POST MORTEM VETERINARY REPORT

AFFIDAVIT

I, **Collin Armand Martin**, hereby make oath in English and declare as follows:

1. I am Collin Armand Martin, Identity Number 8205065266087. I am a 43-year-old adult male employed as a specialist anatomical veterinary pathologist at Idexx South Africa, where I have been employed since 2014.

2. I qualified as a veterinarian in 2008 at the Onderstepoort Faculty of Veterinary Science. I practised as a small animal clinician at Blue Hills Veterinary Clinic in Kyalami from 2009 to 2014. In 2014, I commenced an anatomical pathology residency with Idexx at Onderstepoort, during which time I received specialist training under, inter alia, Dr Liza du Plessis and Dr Sarah Clift. I obtained a Master of Veterinary Medicine (MMedVet) in Pathology in 2020.

3. I obtained the degree Master of Veterinary Medicine (MMedVet) in Anatomical Pathology in 2020. I am currently registered with the South African Veterinary Council as a specialist anatomical veterinary pathologist under registration number S020/06090 and am employed as a senior specialist anatomic veterinary pathologist for Idexx South Africa.

4. I am currently employed as a senior specialist anatomic veterinary pathologist at Idexx South Africa and am experienced in conducting post-mortem examinations and determining causes of death in animals.

5. I make this affidavit in terms of section 212(4) of the Criminal Procedure Act 51 of 1977, the contents whereof fall within my personal knowledge and expertise and are, to the best of my knowledge and belief, both true and correct.

6. Due to the unavailability of state post-mortem services, I was contacted by the Inspectorate of the Cape of Good Hope SPCA and requested to assist with a post-mortem examination in a suspected animal cruelty matter.

7. I performed the post-mortem examination at the Ou Kaapse Vet on the morning of 19th November 2025. The carcass was presented to me in a sealed bag bearing admission number A75212.

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I, **Collin Armand Martin**, hereby make further oath in English and declare as follows:

8. POST-MORTEM FINDINGS

8.1 The carcass was that of an intact, German Shepherd crossbreed in very poor body condition. She was euthanased due to quality of life considerations.

8.2 External examination revealed severe skin lesions multifocally which are both chronic and active (please refer to video documenting extent of the lesions). There are multifocal ulcerations as well areas of scarring and hyperpigmentation.

8.3 Severe muscular atrophy was noted, and this was associated with exposed hip bones and spine of the scapula.

8.4 Adequate adipose tissue was noted in the subcutis and in the omentum

8.5 The uterus is small and involuted. The right ovary is enlarged and shows a 4-5cm lobulated mass.

8.6 The stomach contains air and some fluid.

8.7 The lungs are dark red and well aerated. Fluid and froth in the trachea.

8.8 No other macroscopic pathology was noted in the remaining organs.

9. HISTOPATHOLOGICAL FINDINGS

Histological examination yielded the following findings:

9.1 Skin:

9.1.1 There are multiple sections of the skin which all shows similar appearing pathology. This is characterized by the presence of multifocal to coalescing areas of severe inflammation within the dermis and subcutis which is often associated with extensive overlying epidermal ulceration and draining sinus tract formation. This inflammation consists of a mixture of macrophages and neutrophils and is also associated with visible haemorrhage and fibrin deposition.

9.1.2 Prominent perivascular to interstitial lymphocytes and plasma cells also observed. Other sections also show the presence of intraepidermal pustules containing macrophages. Moderate dermal and subcutaneous fibrosis is noted. Some sections also show the presence of significant pigmentary incontinence with melanophage accumulation. The blood vessels in these regions also show leukoclastic debris with surrounding cuffing of macrophages lymphocytes and plasma cells is also present.

9.1.3 Sections of the subcutis also show marked septal and interstitial lymphoplasmacytic infiltration and this often associated with lymphocytes and

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plasma cells present within the tunica media of associated blood vessels. There is visible vacuolar degeneration of the follicular epithelium with marked pigmentary incontinence and melanophage accumulation.

