OFFICE OF THE MEDICAL EXAMINER
701 W. Jefferson St.
Phoenix, AZ 85007

MEDICAL EXAMINER REPORT

DECEDENT: Warrior **CASE:** 14-02375

DATE OF EXAMINATION: 04/10/2014 **TIME:** 0950 Hours

PERSONS PRESENT AT EXAMINATION:
Scottsdale Police Department: Detective J. Heinzelman #844

PATHOLOGIC DIAGNOSES

I. Atherosclerotic/arteriosclerotic cardiovascular disease.
   - A. Stasis changes (hair loss, epidermal atrophy telangiectases, and asymmetric moderate to marked pitting edema), bilateral lower extremities.
   - B. Cardiomegaly, marked (650 grams) with marked four-chamber dilatation and concentric left ventricular hypertrophy.
   - C. Diffuse softening of myocardium with marked four-chamber dilatation, without intra-chamber thromboses.
   - D. Severe pan-vessel mural calcification of all coronary arteries.
   - E. Calcific/atherosclerotic stenosis of diagonal branch of left anterior descending coronary artery, focal marked (approximately 85% luminal narrowing).
   - F. Atherosclerotic stenoses of right coronary artery, multifocal, moderate (between 50 to 60% luminal narrowing).

PATHOLOGIC DIAGNOSES CONTINUED

CAUSE OF DEATH: Atherosclerotic/arteriosclerotic cardiovascular disease
MANNER: Natural

08/07/2014
Date Signed

MD
KEVIN D. HORN, MD
MEDICAL EXAMINER

PATHOLOGIC DIAGNOSES CONTINUED

G. Atherosclerotic stenosis of proximal to distal left anterior descending coronary artery, multifocal, moderate (up to approximately 50% luminal narrowing).
H. Calcific/atherosclerotic stenosis of left main coronary artery, focal, moderate (approximately 50% luminal narrowing).
I. Multifocal softening and discoloration of myocardium of posterior aspect of apical interventricular septum and upper interventricular septum, up to 4.0 x 2.0 cm.
J. Microscopic examination of myocardium including areas of discoloration with congestion and multifocal fibrosis.
K. Pulmonary edema, bilateral, marked.
L. Atherosclerotic disease of aorta, multifocal, moderate (thorax and abdominal segments).
M. History of witnessed sudden collapse with immediate apnea and pulselessness, consistent with perimortem cardiac dysrhythmia resulting in immediate unconsciousness and death.
N. Reported history of congestive heart failure.

II. Benign prostatic hypertrophy, symmetric, moderate.

III. Status post remote right inguinal hernia repair with patch in situ, right, intact and unremarkable.

IV. Fibrous adhesions, left lower lung lobe to pleura, incidental.

V. Therapy-related changes.
A. Non-displaced minimally hemorrhagic fractures of anteromedial right ribs 3 – 7, in setting of perimortem cardiopulmonary resuscitative efforts with chest compressions.

VI. Decomposition, early.

REPORTED CIRCUMSTANCES OF DEATH

According to reports, this man who was a former pro-wrestler ("Ultimate Warrior") who had legally had his name changed from "James Brain Hellwig" to "Warrior" (no last name), was reportedly observed in a hotel hallway, in the presence of his spouse and also captured on surveillance video, walking slowly and holding onto a rail in the hallway. He then clutched his chest and fell forward without warning, striking his head on a wall.

In the video, the decedent is not observed putting his hands up or making any effort to stop his fall, consistent with immediate unconsciousness. He was reportedly found to be apneic and pulseless. Emergency medical services were notified, during which time

the decedent's spouse initiated cardiopulmonary resuscitative efforts. He was transported to a local hospital where he was pronounced dead shortly following arrival.

