145

A2005 – 00900

North Carolina Baptist Hospital, Inc.
Wake Forest University School of Medicine
Department of Pathology
Medical Center Blvd
Winston-Salem, NC 27157
Tel: (336) 716-4311 Fax: (336) 716-7595

NC OCME
NC Office of the Chief Medical Examiner

MAR 08 2005

MEDICOLEGAL AUTOPSY REPORT

Prosector:		**Patient Name::**	**UNDERHILL, RUSSELL**
Consultant:	P. E. Lantz, M. D.	**Medical Record #:**	
Autopsy Assistant:	James A Hargrave	DOB/Age::	6/17/1950 (Age: 54)
Service:		Race/Gender:	W/M
Admitted:			
Expired:	12/27/2004		
Autopsied:	12/28/2004		
Reported:	2/15/2005		
Attending Physician:		**NCBH Path #:**	**A04-1958**

Medical Examiner: Jeffrey B. Paysour
Lincoln County Medical Examiner

FINAL AUTOPSY DIAGNOSIS

I. Atherosclerotic cardiovascular disease
   A. Coronary artery disease
      1. Left anterior descending, focal severe stenosis
      2. Posterior descending, moderate focal stenosis
   B. Aorta, moderate
   C. Basilar artery, mild
II. Inferior frontotemporal contusions, remote
III. COPD, mild to moderate
IV. Hepatic steatosis, moderate
V. Hepatic cyst, 2 cm

03/10/05
OCME DATE

P. E. Lantz, M. D. 3/7/05 Date

Summary of Findings

Major findings at autopsy for this 54-year-old Caucasian man, Russell Underhill, included focal severely stenosing coronary artery disease of the left anterior descending coronary artery. No acute myocardial infarcts were present. The brain had evidence of remote inferior frontal and temporal contusions characteristic of contrecoup contusions. The liver was fatty and the lungs were markedly hyperemic with emphysematous changes. The deceased had not been consuming alcoholic beverages immediately prior to death.

According to investigative reports, decedent was found slumped over on the couch. He had a history of prior substance abuse. Current medications included Atenolol, hydrochlorothiazide and Clonazepam (all with appropriate pill counts).

DOCTOR COPY

09-098610 (8/04)

NC OCME
NC Office of the Chief Medical Examiner

EXTERNAL EXAMINATION

Body Weight: 155 lb
Body Length: 73 ½ in

The body is that of a well-developed, slightly cachectic, adult Caucasian man, who appears compatible with the stated age. Body identification includes a toe tag bearing the decedent's name on the right great toe.

The body is cool to touch. Rigor is full in all extremities and jaw. Diffuse, fixed, purple livor extends over the posterior and anterior surfaces of the body, except in areas subject to pressure.

The scalp hair is brown and measures to 3-4 cm in length over the crown. The irides are brown. The corneae are cloudy. The sclerae and conjunctivae are engorged. No conjunctival petechiae are present. Except as noted, the nose and ears are not unusual. The lips and gums are slightly congested. The mouth is edentulous. Facial hair includes a brown-gray beard and moustache. The neck is without masses, and the larynx is in the midline.

The thorax is symmetrical with an anteroposterior/lateral ratio of about 1:2. On the right upper anterior chest are 25-30 petechiae or Tardieu spots. The abdomen is scaphoid. The penis is circumcised; the testes are bilaterally descended within the scrotum. The anus and back are unremarkable.

The upper and lower extremities are well developed and symmetrical, without absence of digits. The shins bilaterally are covered with 50-100 petechiae and small ecchymoses, the largest measuring to 3 mm. The toenails are hypertrophied, thickened, and the great toenails bilaterally are curved, measuring 3-4 cm in length.

No identifying marks or scars are readily apparent.

No evidence of emergency resuscitation and/or medical therapy is present.

For clothing and personal property, please see Personal Property Sheet.

EVIDENCE OF INJURY

HEAD AND NECK

Blunt Trauma
Over the forehead and anterior nose are irregular superficial abrasions measuring in size from 0.3 to 1.1 cm. These are non-patterned and number between 15 and 20.

CHEST AND ABDOMEN

None.

UPPER EXTREMITIES

None.

LOWER EXTREMITIES

None.

INTERNAL EXAMINATION

BODY CAVITIES
Panniculus adiposus: 2.0 cm

The pleural cavities and abdominal cavity contain no significant quantities of fluid and no fibrous adhesions. All body organs are present in normal and anatomical position.

CENTRAL NERVOUS SYSTEM
Brain weight: 1420 gm

The dura mater and falx cerebri are intact. No subdural membranes are present. The leptomeninges are slightly opaque but otherwise

09-098610 (8/04)

DOCTOR COPY

NC OCME
NC Office of the Chief Medical Examiner

unremarkable. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Bilateral remote pale golden inferior frontal and temporal contusions are present. The frontal contusions are of similar size, measuring to 4 x 2 cm and the temporal contusions are also of similar size, measuring up to 7 x 3 cm. The depth into the underlying cortex varies between 1-2 mm. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and Ammon's horn are unremarkable. The cerebral ventricles are normal caliber. Sections through the brain stem and cerebellum are unremarkable.

