

Fresno County Coroner - Autopsy Report

Case: 00-02-018
Name: ADANALIAN, Linda
DOD: 02/11/00
Date Performed: 02/12/00; 09:45 a.m.
Performed At: Fresno County Morgue
Performed By: Albert Siu, M.D.
Present: Steven Chooljian, M.D.

PLF
DEPT EXHIBIT 1
DEPOSITION OF GOPAL
DATE 5, 26, 00
GAE WERFEL, CSR 4919

PERSONAL EFFECTS:

When first viewed, the body has on a hospital gown.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished, white female, appearing consistent with the stated age of 37. The body measures 64" in length and weighs 153 pounds. Rigor mortis is fully established, and livor mortis is present on the back. The body is cool to the touch.

The head hair is dark brown. The irides are brown and unremarkable. There is no hemorrhage on the conjunctivae. The teeth are in good condition.

The face, neck, chest, abdomen, and back appear symmetric and atraumatic. No deformities are seen on the upper and lower extremities. The external genitalia are unremarkable.

THERAPEUTIC PROCEDURES:

1. Defibrillator pads are present on the chest.
2. Electrocardiogram patches are present.
3. There is an orotracheal tube in place.
4. Intravenous catheters are placed in the left and right antecubital fossae.
5. An intravenous catheter is placed in the right wrist area.
6. A Foley catheter is in place.

SCARS AND TATTOOS:

None visible.

INJURIES:

None.

INTERNAL EXAMINATION:

BODY CAVITIES: Reflection of the soft tissue in the chest does not reveal any rib fractures. All internal organs in the chest and abdomen are present, and these have normal anatomic relationships. There is approximately 300 ml of blood in the right chest cavity. No blood is present in the left chest cavity, the pericardial sac, or the abdomen.

CARDIOVASCULAR SYSTEM: The heart weighs 280 gm, and the epicardial aspect is unremarkable. The valves are normally formed with delicate leaflets, and no vegetations are present. The chordae tendineae and the papillary muscles are intact. There is minimal coronary artery disease in the left anterior descending, the left circumflex, and the right coronary arteries. The atrial and ventricular septa are intact. There is dilatation of the right ventricle to 5 cm. However, there is only mild dilatation of the left ventricle, and there is no hypertrophy of the cardiac muscle. There is no evidence of acute myocardial infarction. The great vessels are normally related and are intact.

RESPIRATORY SYSTEM: The tip of the orotracheal tube is correctly positioned. No obstructing materials are present in the trachea or major bronchi. After removal of the orotracheal tube, the larynx is patent. The right and left lungs weigh 1000 and 920 gm, respectively. Both lungs are similar in appearance with dark red pleural surfaces. The cut surfaces of both lungs show edema and congestion. There is no evidence of tumor, abscess, or thromboembolism.

GASTROINTESTINAL SYSTEM: The gastrointestinal tract is intact throughout its length. Esophageal and gastric mucosa are free of hemorrhage or ulceration. The stomach contains an estimated 150 ml of green-brown cloudy fluid, but no blood is present in the gastric contents. No ulcer is present in the duodenum. The small and large intestines are free of masses. The appendix is present in the cecum and is free of exudate.

HEPATOBIILIARY SYSTEM: The liver weighs 1830 gm, and the hepatic capsule is smooth and intact. The hepatic parenchyma is red-brown, and no nodules are present. The extrahepatic biliary system is not dilated. The gallbladder contains scant bile, and no stones. There is some edema in the gallbladder wall.

PANCREAS: The pancreas has the usual tan lobular architecture, and there is no evidence of hemorrhage, necrosis, or fibrosis.

HEMATOPOIETIC SYSTEM: The spleen weighs 340 gm, and the splenic capsule is intact. The cut surface of the spleen shows the usual white and red pulp areas, and the white pulp areas do not appear expanded. There is no lymphadenopathy in the neck, mediastinum, or abdomen.

