

12**AUTOPSY REPORT**

No.

2010-03487

LIMA, JOSE D.

I performed an autopsy on the body of
at the DEPARTMENT OF CORONER



Los Angeles, California

on MAY 24, 2010 @ 0800 HOURS

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) UNDETERMINED AFTER AUTOPSY AND TOXICOLOGY STUDIES

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

DUE TO, OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

MILD CARDIAC HYPERTROPHY AND PERIVASCULAR AND INTERSTITIAL FIBROSIS

Anatomical Summary:

- I. The decedent is a 37-year-old Hispanic male who is 75 inches tall and weighs 230 pounds. He reportedly was found unresponsive in bed and was transported to the hospital. He was officially pronounced dead on May 23, 2010 at 0652 hours.
- II. Hypertrophic heart disease (heart weighs 490 grams when unopened; the opened heart when washed free of blood weighs 440 grams); right ventricular myocardial thickness is 0.7 cm, left ventricular myocardial thickness is 1.5 cm, and interventricular septal myocardial thickness is 1.5 cm.
- III. No gross abnormalities of the cardiac valves are identified at the time of the autopsy dissection.
- IV. No atherosclerosis of the coronary arteries is grossly identified at the time of the autopsy dissection.
- V. The lungs are congested; left lung weighs 570 grams and right lung weighs 780 grams; no pulmonary thromboemboli are identified.
- VI. No hemorrhage of the tongue is identified.
- VII. Hepatomegaly (liver weighs 2320 grams).
- VIII. Left kidney weighs 180 grams; right kidney weighs 180 grams and has a 1.5 cm inferior cortical scar.

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- IX. 1 cc bile; 1 cc yellow urine; the stomach contents are dark green/yellow; no pill fragments or capsule fragments are identified; the stomach contents weigh 162 grams.
- X. The brain weighs 1540 grams; the brain and spinal cord are fixed in formalin for subsequent dissection by the neuropathologist (please see separate Neuropathology Report).
- XI. Sections of heart are stored in glutaraldehyde for possible future electron microscopic studies; heart tissue is also frozen; heart tissue is submitted for bacterial, fungal, and AFB cultures; heart tissue is also submitted for viral culture (please see separate Microbiology Reports).
- XII. Sections of various tissues/organs are submitted for microscopic examination (please see separate Microscopic Report).
- XIII. No tattoos are readily identified.
- XIV. Old scars:
- A. Both earlobes have each been pierced once in the remote past.
- XV. Evidence of medical intervention:
- A. Endotracheal tube in place.
B. IV present in the left antecubital fossa.
C. Hospital ID band present around the right wrist.
- XVI. No other puncture sites are identified.
- XVII. No other autopsy evidence of trauma is identified.
- XVIII. Please see separate Toxicology Report.

SUMMARY OF EVENTS:

The decedent is a 37-year-old Hispanic male who was officially pronounced dead on May 23, 2010 at 0652 hours. The reader is referred to the anatomical summary and the Coroner's Investigations Report for further information.

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Page 3**EVIDENCE OF INJURY:**

Excluding the IV placed in the left antecubital fossa, no other autopsy evidence of trauma is identified.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed refrigerated adult Hispanic male who appears about the reported age of 37 years. The body weighs 230 pounds, measures 75 inches in height, and is well-nourished. No tattoos are identified. Both earlobes have been pierced once in the remote past. Posterior non-blanching livor mortis is present. Rigor mortis has presumably been altered/abolished.

The head is normocephalic and has black very short straight hair on the scalp; early bifrontal balding is present; mustache hair and beard hair are present. Examination of the eyes reveals irides that are blue and sclerae that are congested. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are those of an adult male. The external genitalia are without trauma or lesions. The extremities show no edema.

CLOTHING:

The clothing consists of a white brief (Hanes classics); the garment is noted to have a faded illegible label.

INITIAL INCISION:

The body cavities are entered through the standard coronal incision and the standard Y-shaped incision.

NECK:

No foreign material is present in the mouth, upper airway, or trachea. The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips, or oral mucosa is demonstrated. There is no edema of the larynx.

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Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid, or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

Both pleural cavities contain no fluid or adhesions. The lungs are partly collapsed. Soft tissues of the thoracic and abdominal walls are well-preserved. The subcutaneous fat of the chest wall measures 5/16 inch. The subcutaneous fat of the abdominal wall measures 1-1/4 inches. The breasts are examined and sectioned in the usual manner and show no abnormalities. The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the bony framework or muscles are identified.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic aorta shows minimal atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 490 grams when unopened. The opened heart when washed free of blood weighs 440 grams. The heart shows hypertrophy. The right ventricular myocardial thickness is 0.7 cm, the left ventricular myocardial thickness is 1.5 cm, and the interventricular septal myocardial thickness is 1.5 cm. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. The circumferences of the valve rings are: Tricuspid valve 14.0 cm, pulmonic valve 7.4 cm, mitral valve 11.2 cm, and aortic valve 6.7 cm. There is no endocardial discoloration. There are no infarcts of the myocardium. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal

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fashion. The ductus arteriosus cannot be probed. The coronary ostia are widely patent. There is no atherosclerosis of the major coronary arteries. No focal endocardial, valvular, or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid.

