

OFFICE OF THE MEDICAL EXAMINER Florida, District 23

St. Johns - Putnam - Flagler Counties 4075 Lewis Speedway - St. Augustine, Florida 32084 (904) 829-5736 Dr. Terrence St Medical Exa

REPORT OF AUTOPSY

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Name	Wilke	son, I	eon		67.8					ME#_ 01-	23-22	9	
Address	11718	Alexa	nder (ourt, Jack	sonville	, FL	32225					٠,٠	
Age4	DOB_	April	2, 19	52	Race	W	Sex_	М	_SS#_	265-04	-8075		
Police .	Jurisdict	ion	St. Jo	hns S. O.		Case	01-	208225		_County_	St.	John	5 .
Date of	Death (f	ound)_	July	27, 2001	Date	of A	topsy	July	28,	2001			
F	NDINGS:	2. 3.	A. B. C. Diff Micr A. B.	pected de Agonal au Pulmonar Cerebral use emphyonodular Hepatomec Early mac	spirati y conge edema, ysema. cirrho galy. cronodu	with ion of stick slick	f gas n and ght. with	tric edem		ents.			
		4.		Slight fa						5			

CAUSE OF DEATH: Complications of emphysema associated with positional asphyxia.

CONTRIBUTORY CAUSES: Drug intoxication; micronodular cirrhosis.

MANNER OF DEATH: Accident.

SPECIAL STUDIES: Blood alcohol-negative.

Complete drug screen, blood-diazepam-<0.025

mg/L; nordiazepam-0.028 mg/L; free

hydrocodone-0.056 mg/L; free oxycodone-0.339

mg/L; total hydrocodone-0.054 mg/L; total

oxydodone-0.341 mg/L. Microscopic examination.

XC: St. Johns S. O. State Attorney's Office

Medical Examiner Terrence Steiner, M.D.

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CASE HISTORY

CASE SUMMARY: This 49 year old white male was found unresponsive laying face down in bed at his hotel room at 1405 hours on 27 July . Rescue and S. O. responded to the scene. He was pronounced dead at the scene at 1421 hours. The body showed evidence of early algor mortis and early rigor mortis. He was last known alive at approximately 1000 hours that date when he complained of not feeling well.

The body was transported to the county morgue by
Transport Company on 27 July . The autopsy is performed on 28
July at 1130 hours. Present at autopsy are personnel of the
S. O.

EXTERNAL EXAMINATION

EXTERNAL EXAMINATION: The body is received in the county morque face up covered with a white linen sheet. The body is that of a well developed, well nourished adult white male. The clothing present consists of blue jeans (buttoned and partially zipped) and a blue sock present on the right foot. The other sock is also included. Jewelry present consists of a black and silver watch on the right wrist and a yellow metal chain necklace about the neck. Cardiac monitor pads are present in the clavicular regions and left flank. Present under the jeans is a pair of white jockey underwear that show slight urine staining. Present in the right front pocket of the jeans is 22 cents in coins. The body length is 68 inches and estimated weight, 170 pounds. The head is normocephalic with upper back length strawberry blonde cephalic hair. There is a fixed lividity over the entire right face, chin and right upper neck. The scalp is free of signs of external trauma. The face is lightly bearded. The ears are normally formed. The auditory canals are free of contents. Eye color is brown. Pupils are 5.0 mm's. Sclera are free of hemorrhage or petechial change. A small amount of dried coffee ground-like material is present in both names and over

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the right upper lip. The lips and tongue are free of lesions. A small amount of dried coffee ground fluid is present inside of the right lower lip. A small amount of water-like fluid is present in the mouth. The neck is free of masses or crepitus. The chest is symmetric and appears slightly increased in anterior-posterior dimensions. A tattoo of a gator is present superior to the left nipple. The abdomen is non-distended and soft. There is a slightly hypertrophic linear scar over the left anterior abdomen beginning in the subxiphoid region and extending inferiorly paralleling the long axis of the body for 6". At its superior margin the scar extends obliquely at an approximate 20 degree angle to the left anterior axillary line for an additional 5". Genitalia are those of a normal circumcised male. Testes are located intrascrotally. Both lower extremities are free of deformity, edema or bruising. Three punctate scabbed orange abrasions are present over the left anterior mid lower leg. The right arm, forearm and hand . are free of traumatic injuries. There are tattoos of 3 fingers over the right lateral arm. The fingernails are markedly short and focally irregular. Rigor is dissipating. There is moderate cvanosis of the ventral hand. The left arm, forearm and hand are free of deformity. There is a faint linear orange abrasion over the lateral elbow up to 3/4" in length. The hand is not remarkable. There is moderate cyanosis of the ventral hand. The back shows a fixed dependent lividity. No traumatic injuries are present.