According to reports, he had been ill for the past three days and had told his spouse he thought he had pneumonia. He had reportedly flown from New Orleans to Phoenix and his symptoms had worsened after the flight with severe fatigue, a reported productive cough, and dyspnea. He and his wife had reportedly intended to seek medical care at an urgent care center prior to this event. He had no reported history of ethanolism or illicit drug use, apart from reported possible anabolic steroid use in the 1980s. His past medical history was also reportedly significant for sleep apnea with marked daytime sleepiness, congestive heart failure and chronic anterior horn cell disease. Recently prescribed medications included Vyvanse and hydrocodone.

EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal #0003555.

CLOTHING AND PERSONAL EFFECTS

The body is clad in the items of clothing as detailed in the property inventory list.

EVIDENCE OF MEDICAL INTERVENTION

There are the following evidences of therapeutic intervention: There is an endotracheal tube in situ, two defibrillator pacer pads and four electrocardiographic patches on the torso, and intravascular catheters inserted in both antecubital fossae.

Reflection of skin from the thorax and abdomen reveals minimally hemorrhage non-displaced fractures of the parasternal aspects of right ribs 3 through 7, consistent with perimortem cardiopulmonary resuscitative efforts with chest compressions.

EVIDENCE OF TRAUMA

None, apart from that associated with medical therapy.

SCARS, TATTOOS AND OTHER IDENTIFYING BODY FEATURES

There are multicolored tattoos on the right shoulder and upper arm, the dorsal left wrist, and the posterolateral upper right buttock and hip. There is a vertically oriented linear scar measuring 4 inches over the right biceps, irregular cicatricial scars measuring up to 3 inches over the anterior aspect of the upper left biceps, a thin oblique linear scar measuring 2 inches of the anteromedial lower left chest, a 1 inch vertically oriented linear scar of the midline lower back, and a 1/2 inch obliquely oriented linear scar of the anterior aspect of the left knee.

GENERAL EXTERNAL EXAMINATION

The unembalmed body is that of an adult Caucasian male, 73 inches in length and weighing 226 pounds. Rigor mortis is fixed. Livor mortis is red-purple and fixed over the posterior surfaces of the body. There is evidence of very early decomposition as indicated by green discoloration of the upper abdomen in the midline. The scalp hair is gray. The irides are brown. There are no lesions of the sclerae or conjunctivae. Facial hair consists of a gray mustache and goatee style beard. Dentition is natural and in good condition. The trachea is in the midline. The thorax is well developed and symmetrical, with apparent antemortem shaving of hair from the anterior thorax. The abdomen is flat, with no palpable intra-abdominal masses. The external genitalia are those of a normal male. The anus is atraumatic and unremarkable.

Examination of the distal lower extremities reveals severe chronic vascular stasis changes consisting of hair loss, epidermal atrophy, multifocal telangiectases, and moderate to marked asymmetrical pitting edema (especially on the left side), extending up to the level of the mid-shin. The extremities are otherwise well developed, with no significant cyanosis, clubbing, or deformity. The posterior aspects of the torso are symmetrical and devoid of any acute injury patterns. General appearance is compatible with the reported age of 54 years.

INTERNAL EXAMINATION

The body is opened by a standard Y-shaped thoracoabdominal incision. All viscera occupy their appropriate anatomic relationships. Subcutaneous adipose tissue ranges up to 0.8 cm in thickness over the abdominal wall. Serous surfaces are smooth and glistening throughout, apart from focal fibrous adhesions between the left lower lung lobe and the overlying chest wall. There is no significant free fluid accumulation in the body cavities. Inspection of the inner surfaces of the right anterior pelvis along the internal inguinal ring reveals a portion of remotely placed surgical patch grafting, consistent with prior right inguinal hernia repair. There is no evidence of hemorrhage, dehiscence, necrosis, or other complications regarding this site of prior surgical repair.

