

TRUE, MICAH RANDALL**2012-02401****AUTOPSY REPORT**
THE UNIVERSITY OF NEW MEXICO ◊ HEALTH SCIENCES CENTER
OFFICE OF THE MEDICAL INVESTIGATOR

School of Medicine

Albuquerque, New Mexico 87131-5091

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POSTMORTEM EXAMINATION

An autopsy is performed on the body of Micah True at the Office of the Medical Investigator, State of New Mexico, on the 2nd day of April, 2012, commencing at 9:30 a.m.

The examination is performed under the legal authority of the Office of the Medical Investigator of the State of New Mexico.

The body is received within a sealed body bag, with a "State of New Mexico, Office of the Chief Medical Investigator" evidence label.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, adult, White male who weighs 170 pounds, is 74-1/2 inches in length, and appears compatible with the stated age of 58 years. There are two OMI identification bands around the right wrist.

The body is received clad in two worn blue running shoes with tears on the sides, two black socks, black athletic shorts, a red t-shirt with the letters SOJA, and a white baseball cap. Accompanying the body is a black fanny pack and a black strap.

The body is cold. Rigor mortis is receding. Faint, fixed, red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is brown, short, and graying in the temporal regions with male pattern frontal balding. The irides are brown. The pupils are round. The corneae are clouded. The sclerae are white, and the conjunctivae are clear. The nose and ears are normally formed. The teeth are natural. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The anus is free of lesions. The spine is normally formed, and the surface of the back is free of lesions.

The external genitalia are those of a normal adult male.

The upper and lower extremities are well developed and symmetrical, without absence of digits. There is fixed flexion of the right little finger at the proximal interphalangeal joint. There are fixed flexions of the left 2nd and 3rd toes with the 3rd toe slightly overlying the 4th toe. There are also fixed flexion of toes 2 and 3 on the right foot with the 3rd toe overlying the 4th toe.

Identifying marks and scars consist of a faint 2 inch vertically oriented linear scar of the anterior left lower chest wall at the costal margin, and 4 linear parallel nearly horizontal faint linear scars of the medial left arm at the level of the antecubital fossa measuring between 3/4 inch and 2 inches in length.

EVIDENCE OF INJURY

HEAD AND NECK: Overlying the right side of the occiput is a 1-1/2 inch by 1 inch pressure abrasion. There are no internal head injuries.

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THORAX AND ABDOMEN: Overlying the costal margin of the left anterior chest is a 4-1/2 inch by 3-inch area of vertically oriented discontinuous abrasions (scratches). On the top of the right shoulder is a 1/4 inch abrasion. On the right lateral back, overlying the right scapula, is a 1-1/2 inch linear abrasion (scratch).

There are no internal thoracic or abdominal injuries.

UPPER EXTREMITIES: There are multiple discontinuous abrasions of both elbows and forearms, both posteriorly and anteriorly, and abrasions of the backs of the hands. Particularly on the back of the left hand at the base of the left index finger, is a healing 1/4 inch abrasion. On the back of the left hand on the hypothenar side, is a 3/8 inch abrasion. On the back of the left middle finger, overlying the proximal phalanx, is a 1-1/2 inch by 1-inch contusion. On the back of the right hand is a faint 1-inch linear abrasion. On the back of the right index finger, overlying the middle phalanx, is a 1/4 inch abrasion. On the back of the proximal phalanx of the right little finger is a 1/2 inch abrasion.

LOWER EXTREMITIES: There are discontinuous abrasions overlying both knees and on both shins extending from knees to ankles. There are a few discontinuous abrasions overlying the ankles and a few discontinuous abrasions on the backs of the calves.

There is postmortem tanning of the face and neck and postmortem tanning of the legs stretching from mid thighs to ankles. The soles of the feet are wrinkled from water immersion (washerwoman).

INTERNAL EXAMINATION

BODY CAVITIES: No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are in normal and anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1410 grams. The dura mater and falx cerebri are intact and not adherent to the brain. The leptomeninges are thin and transparent. There is no epidural, subdural, or subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal caliber. Sections through the brainstem and cerebellum reveal no lesions.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The heart is enlarged and globular and weighs 565 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening.

The coronary arteries arise normally and follow the distribution of a right dominant pattern and are involved with mild arteriosclerosis. All three coronary arteries are focally thickened, but the lumens are nowhere compromised.