GENITOURINARY SYSTEM: The right and left kidneys weigh 120 and 150 gm, respectively. Both kidneys are similar in appearance, and there is some granularity on the cortical surfaces. The renal architecture is intact with clearly identifiable cortex and medulla. There is no hydronephrosis. The urinary bladder contains virtually no urine due to the presence of the Foley catheter.

The uterus is not enlarged. The right and left adnexa are unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is not enlarged. The thyroid gland is bilobed and is nonnodular. The adrenal glands are free of hemorrhage or necrosis.

CENTRAL NERVOUS SYSTEM: The scalp is reflected and shows no subgaleal hemorrhage. No fractures are seen on the calvarium. The meninges are clear, glistening, and intact. There is no hemorrhage in any of the meningeal compartments. The brain weighs 1300 gm. The right and left hemispheres are symmetric, and the gyri and sulci are unremarkable. Sections of the hemispheres do not show areas of hemorrhage or discoloration. The brainstem and cerebellum are unremarkable, and there is no evidence of edema or herniation.

NECK ORGANS: The hyoid bone and thyroid cartilage are intact. No hemorrhage is present in the soft tissue of the neck.

MATERIAL FOR HISTOLOGY:

Biopsies of chest organs, abdominal organs, and brain are submitted for histology. The heart, and left and right lungs are saved in formalin.

MATERIAL FOR TOXICOLOGY:

Heart blood is submitted for toxicology.

MICROSCOPIC SECTIONS:

Initial histologic slides are labeled FC00-107A-O. Subsequently, additional tissue is submitted for microscopic examination and labeled as follows: FC00-169A-B, heart muscle; FC00-170A-C, right and left lungs; FC00-171, GI tract.

CARDIOVASCULAR: Multiple sections of coronary artery show patency of the vascular lumina confirming the gross impression of minimal coronary artery disease. The myocardial fibers do not show necrosis, and there are no changes of acute or old myocardial infarction. A few lymphocytes infiltrate the myocardium.

RESPIRATORY: Multiple sections of the lungs reveal marked congestion and patchy edema. There is no pulmonary embolism, pulmonary hypertension, or bronchopneumonia. Eosinophils around bronchi are few, and there is no support for the diagnosis of bronchial asthma. There is no evidence of adult respiratory distress syndrome.

GASTROINTESTINAL: Sections of esophagus, stomach, and appendix do not show ulceration, hemorrhage, or acute inflammation.

HEPATOBIILIARY: The liver is completely within normal limits, with the usual architecture.

PANCREAS: The pancreas is within normal limits.

HEMATOPOIETIC: The spleen has the usual formation of red and white pulp areas.

GENITOURINARY: Sections of the right and left kidneys show intact glomeruli. There is no evidence of tubular necrosis.

ENDOCRINE: The thyroid gland shows chronic lymphocytic thyroiditis. The adrenal glands are free of hemorrhage or necrosis.

CENTRAL NERVOUS SYSTEM: There is no evidence of meningitis. There are no areas of hemorrhage or necrosis in the cerebri or cerebellum.

GROSS DIAGNOSIS:

- I. Bilateral ventricular dilatation.
- II. Bilateral pulmonary edema and congestion.
- III. Splenomegaly.
- IV. Right hemothorax, 300 ml.
- V. Minimal coronary artery disease.

Toxicology: Drug screen on blood is negative.

FINAL DIAGNOSIS:

- I. Bilateral ventricular dilatation.
- II. Bilateral pulmonary edema and congestion.
- III. Splenomegaly.
- IV. Right hemothorax, 300 ml.
- V. Minimal coronary artery disease.
- VI. Chronic lymphocytic thyroiditis.

OPINION AS TO THE CAUSE OF DEATH:

*PENDING

MANNER OF DEATH:

*PENDING

ALBERT SIU, M.D.
Forensic Pathologist

AS/mmf

d: 02/12/00;04/28/00

t: 02/14/00;04/28/00