CARDIOVASCULAR SYSTEM

The 650-gram heart occupies its usual mediastinal site. The external configuration is globular. The epicardial surfaces are smooth and glistening. All major vessels arise in their appropriate anatomic relationships. The coronary arteries arise normally and are distributed in a right dominant pattern, with extensive mural calcific arteriosclerotic disease involving all the major coronary arteries. There are also multifocal significant atherosclerotic stenoses of the coronary arteries, ranging from 50% in the left main coronary artery, to between 50 to 60% throughout the right coronary artery, up to 50% multifocally within the left anterior descending coronary artery, and focally up to 85% in a diagonal branch of the left anterior descending coronary artery.

The myocardium is diffusely softened and discolored, without areas of gross scarring. There are discrete areas of dark purple discoloration and softening of the posterior interventricular septal myocardium, measuring 3.0 x 2.0 cm, and also within the upper ventricular septum, measuring 4.0 x 2.0 cm. Multiple representative sections of these areas of discoloration, including surrounding myocardium, are submitted for further histologic evaluation.

No abnormal communications exist between the cardiac chambers. There is marked four-chamber dilatation superimposed upon chronic concentric left ventricular hypertrophy. Ventricular thicknesses are: left 1.9 cm, right 0.3 cm, and 2.0 cm in the interventricular septum. The cardiac valves have thin, pliable leaflets. The valve circumferences are appropriate to the caliber of the cardiac chambers. The valve cusps and surfaces are free of fusion or vegetations.

The aorta is of normal caliber with all major arterial branches arising in their appropriate anatomic relationship. Elasticity is normal. The intimal surfaces have diffuse moderate atherosclerotic changes involving the thoracic and abdominal segments. There is no discrete aortic aneurysm formation or dissection. No systemic venous abnormalities or thrombi are present.

RESPIRATORY SYSTEM

The lungs weigh 700 grams left and 875 grams right. The upper and lower airways are patent and of normal caliber. The pleural surfaces are smooth and glistening, with focal fibrous adhesions of the left lung as previously described. The parenchyma is congested and markedly edematous, dark red-purple, and exudes marked amounts of blood and frothy fluid. There are no areas of induration, consolidation, hemorrhage or gross parenchymal scarring. The pulmonary vessels are patent and of normal caliber.

DIGESTIVE/HEPATOBILIARY SYSTEM

The oropharynx is grossly normal and unobstructed. The esophagus is of normal caliber with a smooth, white mucosal lining. The gastroesophageal junction is well defined. The stomach has intact mucosal surfaces and the lumen contains approximately 50 mL of dark red-brown fluid. No areas of ulceration, erosion, hemorrhage or scarring are present. The small and large intestines are unremarkable. The appendix is present. The lobular tan pancreas is firm, without areas of fat necrosis, gross hemorrhage or space-occupying lesions. The pancreatic ducts are patent and of normal caliber.

The 2950-gram liver has a smooth intact capsule, covering red-brown parenchyma. No localizing masses, lesions or areas of hemorrhage are evident on external or cut surfaces. The intrahepatic and extrahepatic ducts are patent and of normal caliber. The gallbladder contains viscid bile. The gallbladder mucosa and wall are grossly normal.

GENITOURINARY SYSTEM

The symmetric kidneys weigh left 425 grams and right 350 grams. They are similar. The capsules strip with ease from the smooth, congested purple cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The renal vessels are patent and of normal caliber.

The urinary bladder contains approximately 110 mL of clear yellow urine. The mucosal surfaces are flat and pink-tan. The prostate is moderately symmetrically enlarged and nodular without gross evidence of malignant processes. The seminal vesicles are unremarkable. The testes are bilaterally descended within the scrotum, and by palpation, do not appear to be atrophic, nodular, fibrotic, or otherwise abnormal.

HEMATOPOIETIC SYSTEM

The 400-gram spleen occupies its usual anatomic site, with an intact, smooth and glistening capsule covering dark purple, moderately firm parenchyma. Regional lymph nodes have their usual distribution and appearance. Rib bone marrow is beefy, red, and unremarkable.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are grossly not remarkable.