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The chambers and valves are proportionate. The valves are normally formed, thin and pliable, and free of vegetations and degenerative changes. The following circumferential valve measurements are obtained: tricuspid valve, 14.7 cm; pulmonic valve, 9.4 cm; mitral valve, 12.6 cm; and aortic valve, 8.0 cm.

The myocardium is dark red-brown, firm, and free of focal or regional fibrosis, erythema, pallor, or softening. The atrial and ventricular septa are intact, and the septa and free walls are free of muscular bulges. The left ventricle measures 1.5 cm thick halfway between base and apex, and the septum measures 1.3 cm thick. The right ventricle measures 0.3 cm.

The aorta and its major branches arise normally and follow the usual course, and are involved with mild to moderate arteriosclerosis, particularly in the abdominal portion. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution.

RESPIRATORY SYSTEM: The right and left lungs weigh 465 and 480 grams, respectively. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth and red-tan. The pleural surfaces are smooth and glistening. The pulmonary parenchyma is light pink in the right lung and the upper lobe of the left lung. There is dependant edema and red discoloration of the lower lobe of the left lung. The pulmonary arteries are normally developed and without thromboemboli.

LIVER AND BILIARY SYSTEM: The liver weighs 1810 grams. The hepatic capsule is smooth, glistening, and intact, and covers red-brown parenchyma. The gallbladder contains a small amount of viscid bile without stones. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is autolyzed, and the lumen contains 175 mL of thin green fluid. The serosa of the small bowel is smooth and glistening. The proximal small bowel contains thick green fluid and the distal bowel contains partially digested food. There are no mucosal lesions of the small and large bowel. The colon contains unformed and semi-formed stool. The appendix is present. The pancreas has a normal tan, lobulated appearance.

GENITOURINARY TRACT: The right and left kidneys weigh 135 and 130 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, and firm cortical surfaces. The cortices are of normal thickness and are well delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains 370 mL of clear yellow urine; the mucosa is gray-tan and smooth.

The bilaterally descended testes are of normal size and consistency. The prostate is not enlarged.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 115 grams and has a smooth intact capsule covering red-purple, moderately firm parenchyma. The splenic white pulp is grossly indiscernible.

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ENDOCRINE SYSTEM: The pituitary gland is of normal size. The thyroid gland is of normal position, size, and texture. The adrenal glands have normal cut surfaces with yellow cortices and gray medullae.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

MICROSCOPIC DESCRIPTION

Microscopic Slide Key

A1: Prostate; Thyroid; Adrenal
 A2: Spleen; Pancreas; Liver
 A3: Lungs
 A4: Small bowel; Colon; Kidney
 A5: Heart
 A6: Heart
 A7: Brain
 A8: Coronary arteries
 A9: Heart
 A10: Heart

Prostate: negative
 Thyroid: negative
 Adrenal: negative
 Spleen: negative
 Pancreas: negative
 Liver: negative
 Lungs: mild anthracosis; focal areas of interstitial chronic inflammatory infiltrate
 Heart: rare focus of interstitial chronic inflammatory infiltrate
 Brain: negative
 Kidney: negative
 Small bowel: negative
 Colon: negative
 Coronary arteries: mild intimal thickening

PATHOLOGIC DIAGNOSES

- I. Idiopathic cardiomyopathy
 - A. Cardiomyopathy
 - B. Left ventricular hypertrophy and dilatation

OPINION

This 58-year-old male, Micah True, died as a result of cardiomyopathy.

According to reports, he was a frequent and long-distance runner and failed to return from a long run. He was found dead in a canyon. He was on the bank of a small stream with just his legs covered by water.

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At autopsy, there were numerous abrasions of the extremities, but no evidence of internal injury. Internally, there was enlargement of the heart with left ventricular prominence. The left ventricle was concentrically thickened and dilated. Microscopically there was no evidence of chronic ischemia, inflammation or disarray of the myocardial architecture. The cause of the cardiomyopathy is not readily apparent. The decedent did not have a regular physician and no medical records particularly electrocardiograms or blood pressure readings were available for review. The appearance of the heart did not fit the criteria for hypertrophic cardiomyopathy which is usually asymmetric and involves the septum nor that of a dilated cardiomyopathy. The best determination is that of unclassified cardiomyopathy which resulted in a cardiac dysrhythmia during exertion.

Toxicology testing did not reveal any alcohol, drugs of abuse or prescription drugs. Chemical testing revealed mild dehydration.

The manner of death is natural.

Ross E. Zumwalt, M.D.

Chief Medical Investigator

All Signatures Electronically Authenticated

Final Date: 5/2/2012