

Toll Free: [REDACTED]

MEDICAL EXAMINER AUTOPSY REPORT

Church, Brandon

DOB: 8/17/1981
Race/Gender: W M
Soc. Sec. No:
Address: [REDACTED]

Medical Examiner: F. Eddie Pippen, PA
Prosecutor: Kelly E Highland, MD
Physician:

Accession No: [REDACTED]
Expiration Date: 6/29/2018 00:00
Autopsy Date: 7/1/2018 08:00
Reported Date: 11/27/2018 11:3

Authorized by: F. Eddie Pippen, PA
Reason for Autopsy: Medical Examiner case
Autopsy Restrictions: None

FINAL ANATOMIC DIAGNOSIS:

1. MYOCARDIAL HYPERTROPHY (610 GRAMS).
2. CORONARY ARTERY DISEASE WITH 90% STENOSIS OF LEFT ANTERIOR DESCENDING ARTERY.
3. LIVER WITH MODERATE STEATOSIS.

CAUSE OF DEATH: CONSEQUENCES OF CHRONIC ALCOHOLISM.

CLINICAL PATHOLOGIC CORRELATION

The decedent has a clinical history of alcohol withdrawal-induced seizure disorder. According to his primary care provider, his history includes binge drinking followed shortly thereafter by episodes of seizure activity upon the withdrawal of alcohol use. This case has been discussed [REDACTED]

DIAGNOSIS COMMENT

This case is discussed with Justin Broward, PhD (Toxicologist OCME). The level of anti-seizure medication (Lamotrigine) is less than therapeutic. This low level could be contributory to his recent seizure activity.

kks/11/26/2018

Electronically Signed Out
Kelly E Highland, MD

CLINICAL SUMMARY

BRIEF CLINICAL SUMMARY:

(This information is available to the Pathologist at the time of the autopsy. This may or may not prove to be accurate and is only included for guidance.)

This is a 36 year old white male with a known history of alcohol withdrawal-induced seizure disorder (non-traumatic), chronic alcohol use and substance abuse in the past. The decedent had a witnessed seizure on the same day according to the family where he came out of it oriented and alert. He then had a second seizure a short time later. EMS transported him to Frye Regional Medical Center where he expired.

Autopsy location: Frye Regional Medical Center.
Persons present: Eddie Pippen, PA (ASCP), ABMDI, Dr. Kelly Highland.
Valuables: None.
Evidence: None.

Body condition: Intact.
Body development: Normal.
Body nourishment: Normal.
Body build: Heavy-set.
Body temperature: Cool
Body preservation: Good.
Piercings: None.
Circumcised: Yes.
Pictures taken:

GROSS RESULT

An autopsy is performed on the body of Brandon Church at Frye Regional Medical Center, on the 1st day of July, 2018. The postmortem examination is begun at 0800 hours and completed at 0930 hours.

External examination:

The body is that of a well-developed, well-nourished heavy-set adult white who weighs approximately 300 pounds, is 75 inches in height, and appears compatible with the stated age of 36 years.

Body identification includes tags and accompanying papers from Frye Regional Medical Center.

The body is cool to touch. Rigor is fully fixed in all extremities and jaw. Diffuse fixed, purple livor extends over the posterior surfaces of the body, except in areas exposed to pressure.

The body is examined after Carolina Donor Services recovered eyes and skin from posterior surfaces of the body.

The scalp hair is brown in color and measures up to 2.0 cm in length over the crown. The eyes are status post N.C. Carolina Eye Bank. The nose and ears are unremarkable. The lips and gums are pale. The teeth are in normal repair. There is a goatee present. The neck is without masses, and the larynx is in the midline.

The thorax is symmetrical. The penis is circumcised; the testes are bilaterally descended within the scrotum. The back is unremarkable.

The upper and lower extremities are well-developed and symmetrical, without absence of digits.

There is no active skin disease.

There are no scars identified.

There are no tattoos.

There is an endotracheal tube, nasogastric tube, interosseous line right upper shoulder present.

Internal examination:

Body cavities: No adhesions or abnormal fluid collections are present in the body cavities. The body organs are present in the normal anatomic position.

Head and central nervous system: The brain weighs 1380 grams. The CSF is clear. The meninges are thin and delicate. The brain is symmetrical. The vasculature is unremarkable. The cut surfaces show normal gray and white matter without focal abnormality.

Neck: Examination of the soft tissues of the neck, including strap muscles, thyroid gland, and large vessels, reveal no abnormalities. The hyoid bone and larynx are intact. The soft tissues are free of hemorrhage.

