



**Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
MEDICAL EXAMINER'S VERDICT**

Thomas P. Gilson, M.D.
Medical Examiner

**THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY**

CASE NUMBER: IN2014-00559

Be it Remembered, That on the **28th** day of **March, 2014** information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of **a woman** supposed to have come to **her** death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found **in University Hospitals Case Medical Center in Cleveland** of Cuyahoga County, on the **28th** day of **March, 2014**.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: **(PAC #181005) (UHCMC #07172608)**. I also carefully examined or caused to be examined the said dead body at **7:32AM** on the **29th** day of **March, 2014** and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner **Lakisha Lashawn Wilson**, whose body was at the Medical Examiner's Office on the **29th** day of **March, 2014** came to **her** death. The said **Lakisha Lashawn Wilson** was **single, 22 years** of age, a resident of **Canal Winchester, Fairfield County, Ohio**, and a native of **Akron, Ohio**; was of the **Black** race, and had **brown** eyes, **black** hair, **--** beard, **--** mustache, was **65 inches** in height, and weighed **131 pounds**.

Upon full inquiry based on all the known facts, I find that the said **Lakisha Lashawn Wilson** came to **her** death officially on the **28th** day of **March, 2014** in University Hospitals Case Medical Center and was officially pronounced dead at 2:12 P.M., by Dr. Estebanez. There is information that the said Lakisha Lashawn Wilson, 7346 Melynne Terrace, Canal Winchester, Fairfield County, Ohio, was pregnant and, on March 21st, 2014, was admitted to Preterm Abortion Clinic, 12000 Shaker Boulevard for a scheduled elective operative procedure. During this procedure, this woman apparently became ill and collapsed. Resuscitative measures were instituted and the Cleveland Paramedics were called. On arrival, treatment was continued and the said Lakisha Lashawn Wilson was then transported to University Hospitals Case Medical Center where she was admitted. Examination revealed a diagnosis of cardiopulmonary arrest and treatment and drug therapy were administered and ventilator support was applied. Supportive care was maintained, however, this woman failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Lakisha Lashawn Wilson was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of cerebellar and medullary necrosis due to diffuse anoxic encephalopathy and cerebral edema due to cardiopulmonary arrest with cardiopulmonary resuscitation due to hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of intrauterine pregnancy, and was a therapeutic complication.

Cause of Death: Cerebellar and medullary necrosis.
 Due To: Diffuse anoxic encephalopathy and cerebral edema.
 Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.
 Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of intrauterine pregnancy.
THERAPEUTIC COMPLICATION.

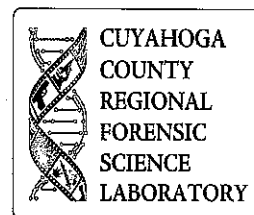
Lakisha Lashawn Wilson
(Name of Deceased)

Cuyahoga County Medical Examiner

,M.D.



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106



Case Number : IN2014-00559 **Report Date :** Tuesday, April 22, 2014
Name : Lakisha Wilson **Receipt Date :** Saturday, March 29, 2014
Agency : Cuyahoga County (CCMEO) **Pathologist :** JFEL - J. A. Felo, DO

Specimen Received

A1 - Cavity Blood F1 - Femoral Blood F2 - Femoral Blood O1 - Other
 R1 - Longterm Storage R2 - Longterm Storage S1 - Spleen U1 - Urine
 V1 - Vitreous Humor Y1 - Hospital Blood

J. A. Felo April 23, 2014

COMMENT : A1, R1 and R2 = thoracic cavity blood; F1 and U1 = lifebanc draw; O1 = subcutaneous fat; Y1 = 3/21/14 @ 1148

A1: Thoracic Cavity Fluid Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

F1: Femoral Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

F2: Femoral Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

O 1: Other Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 1: Long Term Storage Red Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 2: Long Term Storage Purple Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

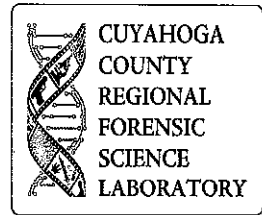
S 1: Spleen Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

U 1: Urine Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

JA



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
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Case Number : IN2014-00559	Report Date : Tuesday, April 22, 2014
Name : Lakisha Wilson	Receipt Date : Saturday, March 29, 2014
Agency : Cuyahoga County (CCMEO)	Pathologist : JFEL - J. A. Felo, DO

V 1: Vitreous Humor Analysis Red Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

