

SUPPLEMENTAL REPORT

03C-0417

ELIZABETH ANN HULETTE

W/F AGE: 42

DOB: 11-19-1960

3055 RIVERSTONE TRAIL

MARIETTA, GA

REPORT OF DEATH:

On Thursday, May 1, 2003 at 0645 hours, I received a call from the Cobb County 911 Communications Center in reference to the death of a 42-year-old white female. They advised the victim had been taken to the WellStar Kennestone Hospital Emergency Room and was pronounced dead at that location. At this time the cause of death is unknown.

JURISDICTION:

Under the provisions of the Georgia Death Investigation Act, jurisdiction was accepted. A Medical Examiner's investigation was initiated.

ARRIVAL AT HOSPITAL:

I arrived at WellStar Kennestone Hospital Emergency Room at 0740 hours. Upon my arrival I met with Det. Mike O'Connell of the Cobb County Police Department. He advised the victim was located in trauma room 3.

I discussed the medical intervention performed on the victim with the charge nurse in the emergency room. She advised the victim had been brought to the emergency room by EMS from her residence at 3055 Riverstone Trail, Marietta, Georgia.

INFORMATION AVAILABLE AT TIME OF DEATH:

The emergency room supervisor stated the victim had arrived in full arrest in the emergency room via EMS. EMT's that first arrived on the scene found the victim in full arrest and initiated CPR. Emergency Medical Services personnel had intubated the victim at the scene, started an IV line and transported her to the emergency room where advanced medical intervention was started but proved unsuccessful.

Det. O'Connell advised the victim had been observed drinking Vodka and taking Soma and Loritabs several hours prior to her arrest. He advised that Detectives were en route to her residence to verify circumstances with her boyfriend.

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OBSERVATION OF VICTIM:

The victim is seen lying on a striker frame stretcher in trauma room #3. She is a white female and is covered with a white sheet. The sheet is removed exposing the victim. The victim's shirt and bra have been cut away by emergency room personnel. EKG pads and defibrillator pads are noted on the victim's torso. There are IV sites noted in the antecubital fossae.

A c-collar is in place around the victim's neck and an ET tube exits her mouth.

A closer examination of the victim's head is made. She has light brown medium length hair. Examination of the scalp shows no signs of injury or trauma. Examination of the victim's face shows bruising around the right eye. The color of the bruise reveals it is aged.

There are no other signs of injury or trauma noted to the victim's head.

Examination of the victim's upper torso and upper extremities show no signs of recent injury or trauma.

The victim is wearing gray sweatpants and an examination of the lower extremities is not made at this time.

REMOVAL OF VICTIM:

The victim is wrapped in a clear plastic shroud and white linen sheet. She was then placed in the Medical Examiner's vehicle and prepared for transport to the Cobb County Forensic Science Center.

TRANSPORTATION OF VICTIM:

I left WellStar Kennestone Hospital Emergency Room at 0810 hours and arrived at the Cobb County Forensic Science Center at 0820 hours.

A postmortem examination and autopsy will be performed by Dr. Brian Frist, Chief Medical Examiner of Cobb County to determine cause and manner of death.

Information surrounding the victim's death will be given to Dr. Frist for his evaluation.



HAL BENNETT, FORENSIC INVESTIGATOR

7-30-03
DATE

03C-0417:lm

NAME: ELIZABETH HULETTE

CASE NO: 03C-0417F

GENERAL INFORMATION:

The death of the deceased, a 42-year-old Caucasian female, was reported to the Medical Examiner's Office on May 1, 2003.

Information obtained by this office is the deceased was found unresponsive at home. Medical intervention was unsuccessful.

Under provisions of the Georgia Death Investigation Act, a postmortem examination with autopsy is performed in the Cobb County Forensic Science Center on Thursday, May 1, 2003, beginning at 10:00 a.m.

LifeLink of Georgia has received permission to remove various tissues in this case.

POSTMORTEM EXAMINATION:

EXTERNAL:

The body is that of a Caucasian female whose general appearance is consistent with the stated chronological age of 42 years.

The length of the body is 64" with a body weight of 120 pounds, plus or minus.

At the time of examination the body is clothed in the following items:

1. Grey long-sleeve sweatshirt.
2. Grey sweatpants.
3. White sports bra.

No valuables are present at the time of examination.

