


ORANGE COUNTY SHERIFF-CORONER**1071 W. Santa Ana Blvd.****Santa Ana, CA 92703****Coroner Division**

DECEDENT:	KITAEN FINLEY, Tawny	CASE NUMBER: 21-02956-BK
	AKA: Finley, Tawny Julie	
AGE: 59 Years	DOB: 8/5/1961	SEX: Female
		RACE: White

PLACE OF DEATH: Decedent's residence**DATE/TIME OF DEATH:** 05/07/2021 08:00 Est.**AUTOPSY DATE/TIME:** 05/11/2021 9:15**PLACE OF AUTOPSY:** Orange County Coroner Division Facility
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703**AUTOPSY ATTENDANTS:** Jae P. Simon, OCSD**CAUSE OF DEATH:** Dilated cardiomyopathy**OTHER CONDITIONS:** Mild coronary atherosclerosis; mirtazapine, mirtazapine metabolite, alprazolam, acetaminophen, pregabalin, and hydrocodone present in system.**MANNER:** Natural**CERTIFICATE ISSUED:** 5/11/2021**AMENDMENT:** 10/20/2021

Anthony A. Juguilon, M.D.
Forensic Pathologist

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CAUSE OF DEATH: Pending Investigation

OTHER CONDITIONS:

MANNER: Pending

CERTIFICATE ISSUED: 5/11/2021

AMENDMENT:



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**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT****KITAEN FINLEY, Tawny****21-02956-BK
Page 2****EXTERNAL EXAMINATION**

The body is that of a well-developed, overweight, 68-inch, 213-pound white female whose appearance is consistent with the reported age of 59 years. The scalp is covered by long brown-blond hair. Pierces of both earlobes are identified. No blood is noted in the ear canals. Bilateral well-healed peri-auricular cosmetic surgical scars are identified. Apparent well-healed linear surgical scars measuring up to 2.5 cm in length are identified on the bilateral upper eyelids. The corneas are clear. The conjunctivae are free of petechiae. The irides appear hazel and the sclerae are clear. The nasal septum and nasal bridge are intact and free of deviation or fracture. No nasal septal ulcerations or perforations are identified. No craniofacial fractures are identified. The lips and anterior oral mucosae reveal no evidence of trauma. The upper and lower oral frenula are intact and free of injury. The mouth contains natural dentition in good repair. There are no dental avulsions or fractures. There are no oral mucosal or facial petechiae. A 2.5-cm well-healed linear surgical scar is identified on the undersurface of the chin. The neck is straight and exhibits unremarkable external features.

The anterior thorax is symmetrical and unremarkable. The breasts are symmetrical and exhibit surgical augmentation. Bilateral surgical breast scars are identified. The scars measure up to 35.5 cm in length. Bilateral, intact, Mentor brand, silicone-filled, 300-cc augmentation devices are encountered on further dissection. The devices are encapsulated within well-developed fibrous pseudo-capsules. No breast masses or lesions are identified. The abdomen is mildly protuberant. It exhibits a 65-cm, transversely-oriented, well-healed curvilinear surgical scar of its lower aspect, extending on to the flank regions. The external genitalia are unremarkable. The upper extremities are symmetrical. A 1.3-cm well-healed linear scar is identified on the flexor surface of the right wrist. A 1.0-cm well-healed linear scar is noted on the flexor surface of the left proximal forearm. Several transversely-oriented, well-healed linear scars measuring up to 4.5 cm in length are identified on the flexor surface of the left wrist. No recent hesitation-type injuries of the wrists, forearms, or antecubital fossae are identified. No needle tracks of the upper extremities are identified. A few linear scars measuring up to 5.0 cm in length are identified on the dorsum of the right hand. Two contusions measuring 2.5 and 7.0 cm in maximal dimensions are identified on the medial aspect of the right upper extremity. The lower extremities

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are symmetrical. They are free of edema. A 1.0-cm well-healed linear scar is identified on the anterior surface of the left proximal lower leg. Scattered well-healed linear scars measuring up to 2.5 cm in maximal dimension involve the bilateral lower extremities. A tattoo depicting a floral design is identified on the left ankle region. White polish is noted on the toenails. There is no significant rigidity of the extremities. The posterior aspect of the body is straight and exhibits fixed lividity. An 8.0-cm, vertically-oriented, well-healed linear surgical scar is identified on the lower back region, right of midline.

