

City and County of Denver

OFFICE OF THE MEDICAL EXAMINER

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AUTOPSY REPORT

Name of deceased:

KENIA YULISSA MONGE

ME#: 2011-2686

Date and time of death:

SEPTEMBER 7, 2011, 1500 HOURS Age: 19 YEARS

Date and time of autopsy: SEPTEMBER 8, 2011; 0900 HOURS Sex: FEMALE

PATHOLOGIC DIAGNOSES:

I. Decedent found in shallow grave

II. No evidence of trauma

III. No evidence of natural disease

TOXICOLOGY:

REFERENCE LABORATORY: National Medical Services, Inc.

Willow Grove, PA

Expanded liver tissue panel results:

Other than the above findings, examination of the specimens submitted did not reveal any positive findings of toxicological significance.

OPINION:

The cause of death in this 19-year-old female, Kenia Yellissa Monge, is undetermined after complete autopsy, scene investigation, and radiographic studies. The circumstances surrounding the recovery of her remains strongly suggest a homicidal manner. The lack of autopsy findings does not exclude death by asphyxia, including suffocation and strangulation. Therefore, while the cause of death remains

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undetermined, the manner is ruled homicide.

Lindsey Harle, M.D. Pathology Fellow

James W. Wahe, M.D. Staff Pathologist

LH/JWW:JM AD: 09/08/2011 AT: 09/09/2011 MD: 09/09/2011;10/13/2011 MT: 10/19,20/2011

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An autopsy is performed on the body of Kenia Yulissa Monge at the Denver Office of the Medical Examiner, State of Colorado, starting at 0900 hours on September 8, 2011, by Lindsey Harle, M.D. and James W. Wahe, M.D. Mr. Robert Garner is assisting. Also present for portions of the postmortem exam are Denver Police Department Detectives Ken Klous, Tim Kelly, Dave Cline, Lou Estrada, and Nash Gurule.

IDENTIFICATION: The body is identified by fingerprint comparison. Fingerprints and digital photographs are taken.

CLOTHING AND PERSONAL EFFECTS: The body is received in a sealed body bag with tag #2134. The body is unclad and unaccompanied by any items of clothing. There is a white metal piercing in the right upper lip.

CIRCUMSTANCES OF DEATH: The decedent is a 19-year-old (DOB: 01/26/1992) female who was recovered from an unmarked grave in a moderately decomposed state. According to police investigation, the perpetrator of her death admitted to covering her mouth and strangling her neck during a fight. He then buried her body in the location where it was recovered.

EXTERNAL EXAMINATION

The body is that of a well-developed, thin, adult female who weighs 76 pounds, is 59 inches in length, and appears compatible with the stated age of 19 years.

The body is cool to the touch after overnight refrigeration. Rigor is absent. Livor is unapparent due to decompositional changes. Evidence of decomposition is present throughout the body, consisting of green to brown discoloration of the skin, skin slippage, marbling, skin breakdown over the abdomen, and skeletonization of the feet.

The scalp hair is dark and measures up to 6 inches in length; however, it is difficult to determine the length due to the fact that much of the hair has fallen off of the scalp. There are some patches of hair on the right scalp that appear to be shaved or cut. Samples of the cut hair are retained and submitted to the Denver Police Department. The irides are cloudy and dark; the pupils are apparently equal but difficult to visualize due to decompositional changes. The corneas are cloudy. The sclerae and conjunctivae are red to pink in color, with no obvious petechiae. The nose and ears are not unusual. The lips and gums are pale and dry. The teeth are natural and in adequate condition. The neck is supple without masses, and the larynx is in the midline.

The thorax is well developed and symmetrical. The breasts are well developed without palpable masses. The abdomen is flat. The genitalia are those of a normal adult female. Examination of the external genitalia and vaginal vault reveals no evidence of trauma. The anus and back are unremarkable.

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The upper and lower extremities are well developed and symmetrical. Several digits are missing from the feet, consistent with decomposition. Additionally, the left fourth and fifth digits are apparently fractured at their distal portions, again consistent with decomposition and/or postmortem artifact.

IDENTIFYING MARKS AND SCARS: No identifying marks or scars are readily apparent.

EVIDENCE OF RESUSCITATION AND/OR MEDICAL THERAPY: None.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

The body is in a moderate to severe state of decomposition, which somewhat impairs gross examination.

BODY CAVITIES: No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present and in the normal anatomic position. The subcutaneous fat layer of the abdominal wall is approximately 2 cm thick.