Y 1: Hospital Blood Purple Top Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Opiate ELISA Screen	None Detected		See Page 3, Group 7
Benzo. Confirmation GC/MS	Positive		See Page 3, Group 15
Midazolam		Positive	
Amphetamine ELISA	None Detected		See Page 3, Group 7
Barbiturates ELISA Screen	None Detected		See Page 3, Group 7
Benzodiazepines ELISA Screen	Positive		See Page 3, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 3, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 3, Group 7
Cocaine Mtb. ELISA Screen	None Detected		See Page 3, Group 7
Fentanyl ELISA Screen	None Detected		See Page 3, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 3, Group 7
Oxycodone ELISA Screen	None Detected		See Page 3, Group 7
Phencyclidine ELISA Screen	None Detected		See Page 3, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 3, Group 7
Methadone ELISA Screen	None Detected		See Page 3, Group 7

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Analytes included in Drug Groups / Class

DRUGS ANALYZED/QUANTIFIED BY CCRFSL/CCMEO TOXICOLOGY

- 1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol, Ethyl Acetate*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde*, Propane, Toluene*. **ETHANOL, ACETONE, ISOPROPANOL, and METHANOL CONFIRMATION(s)** by alternative GC column and/or alternative specimens. **METHANOL** is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
- 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs:** Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levettiracetam, Mephenytoin, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate, (Gabapentin/Pregabalin by LC/MS/MS); **ACIDIC NEUTRALS** Screened and Quantified by GC-FID and Confirmed by GC/MS.
- 3) **CARBON MONOXIDE***(Carboxyhemoglobin) by CO-Oximetry: Carbon Monoxide, Methemoglobin, Hemoglobin; **CARBON MONOXIDE CONFIRMATION** by Spectrophotometry and/or Microdiffusion.
- 4) **GLYCOLS***: Ethylene Glycol, Propylene Glycol Screened and Confirmed by GC/MS.
- 5) **CYANIDE***: Screened and Quantified by Colorimetry.
- 6) **EMIT@SCREEN: SYMPATHOMIMETIC AMINES (SMAs)** (target = d-Amphetamine); **BENZODIAZEPINES** (Target= Oxazepam); **COCAINE** (Target= Benzoylcegonine (a cocaine metabolite); **CANNABINOIDS** (Target= 11-nor- Δ -9-THC-COOH (a marijuana metabolite); **OPIATES** (Target= Morphine); **PHENCYCLIDINE** (Target= Phencyclidine).
- 7) **ELISA (Enzyme-Linked Immunosorbent Assay) SCREEN: SMAs** (Target = d-Amphetamine); **Barbiturates** (Target = Pentobarbital); **Benzodiazepines** (Target = Alprazolam); **Cannabinoids** (Target = 11-nor- Δ -9-THC-COOH (a marijuana metabolite); **Carisoprodol** (Target = Carisoprodol); **Cocaine Metabolite** (Target = Benzoylcegonine); **Fentanyl** (Target = Fentanyl); **Methamphetamine** (Target = d-Methamphetamine); **Oxycodone** (Target = Oxycodone); **Phencyclidine** (Target = Phencyclidine); **Tricyclic Antidepressants** (Target = Nortriptyline); **Methadone** (Target = Methadone); **Opiates** (Target = Morphine).
- 8) **BASIC DRUGS** by GC/MS (Quantitation and Confirmation): Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chlorophenylpiperazine, Chlorpheniramine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocaethylene, Cocaine, Codeine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyl Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylsertraline, Desmethylvenlafaxine, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guaifenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Meclizine, Meperidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylendioxyamphetamine (MDA), Methylendioxyamphetamine (MDMA), Methylendioxypropylvalerone (MDPV), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Normeperidine, Norpropoxyphene, Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phentoloxamine, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Sertraline, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexyphenidyl, Trimipramine, Venlafaxine, Verapamil, Zolpidem.
- 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative).
- 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative), **SALICYLATE CONFIRMATION** by Gas Chromatography.
- 11) **XANTHINES** by GC/MS: Acetaminophen, Caffeine.
- 12) **CLINICAL CHEMISTRIES (CHEM7):** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO₂, Glucose, Urea, Creatinine).
- 13) **COCAINE CONFIRMATION** by GC/MS: Anhydroecgonine methyl ester, Benzoylcegonine, Cocaine, Cocaethylene, Ecgonine ethyl ester*, Ecgonine methyl ester.
- 14) **CANNABINOIDS** by GC/MS: Cannabinoids (ng/mL; mcg/L): D⁹-THC, 11-OH-D⁹-THC (a marijuana metabolite), 11-nor- D⁹-THC-COOH (a marijuana metabolite), TOTAL 11-nor- D⁹-THC-COOH (a marijuana metabolite).
- 15) **OPIATES** by GC/MS (ng/mL): Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; Oxycodone. **TOTAL OPIATES** by GC/MS-Hydrolysis followed by **OPIATES** by GC/MS.
- 16) **BENZODIAZEPINE CONFIRMATION** by GC/MS: Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite, Triazolam.
- 17) **SYMPATHOMIMETIC AMINES CONFIRMATION** by GC/MS analysis (ng/mL): Amantadine, Amphetamine, beta-Phenethylamine, MDEA, Methamphetamine, Methylendioxyamphetamine (MDA), Methylendioxyamphetamine (MDMA), Phentermine, Phenylpropanolamine, Pseudoephedrine.
- 18) **GHB** by GC/MS (mg/L): Gamma-hydroxybutyric acid (gamma hydroxybutyrate).
- 19) **FENTANYL** by GC/MS (ng/mL): Fentanyl, Sufentanil, Alfentanil.
- 20) **SENT OUT TO REFERENCE LABS:** Synthetic Cannabinoids and Synthetic Cathinones, Epinephrine, 7-amino Flunitrazepam, Flunitrazepam, IgE, Insulin, LSD, Nefedipine, C-Peptide, Psilocin, Risperidone, Tryptase, Warfarin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above.