RESPIRATORY SYSTEM:

No blood is found in the lower bronchial or upper respiratory passages. The lungs are subcrepitant and congestion is present. The left lung weighs 570 grams. The right lung weighs 780 grams. The lungs bilaterally show no gross focal lesions upon cut sectioning. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains 162 grams of dark green/yellow material. The gastric mucosa is grossly unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are opened along the anti-mesenteric border and are grossly unremarkable. The appendix is present. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

HEPATOBIILIARY SYSTEM:

The liver weighs 2320 grams, is enlarged, and is red-brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains 1 cc of bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 180 grams. The right kidney weighs 180 grams. The right kidney has a 1.5 cm inferior cortical scar. The right kidney is otherwise grossly unremarkable upon sectioning. The left kidney is grossly unremarkable upon

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sectioning. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 1 cc of yellow urine.

GENITAL SYSTEM (MALE):

The prostate is without enlargement or nodularity. Both testes are in the scrotum and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 130 grams and is of average size. The capsule is intact. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the ribs is unremarkable.

ENDOCRINE SYSTEM:

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenal glands are unremarkable. The thymus is not identified. The pituitary gland is unremarkable.

SPECIAL SENSES:

The eyes are not dissected. The middle and inner ears are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1540 grams. The brain, cranial dura mater, and spinal cord are all fixed in formalin for subsequent dissection by the neuropathologist (please see separate Neuropathology Report).

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Page 7**HISTOLOGIC SECTIONS:**

Representative sections from various organs are submitted for microscopic examination. Storage jars of tissues/organs are collected as noted on Form 15.

TOXICOLOGY:

Heart blood, femoral blood, bile, liver, urine, stomach contents, and vitreous humor have been submitted to the laboratory. A comprehensive screen was requested.

SPECIAL PROCEDURES:

Heart tissue is submitted for bacterial, fungal, and AFB cultures as well as viral culture; heart tissue is frozen; heart tissue is also stored in glutaraldehyde for possible future electron microscopic studies.

PHOTOGRAPHY:

After external photographs of the decedent were taken in the photography studio by autopsy technician Mr. Daniel Dominguez, Dr. Panchal had autopsy photographs taken of the heart. The photographs of the heart include photos of the unopened anterior and posterior aspects as well as sections showing the lumens of the coronary arteries. Furthermore, photographs of the opened heart showing the valves are also taken.

RADIOLOGY:

Twelve x-rays are obtained. The x-rays include AP as well as lateral views of the chest.

WITNESSES:

None.

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DIAGRAMS USED:

Diagram Forms 15, 16, 20, and 43 were used during the performance of the autopsy dissection. The diagrams are not intended to be facsimiles.

OPINION:

The cause of death is undetermined after autopsy and toxicology studies. The heart shows mild hypertrophy; perivascular and interstitial fibrosis are also present. No abnormalities of the cardiac conduction system were identified by microscopic examination. The decedent likely died of a cardiac arrhythmia. Cardiac hypertrophy and fibrosis are risk factors for fatal cardiac arrhythmia. The differential diagnosis includes ion channelopathies which can be associated with sudden death in a structurally normal heart. The manner of death at this time is opined to be undetermined. The case is discussed with the Chief of Forensic Medicine, the Chief Medical Examiner-Coroner, and UCLA Professor of Pathology Michael C. Fishbein, M.D. (Cardiac Pathology Consultant to the Los Angeles County Department of Coroner).

Ajay J. Panchal, M.D.

AJAY J. PANCHAL, M.D.
DEPUTY MEDICAL EXAMINER

08/30/2010
DATE

AJP:mtm:c
D-5/24/10 @ 1409 hours
T-5/26/10

COUNTY OF LOS ANGELES

MEDICAL REPORT

DEPARTMENT OF CORONER

15AUTOPSY CLASS: ☐ A ☒ B ☐ C ☐ Examination Only D☐ FAMILY OBJECTION TO AUTOPSYDate: 05/24/2010 Time: 0800 Dr. Panchal
(Print)FINAL ON: 08/30/2010 By: Panchal
(Print)APPROXIMATE
INTERVAL
BETWEEN
ONSET
AND
DEATH

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:(A) Undetermined after autopsy and toxicology studies

Unk

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

mild cardiac hypertrophy and perivascular and interstitial fibrosis☐ NATURAL☐ SUICIDE☐ HOMICIDE☐ ACCIDENT☒ COULD NOT BE DETERMINEDIf other than natural causes,
HOW DID INJURY OCCUR?UnknownWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☒ NO

TYPE OF SURGERY: _____ DATE: _____

☐ ORGAN/PROCUREMENT☒ TECHNICIAN: Mr. Bivens

PREGNANCY IN LAST YEAR

☐ YES☐ NO☐ UNK☒ NOT APPLICABLE☐ WITNESS TO AUTOPSY☐ EVIDENCE RECOVERED AT AUTOPSY
Item Description:given to
Mr. Dan
Anderson{ heart (frozen)
heart in glutaraldehydeheart viral culture;
heart bacterial, fungal,
and AFB culturesAgg. Panchal
DME

