish bones. There is severe haemorrhage in the dural spaces of the spinal cord at the atlanto-occipital joint.

After removal of the cranium, there is severe subdural haematoma formation around the cerebellum and brainstem. Marked haemorrhage is also present in the nasal phar anx with a visible clot. Haemorrhage is noted around the hypophysis.

No macroscopic abnormalities were noted in the remaining organs.

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My conclusion through my training, knowledge and experience was that this animal suffered prior to death. The primary lesion noted during the postmortem examination is clear cranial trauma with severe haemorrhage noted in the dura and subdural spaces, primarily around the cerebellum and brain stem as well as around the hypophysis. Associated with this is clear nasopharyngeal haemorrhage (the source of the blood caking noted around the nostrils) as well as subcutaneous and intramuscular haemorrhage in the craniodorsal regions of the head.

Most likely, this is the result of severe blunt force trauma, but this will have to correlate with clinical history in this case. Although I could not see major damage macroscopically, even minor damage to the brain in this region (the brain stem) can be fatal as it is responsible for regulation of breathing and heart rate.

Incidentally, the cat was only in fair condition and showed flea infestation. Fish bones were present in the stomach. Suboptimal diet is likely responsible for this along with absence of tick and flea treatment but again please correlate with your observations.

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 _____ 2025, 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: _____