INTERNAL EXAMINATION

HEAD AND CENTRAL NERVOUS SYSTEM: A 3.5-cm area of subcutaneous/subgaleal blood extravasation is noted in the frontal scalp region. Careful inspection of the calvarium reveals no evidence of fractures. The cerebrospinal fluid surrounding the 1330-gram brain is clear, colorless, and normal in quantity. The vessels at the base of the brain are unremarkable and free of arteriosclerotic change, aneurysm formation, or thrombosis. The leptomeninges are thin and translucent. The cerebral and cerebellar hemispheres are symmetrical. There is no evidence of brain swelling/edema. There are no epidural, subdural, subarachnoid, or intraparenchymal hemorrhages. There is no evidence of cingulate, uncus, or cerebellar tonsillar herniation. Sectioning the brain reveals no focal abnormalities within the cortical gray matter, hemispheric white matter, deep gray nuclei, midbrain, pons, cerebellum, or medulla oblongata. There is no evidence of recent or remote intrinsic brain disease or injury. The ventricular system is unremarkable. After stripping the dura, no fractures or other abnormalities of the calvarium or skull base are noted.

The atlanto-axial and atlanto-occipital articulations are intact.

NECK: The tongue is unremarkable externally and on sectioning. No bite marks or contusions are encountered. The hyoid bone and thyroid cartilage are intact and free of injury. The thyroid gland is symmetrical and reveals brown-red/maroon, uniform sectioned surfaces. The strap musculature of the neck is unremarkable and free of disease or injury. The epiglottis, larynx, and trachea are lined by unremarkable mucosae with no evidence of petechial formation,

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erythema, or edematous change. No aspirated gastric contents or foreign materials are encountered within the patent upper airway.

CARDIOVASCULAR SYSTEM: The pericardial sac is intact and contains less than 5 cc of clear yellow, serous fluid. The 460-gram heart reveals smooth epicardial surfaces, normal subepicardial fat, and left ventricular dilatation. There is no evidence of pericarditis/epicarditis. No pericardial/epicardial adhesions are identified. The proximal left anterior descending coronary artery reveals 25% to 30% eccentric atherosclerotic luminal stenosis. The left circumflex and right coronary arteries are widely patent, pliable and free of atherosclerotic changes throughout their courses. There is no evidence of acute coronary artery thrombosis.

The endocardium is smooth, glistening, and unremarkable. The myocardium is brown-red and uniform with no evidence of recent or remote disease. The left ventricle is dilated, its thickness measuring up to 1.3 cm at the free wall and interventricular septum. The right ventricular wall measures up to 0.4 cm in thickness. It does not appear dilated. The cardiac valves and chordae tendineae are unremarkable. No valvulopathies are encountered. The fossa ovalis is unremarkable. The coronary ostia are patent. The atria and auricular appendages are unremarkable without evidence of dilatation. No cardiac mural thrombi are encountered. The aorta and main systemic vessels reveal mild intimal atherosclerotic change without evidence of aneurysmal dilatation or dissection of the aorta. The venae cavae are unremarkable. The cardiovascular tree contains a normal quantity of fluid and clotted blood.

CHEST AND ABDOMINAL CAVITY: The right and left pleural cavities are free of fluid or blood.