*BY REQUEST ONLY; **ABBREVIATIONS:** POS=Positive; NEG=Negative; UNS=Specimen unsuitable for testing; NTDN=Not Done; QNS=Quantity insufficient for analysis; CHEM7=Clinical Chemistry; < =less than; > =greater than; LRL= Lower reporting limit; C.L. = Confidence Level.
UNITS FOR VOLATILES: 100 mg/dL= 0.100 g/dL = 0.100 g/100 mL. **UNITS:** 1 mg/L = 1000 µg/L = 1000 ng/mL.

I certify that the specimen identified by this case, number IN2014-00559 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist


John F. Wyman, PhD.



**Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106
REPORT OF AUTOPSY**

Thomas P. Gilson, M.D.
Medical Examiner

**THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY**

CASE NUMBER: IN2014-00559

**REPORT OF AUTOPSY OF: Lakisha Lashawn Wilson
ADDRESS: 7346 Melynn Terrace, Canal Winchester, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **29th** day of **March, 2014** at **8:45 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Lakisha Lashawn Wilson**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **female**, **single**, aged **22 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **65 inches** in height, weighing **131 pounds**; a native of **Akron, Ohio**.

ANATOMIC DIAGNOSES:

- I. Intrauterine pregnancy
 - A. Hemoglobin = 11.5 g/dL (March 7, 2014)
 - B. Elective abortion (March 21, 2014)
 - 1. Sedation with fentanyl and midazolam
 - 2. Uterine evacuation of 19.4 weeks gestation fetus and placental tissues
 - 3. Post procedure uterine atony
 - 4. Administration of methergine and misoprostol
 - 5. Post procedure hypotension, bradycardia, and cardiopulmonary arrest
 - 6. Cardiopulmonary resuscitation
 - a. Post procedure hemoglobin = 8.9 g/dL (March 21, 2014)
 - b. Diffuse cerebral edema
 - c. Uncal and cerebellar tonsillar herniation
 - d. Diffuse anoxic encephalopathy
 - e. Cerebellar and medullary necrosis
- II. Therapeutic procedures
 - A. Indwelling orogastric catheter, oroesophageal catheter, urinary bladder catheter, and three intravascular catheters
 - B. Puncture wounds of left subclavian thorax and both upper extremities
 - C. Patient and fall risk identification bracelets
- III. Postmortem organ donations of heart, lungs, liver, and kidneys

Cause of Death: Cerebellar and medullary necrosis.
 Due To: Diffuse anoxic encephalopathy and cerebral edema.
 Due To: Cardiopulmonary arrest with cardiopulmonary resuscitation.
 Due To: Hypotension, bradycardia, and cardiopulmonary arrest immediately following elective abortion of intrauterine pregnancy.
THERAPEUTIC COMPLICATION.

Joseph A. Felo, D.O.
(Name of Pathologist)

Pathologist Signature

Lakisha Lashawn Wilson
(Name of Deceased)

Cuyahoga County Medical Examiner

,M.D.

GROSS ANATOMIC DESCRIPTION

EXTERNAL EXAMINATION: The body is that of a normally developed and adequately nourished black female, whose appearance is consistent with the reported age of 22 years. The body weighs 131 pounds and is 65 inches in length. The body is in moderate rigor mortis. Faint lividity is dorsal and fixed. The skin temperature is cold.

