MEDICAL EXAMINER District Six





10900 Ulmerton Road Largo, FL 33778 727-582-6800 (Fax 727-582-6820) www.pinellascounty.org/forensics

AUTOPSY REPORT

NAME: POFFO, Randy

CASE NUMBER: 5110799

DATE OF DEATH: May 20, 2011

AGE: 58 Years RACE: White

SEX: Male

INVESTIGATING AGENCY: Florida Highway Patrol Pinellas Park

AGENCY CASE: FHPC110FF043702

DATE AND TIME OF AUTOPSY: May 21, 2011 at: 0955 hrs.

AUTOPSY FINDINGS:

- 1. Cardiomegaly and dilation (610 g)
- 2. Severe atherosclerosis of coronary arteries
- 3. Mild atherosclerosis of cerebral arteries
- 4. Myocardial scars
- 5. Status post repair of umbilical hernia
- 6. Abrasion, laceration, and ecchymoses of skin

Cause of Death: Atherosclerotic Cardiovascular Disease

Manner of Death: Natural

Dollett T. White, M.D.

Associate Medical Examiner

Date Signed: June 30, 2011

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EXTERNAL EXAMINATION:

The body is that of a 255 pound, 74 inch white man who appears to be the reported age of 58 years. The body build is muscular. The scalp has gray hair with a bitemporal and vertex balding pattern. The left frontal hair-bearing region of the scalp has a 3.5 cm, obliquely oriented scar. The top of the head has a 1.4 x 0.6 cm crust. The back of the head has a 1.5 cm, obliquely oriented, linear scar. The forehead has a 4.5 cm, vertically oriented scar and a 0.3 x 0.1 cm abrasion. The irides are blue. The conjunctivae are moderately congested. Each ear has a single empty piercing. The nose is intact. The natural dentition is in good repair. The oral mucosa has no trauma. The face has gray hair in a beard distribution. The neck is symmetrical. The torso has a moderate amount of light brown macules and small white scars. The sternal region of the chest has two scabs with surrounding scar measuring 1.1 x 0.5 cm and a 1.1 x 0.6 cm. The skin below the umbilicus has a 5.7 cm curvilinear scar. The external genitalia are normally developed. The testes are descended. The anus is unremarkable.

The right upper extremity has a moderate amount of light brown macules and small white scars. The left upper extremity has a moderate amount of light brown macules and small white scars. The distal aspect of the left arm has a 1.7×0.4 cm abrasion/ecchymosis. The proximal aspect of the left forearm has a 2.7×0.5 cm laceration with a depth of 0.1 cm and surrounding abrasion and ecchymosis. The left forearm has a few linear scars measuring up to 7 cm in length. The knuckles of the hands are mildly deformed. The fingernails are intact. The right lower extremity has a moderate amount of light brown macules. The lateral aspect of the right thigh has a white plaque. The right knee has two vertically oriented scars measuring 2.5 cm and 3 cm in length. The right leg has a 1×0.5 cm ecchymosis. The top of the right foot has a 0.4×0.2 cm scab with surrounding scar. The left lower extremity has a moderate amount of light brown macules, small white scars, and small scabs. The top of the left foot has a 0.4 cm scar. The left first toe is remotely missing the toenail. A few of the toenails are thick.

THERAPY:

The right sternocleidomastoid muscle and surrounding fascia have hemorrhage associated with an overlying puncture mark. Each antecubital fossa has an intravascular-type catheter. The torso has a cardiac electrode. The ventral aspect of the left forearm has puncture marks with surrounding ecchymosis. The dorsum of the left hand has a puncture mark and small scars. The right wrist has a hospital identification band labeled with the decedent's name.

INTERNAL EXAMINATION:

HEAD: The scalp, skull, and meninges have no injuries. The epidural and subdural spaces have no blood. The brain weighs 1470 g. The leptomeninges are thin. The cerebrospinal fluid is clear. The basilar, left internal carotid, and middle cerebral arteries have small, nonocclusive atherosclerotic plaques. The cranial nerves are unremarkable. The gyri and sulci are normally formed. The white matter of the cerebral hemispheres is congested. The cerebral hemispheres,

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midbrain, pons, medulla, and cerebellum are otherwise unremarkable. The pons has no laceration. The cortex has no contusion.

