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 200 FIRST STREET SW
 ROCHESTER, MN 55905

STEPHEN M. AVALOS, M.D.

Patient: **ADANALIAN, LINDA**

Med. Record No. :
 Sex : F Age : 38
 Date of Birth : 06/09/1962
 Account Number :

Pathology No. : **SHS-00-25031**

Date of Procedure :
 Date Received : 09/11/2000
 Social Security No. : 569-49-2817

SPECIMEN SUBMITTED: YR00-45, 11 SLIDES

CLINICAL HISTORY: The patient is a 37-year-old woman who presented with the sudden onset of chest pain, shortness of breath, and syncope. Following the resuscitative efforts, the patient died. The heart was submitted to Dr. William Edwards at the Mayo Clinic for evaluation. At the request of Dr. Gopal, we have received 11 H&E-stained slides from the Mayo Clinic for our review.

COMMENT: The histologic slides consist of multiple sections of the right and left ventricle, including the sinoatrial node and the atrioventricular node. I do not see myocyte hypertrophy in any of the sections. The histologic sections of the SA node and AV node display normal conduction elements.

The slide labeled LVL contains focal areas of contraction band necrosis consistent with resuscitative efforts and terminal events. I do not see evidence of an evolving myocardial infarction. Both the epicardial vessels and intramyocardial vessels do not show atherosclerotic thickening, vasculitis or dissection.

A slide labeled LVL-mid contains a single collection of small round lymphocytes without associated myocyte damage. Thus, this focus does not fulfill all the criteria for lymphocytic myocarditis and, according to the Dallas criteria, is best categorized as borderline lymphocytic myocarditis.

The sections of the right ventricle show mild to moderate amounts of intramyocardial adipose tissue. However, I do not see associated fibrosis to warrant a diagnosis of arrhythmogenic right ventricular dysplasia.

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The section labeled AVN1 reveals the presence of two foci of subendocardial interstitial fibrosis in the ventricular portions below the AV node. I do not see any nodal conduction elements contained within this fibrous tissue focus. The etiology of this fibrosis is unclear.

In summary, we are unable to provide a morphologic explanation for this patient's sudden death episode. The focus of borderline myocarditis is solitary and is felt to be an incidental finding. The contraction band injury represents terminal changes. The conduction system, including the SA node and AV node show no abnormality. Further, there is no evidence of vasculitis, coronary artery dissection, RV dysplasia or an unsuspected cardiomyopathy.

DIAGNOSIS:**HEART, POST MORTEM, EXAMINATION**

- SINGLE FOCUS OF BORDERLINE LYMPHOCYTIC MYOCARDITIS
(SEE COMMENT)
- FOCAL SUBENDOCARDIAL INTERSTITIAL FIBROSIS OF UNCLEAR ETIOLOGY
- FOCAL ACUTE CONTRACTION BAND INJURY OF THE LEFT VENTRICLE
(SEE COMMENT)
- SINOATRIAL NODE AND ATRIOVENTRICULAR NODE WITHOUT
HISTOPATHOLOGIC ABNORMALITY.

BERRY
bll/9/12/00

I have personally reviewed the specimen
and agree with the interpretation above.
GERALD J. BERRY M.D.
Pathologist
Electronically signed 09/12/2000