RESIDENT

Age: 37 Gender: (Male) / Female**PRIOR EXAMINATION REVIEW BY DME**☒ BODY TAG ☐ CLOTHING
☒ X-RAY (No. 12 (chest)) ☐ FLUORO
☐ SPECIAL PROCESSING TAG ☒ MED. RECORDS
☐ AT SCENE PHOTOS (No. _____)**CASE CIRCUMSTANCES**☐ EMBALMED
☐ DECOMPOSED
☐ >24 HRS IN HOSPITAL
☐ OTHER: _____ (Reason)**TYPING SPECIMEN**TYPING SPECIMEN TAKEN BY: APSOURCE: Heart**TOXICOLOGY SPECIMEN**COLLECTED BY: AP
☒ HEART BLOOD ☒ STOMACH CONTENTS
☒ FEMORAL BLOOD ☒ VITREOUS
TECHNIQUE: external puncture
☐ _____ BLOOD ☐ SPLEEN
☐ _____ BLOOD ☐ KIDNEY
☒ BILE ☐ _____
☒ LIVER ☐ _____
☒ URINE ☐ _____

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: PR**HISTOLOGY**☐ Regular (No. _____) ☒ Oversize (No. 3 (chest))
Histopath Cut: ☒ Autopsy ☐ Lab**TOXICOLOGY REQUESTS**FORM 3A: ☐ YES ☒ NO☐ NO TOXICOLOGY REQUESTED
SCREEN ☒ C ☐ H ☐ T ☐ S ☐ D
☐ ALCOHOL ONLY
☐ CARBON MONOXIDE
☐ OTHER (Specify drug and tissue)**REQUESTED MATERIAL ON PENDING CASES**☒ POLICE REPORT ☐ MED HISTORY
☐ TOX FOR COD ☒ HISTOLOGY
☒ TOX FOR R/O ☐ INVESTIGATIONS
☒ MICROBIOLOGY ☐ EYE PATH. CONS.
☐ RADIOLOGY CONS.
☐ CONSULT ON:
☒ BRAIN SUBMITTED
☐ NEURO CONSULT ☐ DME TO CUT
☐ CRIMINALISTICS
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
Laboratory Analysis Summary Report



To: Dr. Panchal
Deputy Medical Examiner

☒ PendingTox

The following results have been technically and administratively reviewed and are the opinions and interpretations of the Analyst:

Coroner Case Number: 2010-03487 **Decedent:** LIMA, JOSE DESIDERIO

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>LEVEL</u>	<u>UNITS</u>	<u>ANALYST</u>
Blood, Heart					
	ELISA	Acetaminophen	ND		J. Lintemoot
	ELISA	Benzodiazepines	ND		J. Lintemoot
	ELISA	Salicylate	ND		J. Lintemoot
	Halogenated Hydrocarbons	Ethchlorvynol	ND		S. DeQuintana
	Halogenated Hydrocarbons	Trichlorethanol	ND		S. DeQuintana
	Neutrals	Neutral Drugs	ND		O. Pleitez

Legend:					
		mg/dl	Milligram per Deciliter	QNS	Quantity Not Sufficient
g	Grams	mg/l	Milligram per Liter	TNP	Test Not Performed
g%	Gram Percent	ND	Not Detected	ug	Micrograms
Inc.	Inconclusive	ng/gm	Nanograms per Gram	ug/g	Micrograms per Gram
mg	Milligrams	ng/ml	Nanograms per Milliliter	ug/ml	Microgram per Milliliter

In accordance with the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one-year and all other specimens for six-months from Autopsy.

Administratively reviewed by:

Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
Supervising Criminalist II
TOXICOLOGY

08/24/2010 V

16

30

EXTERNAL EXAM

Sex ✓
 Race ✓
 Age ✓
 Height ✓
 Weight ✓
 Hair ✓
 Eyes ✓
 Sclera ✓
 Teeth ✓
 Mouth ✓
 Tongue ✓
 Nose ✓
 Chest fat 5"
 Breasts ✓
 Abdomen ✓
 Scar scarred present
 Genitals ✓
 Edema ✓
 Skin ✓
 Decubitus ✓

HEART Wt. 440 unopened; 440 opened

Pericardium ✓ RV 0.7
 Hypertrophy }
 Dilation } LV 1.5
 Muscle } Septum 1.5
 Valves ✓
 Coronaries ✓
 T 14.0 F 7.4 M 12.2 A 16.7

AORTA ✓**VESSELS** ✓**LUNGS Wt.**

R 780
 L 570

Adhesions ✓
 Fluid ✓
 Atelectasis ✓
 Oedema ✓
 Congestion +
 Consolidation ✓
 Bronchi ✓
 Nodes ✓

PHARYNX ✓**TRACHEA** ✓**THYROID** ✓**THYMUS** not identified**LARYNX** ✓**HYOID** ✓**ABDOMINAL WALL FAT** 10"**PERITONEUM** ✓