NECK: The tongue has no injuries. The bilateral splenius capitis and bilateral rectus major muscles have small hemorrhages. The rotator muscles of the cervical spine have medium-sized hemorrhages. The remaining muscles of the anterior and posterior neck have no injuries. The laryngeal cartilages have no injuries. The upper airways have a red-tan mucosa. The cervical spine and hyoid bone have no fractures. The ligaments of the spine and dens are intact. The joint capsules have no hemorrhage. The cervical spinal cord is of normal thickness and has no hemorrhage.

BODY CAVITIES: The body cavities have no abnormal odor. The pleural and pericardial cavities have no fluid accumulations or adhesions. The peritoneal cavity has adhesions between the greater omentum and the anterior abdominal wall and has no fluid accumulation. The anterior abdominal wall has a hernia patch and blue sutures at the umbilicus. The organs are normally situated.

CARDIOVASCULAR: The great vessels and chambers of the heart are filled with liquid blood. The pulmonary trunk and arteries have no thromboemboli. The aorta has yellow-tan atherosclerotic plaques predominantly located in its abdominal aspect where it involves 50% of the circumference. The coronary ostia are normally situated. The left coronary ostium measures 0.2 cm in diameter and is hooded with calcification. The right coronary ostium measures 0.6 cm in diameter. The right coronary artery gives rise to the posterior descending artery. The distal, middle, and proximal aspects of the right coronary artery has calcified atherosclerotic plaques with greater than 90% luminal stenosis. The proximal aspect of the left anterior descending artery has yellow-tan, calcified atherosclerotic plaques with greater than 90% luminal stenosis. The proximal aspect of the left circumflex artery has yellow-tan, atherosclerotic plaques with greater than 90% luminal stenosis. The left main artery has a yellow-tan eccentric atherosclerotic plaque with approximately 10% luminal stenosis.

The heart weighs 610 g. The epicardium is smooth. The heart has a globular shape. The chambers of the heart are moderately dilated. The endocardium is thin and smooth. The mitral valve has a circumference of 13 cm, has fibrosis of the leaflets, and focal fusion of the chordae tendineae. The tricuspid, pulmonic, and aortic valves are structurally unremarkable. The myocardium is red and has small patches of fibrosis.

PULMONARY: The right lung weighs 780 g; the left weighs 660 g. The pleural membranes are translucent. The bronchi and pulmonary arteries are widely patent. The pulmonary parenchyma is maroon to pink and exudes a moderate amount of maroon fluid with compression. The lungs have a scant amount of black anthracotic pigment in an interstitial pattern.

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HEPATOBILIARY: The liver weighs 2930 g. The capsule is smooth and intact. The liver parenchyma is brown, of normal consistency, and has a faint centrilobular pattern of congestion. The gallbladder contains approximately 10 mL of light green bile and has no stones.

HEMIC AND LYMPHATIC: The spleen weighs 320 g. The capsule is translucent and intact. The splenic parenchyma is maroon and has no lesions. The lymph nodes are not enlarged.

GENITOURINARY: The right kidney weighs 240 g; the left weighs 260 g. The cortical surfaces have no granularity. The left kidney has an 8 x 3 x 2.5 cm, smooth-lined, cortical cyst containing clear fluid. The renal parenchyma is red. The calyces and pelves are not dilated. The urinary bladder contains approximately 15 mL of urine. The testes have a tan, firm parenchyma. The prostate gland is not enlarged.

ENDOCRINE: The thyroid gland has brown, homogeneous parenchyma. The pancreas has pink-tan, lobulated parenchyma. Each adrenal gland has a thin yellow cortex and light brown medulla.

DIGESTIVE: The esophagus has a tan-pink mucosa. The stomach contains approximately 150 mL of liquid and yellow chunks of unidentifiable material. The esophagus, stomach, and proximal aspect of the duodenum have no ulcers. The small intestine has an intact, pink-tan, serosal surface. The appendix is present. The colon has a tan, intact serosal surface.