The scalp hair is black, of long length, of normal distribution, is gathered within an elastic band at the vertex, and has grey-white adhesive material in the hairs over both temporal, both parietal, and the occipital scalp regions. The conjunctivae are clear, the corneas are clear, and the irides are brown. The pupils are unremarkable. Both earlobes have single pierced holes, and the ears are otherwise unremarkable. The nose shows no abnormalities. The lips are edematous and a 1 ¼" x ½" pink and grey ulcer is in the right paramedian lower lip mucosa and skin. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal adult female configuration, there are no palpable masses, and incisions into the breast tissues reveal tan-pink lobular parenchyma that exude copious thin white secretions. The abdomen is soft and flat. The external genitalia are of normal adult female conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. There is mild subcutaneous edema of both lower extremities. All digits are present. Pink nail polish is applied to all nails with the exception of the right thumbnail. The skin is of normal pliability and texture and presents no significant lesions.

SCARS AND IDENTIFYING MARKS:

1. A 4" x 1" black and red tattoo of "Me Amo" and two hearts is over the posterior and superior left thorax.
2. A 6" x 3 ½" black tattoo of seven stars is over the posterior right upper and lateral thorax.
3. Longitudinal striae are in the skin over the lateral and anterior surfaces of the abdomen.
4. A 5 ½" x 3" black tattoo of "Lavish" is over the medial left upper arm.
5. A 4 ¾" x 1 ¼" black tattoo of "To protect my honor, defend my pride" and curved lines is over the radial distal left lower arm.
6. A 3 ¾" x 3 ¾" black tattoo of a bow and "Pretty MoNeY" is over the anterior proximal left upper leg.
7. A 1 ¼" x 7/8" oval scar is over the dorsal and lateral left foot.
8. A 1 ¼" x 1" irregular scar is over the dorsal left second and left third toes.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. Translucent tape is over the closed eyelids.
2. An orogastric catheter and a translucent catheter with white wires within the lumen are in the mouth and are secured with a plastic clamp and a cloth strap wrapped around the neck. The orogastric catheter ends within the esophagus and the translucent catheter with intraluminal wires is bent within the mouth and ends within the right buccal region.
3. An intravascular catheter punctures the skin of the left lateral neck and is secured with tape.
4. A grey ecchymosis with a central puncture wound are in the skin of the left subclavian thorax.
5. A urinary bladder catheter is in proper position and pink-red mucosal hemorrhages are in the dome and posterior surface of the urinary bladder.
6. A grey ecchymosis with a central dried puncture wound are in the skin of the right antecubital fossa with grey-tan adhesive material on the adjacent skin.
7. A patient identification bracelet and a yellow and white bracelet with black ink "FALL RISK" are around the right lower arm.
8. A grey ecchymosis is in the skin of the volar distal right lower arm.
9. Multiple puncture wounds and purple-grey ecchymoses are in the skin of the right index finger, right middle finger, and right little finger.
10. A grey ecchymosis with at least three central dried puncture wounds are in the skin of the left antecubital fossa.
11. A grey-tan ecchymosis with a central puncture wound are in the skin of the volar distal left lower arm.

Name: Lakisha Lashawn Wilson

12. A three-lumen intravascular catheter punctures the skin of the anteromedial proximal right upper leg and is secured with sutures.
13. An intravascular catheter punctures the skin of the anteromedial proximal left upper leg and is secured with sutures

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY: None noted.

EVIDENCE OF ORGAN DONATION:

1. A 21" longitudinal, sutured incised wound is through the skin and subcutaneous soft tissues of the anterior trunk midline and is covered by wound dressing. A longitudinal incised wound is through the midline of the sternum. The heart, lungs, liver, gallbladder, abdominal aorta, inferior vena cava, kidneys, ureters, and adrenal glands, and their adjacent vascular connective tissues are absent. Metallic clips close the trachea. Thin watery blood is in the thoracic and abdominal cavities.
2. A collection tube with urine and multiple collection tubes with blood are submitted with the body, and each collection tube is labeled with the patient's name and dated 3/28/14. The specimens are submitted to the Cuyahoga County Medical Examiner's Office Toxicology department following the autopsy.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The organs of the gastrointestinal system, the gynecological system, and the urinary bladder occupy their normal sites. Most of the diaphragm is present.

NECK: The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and proximal tracheal cartilage are intact.

CARDIOVASCULAR: A 15 cm segment of the distal aortic arch and the thoracic aorta has no atheromatous plaques on the luminal surface.