Fluid ✓
 Adhesions ✓

LIVER Wt. 2320

Capsule ✓
 Lobules ✓
 Fibros ✓
 GB 1.0 bile
 Calculus ✓
 Bile ducts ✓

SPLEEN Wt. 130

Color ✓
 Consistency ✓
 Capsule ✓
 Malpiment ✓

PANCREAS ✓**ADRENALS** ✓**KIDNEYS Wt.**

R 180 1.5 cm inferior cortical scar
 L 180
 Capsule ✓
 Cortex ✓
 Vessels ✓
 Pelvis ✓
 Ureters ✓
 1cc yellow urine

BLADDER ✓**GENITALIA** ✓

Prostate ✓
 Testes ✓
 Uterus ✓
 Tubes ✓
 Ovaries ✓

OESOPHAGUS ✓**STOMACH** ✓

Contents 162 grams dark green/yellow

DUOD. & SM. INT. ✓**APPENDIX** ✓**LARGE INT.** ✓**ABDOM. NODES** ✓**SKELETON** ✓

Spine ✓
 Marrow ✓
 Rib Cage ✓
 Long bones ✓
 Pelvis ✓

SCALP ✓**CALVARIUM** ✓**BRAIN Wt.** 1340

Dura }
 Fluid } neuropathology
 Ventricles } report
 Vessels }
 Middle ears not dissected
 Other ✓

PITUITARY ✓**SPINAL CORD**

neuropathology report

TOXICOLOGY SPECIMENS

collected

SECTIONS FOR HISTOPATHOLOGY

collected

MICROBIOLOGY

collected

DIAGRAMS Used (1 diagram(s))

X-RAYS checked Prepared

OTHER PROCEDURES

material
 no pill fragments
 or cigarette fragments
 Photos taken

GROSS IMPRESSIONS

please see dictatorial report

Date

05/24/2007

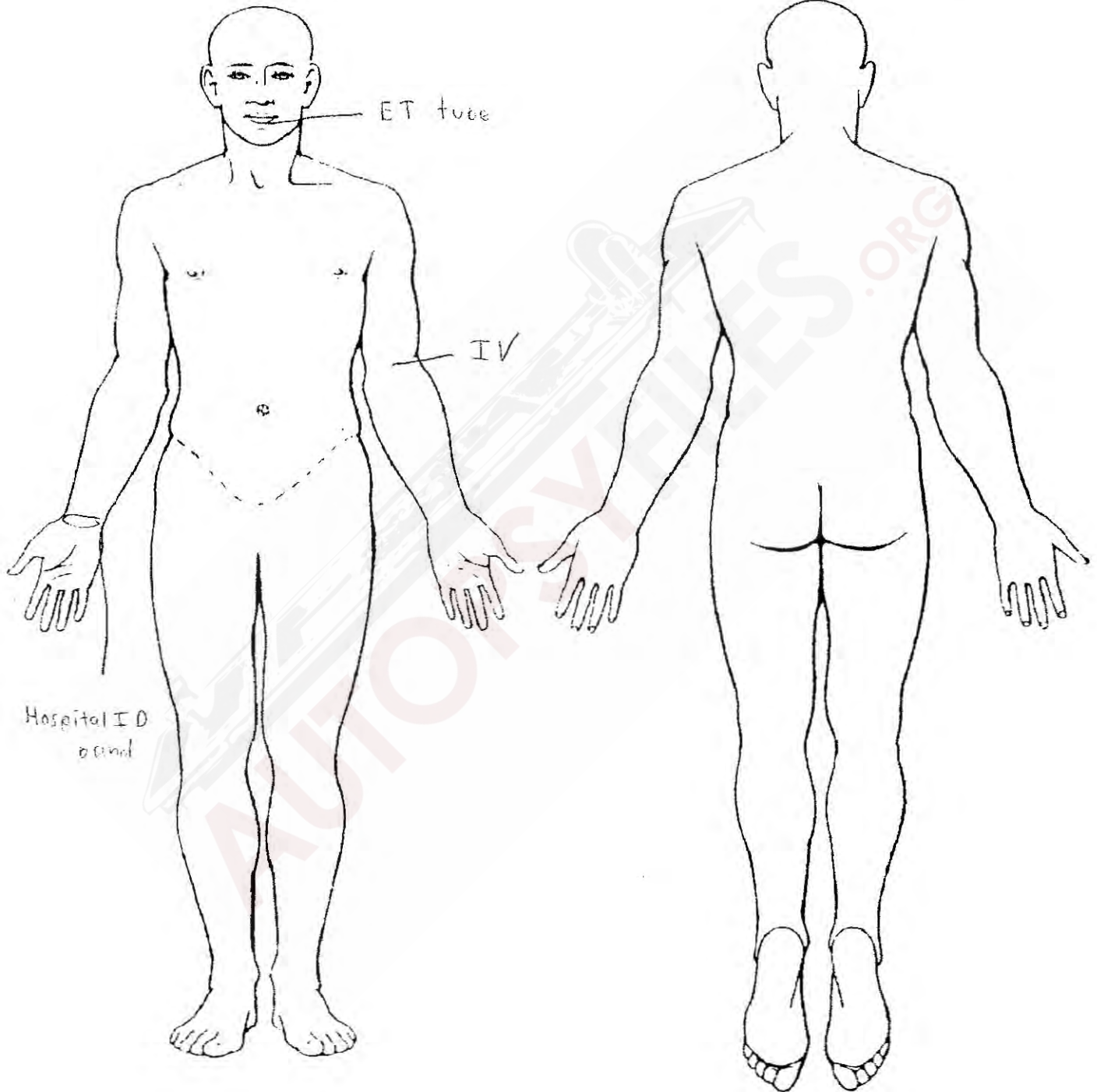
Time

0800

Deputy Medical Examiner

Grij. Ponzoliz

20



Date 05/24/2010

Jeff. Prochulio

M.D.