HEAD:

The scalp hair is brown straight hair with even distribution. No facial hair is seen. A yellow-purple bruise is noted over the right cheek. A purple bruise is noted over the left lateral forehead. Right orbital ecchymosis is noted. This area has a yellow-purple coloration. The irides are brown. The sclerae and conjunctivae are mildly injected. The mouth is symmetrically developed and contains an endotracheal tube. The lips are cyanotic and show a small granulating abrasion to the upper lip. The tongue and gums are cyanotic and unremarkable. The teeth are permanent and in good repair. The nose is symmetrically developed. Gastric contents are noted within the nares. The ears are symmetrically developed. Both earlobes are pierced.

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NECK:

The neck is symmetrically developed. Venipuncture marks are noted in the right and left lateral neck.

CHEST:

The chest is symmetrically developed. EKG pads are in place. Defibrillation marks are noted. Healed surgical scars are noted beneath each breast.

ABDOMEN:

The abdomen is flat and shows EKG pads. Nondescript scars are present.

BACK:

The back is symmetric and unremarkable.

UPPER EXTREMITIES:

The upper extremities are symmetrically developed and show IV's in both antecubital fossae. The hands show nondescript scars. An IV is noted on the dorsal surface of the left hand. The nails are short with relatively clean margins.

LOWER EXTREMITIES:

The lower extremities are symmetrically developed and show nondescript scars and abrasions. Abrasions are noted over the knees. Sutured donor incisions are present. The nails are short with relatively clean margins.

GENITALIA:

Normal adult female.

INTERNAL EXAMINATION:

The body is opened utilizing a standard Y-shaped thoracoabdominal incision exposing approximately 3 cm of yellow adipose tissue with underlying red-brown musculature at the level of the umbilicus. The sternum and bony thorax are intact. The chest and abdomen are free of blood or other fluid. There is no evidence of an exudate.

HEART:

The pericardial sac is intact. A physiological amount of fluid is present. Rare petechial hemorrhages are noted on the surface of the heart. The heart weighs 340 grams. The epicardium is smooth and glistening. The coronary arteries arise from normally located and patent ostia and there is a balanced circulation. Minimal atherosclerotic involvement is noted. The endocardium is smooth and glistening. The myocardial valves are thin and delicate and are of normal circumferential opening. The chordae tendineae and papillary muscles are unremarkable. Sectioning the myocardium reveals no evidence of fibrosis or an evolving infarct. There is no evidence of myocarditis.

AORTA:

The aorta is grossly unremarkable.

LUNGS:

The right lung weighs 440 grams and the left lung weighs 420 grams. The lungs are similar in appearance. They are purple-gray in coloration. Pleural adhesions are not identified. The tracheobronchial tree and pulmonary vasculature are unremarkable. Cutting through the lungs show them to exude fluid. Intrinsic lesions are not identified. There is no evidence of bronchopneumonia or tumor formation.

NECK:

The soft tissues, cartilaginous and bony structures of the neck are examined. There is no evidence of cyst formation, tumor formation or inflammation. The thyroid gland is bilobed and sits in its normal anatomic position. It shows no evidence of fibrosis, tumor formation or inflammation. The hyoid bone is unremarkable.

LIVER:

The liver weighs 2140 grams. The capsule is intact. The liver has a purple-brown coloration. The surface of the liver shows focal areas of adhesions. Cutting through the liver shows no evidence of fibrosis, tumor formation or inflammation. The gallbladder is present and contains bile.

SPLEEN:

The spleen weighs 110 grams. The capsule is intact. The spleen shows no evidence of tumor formation or inflammation.

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PANCREAS:

The pancreas is firm. It shows no evidence of fat necrosis, tumor formation or inflammation.

ADRENAL GLANDS:

The adrenal glands are unremarkable.

KIDNEYS:

The right kidney weighs 150 grams and the left kidney weighs 170 grams. The capsules strip with ease. The surfaces are smooth. The corticomedullary junctions are distinct. The renal pelvises, ureters and bladder are unremarkable. There is no evidence of cyst formation, tumor formation or inflammation.

GASTROINTESTINAL TRACT:

The gastrointestinal tract is externally unremarkable. There is no evidence of adhesions. The esophagus, stomach, small and large intestines are lined by benign appearing mucosa. There is no evidence of polyp formation, tumor formation or inflammation. The stomach contains approximately 50 cc of aromatic smelling liquid and partially digested meat matter.

AXIAL SKELETON:

No additional abnormalities are observed. There is no evidence of myositis.

LYMPH NODES:

The axillary lymph nodes are grossly unremarkable. The hilar lymph nodes surrounding the right lung are firm and infiltrated and have a white-tan coloration.

