

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER
901 N. Stonewall
Oklahoma City, Oklahoma 73117

OFFICE USE ONLY

Re. FMJ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By A. Ledgenwood

Date 8-18-95

REPORT OF LABORATORY ANALYSIS
ANDERSON, ROBERT LOWELL

NAME: **UNIDENTIFIED** **AMENDED** White Male

LABORATORY NO. 951729

MATERIAL SUBMITTED: Blood, Vitreous, Urine, Liver

DATE RECEIVED: July 17, 1995

CASE NO.: 9503073

SUBMITTED BY: Fred B. Jordan, M.D.

MEDICAL EXAMINER: Fred B. Jordan, M.D.

RESULTS:

BLOOD: (Femoral)

Ethyl Alcohol - Negative

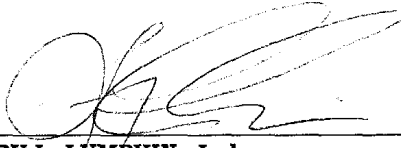
URINE:

Negative for Amphetamine, Barbiturates, Benzodiazepines, Benzoylcegonine, Codeine, Methamphetamine, Morphine, Phencyclidine, Propoxyphene.

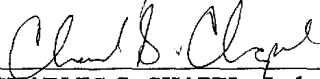
July 28, 1995
DATE

Philip M. Kemp, Ph.D.
Philip M. Kemp, Ph.D.
Chief Forensic Toxicologist


Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.



GARY L. LUMPKIN, Judge



CHARLES S. CHAPEL, Judge



RETA M. STRUBHAR, Judge

ATTEST:



Clerk

GROSS EXAMINATION

AUTOPSY NO. ML 437-95

CASE NO. 9503073

=====
The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow except where distorted by gunshot wound passage. The same is true for the musculature of the chest.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge, however, extends 6 cm. below the right costal margin at the mid clavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Perforated bilaterally and each pleural space contains ca. 1000 cc. of liquid and clotted blood.

PERICARDIUM:

Is a smooth, glistening, membrane, but perforated and containing ca. 80 to 90 cc. of liquid and clotted blood.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

HEART:

Weights 315 gms. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable except for the fact that there is a grazing laceration of the outer 3/4 of the myocardium of the posterior left ventricle. The valves are of proper size and configuration. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is otherwise intact, rubbery, and red-tan, with the left ventricle measuring 1.5 cm, the septum measuring 1.5 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with no atherosclerosis and no apparent perforation. Other great vessels also arise and distribute normally and are widely patent.

Case no. 9503073 (Gross - 2)

NECK ORGANS:

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

Ca. 60 cc. of rubbery, pink-tan, unremarkable tissue is identified.

LUNGS:

The right lung weighs 380 gms, and the left weighs 340 gms. Visceral pleurae are perforated, but show no anthracosis. The trachea, bronchi, and bronchioles contain moderate edema fluid. There is a perforation of the left lower lobe with exit and a reperforation of the lower portion of the left upper lobe. From that point, the bullet has injured pulmonary veins and myocardium. The right lung shows a through and through perforation of the lower portion of the upper lobe and the upper portion of the lower lobe. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is generally dry, pink, and exudes little edema fluid or blood from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains less than 20 cc. of watery, khaki colored liquid little of which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

Case no. 9503073 (Gross - 3)

LIVER:

Weighs 1800 gms. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

GALLBLADDER:

Lies in its usual location, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weighs 200 gms. The capsule is intact. The organ is rubbery, maroon, and shows a poorly defined follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 120 gms. and the left weighs 140 gms. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae, and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains a small amount of urine. Its serosa and mucosa are unremarkable.

MALE GENITALIA:

The prostate is symmetric, rubbery, gray-tan and of normal size. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes are unremarkable as is the epididymis.

Case no. 9503073 (Gross - 4)

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1600 gms. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configurated and symmetric, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

GUNSHOT WOUND DESCRIPTION:

The gunshot wound of the left lateral chest has entered at a point 19 3/4 in. from the top of head and 6 1/2 in. to the left of the anterior mid-line. The wound has passed through the sixth intercostal space, has perforated the left lung, perforated pulmonary veins, lacerated the posterior left ventricle, perforated the right lung, and exited the anterolateral portion of the axillary area through the third intercostal space with a moderately large surrounding zone of ecchymosis. The exit point of 16 3/4 in. from the top of the head and 6 1/4 to the right of the anterior mid-line. The gunshot wound of entrance measures ca. 9 mm. in diameter and is slightly asymmetric with a wider abrasion collar inferiorly and anteriorly. The gunshot wound of exit is slit-like, and measures ca. 20 mm. It is rather vertically situated.

There is a second grazing wound of the anterior thigh which is 40 in. from the top of the head, measures 3.2 x 1.0 cm. in overall extent, appears to be extending to the right, and on dissection shows only a very small amount of hemorrhage in the immediately underlying tissues.

MICROSCOPIC DESCRIPTION

AUTOPSY NO. ML 437-95

CASE NO. 9503073

Microscopic sections of heart; lung; liver; spleen; autolyzing pancreas; thymus; kidney; G.I. tract; and central nervous system essentially confirm the gross impression.

August 14, 1995
al


Fred B. Jordan, M.D.