INCISIONS AND BODY CAVITIES: The body is opened with the usual Y-shaped incision. Peritoneum is glistening and is free of fluid. There are moderate fibrous adhesions beneath the surgical scar. Pleura are free of fluid. There are dense fibrous adhesions over the left lateral chest surrounding the scar.

RIBS AND STERNUM: Well calcified. No fractures or bruising is present.

MEDIASTINUM: Midline. The sorta is intact and free of lesions. The esophagus is lined by gray-white mucosa. A moderate amount

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of a thick dark brown fluid is present in the lumen as well as fragments of unidentifiable digested food.

LUNGS: Right-820 grams and left-600 grams. Trachea and bronchi are intact and contain a moderate amount of thick black fluid most marked in bronchi to the lower lobes. The lungs show marked congestion with dependent edema. The lungs show normal lobation and are tan in color with moderate anthracosis. Numerous small blebs are present over the upper lobes. No mass lesions or consolidation is present. The pulmonary vessels are intact and free of thrombi.

HEART: 320 grams. Epicardium and pericardium are gray-white and glistening. Atria are not dilated. Endocardium is free of lesions. All valves appear anatomically normal. On sectioning, myocardium is composed of firm homogeneous tan tissue. There are no areas of softening or discoloration. No hypertrophy is present. The coronary arteries are normally distributed. The right coronary is predominant. On cross sectioning, there are no areas of thickening or thrombosis.

STOMACH: Serosa is gray-white and glistening. Upon opening, there is approximately 500 cc's of a thick pasty black fluid present with small fragments of unidentifiable digested food material. Mucosa appears atrophic and is intact. There are no areas of erosion or ulceration.

INTESTINAL TRACT: Grossly normal. A scant amount of brown fluid is present in the proximal small intestine. Mucosa is free of ulceration.

LIVER: 2300 grams. The capsule is glistening. The liver shows extensive fine nodularity. The nodules are composed of homogeneous firm tan tissue varying from 0.2 to 0.6 cm in size.

GALLBLADDER: Intact. There is less than 2 cc's of green viscous bile present.

SPLEEN: 140 grams. The capsule is smooth and glistening. On sectioning, parenchyma is composed of firm tan tissue.

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PANCREAS: Normal size and shape. Parenchyma is tan and free of lesions.

ADRENALS: Grossly normal.

KIDNEYS: 160 grams each. The surfaces are smooth and glistening. On sectioning, parenchyma shows normal architecture. The ureters are single and are not dilated.

URINARY BLADDER: Intact. There is approximately 50 cc's of clear yellow urine present. A portion is saved for file.

VERTEBRAL COLUMN AND PELVIS: Normal.

NECK: The soft tissues of the neck are free of hemorrhage. The larynx is intact. A moderate amount of a thick brown fluid is adherent to the mucosa. The thyroid is symmetric and is composed of homogeneous tan tissue.

BRAIN: Upon reflection of the scalp, no scalpular or galeal hemorrhage is present. The calvarium is well ossified and is intact. Dura is intact. The cerebral hemispheres show normal symmetry and gyration with slight edema. Leptomeninges are clear. The arteries at the base of the brain are normally distributed and are free of lesions. Brain weight-1325 grams. On serial sectioning, the cerebrum, cerebellum and brain stem are free of lesions. The basilar skull and cervical spinal canal are intact.

MISC: Additional information provided to this office reveals that the deceased had a long history of alcohol abuse. He also had long term prescription drug coverage for chronic pain, anxiety and insomnia with recent prescriptions for fiornol, lortab, xanax and oxycontin.