LEWIS, Nikisha
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Case No. 2017-00720

CAUSE OF DEATH:

Pulmonary Fat Emboli Associated with Liposuction

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NOTE: The cause of death is based on the totality of the investigative data to date, which may not be included in the autopsy or external examination protocol.
ATTENDEES:

FORENSIC TECHNICIAN: Tunisia Johnson
PHOTOGRAPHER: Belmarie Lyons

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished 5 foot 7 inch, 190 pound woman who appears the reported age of 32 years. The body is refrigerated, well-preserved and not embalmed. A green plastic bracelet around the left ankle has the inscription “265477”.

The scalp has long, black hair in a normal distribution. The irides are brown. The corneas are cloudy. The sclerae are pink-white. The congested conjunctivae have no petechiae. The nasal septum and nasal bones are intact. The teeth are natural and in good repair. The buccal mucosa is not injured.

The neck and chest are symmetrical. The nipples and breasts are unremarkable.

A 3.2 x 0.6 centimeter horizontal scar is above the umbilicus. The back has no scars. A 3 x 1.1 centimeter red, irregular abrasion is on the right and lateral aspect of the lower back. The external genitalia are those of a fully developed adult woman.

The extremities have no fractures, lacerations or deformities. The arms have no track marks. The wrists have no scars. The fingernails are intact. Linear scars up to 3 x 0.6 centimeters are on the right knee. Multiple small areas of hypopigmentation are on the ventral aspect of the right leg.

TATTOOS:

An illegible monochromatic tattoo is behind the left ear. Monochromatic tattoos are on the proximal and dorsal aspect of the right arm. A monochromatic tattoo of a rose with an illegible word is on the dorsal aspect of the left arm. A tattoo of a cross is on the distal and ulnar aspect of the right forearm. An illegible monochromatic tattoo is on the dorsal and ulnar aspect of the left hand. Tattoos of butterflies and flowers are on the lower back. Star-shaped tattoos are on the dorsal aspect of the left foot.

EVIDENCE OF MEDICAL INTERVENTION:

A white pad is adhered to the forehead. An endotracheal tube protrudes from the mouth and terminates in the trachea. An orogastric tube protrudes from the mouth and terminates in the stomach. Electrocardiogram pads are on the abdomen and upper extremities. An intravenous catheter is in the right side of the anterior neck. White bandages are over the anterior aspect of the left shoulder, the umbilicus and the right and left lower abdominal quadrants. An intravenous catheter is in the right antecubital fossa. An intravenous catheter is in the right inguinal area. A hospital
identification bracelet is around the right wrist. An intravenous catheter is in the dorsal aspect of the left hand.

EVIDENCE OF SURGICAL INTERVENTION:

A 0.7 x 0.2 centimeter linear, vertical incision is above the umbilicus. A 1.5 x 0.3 centimeter linear, horizontal incision is in the right lower abdominal quadrant. A 0.6 x 0.2 centimeter linear, horizontal incision is in the lower and midline aspect of the abdomen. A 1.2 x 0.2 centimeter linear, horizontal incision is in the left lower abdominal quadrant. There is mild hemorrhage in the subcutaneous tissues of the abdomen. There is no perforation from the incisions into the abdominal cavity.

The lower and midline aspect of the back has a 0.5 x 0.1 centimeter vertical incision. The lower and right aspect of the back has a 0.6 x 0.1 centimeter linear, horizontal incision. The skin proximal to the gluteal cleft has a 0.5 x 0.1 centimeter linear, vertical incision. The left and lower aspect of the back has a 0.5 x 0.1 centimeter linear, horizontal incision. There is a small amount of hemorrhage in the subcutaneous tissues underlying the incisions. There is no perforation from the incisions into the abdominal or pelvic cavities.

INTERNAL EXAMINATION:

The ribs, sternum, and clavicles are intact. There is focal hemorrhage in the posterior aspects of the right fourth and fifth intercostal muscles. The abdominal wall has no perforations. The diaphragm is not elevated. The mesothelial surfaces are smooth and glistening. All body organs are in their normal anatomical position. The right and left pleural cavities have 100 milliliters and 50 milliliters of red, thin fluid, respectively. The pericardial sac has no excess fluid. The peritoneal cavity has 1700 milliliters of liquid blood. There are fibrous adhesions between the right lobe of the liver and the diaphragm. There is hemorrhage in the fatty tissues beneath the left side of the diaphragm.

Hemorrhage within the muscles and soft tissues of the right side of the neck is associated with the insertion of an intravenous catheter. The hyoid bone, thyroid cartilage, and larynx are intact. The tan-brown thyroid gland has a normal size and shape. The parenchyma is unremarkable.