MUSCULOSKELETAL: The clavicles, sternum, ribs, spine, and pelvis have no recent fractures. The musculature is well developed.

MICROSCOPIC DESCRIPTION:

Heart: Sections of left ventricle, right ventricle and interventricular septum with mild to moderate interstitial fibrosis, hypertrophic cardiac myocytes, and mild to moderate arteriosclerosis; no acute inflammatory infiltrate.

Coronary arteries: Moderate to severe calcified atherosclerosis.

Lung: Mild emphysematous changes, congestion, and interstitial macrophages containing anthracotic pigment; no acute inflammation.

Brain: Congestion, no perivascular hemorrhages.

Muscle, posterior neck: Intramuscular hemorrhage.

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Pinellas County Forensic Laboratory

10900 Ulmerton Road · Largo Florida · 33778 (727) 582-6810 · Fax (727) 582-6822

Results of Laboratory Analysis

Toxicology Section

Laboratory Number

11-003880

Date of Report

June 21, 2011

Submitting Agency

District Six Medical Examiner

Case Agency

District Six Medical Examiner

Agency Number

5110799

Subject

Poffo, Randy

Description of Items Submitted

Item 1A	Large plastic tube (sodium fluoride preservative) containing approximately 39 ml of blood (heart).
Item 1B	Plastic collection tube (sodium fluoride preservative) containing approximately 10.5 ml of blood (heart).
Item 2A	Small plastic collection tube (no additives) containing approximately 4 ml of blood (heart).
Item 2B	Small plastic collection tube (no additives) containing approximately 4 ml of blood (heart).
Item 2C	Small plastic collection tube (no additives) containing approximately 3 ml of serum (post mortem).
Item 3	Plastic collection tube (sodium fluoride preservative) containing approximately 12 ml of blood (iliac).
Item 4	Small plastic collection tube (no additives) containing approximately 3.5 ml of vitreous fluid.
Item 5	Large plastic tube (no additives) containing approximately 15 ml of urine.
Item 6	Large plastic tube (no additives) containing approximately 41 ml of gastric contents.
Item 7	Large plastic tube (no additives) containing liver tissue.

Results and Interpretations

Item 1A - Blood (Heart)

Analyses Performed

Volatiles Quantitation by GC-FID (ethanol, acetone, methanol, isopropanol)

Opiates Quantitation by GC-MS

Quantitation Results

Dihydrocodeine/Hydrocodol - Free Negative Quant Limit: 10 ng/mL Hydrocodone - Free **Positive** 30 ng/mL Oxycodone - Free Negative Quant Limit: 25 ng/mL Ethanol Positive 0.031 g/dL Methanol Negative Quant Limit: 0.010 g/dL Isopropanol Negative Quant Limit: 0.010 g/dL Acetone Negative Quant Limit: 0.010 g/dL

Item 2C - Serum (Post mortem)

Analyses Performed

ME2-Immunoassay Drug Screen (acetaminophen, amphetamines, barbiturates, benzodiazepines, cannabinoids,

Jenna Chin Forensic Toxicologist

Or 24111

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Continued....

carisoprodol, cocaine metabolites, fentanyl metabolites, methamphetamine/MDMA, methadone metabolites, opiates, propoxyphene metabolites, salicylates, tricyclics, zolpidem)

The following were indicated by immunoassay:

Opiates

Item 4 - Vitreous Fluid

Analyses Performed

Volatiles Quantitation by GC-FID (ethanol, acetone, methanol, isopropanol)

Quantitation Results

Ethanol

Positive

0.059 g/dL

Methanol

Negative

Quant Limit: 0.010 g/dL

Isopropanol

Negative

Quant Limit: 0.010 g/dL

Acetone

Negative

Quant Limit: 0.010 g/dL

Item 5 - Urine

Analyses Performed

Basic/Neutral Drug TLC Screen with GC-MS Confirmation

Substances Identified

Acetaminophen, Caffeine, Dihydrocodeine, Doxylamine, Doxylamine metabolite(s), Hydrocodone

Note(s):

1) Unless other arrangements are made, specimens will be discarded after a minimum two year retention.

****END OF REPORT****

Jenna Chin Forensic Toxicologist

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