UTERUS:

The uterus shows multiple leiomyomas. The right fallopian tube is slightly dilated. Focal adhesions are noted over the right ovary. The endometrium is lined by a thin tan mucosa.

BONE MARROW:

Sections of bone marrow are submitted for histological evaluation.

CENTRAL NERVOUS SYSTEM:

Reflection of the scalp shows no evidence of subgaleal ecchymosis or hemorrhage. The periosteum and calvarium are intact. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The cerebrospinal fluid is clear. The brain weighs 1310 grams. The pia-arachnoid is thin and transparent. The cerebrovasculature is unremarkable. Multiple coronal sections of the cerebrum, cerebellum, and brain stem reveal no evidence of intrinsic lesions. The ventricles are symmetrically developed and unremarkable and contain normal appearing choroid plexus. The upper portion of the cervical spinal cord is unremarkable. There is no evidence of meningitis. There is no evidence of a skull fracture.

MICROSCOPIC EXAMINATION:

Microscopic examination of multiple Hematoxylin and Eosin sections shows the following:

BRAIN:

Multiple sections of the brain show edema. There is no evidence of tumor formation or inflammation.

LUNGS:

Sections of the lungs show hemorrhagic congestion and edema. There is no evidence of tumor formation or inflammation.

SPLEEN:

Sections of the spleen show the normal ratio of red and white pulp. There is no evidence of tumor formation or inflammation.

HEART:

Sections of the heart show the myocardial fibers to be elongate and slender. There is no evidence of tumor formation or inflammation.

LIVER:

Sections of the liver show a normal sinusoidal architecture. Portal areas and central veins are readily identified. Mild fatty change is noted.

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PANCREAS:

Sections of pancreas show varying degrees of autolysis. The acinar pattern is noted. However, the lobules are separated by fibrous bands.

LYMPH NODES:

Sections of the lymph nodes show a normal germinal center architecture. There is no evidence of tumor formation or inflammation. The hilar lymph nodes show caseating granulomas. Special stains for acid fast bacilli and fungi are negative. .

ENDOMETRIUM:

Sections of the endometrium show a proliferative pattern. The underlying myometrium shows a benign leiomyoma.

KIDNEYS:

Sections of the kidneys show a normal ratio of glomeruli to tubules is noted. There is no evidence of tumor formation or inflammation.

THYROID GLAND:

Sections of the thyroid gland show the colloid follicles to vary in size. There is no evidence of tumor formation or inflammation.

ADRENAL GLANDS:

Sections of the adrenal glands are unremarkable.

BONE MARROW:

Sections of bone marrow show myeloid, erythroid and megakaryocytic cells. Normal maturation is occurring. There is no evidence of tumor formation or inflammation.

SKIN:

Sections of the skin are unremarkable.

GASTROINTESTINAL TRACT:

Sections of the gastrointestinal tract show varying degrees of autolysis. There is no evidence of tumor formation or inflammation.

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PORTIONS OF FIBROFATTY TISSUE WITH BENIGN FIBROUS NODULES:

Sections of the fibrofatty tissue with included benign fibrous nodules show no evidence of tumor formation. Special stains for acid-fast bacilli and fungi are negative.

OTHER PROCEDURES:

1. Diagrammatic charts are prepared.
2. Identification and documentary photographs are made.
3. Samples of blood are submitted for routine toxicology.
4. Sections are submitted for histological evaluation.
5. The case is discussed with Investigator Bennett.

POSTMORTEM – AUTOPSY FINDINGS:

1. Lungs showing mild congestion.
2. Hilar lymph nodes showing caseating granulomas. Special stains for acid-fast bacilli and fungi are negative.
3. Pancreas showing fibrosis.
4. Uterus showing multiple leiomyomas and dilated right fallopian tube.
5. Toxicological analysis of blood positive for:
 - A. Meprobamate, 32 mg/L.
 - B. Carisoprodol, 17 mg/L.
 - C. Promethazine lower than the lowest calibrator of 0.25 mg/L.
 - D. Hydrocodone, 0.21 mg/L.
 - E. Alcohol, 0.299 grams per 100 ml.

CAUSE OF DEATH:

ACUTE TOXICITY – MULTIPLE DRUGS

MANNER OF DEATH:

ACCIDENT

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COMMENT:

The postmortem examination and autopsy show no evidence of tumor formation.



BRIAN S. FRIST, M.D., M.E.



DATE

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