

County of Nueces

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MEDICAL EXAMINER



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FINDINGS

SELENA QUINTANILLA PEREZ ME#95-358

1. Perforating gunshot wound of the thorax.
 - a. Entrance of superior right posterior thorax, (back of chest) 4.5 cm right of midline and 31.0 cm below top of head (no evidence of close-up firing).
 - b. Wound track extending from back to front, slightly toward the right, and slightly upward.
 - c. Transected right subclavian artery, perforated right upper pulmonary lobe, exsanguinating internal and external hemorrhage, and massive soft tissue hemorrhage in axilla, neck, and thoracic wall.
 - d. Exit of superior right anterior thorax (front of chest), 8.0 cm right of midline and 27.0 cm below top of head.
2. Status post operative: Emergency exploratory left thoracotomy and median sternotomy.
3. Benign serous cyst of right ovary.

CONCLUSION: It is my opinion that Selena Quintanilla Perez, a 23 year old woman, came to her death as a result of exsanguinating internal and external hemorrhage, in other words massive bleeding, due to a perforating gunshot wound of the thorax (chest).

CAUSE OF DEATH: Exsanguinating internal and external hemorrhage due to Perforating gunshot wound of the thorax

MANNER OF DEATH: Homicide

Lloyd White, M.D., Ph.D. /mm

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REPORT OF INQUEST

SELENA QUINTANILLA PEREZ

EXAMINATION PERFORMED: COMPLETE AUTOPSY

LOCATION: MEMORIAL MEDICAL CENTER
 AUTOPSY ROOM
 CORPUS CHRISTI, TEXAS

AGE: 23

DATE: MARCH 31, 1995

TIME: 3:35 P.M.

PATHOLOGIST: LLOYD WHITE, M.D., Ph.D.

CLOTHING: The body is submitted wrapped in a blue cloth hospital sheet. Clothing, which has been cut away or removed during therapeutic intervention, is submitted separately in a transparent bag and consists of a pair of green sweat pants, black brassiere, and brown and black bikini panties. Blood is present over many areas of the clothing. Multiple immediate queries to Memorial Medical Center personnel regarding a green sweat shirt worn by the decedent at the time of the injury result in a negative response, and the shirt is never submitted to the Medical Examiner's Office for examination. No jewelry or other personal effects are present.

EXTERNAL EXAMINATION: This is the body of a slender, well nourished and normally developed, light brown complexioned, apparently Caucasian lady, 165.5 cm (65-1/4 inches) in length and appearing the stated age of 23 years. No rigor or livor are evident, and the axilla is warm on palpation. Up to 25 cm in length scalp hair is black and curly, irides are brown, teeth are natural and in good condition, and external genitalia are normal, the pubic hair shaved laterally. Several no more than 1 cm in dimension small scars are noted over the anterior knees and upper legs, and a 1 cm transverse linear scar is noted immediately above the edge of the right pubic escutcheon.

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Evidence of therapy includes an orotracheal tube, an intravenous line in the anterolateral right neck, an intravenous line inserted through a cut-down incision in the medial left ankle, a triple lumen line in the left anterolateral neck, a 23 cm in length mid sternal incision closed with sutures, a curved 22 cm in length incision across the left anterior and lateral chest immediately inferior to the breast, a Foley catheter with no collection container attached, a chest drainage tube inserted through a surgical stab incision in the right lateral chest, and vascular puncture sites in both femoral regions and both antecubital fossae. Artificial fingernails are up to 1 cm in length and bright red polish is present on fingernails and toenails.

EVIDENCE OF INJURY: A gunshot wound of entrance is present in the superior posterior right thorax, 4.5 cm right of the midline and 31.0 cm below the top of the head. The skin defect is ovoid, measuring 12 x 10 mm, and is obliquely oriented, extending from lower medial to upper lateral. A circumferential marginal abrasion ranges from 1 to 2 mm in width, the superior lateral portion of the wound being undermined, the inferior medial portion being sharply beveled. No soot, stippling, or other evidence of close-up firing are noted on the skin. A sweat shirt worn by the decedent at the time of the injury is never submitted for examination by this prosector. The track of the wound extends anteriorly, laterally, and superiorly, passing through a fragmented 3rd rib posteriorly, and continuing through the superior medial edge of the right upper pulmonary lobe, where an up to 3 cm in dimension defect is evident. An up to 3 x 4 cm in dimension gaping, jagged defect is noted in the parietal pleura posteriorly, and an up to 3 cm in dimension similar defect is present in the parietal pleura anteriorly, the wound track continuing anteriorly between the first and second ribs into the chest wall and axilla, where it is noted that the right subclavian artery is transected 8 cm distal to its origin. The edges of this vessel are extremely jagged and irregular at the point of transection. Widespread soft tissue hemorrhage is evident throughout the right axilla and the upper anterior right chest wall subcutaneously, this being continuous with hemorrhage in the right anterolateral neck. There is an estimated 100 cc of blood in the right pleural space, with approximately 50 cc in the pericardial space and a measured 250 cc in the left pleural space. An exit wound is present on the upper right anterior chest immediately below the mid portion of the clavicle, 8.0 cm right of the midline and 27.0 cm below the top of the head. This is a roughly ovoid up to 2.0 x 1.0 cm in dimension defect obliquely oriented from lower medial to upper lateral, with irregular, jagged, split margins, and an up to 6.0 x 3.0 cm in dimension area of mottled, blue-purple discoloration of the surrounding skin.