Deputy Medical Examiner

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

43

MISCELLANEOUS WORK SHEET

Clothing

white brief

Hanes classics

(faded inside label)

05-17-2010
1:44 PM
JOSSE
NOT

23

Date 05/24/2010

Greg J. Perdomo, MD

M.D.

Deputy Medical Examiner

COUNTY OF LOS ANGELES

MICROSCOPIC REPORT

DEPARTMENT OF CORONER

14

I performed a microscopic examination on →

6/24/10

at THE DEPARTMENT OF CORONER

Los Angeles, California

2010-03487

LIMA, JOSE D.

MICROSCOPIC DESCRIPTION

Slide 1 of 46 shows normocellular vertebral bone marrow exhibiting maturing trilineage hematopoiesis.

Slide 2 of 46 of the anterior descending branch of the left coronary artery shows 20% narrowing of the lumen by atherosclerosis.

Slide 3 of 46 of the left coronary artery shows 50% narrowing of the lumen by atherosclerosis.

Slide 4 of 46 of the right coronary artery shows a tangential section of coronary artery exhibiting atherosclerosis; the exact amount of atherosclerosis is not able to be quantified on the original H&E stained slide.

Slide 5 of 46 of the circumflex branch of the left coronary artery shows minimal atherosclerosis.

Slide 6 of 46 of the right ventricular myocardium shows the enlarged myocardium to exhibit no significant fibrosis; enlarged myocyte nuclei are not readily identified.

Slide 7 of 46 of the left ventricular myocardium shows the enlarged myocardium to exhibit areas of myocytes with enlarged nuclei consistent with hypertrophy; rare foci of fibrosis are present.

Slide 8 of 46 of the interventricular septal myocardium shows the enlarged myocardium to exhibit areas of myocytes with enlarged nuclei consistent with hypertrophy; rare foci of fibrosis are present.

Slide 9 of 46 of the right upper lung lobe shows congestion with no microscopic pathology of forensic significance.

Slide 10 of 46 of the right middle lung lobe shows marked congestion with autolysis.

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Slide 11 of 46 of the right lower lung lobe shows congestion.

Slide 12 of 46 of the right lung hilum shows congestion.

Slide 13 of 46 of the left upper lung lobe shows congestion.

Slide 14 of 46 of the left lower lung lobe shows marked congestion with autolysis.

Slide 15 of 46 of the left lung hilum shows congestion.

Slide 16 of 46 of the appendix and right adrenal gland show no microscopic pathology of forensic significance.

Slide 17 of 46 of the liver shows congestion with scattered nonspecific chronic inflammation in the portal triads.

Slide 18 of 46 of the right kidney scar shows fibrosis with associated congestion and chronic inflammation and thickened arterioles; sclerotic glomeruli also noted in the region of the scar. A noncaseating granuloma with scattered eosinophils is also noted in the region of the scar. The remainder of the right kidney shows no microscopic pathology of forensic significance.

Slide 19 of 46 of the spleen shows congestion and autolysis.

Slide 20 of 46 of the left adrenal gland and left kidney show no microscopic pathology of forensic significance.

Slide 21 of 46 of the rectum and thoracic aorta show tangential sections of the wall of the rectum and thoracic aorta; the tangential sections show no microscopic pathology of forensic significance.

Slide 22 of 46 of the small bowel shows autolysis and no microscopic pathology of forensic significance.

Slide 23 of 46 of the pancreas shows autolysis and no microscopic pathology of forensic significance.

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Slide 24 of 46 of the tongue and esophagus show no microscopic pathology of forensic significance.

Slide 25 of 46 of the thyroid and epiglottis show no microscopic pathology of forensic significance.

Slide 26 of 46 of the stomach shows no microscopic pathology of forensic significance.

Slide 27 of 46 of the prostate and urinary bladder show no microscopic pathology of forensic significance.

Slide 28 of 46 of the right testis shows testicular parenchyma exhibiting maturing spermatogenesis and no significant fibrosis; no microscopic pathology of forensic significance is identified.

Slide 29 of 46 of the left testis shows approximately 5% of the section of the slide to exhibit tubules with maturing spermatogenesis; interspersed amongst these tubules with maturing spermatogenesis are rare brown pigment-laden macrophages consistent with hemosiderin. The remainder of the slide shows sclerotic tubules with no evidence of spermatogenesis.

Slide 30 of 46 of the pituitary gland shows no microscopic pathology of forensic significance.

Slides 31 and 32 of the sinoatrial node show perivascular and interstitial fibrosis of the myocardium.

Slides 33 through 38 of the atrial ventricular node show perivascular and interstitial fibrosis of the myocardium.

Slide 39 of the posterior papillary muscle shows perivascular and interstitial fibrosis of the myocardium.