NECK

The cervical spine is structurally intact. The hyoid bone and thyroid cartilage are intact. There are no hemorrhages in the strap muscles or soft tissues of the neck. The upper airway is patent.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature and soft tissues are unremarkable.

NERVOUS SYSTEM

The scalp is reflected in the usual fashion. There are no contusions, lacerations, or abrasions. There is no skull fracture. The 1475-gram brain is covered by thin, clear, delicate leptomeninges. The dura mater and falx cerebri are intact. There is good preservation of cerebral symmetry without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are absent. Multiple coronal sections of cerebrum, cerebellum, and brain stem reveal no localized hemorrhages, masses, or lesions. The ventricular system is symmetrical, non-

dilated and filled with clear fluid. The basal ganglia are grossly normal. The atlanto-occipital articulation is grossly normal.

SPECIAL STUDIES

Vitreous fluid electrolytes: Sodium 142 mmol/L, potassium 13.6 mmol/L, chloride 111 mmol/L, urea nitrogen 23 mg/dL, creatinine 0.5 mg/dL, glucose 2 mg/dL (ARUP Laboratories).

TOXICOLOGY SPECIMENS

Samples of the following are collected and submitted for toxicological testing: vitreous fluid, urine, liver tissue, iliac venous blood, bile, and gastric contents.

MICROSCOPIC DESCRIPTIONS

Ventricular myocardium (left and septal): Diffuse myocytic hypertrophy with myocytic disarray and multifocal moderate to marked interstitial and perivascular fibrosis, particularly in subendocardial zones. Sections corresponding to discolored areas seen grossly show dilated ectatic vessels with congestion and multiple foci of interstitial extravasation of red blood cells.

Left anterior descending coronary artery with diagonal branch segment: Cross sections of muscular artery and branch with significant luminal stenosis by atheromatous plaque.

Ventricular myocardium (right), brain (middle frontal gyrus and parahippocampal gyrus), liver, pancreas, thyroid gland, spleen, adrenal gland, kidney, lungs: Multiple microscopic sections are reviewed. The findings are consistent with the gross autopsy impressions and contribute no further significant pathologic diagnoses.

FINAL SUMMARY

Based on the autopsy findings and investigative history as available to me, it is my opinion that Warrior, a 54-year-old Caucasian male, died as a result of atherosclerotic/arteriosclerotic cardiovascular disease.

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Examination revealed an adult male without traumatic injuries. Internal examination revealed severe arteriosclerotic and atherosclerotic cardiovascular disease with marked enlargement of the heart, changes consistent with dilated cardiomyopathy, and extensive arteriosclerotic and atherosclerotic disease of the major coronary arteries. Microscopic examination of the ventricular myocardium revealed extensive fibrosis (scarring) of the myocardium with enlargement and disarray of the muscle cells (myocytes) of the myocardium. These changes of the heart placed this man at significant risk for sudden cardiac dysrhythmia and death. Other findings are detailed in the above autopsy report.

Toxicologic analyses performed on postmortem samples of iliac venous blood revealed the presence of low concentrations of prescribed medications. Postmortem analysis of vitreous fluid electrolytes was noncontributory to diagnosis.

Given the postmortem examination findings and the reported circumstances of death, the manner of death is most appropriately designated natural.

KDH/svp
D4/10/14
T5/10/14

The Maricopa County Medical Examiner's Office is required by statute (A.R.S. § 11-594(A) (2) and (4)) to certify the cause and manner of death following completion of the death investigation of each case over which it assumes jurisdiction, and to promptly execute a death certificate, on a form provided by the state registrar of vital statistics, indicating the cause and manner of death. The form provided by the state registrar of vital statistics includes five manners of death: homicide, suicide, accident, natural, and undetermined. The determination of manner of death is a forensic determination by the pathologist predicated upon the totality of all then-known forensic evidence and other circumstances surrounding the cause of death; it is not a legal determination of criminal or civil responsibility of any person(s) for the death.