ADDITIONAL INTERNAL EXAMINATION: Thoracic and abdominal walls are normally developed. All of the body cavities are lined by smooth, pink blue membranes without adhesions, and the peritoneal space contains a normal quantity of transparent, pale yellow, serous fluid. Patchy hemorrhage is evident in the mediastinum in association with recent surgery, but soft tissues of the omentum, mesenteries, and retroperitoneum are all grossly normal. Breasts are soft and uniform in consistency, without cysts, masses, or other grossly obvious abnormalities. The abdominal wall is intact, and there is a 1.5 cm panniculus.

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ENDOCRINE ORGANS: The pituitary, thyroid, parathyroids, and suprarenals are all grossly normal.

NECK ORGANS: Soft tissue hemorrhage is previously noted in association with the injury described above, in addition to which soft tissue hemorrhages present on the left side anteriorly in association with a vascular line at this location. Bones and cartilages of the larynx and cervical spine are intact, as is the hyoid bone, on palpation and direct gross examination.

CARDIOVASCULAR SYSTEM: The heart weighs 280 grams. Epicardial arteries, chambers, valves, and myocardium are all grossly normal.

RESPIRATORY TRACT: An injury of the right lung is noted above, there being a relatively mild amount of parenchymal hemorrhage surrounding the defect of the right upper lobe. The right lung weighs 180 grams, and the left 190 grams, and both lungs are generally quite soft and crepitant, with smooth, shiny, pink-purple external surfaces, and relatively dry, pale, orange-brown parenchymal cut surfaces. Wide dissection reveals no masses or other grossly discrete abnormalities. Major airways are all patent, containing no foreign material or objects, and the respiratory mucosa is covered by a thin layer of pale pink mucous. Pulmonary arteries are grossly normal.

GASTROINTESTINAL TRACT: The gastric lumen is empty, the mucosa covered by a thin layer of pale gray mucous. The mucosa and wall of the stomach and esophagus are grossly normal, and external examination of the small bowel and colon in situ reveals no hemorrhage, masses, or other evidence of injury or natural disease. The vermiform appendix is grossly normal.

MAJOR DIGESTIVE ORGANS: The liver weighs 1,050 grams with an intact pale blue-purple capsule, and a uniform, pale brown, parenchymal cut surface without masses or other grossly obvious abnormalities. The hepatic parenchyma is normal in consistency. The gallbladder contains approximately 20 cc of dark green bile without stones, and the extrahepatic biliary tract is patent and grossly normal. The pancreas is normal in consistency and gross appearance.

SPLEEN: The spleen weighs 100 grams with an intact, pale blue-purple capsule, and a uniform, firm, dark red-purple parenchymal cut surface, without masses or other grossly discrete lesions.

URINARY TRACT: The right kidney weighs 100 grams and the left 120 grams. Capsules strip easily revealing smooth, pale blue-purple external surfaces. Cut surface architecture is grossly normal, and the pelves and ureters are patent and grossly normal. The urinary bladder contains less than 5 cc of very pale, slightly cloudy, yellow urine, and the mucosa and wall of the bladder are grossly normal.

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REPRODUCTIVE ORGANS: Vaginal mucosa and exocervix are entirely normal, and the endocervical canal is patent and normal. There is an up to 3 mm thickness of uniform, pale brown endometrium without polyps or other abnormalities, and the myometrium measures up to 10 mm in thickness and is grossly normal. Uterine tubes are grossly normal, as is the left ovary. The right ovary includes a 4.5 cm in maximal dimension thin walled cyst containing transparent, dark yellow fluid. The uterus measures 75 x 55 x 30 mm in dimension, with a smooth, shiny, pale blue-purple serosal surface. There is no evidence of pregnancy.

CRANIUM AND CENTRAL NERVOUS SYSTEM: Reflection of the scalp reveals no hemorrhage or other evidence of injury or natural disease, and the calvarium is intact. Meninges and cerebrospinal fluid are grossly normal, as are vessels at the base of the brain. The brain weighs 1,280 grams, and is externally unremarkable. Multiple transverse sections of brain stem and cerebellum, together with coronal sections of the cerebral hemispheres, reveal no hemorrhage, masses, or other gross evidence of injury or natural disease. On stripping of the dura, the base of the skull is intact and grossly normal in configuration.

TOXICOLOGY: Blood Alcohol - Negative
Drug Screen - Negative