NECK

Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM

Heart weight: 480 gm

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally and follow the usual distribution with a right dominant pattern. Minimal to mild atherosclerosis is in the epicardial vessels except for the mid one-third of the LAD where a focal area of moderate to severely stenosing atherosclerosis is present over a distance of 6 mm. The posterior descending artery proximally has a focal area of moderate stenosing atherosclerosis. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium is dark red-brown and soft but otherwise unremarkable; the atrial and ventricular septa are intact. The aorta and its major branches arise normally and follow the usual course, with moderate calcified non-ulcerated atherosclerosis, predominantly below the celiac axis. No aneurysmal dilatations are present. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM

Combined lung weight: 2050 gm

The upper airway, when cleared of gastric contents, has hyperemic mucosal surfaces that are otherwise unremarkable. The pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is dark red-purple, exuding moderate to significant amounts of blood and frothy fluid. Gray-green mottling is present in all lobes, characteristic of gastric aspiration. The lower lobes bilaterally are markedly hyperemic. The pulmonary arteries are normally developed, patent, and without thrombus or embolus.

LIVER AND BILIARY SYSTEM

Liver weight: 1550 gm
Bile volume: 25 ml

The hepatic capsule is smooth, glistening and intact, covering tan-brown slightly greasy parenchyma. In the right lobe is a 2 cm cyst containing serous fluid and lined by trabeculated tan lining. The gallbladder contains green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The portal vein and its tributaries are unremarkable.

ALIMENTARY TRACT

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 20 ml of tan-gray mucus. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear. A few calcific flecks are present within the pancreatic substance.

GENITOURINARY TRACT

Right kidney: 210 gm
Left kidney: 230 gm
Urine volume: 530 ml

The renal capsules are smooth and thin, semi-transparent, and strip with ease from the underlying, smooth, red-brown, firm, cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The relationships at the trigone are unremarkable. The markedly dilated urinary bladder contains clear yellow urine. The mucosa of the urinary bladder is gray-tan and smooth. The testes,

DOCTOR COPY

09-098610 (8/04)

NC OCME
NC Office of the Chief Medical Examiner

prostate and seminal vesicles are unremarkable. The prostate exhibits no evidence of hypertrophy or hyperplasia.

RETICULOENDOTHELIAL SYSTEM

Spleen weight: 150 gm

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The bone marrow is red-purple and homogeneous, without evidence of focal abnormality.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature, and soft tissues are not unusual.

Tissue Examined:

Heart - 2	Uterus	Spinal Cord
Aorta	Ovary	Thymus
Lungs - 2	Thyroid	Seminal Vesicles
Spleen	Parathyroid	Breast
Liver - 1	Esophagus	Gallbladder
Pancreas - 1	Stomach	Skin
Adrenals	Small Intestine	Muscle
Kidney - 2	Large Intestine	Bone Marrow
Bladder	Lymph Node	Vertebral
Prostate	Pituitary	Femoral
Testes	Brain - 6	Costal
Coronary Arteries - 3	Trachea	Sternal
Appendix	Diaphragm	

Microscopic Description:

The left anterior descending coronary artery exhibits severe stenosing atherosclerosis. No thrombi are present within the lumen or attached to the endothelium. The heart exhibits a slight increase in amount of interstitial fibrosis and the myocytes are slightly enlarged.

The lungs exhibit emphysematous changes characterized by dilated terminal air spaces.

The liver exhibits an increased number of chronic inflammatory cells within the portal triads. This inflammation does not extend to surrounding lobules.

The remote infarcts of the frontal and temporal lobes consist of decreased numbers of neurons with an attendant gliosis. A number of pigment laden macrophages are present within the remote contusions.

Remaining sections exhibit no significant histopathologic abnormalities other than postmortem autolysis.

TOXICOLOGY

Toxicology Folder: T200408788
DECEDENT: Russell Bradley Underhill

SPECIMENS received from Patrick E. Lantz on 30-dec-2004
S040016704: 20.0 ml Blood CONDITION: Postmortem
SOURCE: Aorta OBTAINED: 29-dec-2004

Benzodiazepines	None Detected	ELISA		02/09/2005
Cocaine	None Detected	ELISA		02/09/2005
Ethanol	None Detected			02/09/2005
Fentanyl	None Detected	ELISA		02/09/2005
Olanzapine	Trace			02/09/2005
Opiates	None Detected	ELISA		02/09/2005
Other Organic Bases	None Detected			02/09/2005
Trazodone	0.70	mg/L		02/09/2005
m-CPP	Trace			02/09/2005

09-098610 (8/04)

DOCTOR COPY

NC OCME
NC Office of the Chief Medical Examiner

COPY TO:
Jeffrey B. Paysour, R.N.

DOCTOR COPY

09-098610 (8/04)