Western Cape Government
FOR YOU

VETERINARY LABORATORY SERVICES
Private Bag X5020, Stellenbosch, 7599
Helshoogte Road, Stellenbosch, 7600
tel: +27 21 808 7510
www.elsenburg.com | www.westerncape.gov.za

LABORATORY REPORT
Submission No: S2026/01_0004

Sender:	Owner is Sender - See Owner detail	**Owner:**	- L Ramsein
		Company:	-
		Farm Name (GPS):	- (-,-)
		Street address:	-
		PO Box address:	14 Bathurst Bend, Parklands North
		Town, postal code:	Parklands, 7441
		Contact number(s):	-; 0734440536
		Email:	lovitaramsein@gmail.com

Sender Reference: -

State Vet Area: SV Boland **Purpose of sampling:** Diagnostic

SPECIMEN INFORMATION

Species: Canine - Dog
Date & Time Received: 05-01-2026 10:05:30

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POST MORTEM REPORT

Date: 5th January 2026

Submission number: S2026/01_0004

Animal identification: One male intact, English bulldog, white-black-tan, 2 years old - No ID: 944 000 000 065 329.

History: None indicated on sample submission form.

Client indicated verbally that animal died suddenly during the afternoon outside during daycare.

Samples received and tests requested: One male intact, English bulldog, white-black-tan, 2 years old for post mortem examination.

PM changes: Mild.

General changes:
Congested, mildly cyanotic, mucous membranes.
Good body condition score 3.5/5.0, plenty fat reserves present.
Moderate visceral carcass congested.

Specific changes:
Minimal macroscopic findings observed:

Respiratory tract: Severe pulmonary oedema. Marked brachycephalic airway syndrome characterised by hypoplasia of the nares, epiglottis and trachea (trachea was 5 mm external diameter, 4 mm internal diameter), with a small laryngeal aperture/lumen, overlong soft palate, large tongue, both tonsils were medium sized and laryngeal saccules were moderately oedematous.
Prostate: Mild to moderately enlarged.
Gastrointestinal tract: A bloat line was observed along the thoracic entrance region of the oesophagus. Largely empty stomach. Faecal balls present.

Samples taken at necropsy: An organ pool of samples were collected for bacteriology and histopathology, and possibly PCR if need, as well as a faecal sample for parasitology.

RESULTS:

Histopathology:
Histopathological findings correlate with macroscopical findings. Mild autolysis was observed throughout all tissues evaluated. Moderate, acute, diffuse congestion was found throughout all parenchymatous organs evaluated.
Thymus: Mild haemorrhages observed throughout.
Lung: Mild, multifocal atelectasis. Moderate, acute, diffuse pulmonary oedema (low protein) and congestion. Scattered alveolar macrophages were observed throughout.

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Prostate: Moderate benign prostatic hyperplasia with mild prostatitis.
Unknown tissue: Severe autolysis, unable to thoroughly examine. Suspected vesiculitis.
Liver: Moderate, acute, centrilobular and portal congestion.
Spleen: Scattered neutrophils observed surrounding the marginal zones.
Kidneys: Scattered mineral deposition observed throughout scattered medullary tubules (dehydration).
Heart: Increased fatty infiltration.
Skeletal muscle: Scattered individual myofibres have lost striations.

No significant histopathological lesions detected throughout the thyroid, parathyroid, tongue, kidneys, pancreas, trachea , various nerves, spleen, lymph nodes, adrenal glands, remaining gastrointestinal tract and skeletal muscle.

Bacteriology:
Lungs:
- E. coli (haemolytic) (heavy growth) (mixed growth)
- *Proteus* sp. (heavy growth) (overgrown)

Spleen:
- *Proteus* sp. (moderate growth) (mixed growth)
- Non-significant isolates (heavy growth) (overgrown)

Parasitology:
No parasitic ova or oocysts observed.

COMMENTS/DIAGNOSIS:
The final diagnosis is indicative of cardiorespiratory failure resulting in sudden death, causes of which were multifactorial with concurrent benign prostatic hyperplasia and prostatitis. The most likely causes include a combination of both underlying brachycephalic airway syndrome given the breed as well as suspected heat stress and associated dehydration .

Brachycephalic Obstructive Airway Syndrome (BOAS)
Overview
This condition is also known by other names including: brachycephalic syndrome, brachycephalic airway syndrome, brachycephalic respiratory syndrome, or congenital obstructive upper airway disease.
What is meant by a brachycephalic dog?
This is a scientific term describing a dog that has a shortened muzzle (or nose) due to its genetics (breed). The skull bones of these dogs are compressed such that the dog has a more flattened or "pushed-in" facial conformation compared to other dogs.
What breeds are considered brachycephalic?
This condition is seen most frequently in the English bulldog, pug, French bulldog, and Boston terrier (pictured left). Other affected breeds include the boxer, Pekingese, shih tzu, Chinese sharpei, Lhasa apso, and bull mastiff.
What problems are associated with this condition?
The anatomical variations of the skull bones result in abnormalities of the upper respiratory system. Overall, there can be varying degrees of breathing difficulty depending on the extent of the abnormalities. The severity of symptoms may

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increase as the dog ages.