RESPIRATORY SYSTEM: The 580-gram right lung and 410-gram left lung are normally lobated and reveal unremarkable, intact visceral pleural surfaces, which are free of adhesions or acute inflammatory exudate. Neither lung appears hyperinflated. The pulmonary sectioned surfaces reveal mild to moderate congestion and edema (right greater than left). There is no evidence of inflammatory consolidation or intrinsic pulmonary parenchymal disease. The airways are lined by unremarkable, non-erythematous, non-edematous mucosal surfaces. No aspirated gastric contents, foreign materials, mucous plugging or

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acute inflammatory exudate is noted within the tracheobronchial tree. The hilar vessels are unremarkable. The pulmonary trunk and its major branches are free of thromboemboli. The bronchopulmonary lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: There are no acute fractures of the clavicles, ribs, sternum, vertebral column, or extremities.

DIAPHRAGM: Both hemidiaphragms are intact and unremarkable.

HEPATOBIILIARY SYSTEM: The 3220-gram liver reveals a smooth, glistening, unremarkable, intact capsule. A 1.0 cm subcapsular hemangioma is identified on the undersurface of the right lobe. The cut hepatic surfaces are brown-tan with a moderate to severe fatty, friable texture, but no evidence of cirrhotic change. There is no evidence of "nutmeg" change or necrosis. No intraparenchymal masses or lesions are encountered except for the subcapsular hemangioma described previously. The periportal lymph nodes are unremarkable. They do not appear enlarged. The gallbladder is intact and its lumen contains an estimated 7 to 10 cc of unremarkable green viscid bile and no gallstones. The gallbladder mucosa is unremarkable.

SPLEEN: The 320-gram spleen reveals an unremarkable, intact capsule. The maroon sectioned surfaces do not reveal an accentuation of the follicular or trabecular architecture.

LYMPH NODES: The lymph nodes throughout the body are small and inconspicuous.

ENDOCRINE SYSTEM: The adrenal glands are unremarkable externally and on sectioning.

PANCREAS: The pancreas reveals the usual brown-red, lobular architecture externally and on sectioning. There is no evidence of acute or chronic pancreatitis.

GENITOURINARY SYSTEM: The 110-gram right kidney and 160-gram left kidney reveal finely granular subcapsular surfaces with scattered bilateral cortical scars measuring up to 1.0 cm in maximal dimension. The renal sectioned

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surfaces are red-brown with unremarkable anatomic features and good corticomedullary demarcation. The cortices and medullae are unremarkable. Specifically, there is no evidence of calyceal blunting or cortical atrophy. There is no evidence of papillary pallor, necrosis or hemorrhage. The pelvocalyceal systems are unremarkable and free of dilatation. No renal calculi are encountered. The ureters pursue their normal courses and are of normal caliber. The urinary bladder is intact and its lumen is devoid of urine. The urinary bladder mucosa is unremarkable.

The vagina, ectocervix, endocervix, endometrium, and myometrium are unremarkable and reveal age-appropriate atrophic change. No endometrial or endocervical masses, lesions or polyps are identified. The uterine serosa is unremarkable. The uterine tubes are unremarkable, bilaterally. A 1.0-cm diameter right paratubal cyst is encountered. The ovaries reveal age-appropriate atrophic change externally and on sectioning. No ovarian masses, lesions or cysts are identified.

The pelvic ring is intact and free of fractures. No free fluid or blood is encountered within the abdominal or pelvic cavities.

GASTROINTESTINAL SYSTEM: Gastric contents consist of an estimated 250 cc of tan fluid containing well-masticated foodstuffs including apparent onion, tomato, and green leafy vegetable fragments. No intact pills, pill fragments, or capsular residue are recognized. No aromatic odors reminiscent of ethanol are perceived. The mucosae of the esophagus, stomach, and duodenum are intact and free of ulcerations, erosions, masses, or lesions. There is generalized postmortem autolytic change of the gastric mucosa. The gastric serosa is unremarkable. The small and large intestines are unremarkable along their serosal surfaces. There is no evidence of small or large bowel obstruction or ischemic change. No blood is encountered within the gastrointestinal tract. The appendix is present and unremarkable. There is no evidence of peritonitis. The subcutaneous fat at the level of the umbilicus measures 2.0 cm in thickness.

