

Lab, Radiology, ECG/EMG, and Cardiac Results (continued)

XR Chest Ap Portable [295720755]

Resulted: 01/27/16 0106, Result status: Final result

Resulted by: Jaime Noonan, MD Performed: 01/27/16 0051 - 01/27/16 0057
 Resulting lab: PS360

Narrative:
 SINGLE CHEST RADIOGRAPH:

ADDITIONAL CLINICAL INFORMATION: None available

COMPARISON: None available

Impression:
 IMPRESSION:

The tip of the ET tube projects just less than one cm above the carina.
 NG tube extends into the left upper quadrant and below the field-of-view.
 Trauma board overlies the patient.

Hazy airspace opacity overlying the right upper lung zone, probably representing atelectasis in the right upper lobe.
 The lungs are otherwise clear.
 No pneumothorax or pleural effusion is identified.
 The heart may be mildly enlarged.

#####PHYSICIAN ALERT#####

Findings were discussed by myself with Dr. Wood at 1:03 a.m. on 1/27/2016.

Specimen Collection

Type	Source	Collected On
		01/27/16 0100

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
126 - Unknown	NHPMC CERNER	Unknown	200 Hawthorne Lane Charlotte NC 28204	11/17/14 1405 - Present
211 - MP	PS360	Unknown	Unknown	12/02/14 0921 - Present

Other Results

Autopsy Report [295788665]

Resulted: 02/23/16 1115, Result status: Final result

Resulting lab: NHPMC CERNER
 Narrative:

WILLIAMS, DIAMOND RENEE 54904680

Autopsy Provisional Report

Collected: 01/27/2016 PA-16-00004

INFORMATION:

Date/time of death: 1/27/2016, 10:09
 Date/time of autopsy: 1/28/2016, 10:00
 Permission: yes
 Diener: Burby and Bessette
 Pathologist: Sanders

PROVISIONAL DIAGNOSIS:

MAJOR CLINICAL DIAGNOSIS:

1. AMNIOTIC FLUID EMBOLISM WITH CARDIORESPIRATORY ARREST.
2. DIC.

CORRELATIVE ANATOMIC FINDINGS:

1. PULMONARY CONGESTION AND EDEMA.
2. N/A.

SIGNIFICANT ADDITIONAL ANATOMIC FINDINGS:

Other Results (continued)**Autopsy Report [295788665] (continued)**

Resulted: 02/23/16 1115, Result status: Final result

PLEURAL EFFUSIONS
BILATERAL ASCITES.
OBESITY.PRELIMINARY CAUSE OF DEATH, IMMEDIATE:
DEFERRED TO MICROSCOPIC EXAM.PRELIMINARY CAUSE OF DEATH, UNDERLYING:
DEFERRED TO MICROSCOPIC EXAM.PRELIMINARY CAUSE OF DEATH, CONTRIBUTORY:
DEFERRED TO MICROSCOPIC EXAM.FJS/LS Foster Jerome Sanders, MD
Verified: 01/28/16 Presbyterian Pathology Group
(Electronic Signature)

Autopsy Report

Collected: 01/27/2016 PA-16-00004

FINAL DIAGNOSIS:

1. ACUTE HEMORRHAGIC BRONCHOPNEUMONIA, MARKED.
2. FOCAL AREAS OF ISCHEMIC COLITIS.
3. PLEURAL EFFUSIONS AND ASCITES.
4. RECENT POSTPARTUM CHANGES, UTERUS.

Autopsy Report

Collected: 01/27/2016 PA-16-00004

5. SINGLE THROMBOEMBOLUS, LUNGS, SMALL.

FJS/LS Foster Jerome Sanders, MD
Verified: 02/23/16 Presbyterian Pathology Group
(Electronic Signature)

SUMMARY AND INTERPRETATION:

The pathologic findings suggest that the patient expired of acute bronchopneumonia. Although a single small thromboembolus was noted, this does not appear to be sufficient to cause death. No amniotic fluid detritus was found within the pulmonary vasculature, but this would not exclude the possibility of amniotic fluid embolism. However, in view of the other pulmonary findings, that diagnosis is not favored as the cause of death. The presence of some areas of ischemic colitis suggests that the patient may have had either low flow or hypotension prior to admission to the emergency room. The apparent cause of death is bronchopneumonia.