The 270 gram heart has smooth epicardial surfaces. The four cardiac chambers do not contain mural thrombi or thromboemboli. The four, thin, pliable, cardiac valves have no deformities or vegetations. The mural endocardium is thin, smooth, and translucent. The red-brown myocardium has no fibrosis, necrosis, erythema, or areas of accentuated softening or induration. The normally positioned ostia of the left main and right coronary arteries are patent. The coronary arteries arise normally and follow a right dominant distribution. The left anterior descending, left circumflex, and right coronary arteries are thin-walled and patent throughout. The left and right ventricles are 1 centimeter and 0.2 centimeters thick, respectively. The interventricular septum is 1 centimeter thick. The thin elastic aorta is smooth and shiny and has no atherosclerosis.
AUTOPSY PROTOCOL

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, pink-gray, and unremarkable. The trachea and mainstem bronchi are clear of debris and foreign material. The right and left lungs are 650 grams and 620 grams, respectively. The pleural surfaces are smooth and glistening. The purple pulmonary parenchyma exudes a large amount of red, thin fluid has no masses, granulomata, or discrete areas of consolidation. Some of the pulmonary arterioles contain minute yellow, fat-like material. The anthracotic bronchomediastinal lymph nodes are inconspicuous.

The 1200 gram liver has a smooth, glistening, intact capsule covering dark brown parenchyma with a preserved lobular pattern. The liver has no focal lesions. The extra and intrahepatic vessels are patent. The gallbladder contains approximately 10 milliliters of green, viscous bile and no stones. The gallbladder mucosa is green and velvety. The cystic, common, and hepatic bile ducts are patent.

The base of the tongue is unremarkable. The esophagus is lined by gray-white smooth mucosa and does not have dilatation, stenosis, or varices. The stomach has a normal size and shape. The gastric mucosa is free of ulcerations and is arranged with the usual folds. The stomach contains approximately 40 milliliters of green, thin fluid. The small intestine is normal in length, configuration, and diameter and has a smooth, shiny serosal surface. Extravasated blood is in the ascending mesocolon of the large bowel. The large intestine has a smooth, shiny serosal surface and no palpable masses or obstructions. The appendix is unremarkable.

The tan-yellow pancreas has an intact lobular architecture and patent duct.

The 150 gram spleen has an intact capsule covering red-purple, soft parenchyma. The bone marrow of the ribs has a soft consistency and is dark red. The lymph nodes of the neck, chest, abdomen, and pelvis are unremarkable.

The adrenal glands are unremarkable. The right and left kidneys are each 130 grams. The surfaces are red-brown and smooth. The parenchyma has well-defined corticomedullary junctions. The renal vessels are patent. The ureters have a normal course and caliber. The bladder contains no urine. The mucosa is tan, mildly trabeculated, and intact.

The vagina, cervix, and fallopian tubes are unremarkable. The uterine cavity contains a T-shaped intrauterine device with metal coils. The endometrium is smooth, tan-red and glistening and is up to 0.3 centimeters in thickness. The myometrium is unremarkable except for a small leiomyoma. The surface of the right ovary has a 0.5 x 0.4 centimeter erosion with slight surrounding hemorrhage. The erosion communicates with a 2 x 1.6 x 1.5 centimeter well-circumscribed non-ruptured hemorrhagic cyst. The parenchyma of both ovaries has multiple small, cortical cysts.

The musculoskeletal system is well developed. The muscle groups of the chest wall, abdomen, and iliopsoas are symmetrical, firm, and red-brown. The ribs, pelvic bones, and vertebral bodies of the cervical, thoracic, and lumbar spine are unremarkable.
AUTOPSY PROTOCOL

The reflected scalp has no hematomas. The skull is intact and has no fractures of the calvarium or skull base. There is no epidural or subdural hemorrhage.

The 1190 gram brain has flattening of the gyri and narrowing of the sulci. The leptomeninges are thin and transparent. There is no subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain including the cranial nerves and blood vessels are intact. The thin-walled arteries at the base of the brain have no aneurysms or other obvious abnormalities. The gray-white matter border is distinct. The deep white matter has no softening, nodules, or masses. The mammillary bodies are not shrunken or discolored. The dorsal cerebellar vermis is not atrophic. The symmetrical hippocampi are not shrunken, scarred, or ecchymotic. The atlanto-occipital ligaments and cervical spine are intact.

AUTOPSY FINDINGS:

1. Surgical incisions of abdomen and lower back
2. Hemoperitoneum
3. Hemorrhagic cyst of right ovary
4. Bilateral pulmonary edema
5. Adhesions of diaphragm and liver
6. Cerebral edema
7. Bilateral pleural effusions

TISSUES SUBMITTED FOR HISTOLOGY INCLUDE THE FOLLOWING:

Heart, lung, liver, kidney, ovary and bone marrow

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Date: March 24, 2017

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