What causes BOAS?

There are various respiratory tract variations, including stenotic bares, elongated soft palate, everted laryngeal saccules and hypoplastic trachea, as well as a large tongue and elongated/enlarged or everted tonsils, which were observed in this animal.

Symptoms include: Noisy breathing (wheezing, snoring, snorting), reduced/inability to exercise, gagging when swallowing food or water, laboured breathing, open mouth breathing, bluish discoloration of the gums and sudden collapse.

Unfortunately, this also means that these animals are more prone to heat stress. Clinica signs of heat stress include: excessive panting, bright red gums or tongue, thick drooling, increased heart rate, vomiting, diarrhoea and confusion. Some of these clinical signs are also observed in brachycephalic airway syndrome dogs on a normal basis, hence the possible confusion between the signs.

The benign prostatic hyperplasia and mild prostatitis is an incidental finding. It is the enlargement of the prostate due to glandular hyperplasia with a concurrent infection of unknown origin (most likely ascending from the environment). The infection would've placed additional stress of the heart. It occurs commonly in intact male dogs, is hormonally controlled, and is reversible with castration. Hyperplasia of the canine prostate does not seem to be a precancerous change/indicator.

Sincerest condolences for the loss of your loved one.

Reference:

Maxie, M.G. (ed.), 2016, *JUBB, KENNEDY AND PALMER'S PATHOLOGY OF DOMESTIC ANIMALS*, 6th edn., Elsevier, St. Louis, Missouri.

Thank you for submitting these samples to the Western Cape Provincial Veterinary Laboratory. Please do not hesitate to contact us should you have any queries.

State Veterinarian

DR T. ANTHONY

Name

Signature

DEPT. VAN LANDBOU: WESKAAP
PROVINSIALE VETERINERE LABORATORIUM
PRIVAATSAK X5020, STELLENBOSCH, 7599

06 FEB 2026

Report date

PRIVATE BAG X5020, STELLENBOSCH, 7599
PROVINCIAL VETERINARY LABORATORY
DEPT. OF AGRICULTURE: WESTERN CAPE

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FOR YOU

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LABORATORY REPORT FOR POST-MORTEM (NECROPSY) INVESTIGATION

Submission No: S2026/01_0004

Sender: Owner is Sender - See Owner detail

Owner: - L Ramsein
Company: -
Farm Name (GPS): - (-,-)
Street address: -
PO Box address: 14 Bathurst Bend, Parklands North
Town, postal code: Parklands, 7441
Contact number(s): -; 0734440536
Email: lovitaramsein@gmail.com

Sender Reference: -

State Vet Area: SV Boland

Purpose of sampling: Diagnostic

SPECIMEN INFORMATION

Species: Canine - Dog
Specimen condition: Suitable
Client sampling date, if indicated:
Date & time received for post-mortem investigation: 05-01-2026 10:05:30
Post-mortem examination date: 05-01-2026

Specimens taken at necropsy:

Specimen Type	Quantity	Test(s) Required
Tissue / Organs, in formalin	1	Haematoxylin and Eosin (H&E) Staining Test (P-HIST-M-006)

Specimen Type: Tissue / Organs, in formalin

Test: Haematoxylin and Eosin (H&E) Staining Test

Staining date	03-02-2026
Histopathology service requested	Processing, staining and examination (Refer to attached report for histopathology findings)
Comments	No additional comments

NOTE: Opinions and interpretations expressed herein are outside the scope of SANAS accreditation.

Thank you for submitting these samples to the Western Cape Provincial Veterinary Laboratory. Please do not hesitate to contact us should you have any queries.

Authorised signatory

EC de Mon
Initial and surname

Signature

3/2/2026
Report Date

State Veterinarian

DR T. ANTHONY
Initial and surname

Signature

DEPT. VAN LANDBOU, BOSBOU EN VISSERYE
PROVINSIALE VETERINÊRE LABORATORIUM
PRIVAATSAK X5020, STELLENBOSCH, 7599

Date

06 FEB 2026

PRIVATE BAG X5020, STELLENBOSCH, 7599
PROVINCIAL VETERINARY LABORATORY
DEPT. OF AGRICULTURE, FORESTRY AND FISHERIES: WESTERN CAPE

HISTOLOGY Reference No.: 26,001