LIMITATIONS:
NO HEAD.

CLINICAL SUMMARY:

This African-American female had a past history of obesity and diabetes mellitus. Approximately five days prior to death, a therapeutic abortion was performed, without apparent incident. On the day of 1/26/2016, the patient complained of some chest pain and was unarousable. EMT found her pulseless and began cardiorespiratory resuscitation, continuing into the emergency room. The

Other Results (continued)**Autopsy Report [295788665] (continued)**

Resulted: 02/23/16 1115, Result status: Final result

patient was never successfully completely resuscitated and remained hypotensive, and was moved to the ICU where she died on 1/27/2016 at 10:09.

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The body is that of a markedly obese African-American female, 170 cm in length and approximately 300 pounds. Examination of the head reveals black hair, native dentition. Eyes/corneae have been removed for donor purposes. An endotracheal tube is in place. Chest and abdominal contours are obese. Various vascular lines are noted in the left antecubital fossa, right neck and left antecubital fossa. Extremities show livor and rigor mortis. The body

Autopsy Report

Collected: 01/27/2016 PA-16-00004

is identified by toe tags and armbands on both wrists. External genitalia are those of an adult female and a Foley catheter is in place.

INTERNAL EXAMINATION: The body is entered by the usual Y-shaped incision. Position of the heart and lungs in situ is normal. There is approximately 500 cc of serous fluid in the right pleural space and 400 cc in the left pleural space. There is approximately 1,000 cc of serosanguineous fluid in the abdomen where all of the organs are in their usual locations. There is no evidence of peritonitis.

Heart: The weight of the heart is 330 grams. There is biventricular dilatation and biventricular atrial dilatation. The coronary arteries are small and normal-appearing without evidence of arteriosclerotic change. The cardiac valves are all normal and there are no vegetations or other changes. Cut section of the interventricular septum and free wall of the left ventricle show no lesions.

Lungs: The weight of the right lung is 550 grams and the weight of the left lung is 500 grams. No pulmonary emboli are present upon dissection of the coronary arteries. There is a small amount of mucoid material in the tracheobronchial tree without other lesions. The pleural surfaces are smooth and glistening. All lobes of the lungs are quite consolidated and edematous, meat-like. On cut section, no focal lesions are present within the parenchyma.

Liver: The weight of the liver is 1,690 grams. It is normal externally and on cut section without lesions.

Gallbladder and ducts: They are normal.

Pancreas: It is normal.

Adrenals: Both adrenals are present and are morphologically normal.

Kidneys: The weight of the right kidney is 130 grams and the weight of the left kidney is 130 grams. Externally and on cut section, they are completely normal.

Ureters and bladder: The ureters are normal and the bladder shows a few areas of punctate hemorrhage, without other lesions.

Esophagus and stomach: They are normal.

Other Results (continued)**Autopsy Report [295788665] (continued)**

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Intestines: The intestines show some crepitation, likely due to resuscitative efforts. No mucosal lesions are noted except for a few areas of congestion within the cecum.

Larynx, trachea and thyroid: They are normal. The endotracheal tube is present in its usual location. As noted, there is some crepitation around these organs as well, secondary to resuscitative efforts.

Representative sections. 20/frags

Summary of sections: A1-A2 heart, A3-A8 lung, A9 liver, A10-A11 kidney, A12 adrenal glands, A13 spleen, A14 thyroid, A15 pancreas, A16 ileocecal valve, A17 hemorrhagic mucosa and cecum, A18 representative colon, A19-A20 representative uterus with probable retained products of dissection.

FJS/LS

MICROSCOPIC DESCRIPTION:

HEART: No lesions.

LUNGS: Multiple areas of hemorrhagic bronchopneumonia are present. On multiple sections, only one small organizing pulmonary thromboembolus is noted.

LIVER: The liver is within normal limits.

PANCREAS: Marked autolysis only.

ADRENALS: Adrenals are normal.

KIDNEYS: Kidneys are histologically normal.

ESOPHAGUS AND STOMACH: They are histologically normal.

INTESTINES: Sections of the large intestine do show apparent focal ischemic necrosis in the area of the cecum. This does not appear to be just autolysis, since there are polymorphonuclear leukocytes focally present.

UTERUS: Syncytial endometritis is present. No other lesions are noted.

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