9.1.4 Ulcerated sections also show visible intravascular fibrin thrombosis with attempted recanalization. There are also sections of healed skin which shows significant loss of hair follicles. There is also visible artefactual separation of the epidermis from the underlying dermis. Similar separation is also observed around hair follicles. Necrotic regions also show the presence of colonies of coccoid bacteria especially in the ulcerated regions. This is associated with smudged collagen and atrophic hair follicles.

9.2 Kidney:

9.2.1 There is mild autolytic change and freeze artifact but no other pathology.

9.3 Lymph node:

9.3.1 There is marked follicular and parafollicular hyperplasia as well as sinus histiocytosis.

9.4 Ovarian mass:

There is a mass which consists of interlacing bundles of neoplastic spindle cells supported by moderate fibrous stroma. The spindle cells are elongated and have fibrillar, eosinophilic, indistinctly bordered cytoplasm and ovoid to cigar-shaped often serpentine nuclei with finely stippled chromatin and one or 2 distinct basophilic nucleoli. There is extensive central coagulative necrosis as well as dystrophic mineralization multifocally. The mitotic index is 2 per 10 high-power fields.

9.5 Liver:

The hepatocytes appear severely atrophic and there is marked centrilobular accumulation of yellow-brown granular pigment within the hepatocytes.

9.6 Skeletal muscle:

The myofibers are severely atrophic and this is accompanied by marked satellite cell proliferation. Some areas of myocyte of lysis are noted and there is also visible early replacement fibrosis. Moderate to marked variation in myofiber diameter.

10. PROFESSIONAL OPINION

10.1 The primary lesion detected in this case was a severe, multifocal, chronic ulcerative dermatitis. The macroscopic changes should active ulcerated lesions as well as areas of chronic scarring and hyperpigmentation where previous lesions were present and healed. Sections were examined histologically and showed a wide range of pathology as expected. The primary lesion appears to be pyogranulomatous inflammation in the dermis and subcutis and then this was followed by necrosis and ulceration of the

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over skin. The origin of the inflammation is not clear, but I strongly suspect an immune mediated disease in this case, specifically sterile granuloma and pyogranuloma syndrome.

10.2 An infectious aetiology is unlikely, but theoretically, fungal and mycobacterial infections could have similar pathology. Special stains (Periodic Acid Schiff and Ziehl-Nielsson) can be used to help confirm or exclude these if needed, but at this point, it is of academic interest only.

10.3 There is also evidence of a vasculitis, but I suspect this may be secondary and reactive.

10.4 There was a secondary lesion noted on the right ovary. Histological examination showed a spindle cell tumour, and this could be consistent with a thecoma or possibly another spindle cell tumour such as a fibroma or leiomyoma. This lesion was incidental in this case and likely had no bearing on the cause of death.

11. CONCLUSIONS

11.1 In conclusion, this canine clearly suffered from a chronic, highly ulcerative dermatitis. These areas are well supplied with nerve endings and necrosis of inflammation of the skin is painful. There is evidence of chronicity and its possible these lesions have been appearing for months. Veterinary attention should have been sought earlier and diagnostics attempted. If this lesion was sterile granuloma and pyogranuloma syndrome as I suspect, they often respond very well to corticosteroids. This is a drug that is cheap, easy to use and freely available. Please correlate these findings with other pertinent details of this case.

12. 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

Dr. Colin Martin (BVSc)(MMedVet)

The deponent has acknowledged that he knows and understands the contents of this affidavit/declaration, which was signed and sworn to before me at

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I, **Collin Armand Martin**, hereby make further oath in English and declare as follows:

GRASSY PARK on this the 08 day of APRIL 2026, 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.

J De Vos
40004230

COMMISSIONER OF OATHS

Full names: JUSTIN DE VOS
Designation: COMMISSIONER OF OATHS
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