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KITAEN FINLEY, Tawny

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AUTOPSY FINDINGS

- I. Cardiomegaly (460 grams), moderate to severe
 - A. Left ventricular dilatation (1.3 cm)
- II. Hepatomegaly (3220 grams) with moderate to severe steatosis
- III. Mild coronary atherosclerosis
- IV. Pulmonary congestion and edema, mild to moderate
- V. Nephrosclerosis
 - A. Cortical scars, bilateral
- VI. Splenomegaly (320 grams)
- VII. Hepatic subcapsular hemangioma
- VIII. Right paratubal cyst
- IX. Surgical scar, abdomen
 - A. Status post abdominoplasty
- X. Cosmetic surgical scars, head/face
- XI. Surgical scars, bilateral breasts
 - A. Status post breast augmentation device implantation, bilateral
- XII. Surgical scar, lower back
- XIII. Multiple scars, bilateral upper and lower extremities.

**ORANGE COUNTY SHERIFF-CORONER
HISTOLOGY REPORT**

KITAEN FINLEY, Tawny

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MICROSCOPIC EXAMINATION

Four (4) H&E slides are examined.

BRAIN: Histopathologically unremarkable.
No evidence of neuroinflammation, hypoxic-ischemic change, or neoplasia.

HEART: Sections of left ventricle and interventricular septum reveal scattered myocyte hypertrophy.
A section of right ventricle reveals fatty infiltration of myocardium but no evidence of fibrosis.
No evidence of myocarditis, ischemic change, or infarction.

LUNGS: Congestion.
Edema.
Scattered interstitial chronic inflammatory foci.
Anthracotic pigment deposition.
No evidence of acute pneumonia.

LIVER: Moderate to severe steatosis.
Increase in chronic inflammatory cell infiltration in one portal area.
Intraparenchymal chronic inflammatory cell foci.

KIDNEY: Glomerulosclerosis.
Dilated tubules with eosinophilic casts.
Postmortem tubular autolytic change.

PANCREAS: Postmortem autolytic change, otherwise unremarkable.

SPLEEN: Histopathologically unremarkable.

ADRENAL GLAND: Histopathologically unremarkable.

2021-09-21 KC



Anthony A. Juguilon, M.D., Forensic Pathologist



OC CRIME LAB
Orange County Sheriff-Coroner Department



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Original

TOXICOLOGICAL EXAMINATION REPORT

FR NUMBER: 21-45966 CORONER CASE NUMBER: 21-02956BK
NAME OF DECEASED: KITAEN FINLEY, Tawny
AGE: 59 Year(s) SEX: Female INVESTIGATOR: BABCOCK / JUGUILON

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A sample was removed for examination from each matrix listed. Reported results relate only to the items examined.
All concentration uncertainties are based on a >95% confidence level.

Results and Interpretations

Findings

Drug	Postmortem Blood	Peripheral Blood	Liver	Stomach Contents
Mirtazapine	0.148 ± 0.028 mg/L	0.265 ± 0.049 mg/L	0.73 ± 0.14 mg/kg	< 2.7 mg
N-desmethyMirtazapine	Detected			
Alprazolam	0.135 ± 0.017 mg/L	0.146 ± 0.018 mg/L	0.458 ± 0.056 mg/kg	0.781 ± 0.094 mg
Acetaminophen (Free)	3.15 ± 0.24 mg/L			
Pregabalin	10.3 ± 1.0 mg/L			
Hydrocodone	0.0487 ± 0.0045 mg/L			
Caffeine	Detected			

Remarks

Only 2 of the 3 hydrocodone exams conducted in this case were used to calculate the reported concentration in the Postmortem Blood.