RETICULOENDOTHELIAL: The spleen weighs 140 grams and has a normal configuration with a sharp defect at the inferior edge. The capsule is purple-brown and smooth, without areas of thickening. On section, the splenic pulp is dark red and solid. No abnormal lymph nodes are encountered.

DIGESTIVE: The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach is empty. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

PANCREAS: The pancreas is firm and normally lobulated. Multiple cross sections through the pancreas reveal normal tan parenchyma without intrinsic lesions.

GENITOURINARY SYSTEM:

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

Gynecological system: The vaginal mucosa is wrinkled, tan, and free of lesions. The cervical os has an oval and patent configuration. The cervical mucosa is tan-pink and glistening with a faint 2 cm submucosal purple hemorrhage at the anterior region and a 0.4 cm dark purple submucosal hemorrhage at the inferior region. The endocervical mucosa is smooth and tan. The endometrial cavity is of normal configuration and the anterior endometrium is tan, red, soft, and slightly nodular. An 8.5 x 6 cm and 1 cm thick soft tissue mass on the posterior surface of the endometrium. The soft tissue mass is mostly dark red and glistening with scattered areas of tan discoloration. Sections through the soft tissue mass reveal mostly solid configuration with no definitive villi formations. The underlying myometrium adjacent to the soft tissue mass is pink-grey and solid. No membranes or fetal parts are present in the endometrial cavity. The myometrium has a 1.1 cm maximal thickness and is pink-tan with scattered open vascular channels. There are scattered dark red thrombi within the vascular channels that are most prominent within the anterior and lower regions. A diffuse dark red-purple subserosal hemorrhage is on the anterior

and lower region of the uterus. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is soft, solid, and brown. The thyroid gland is solid and tan.

MUSCULOSKELETAL: The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

HEAD/BRAIN: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening and a dull dark red and tan branched and tubular thrombus is in the right sigmoid sinus. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The blood vessels on the cerebral convexities are prominently congested. The cerebrum presents normal convolutions, with diffuse flattening of the gyri and diffuse narrowing of the sulci. The inferior surfaces of the cerebral hemispheres, the cerebellum, and the brainstem are soft with apparent tonsillar and uncal herniations. The major cerebral arteries show no atherosclerosis and no apparent congenital anomalies. The roots of the cranial nerves are soft and necrotic. The brain weighs 1230 grams and is fixed in formalin prior to further sectioning. After removal of the brain, the base of the skull does not demonstrate any fractures.

SPINAL CORD: The thoracic and lumbar spinal cord is soft, and mottled tan and brown. The thoracic, lumbar, and sacral spinal cord and dura are fixed in formalin prior to further sectioning. Due to the soft nature of the spinal cord, the cervical spinal cord is unable to be dissected from the spinal canal.

BRAIN AFTER FIXATION: Serial coronal sections through the cerebral hemispheres show soft parenchyma with hazy grey-white demarcations. The basal ganglia and diencephalon are soft and pink-grey. Serial cross sections through the brainstem show hazy grey-white demarcations with soft and friable medulla. Serial sagittal sections through the cerebellum shows dusky grey-white demarcations with fragmentation of the vermis and inferior surface of the cerebellum. The ventricular system is symmetrical and severely compressed.

SPINAL CORD AFTER FIXATION: Soft and friable grey-tan tissue is in the subdural space on the thoracic and lumbar spinal cord. Serial cross sections through the spinal cord show firm grey-white parenchyma with hazy grey-white demarcations.

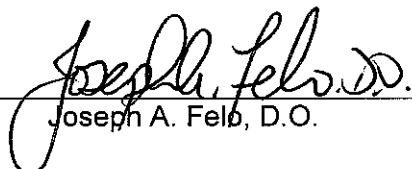
MICROSCOPIC DESCRIPTION

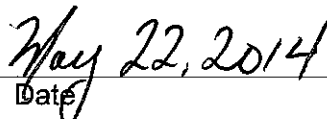
UTERUS: Decidualized endometrium
Hemorrhage, organizing thrombi, and neutrophilia of endometrial surface and stroma
Acute and organizing thrombi within vascular channels
Trophoblast invasion of myometrium
Histologic changes consistent with recent placental implantation site

THYROID: No significant pathological changes

BRAIN: Diffuse ischemic and necrotic changes of neurons
Diffuse cerebellar necrosis
Multifocal and diffuse perivascular cuffing by mononuclear inflammatory cells within cerebrum and medulla
Focal necrosis with neutrophilic and macrophagic reaction within medulla
Acute extravasations of blood within medullary neuropil

SPINAL CORD: Necrotic cerebellar tissue fragments within leptomeningeal space


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Date