Slide 40 of the interventricular septal wall shows perivascular fibrosis of the myocardium.

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Slide 41 of the left lateral ventricular wall shows perivascular fibrosis of the myocardium.

Slide 42 of the left posterior ventricular wall shows perivascular fibrosis of the myocardium.

Slide 43 of the right ventricular wall shows perivascular fibrosis of the myocardium.

Slide 44 of the right ventricular wall shows perivascular and interstitial fibrosis of the myocardium.

Slide 45 of the left ventricular posterior wall shows perivascular interstitial fibrosis of the myocardium.

Slide 46 of the right and left atria muscle shows perivascular and interstitial fibrosis of the myocardium.

Comment: The sections of the heart show microscopic changes consistent with the gross diagnosis of mild cardiac hypertrophy. Trichrome stained sections prepared on tissue blocks 31 through 46 inclusive show change supported of the aforementioned diagnoses.

No cardiac conduction system abnormalities are identified on any of the sections of the heart.

Ajay J. Panchal

AJAY J. PANCHAL, M.D.
DEPUTY MEDICAL EXAMINER

07/06/2010

DATE

AJP:mtm/f

d-6/24/10 @ 1340 hours

t-6/28/10 @ 1000 hours

13NEUROPATHOLOGY

2010-03487

LIMA, JOSE D.

June 17, 2010

MICROSCOPIC DESCRIPTION:

Sections of brain (9) stained by H&E method include two cerebral cortical samples, hippocampal formation, basal ganglia at two levels, hippocampal formation, midbrain, medulla, cerebellum, and spinal cord section containing four levels. No abnormality is found.

Cerebral cortex from the frontal (5) and parietal (9) lobes shows no pathologic change. Cortical neurons appear to be present in normal numbers and cytoarchitecture, but smaller neurons are generally shrunken and dark from postmortem change, whereas the larger neurons are fairly well-preserved. There is no glial or vascular change. Leptomeninges are delicate, and subarachnoid contents are normal. Subcortical white matter is unremarkable. Lenticular nucleus is intact with both putamen and globus pallidus containing normal complements of neurons. Globus pallidus is free of vascular change. The sections contain an abundant grouping of well-preserved neurons of nucleus basalis. Optic tract and mammillary nucleus are normal. A segment of the horizontal portion of the middle cerebral artery is demonstrated in Section 8, and it is free of atherosclerosis and otherwise entirely normal.

Hippocampal formation is well-formed. Pyramidal neurons of hippocampus proper are present in normal numbers in well-preserved appearance. Dentate fascia is intact. The 6-layered lamina pattern of lateral geniculate body is beautifully demonstrated and normal.

In midbrain, symmetrically cone-shaped empty aqueduct is smallish in caliber but probably still within normal. Ependymal lining is intact. The section at the level of the posterior commissure is rostral to the oculomotor complex. Well-pigmented substantia nigra are present in very abundant numbers. Cerebral peduncles are intact. The floor nuclei of medulla, including hypoglossal and dorsal efferent nucleus of vagus are normal. Pyramids are symmetrically very full without change. Inferior olivary nuclei are normally plicated, and neurons are intact. Purkinje cells of cerebellum are present in normal numbers in fairly well-preserved appearance. Granule cell layer is normal. No change is noted in white matter.

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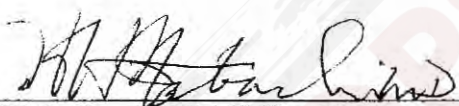
The spinal cord section contains sampling of two cervical, one thoracic, and a lumbosacral enlargement level. No change is found. At all levels, pia is free of change. Both anterior and posterior spinal rootlets appear normal. Motor neurons of the anterior horns in narrow intervening gray appear normal. All tracts are without change.

FINAL NEUROPATHOLOGIC DIAGNOSIS:

A. Normal adult brain and spinal cord and their coverings.

COMMENT:

No explanation for sudden unexpected death was found in brain.


HIDEO H. ITABASHI, M.D.
NEUROPATHOLOGY CONSULTANT

DATE

6-22-10HHI:am/hg:c
T-06/18/10

CE/30/L010 V

13NEUROPATHOLOGY

2010-03487

LIMA, JOSE D.

June 8, 2010

AGE: 37 years

DATE OF DEATH: May 23, 2010

REFERRING DME: Ajay J. Panchal, M.D.

CIRCUMSTANCES:

The following information is taken from Form 1. The Investigator's Narrative is not available at this time. The decedent, a well-known former major league baseball pitcher, became unresponsive while in bed with his common-law spouse on May 23, 2010. Paramedics transported the decedent to Huntington Memorial Hospital where he was pronounced dead at 0652 hours. Reportedly, the decedent had no recent complaints, and he had no known medical history.

Autopsy revealed a heart weight of 490 grams (440 grams after opened and drained), and the coronary arteries were free of gross atherosclerosis. No pulmonary thromboemboli were found. The liver weighed 2320 grams.

GROSS DESCRIPTION:

Specimen consists of a formalin-fixed brain and major portions of cranial dura mater including the dorsal convexity regions, attached falx cerebri, tentorium cerebelli and thin strips taken from the base of skull, and a 43.5 cm length of spinal cord with an intact investing dura mater.