Examinations

Exam	Matrix	Method	Result	Scientist
Ethanol/Volatiles	Postmortem Blood	HS GC-FID/MS	Not Detected	MSN/KED
Amphetamine and Related	Postmortem Blood	ImmunoAssay	Negative	VSH
Barbiturates	Postmortem Blood	Immunoassay	Negative	VSH
Methamphetamine and Related	Postmortem Blood	Immunoassay	Negative	VSH
Cannabinoids	Postmortem Blood	Immunoassay	Negative	VSH
QTOF Drug Identification (Positive Mode)	Postmortem Blood	LCQTOF	See Results/Interpretations	NEC
Pain and Abused Drugs (Free)	Postmortem Blood	LCMSMS	See Results/Interpretations	HHH/NAK
Benzodiazepines/Sedative Hypnotics	Postmortem Blood	LCMSMS	See Results/Interpretations	SHW
Benzodiazepines/Sedative Hypnotics	Stomach Contents	LCMSMS	See Results/Interpretations	FRM/SHW
Benzodiazepines/Sedative Hypnotics	Liver	LCMSMS	See Results/Interpretations	SHW/FRM
Benzodiazepines/Sedative Hypnotics	Peripheral Blood	LCMSMS	See Results/Interpretations	FRM/SHW
Alkaline Drugs	Postmortem Blood	GC/NPD-GC/MS	See Results/Interpretations	VRH/MXH
Alkaline Drugs	Stomach Contents	GC/NPD	See Results/Interpretations	VRH/MXH
Alkaline Drugs	Liver	GC/NPD	See Results/Interpretations	VRH/MXH
Alkaline Drugs	Peripheral Blood	GC/NPD	See Results/Interpretations	MXH

Benzodiazepines/Sedative Hypnotics Examined: Alprazolam, Chlordiazepoxide, Clonazepam, Diazepam, Diphenhydramine, Doxylamine, Estazolam, Etizolam, Flualprazolam, Flunitrazepam, Flurazepam, Hydroxyzine, Lorazepam, Midazolam, Nordiazepam, Oxazepam, Phenazepam, Suvorexant, Temazepam, Triazolam, Zaleplon, Zolpidem, Zopiclone

QTOF Drug Identification (Positive Mode): List of drugs examined provided to the OCSD Coroner Division on 05/12/2021

UIMS 9/9/21 TR 9/7/21 AKA AKA AR mmatlu
Rev (4.6)

N. A. Kedzierski
Forensic Scientist: KEDZIERSKI

September 3, 2021



OC CRIME LAB
Orange County Sheriff-Coroner Department



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Original

TOXICOLOGICAL EXAMINATION REPORT

FR NUMBER: 21-45966 CORONER CASE NUMBER: 21-029568K
NAME OF DECEASED: KITAEN FINLEY, Tawny
AGE: 59 Year(s) SEX: Female INVESTIGATOR: BABCOCK / JUGUILON

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A sample was removed for examination from each matrix listed. Reported results relate only to the items examined.
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Pain and Abused Drugs (Free) Examined: 6-Monoacetylmorphine, Acetaminophen, Acetylfentanyl, Amitriptyline, Baclofen, Benzoylcegonine, Buprenorphine, Carisoprodol, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Dihydrocodeine, EDDP (Methadone Metabolite), Fentanyl, Gabapentin, Hydrocodone, Hydromorphone, Ketamine, Meperidine, Meprobamate, Metaxalone, Methadone, Methocarbamol, Methorphan, Miltargynine, Morphine, N-Desmethyltramadol, Norbuprenorphine, Normeperidine, Norpropoxyphene, Nortriptyline, o-Desmethyltramadol, Oxycodone, Oxymorphone, Pregabalin, Propoxyphene, Tapentadol, Tramadol

LIMS 9/8/21 TR 9/7/21 AR MM 9/7/21

REV (4.6)

Forensic Scientist: KEDZIERSKI

September 3, 2021

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