Cardiovascular system: The heart weighs 610 grams. The pericardial surfaces are smooth, glistening, and unremarkable; the pericardial sac is free of significant fluid or adhesions. The left anterior descending is stenosed up to 90% by yellow atheromatous plaque material. The remainder of the vessels are widely patent. There is biventricular dilatation. The valves are unremarkable. The myocardium is red-brown, firm and unremarkable. The atrial and ventricular septa are unremarkable. The aorta and its major branches arise normally, follow their usual course, and are widely patent, free of significant atherosclerosis or other abnormality. The

vena cava and its major tributaries are unremarkable.

Respiratory system: The right and left lungs weigh 710 and 610 grams, respectively. The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. The lobes are normally located. The pulmonary parenchyma exudes moderate amounts of blood and frothy fluid. The pulmonary arteries are normally developed, patent, without thrombi or emboli.

Liver and biliary system: The liver weighs 3850 grams. The hepatic capsule is smooth and glistening, is discolored yellow-tan. The sectioned surfaces are discolored yellow-tan and firm. The gallbladder contains mucoid bile. The mucosa is unremarkable. The extrahepatic biliary tree is unremarkable. No calculi are identified.

Alimentary tract: The esophagus is lined by smooth mucosa. The gastric mucosa is arranged in the normal rugal folds, and the stomach contains approximately 50 ml of clear brown fluid. The small and large intestine are unremarkable. The pancreas has a normal gray-white to yellow appearance. The appendix is present.

Genitourinary tract: The right and left kidneys weigh 220 and 210 grams, respectively. The renal capsules are smooth, thin, and strip with ease from the underlying granular cortical surfaces. There is a 1.8 cm clear fluid-filled cyst in the right kidney. The cortices are sharply delineated from the medullary pyramids which are unremarkable. The urinary bladder contains approximately 250 ml of clear yellow urine. The mucosa is smooth. The testes, prostate, and seminal vesicles are unremarkable.

Reticuloendothelial system: The spleen weighs 550 grams and has a smooth, intact capsule covering a purple autolyzed parenchyma. There is no lymphadenopathy. The bone marrow is homogenous without focal abnormality.

Endocrine system: The pituitary, thyroid and adrenal glands all appear unremarkable. The adrenal glands are not enlarged, and the thyroid is symmetrical.

Musculoskeletal system: The bony skeleton, musculature, and soft tissue appear unremarkable.

Dictated by: Kelly E Highland, MD

MICRO RESULT

SUMMARY OF SECTIONS:

A: LEFT ANTERIOR DESCENDING CORONARY ARTERY
B: RIGHT VENTRICLE
C: ANTERIOR LEFT VENTRICLE
D: LATERAL LEFT VENTRICLE
E: POSTERIOR LEFT VENTRICLE
F: INTERVENTRICULAR SEPTUM
G: RIGHT LUNG
H: LEFT LUNG
I: LIVER, SPLEEN
J: PANCREAS, ESOPHAGOGASTRIC JUNCTION
K: RIGHT AND LEFT KIDNEY, RIGHT AND LEFT ADRENAL
L: CEREBRAL CORTEX, CEREBELLUM
FEP/jhs

A. The left anterior descending artery demonstrates prominent fibrosis and calcification with scattered cholesterol clefts.

B,C,D,E,F. The myocardium shows hypertrophic nuclear changes and patchy autolysis. Cross striations are intact. There is no inflammation or necrosis seen.

G,H. Both lungs show prominent extensive autolysis and hyperemia.

I. The liver demonstrates moderate steatosis with superimposed autolysis. There is no significant inflammation or significant fibrosis

appreciated. The spleen is autolyzed.

J. The pancreas is autolyzed. Sections of EG junction demonstrate autolyzed mucosa. A benign lymph node is seen attached along the serosal surface.

K. Sections of kidneys demonstrate focal superficial chronic inflammation and sclerotic glomeruli. There is prominent autolysis. Adrenal glands are partially autolyzed and unremarkable.

L. Within normal limits.

TOXICOLOGY

20.0 ml Blood
Source: Femoral Vessel

Amitriptyline	0.86 mg/L
Gabapentin	20 mg/L
Lamotrigine	2.1 mg/L
Nortriptyline	0.74 mg/L
Threo bupropion	2.1 mg/L

20.0 ml Blood
Source: Aorta

Caffeine	Present
Cocaine metabolite	None Detected LCMS
Diphenhydramine	Less than 0.25 mg/L
Ethanol	None Detected
Gabapentin/Pregabalin	Present LCMS
Midazolam	Present
Opiates/Opioids	None Detected LCMS
Organic Acids/Neutrals	Present
Other Benzodiazepines	None Detected LCMS
Other Organic Bases	Present
Quetiapine	Present

20.0 ml Urine
Source: Urinary Bladder

Liver

Amitriptyline	3.2 mg/kg
Nortriptyline	3.6 mg/kg
Threo bupropion	6.6 mg/kg

1.5 ml Vitreous Humor
Source: Eyes

*** END REPORT ***