Cranial dura mater, uniformly normal in thickness, shows no change other than generalized mild congestion. Epidural and subdural surfaces are clean and free of hemorrhage, old or recent. Subdural surfaces are smooth and glistening without neomembrane.

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Nearly perfectly preserved spinal cord is received with its investing dura mater. Dura is uniformly normal in thickness without change. Epidural surfaces are free of hemorrhagic stains, old or recent, at all levels. Subdural surfaces are smooth and glistening. Leptomeninges are transparent throughout, and superficial blood vessels show no special congestion. Cord surfaces are intact without contusions or other change. The cord is normal in size and configuration throughout. Transverse sections of the cord at the C6 level reveal a lateral diameter of 1.5 cm and AP 1.1 cm and 1.0 cm in lateral and 0.8 cm in AP diameter at the T2 level (normal). Spinal rootlets, both anterior and posterior, are very well-preserved and are found without change. Virtually the entire cauda equina is also received. It is normal in appearance. Transverse sections of the cord at the segmental levels reveal a normal appearance. No change is appreciated. Samples of cord from the C4 and C6 levels are submitted for microscopic examination. Two thoracic and one lumbosacral enlargement level sections are also submitted.

Brain weighed 1540 grams at removal (mean approximately 1450 grams). No gross external abnormality is found. Cerebral hemispheres are symmetrical and normal in configuration with interhemispheric fissure straight and tightly closed at the midline. Leptomeninges over hemispheric convexities show mild gray haziness over the frontal convexity regions, bilaterally and symmetrically, probably normal for the age. Superficial blood vessels are mostly collapsed and minimally blood-filled. All cortical surfaces are normally configured. Sulcal openings are normal. Convolutional pattern is well-formed throughout, and no cortical atrophy or softening is appreciated. Contusions are absent.

At the base, rectus-orbital and basitemporal cortical surfaces are intact without change. Olfactory nerves are very well-preserved and normal-appearing. Optic nerves are cut short, but cut ends show no change. Major arteries at the base are normal in caliber and course, thin-walled, and show minimal atherosclerotic streaking of the basilar. Basal

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cisterns are normally patent. Belly of the pons is symmetrically full, and medulla is intact with symmetrical pyramids. Cerebellar hemispheres are symmetrical and normal in size. Folial surfaces are flattened but otherwise normal-appearing. Vallecule is open by 0.2 cm at the midline. Cisterna magna is normally patent, and tonsils are in normal positions.

Coronal sections of cerebral hemispheres reveal symmetrical lateral ventricles of normal size with sharp dorsolateral angles of the frontal horns and bodies. Atria are normal in size, and temporal horns are slit-like. Third ventricle forms a straight narrow opening at the midline. Aqueduct is a small round opening, and fourth ventricle is normal. Cerebral cortical ribbon is traced, and the ribbon is relatively uniform and normal in thickness. The cortex is free of gross change. Central white matter is homogeneously ivory white without petechiae, cyst, or other change. Corpus callosum is intact and normal in thickness. Basal ganglia and thalamus appear normal, and mammillary bodies are normal in size and appearance. Hippocampal formations are symmetrically normal in size and configuration without change.

In brainstem, midbrain is symmetrical and normal in configuration and size with the lateral diameter measuring 3.9 cm. Substantia nigra is pigmented but on the light side. Transverse sections of pons at four levels reveal no change. Medulla appears intact with symmetrically full pyramids. Cerebellum is unremarkable.

Representative sections are submitted for microscopic examination, and selected areas are retained in storage.

GROSS IMPRESSIONS:

- A. Grossly normal adult brain and its coverings.
- B. Grossly normal spinal cord and its coverings.

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COMMENT:

Both the brain and spinal cord specimens were received in outstandingly well-preserved condition.


HIDEO H. ITABASHI, M.D.
NEUROPATHOLOGY CONSULTANT

6-22-10
DATE

HHI:am/hg:c
T-06/09/10

06/30/10 f



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
 Laboratory Analysis Summary Report



To: Dr. Panchal
 Deputy Medical Examiner

☒ PendingTox

The following results have been technically and administratively reviewed and are the opinions and interpretations of the Analyst:

Coroner Case Number: 2010-03487 **Decedent:** LIMA, JOSE DESIDERIO

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>LEVEL</u> <u>UNITS</u>	<u>ANALYST</u>
Blood, Femoral				
	Alcohol	Ethanol	0.09 g%	M. Schuchardt
Blood, Heart				
	Alcohol	Ethanol	0.06 g%	M. Schuchardt
	Barbiturate	Barbiturates	ND	J. Lintemoot
	Bases	Basic Drugs	ND	E. Fu
	Cocaine	Cocaine and Metabolites	ND	J. Lintemoot
	Fentanyl	Fentanyl	ND	J. Lintemoot
	Methamphetamine	Methamphetamine	ND	J. Lintemoot
	Opiates	Codeine	ND	J. Lintemoot
	Opiates	Morphine	ND	J. Lintemoot
	Phencyclidine	Phencyclidine	ND	J. Lintemoot
Vitreous				
	Alcohol	Ethanol	0.10 g%	M. Schuchardt

Legend:		ND	Not Detected
g	Grams	ng/gm	Nanograms per Gram
g%	Gram Percent	ng/ml	Nanograms per Milliliter
Inc.	Inconclusive	QNS	Quantity Not Sufficient
mg	Milligrams	TNP	Test Not Performed
mg/dl	Milligram per Deciliter	ug	Micrograms
mg/l	Milligram per Liter	ug/g	Micrograms per Gram
		ug/ml	Microgram per Milliliter

D. Anderson
 Administratively reviewed by: Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
 Supervising Criminalist II
 TOXICOLOGY

06/10/2010 JP



County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2010-03487

Decedent: LIMA, JOSE D.