CENTRAL NERVOUS SYSTEM: The brain weighs 860 grams. The dura mater and falx cerebri are intact. The brain is somewhat liquefied, consistent with decomposition. The cerebral hemispheres appear symmetrical, and the structures at the base of the brain are unremarkable. There are no obvious subarachnoid, subdural, or epidural hemorrhages, and no obvious mass lesions or other underlying disease. The spinal cord is not examined.

NECK: Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels reveals no abnormalities. Specifically, there is no hemorrhage within the strap muscles of the neck or the overlying skin tissue. The hyoid bone is intact and unremarkable. The larynx and thyroid cartilage are intact. The tongue is normal externally and on cut section. The posterior neck shows some areas of brown discoloration, which is most likely related to decomposition.

CARDIOVASCULAR SYSTEM: The heart weighs 110 grams. The pericardial surfaces are smooth and opaque. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution, and show no significant atherosclerosis or thromboemboli. The chambers and valves are of the usual size, have the usual positional relationship, and are unremarkable. The myocardium is red to brown, somewhat soft, and unremarkable. There is no area of

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fibrosis or obvious necrosis. The atrial and ventricular septa are intact.

The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis or other abnormality. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The right and left lungs weigh 230 and 155 grams, respectively. The upper airway is free of debris and foreign material; the mucosal surfaces are dark blue and somewhat opaque. The pulmonary parenchyma is dark red to purple and exudes no significant blood or frothy fluid. On cut section, there are no focal lesions or consolidation noted. The pulmonary arteries are normally developed, patent, and without thromboemboli.

LIVER AND BILIARY SYSTEM: The liver weighs 445 grams. The hepatic capsule is smooth and intact, covering a yellow-brown parenchyma with no focal lesions. The gallbladder contains no significant material. The mucosa is pale green and unremarkable. The extrahepatic biliary tree is apparently patent, with no obvious calculi.

ALIMENTARY TRACT: The esophagus is lined by a gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 300 ml of apparent partially digested food. The small and large bowel are unremarkable. The appendix is present. The pancreas is tan to yellow, lobulated, and has no obvious areas of saponification or hemorrhage.

GENITOURINARY TRACT: The right and left kidneys weigh 55 and 50 grams, respectively. The renal capsules are smooth, thin, somewhat opaque, and strip with ease from the underlying smooth, brown cortical surface. The cortex is poorly delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains no significant material. The mucosal surface is pale and smooth.

The uterus, fallopian tubes, and ovaries are unremarkable. The vaginal mucosa is pale and smooth with no areas of hemorrhage, contusion, laceration, or other traumatic injury. The breast tissue has the usual fibrous and adipose mixture without abnormality.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 10 grams and has a smooth intact capsule covering a tan to red, moderately firm parenchyma; the lymphoid follicles are unapparent. The regional lymph nodes appear normal. The bone marrow is red-purple and homogeneous with no focal abnormality.

ENDOCRINE SYSTEM: The pituitary and adrenal glands are not identified, consistent with decompositional artifact. The thyroid gland is unremarkable.

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MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual.

ADDITIONAL EXAMINATION: Full body radiographs revealed no obvious fracture, radiopaque fragments, or other abnormality. Dissection of the buttocks reveals no subcutaneous contusion or hemorrhage. Dissection of the posterior neck reveals no hemorrhage within the paraspinal muscles or fracture of the cervical vertebrae. Examination of the pelvis, including internal genitalia, vaginal vault, and anorectal canal, show no signs of trauma or other abnormality.

SPECIMENS

EVIDENCE: A DNA (deoxyribonucleic acid) blood card is retained.

TOXICOLOGY: Specimens collected for toxicology include liver and gastric contents. Frozen sections of brain, kidney, liver, and heart are retained. Sections of the major organs are retained in formalin.

HISTOLOGY: Sections of the major organs are submitted for histology (see below).

A1: Left ventricle, lung

A2: Liver, kidney

A3: Brain, anterior neck muscles

A4: Posterior neck muscles

B1: Vaginal vault

B2: Cervix, uterus

B3: Anal canal

Sections of heart, lung, liver, kidney, brain, endometrium, myometrium, and cervix show severe tissue autolysis and focal postmortem bacterial colonization. There no obvious evidence of underlying natural disease, hemorrhage, or other traumatic injury.

Sections of vaginal vault and anal canal tissue show epithelium, subcutaneous tissue, and muscle with severe autolysis. There is no hemorrhage or inflammation suggestive of trauma.

-END OF REPORT-