Information Sources:

1. Medical Records #1213253 – Huntington Memorial Hospital, (626) 395-5000
2. Officer Lopez #5335 – Pasadena Police Department, (626) 744-4501
3. Dorcas Astacio – decedent's common-law-spouse, (818) 730-0964

Investigation:

On 05/23/2010 at 1027 hours, Officer Lopez of the Pasadena Police Department reported this apparent natural death to the Coroner's office. Lieutenant MacWillie assigned this case to me at approximately 1200 hours. I arrived at the hospital at 1215 hours and departed at 1354 hours. The decedent was transported to the Forensic Science Center by Supervising Forensic Attendant Bishop-Kellerman and Forensic Attendant Flores.

Location:

Location of Death: Huntington Memorial Hospital, 100 W. California Boulevard, Pasadena, CA 91109

Informant/Witness Statements:

According to the medical records, on 05/23/2010 at 0608 hours, the Pasadena Fire Department was dispatched to the decedent's residence. Upon their arrival, they discovered the decedent on the floor next to his bed. His wife reported that he was making noise while breathing and sat up and urinated. He then became unresponsive and 9-1-1 was called. Advanced life support medications were administered and cardiopulmonary resuscitative measures were implemented. The decedent was transported to the hospital where he arrived on a Lucas device and was also intubated. Despite medical intervention, the decedent did not respond and was pronounced dead on 05/23/2010 at 0652 hours.

According to Officer Lopez, the decedent lives in his residence with his girlfriend, 11-year-old son and 15-year-old step-daughter. The family had dinner on the evening of 05/22/2010 and the decedent consumed a few drinks (wine and shots of tequila). They returned home and the decedent had no complaints at that time. The couple went to bed and on 05/23/2010 at approximately 0100 hours. Just before 0600 hours on 05/23/2010, the decedent was heard snoring loudly. This was unusual as he never snored like that before. His girlfriend began shaking him and noted he was covered in sweat. She attempted to pull him off the bed in order to sit him on the floor and she noted he was incontinent of urine. She then heard gurgling and gasping. She got a wet towel and placed it on his forehead in an attempt to wake him up. She did not note any foam or purge. She then called 9-1-1 and paramedics arrived and transported him to the hospital where he was pronounced dead on 05/23/2010 at 0652 hours. He has no known medical history and was very active. He has no psychiatric history and had not suffered any recent trauma.

According to Ms. Astacio, she and the decedent had dinner with friends on 05/22/2010. The decedent did not consume any different foods or beverages and is not believed to have any allergies. They returned home and went to bed between 0030 and 0100 hours on 05/23/2010. At approximately 0645, the decedent was heard snoring loudly. This was unusual as he never snored. She tried to wake him up as she thought he may have been having a nightmare. The decedent was not responding so she called his mother in the Dominican Republic and asked her if the decedent had a history of epilepsy. The mother stated that he did not and she then called 9-1-1. The decedent has no medical history. He was an athlete who exercised regularly and his daily exercise routine was no different on 05/22/2010. He did not smoke and was a social drinker. He did not use any drugs, home remedies or herbs and had not suffered any recent trauma. The decedent was not suicidal and has no prior attempts. There is also no family history of illness or disease other than his father having a rare form of throat cancer.



County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2010-03487

Decedent: LIMA, JOSE D.

Scene Description:

The scene is the "ED2" section and bed 16 of the Huntington Memorial Hospital. The decedent is laying supine in a hospital bed and inside a body bag. His body is draped with a white sheet. A pillow is noted beneath his head and a small amount of apparent blood is noted on it.

Evidence:

Evidence was not collected in this death investigation.

Body Examination:

The body is that of an adult male who is laying supine in a hospital bed and draped with a white sheet. He has short black hair, blue eyes and apparent natural teeth. He is clad in white underwear. An endotracheal tube is fastened to his mouth with tape and EKG pads are noted on his torso and thighs. Abrasions are noted on his chest and an intravenous line is in place in his left antecubital area. There are no apparent palpable fractures noted. Lividity is consistent with the position found and blanches with minimal pressure. Rigor is rated at a two throughout the entire body.

Identification:

On 05/23/2010, Dorcas Astacio visually identified the decedent as her common-law-spouse JOSE D. LIMA (DOB 09/30/1972).

Next of Kin Notification:

On 05/23/2010, family members notified Nuris Lima of the death of her son.

Tissue Donation:

Tissue donation was not addressed.

Autopsy Notification:

Notification was not requested in this death investigation.

RAQUEL S. DELGADO

SUPERVISOR

05/24/2010

Date of Report