

MEDICAL EXAMINER

District SIX

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Name: SLAUGHTERBECK, Carrie Case # 1970425 Age: 23 yrs Race: White Sex: Male
Date of Death: March 27, 1997 Body Identified by: Morgue tag
Date of Autopsy: March 28, 1997 at: 1100 hrs Authorized by: Joan E. Wood M.D., D.M.E.
Investigative Agency: Clearwater Police Department Agency Case # 97-07544
Det. CLORENCE CANNOWAY

Manner of Death: Natural

Immediate Cause of Death: Sudden unexpected death associated with mitral valve prolapse

COPY FOR ORIGINAL CASE

FINAL ANATOMIC DIAGNOSES

FILE # 97-07544

Sudden unexpected death associated with mitral valve prolapse
Visceral congestion
Blunt impact to head with:
 Cutaneous abrasion
 Focal acute subgaleal hemorrhage
No evidence of significant anatomic injury or other natural disease
NJH:mld

Nikolas J. Hartshorne
June 2nd 97

Nikolas J. Hartshorne, M.D.
Associate Medical Examiner

OFFICE OF THE MEDICAL EXAMINER - DISTRICT SIX
REPORT OF AUTOPSY

NAME- SLAUGHTERBECK, Carrie

CASE NO.- 1970425

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PROTOCOL

EXTERNAL EXAMINATION: The body is clothed in the following articles of clothing. A black appropriately fastened bra. A long sleeve blue turtleneck pullover shirt and lastly a pair of blue and green checkered cotton panties. The body is that of an emaciated Caucasian female, 69 inches in length weighing 101 pounds and appearing slightly older than the stated age of 23 years. The body is cold and has been refrigerated. Rigidity is three plus in the upper, lower extremities and jaw. Lividity is developed over the posterior right lateral dependent body surfaces, is dark pink-purple and fixed, as well as being noted over the right side of the face and neck. There is no evidence of embalming. Examination of the head reveals evidence of injury to be described in further detail below. The head hair is dark brown, wavy, has a normal distribution and measures up to approximately 13-1/2 inches in length. The eyebrows and eyelashes are dark brown, full and otherwise unremarkable. The eyelashes are coated with a small amount of mascara. There is a small amount of cosmetic makeup noted over the upper eyelids. The irides are brown. The left sclerae is slightly injected and the right sclerae is markedly injected demonstrating a horizontal linear region of congestion consistent with the junction of upper and lower eyelids (tache noire). The conjunctiva are congested, more so on the right. The nasal spine palpates to be intact. The lips demonstrates some early drying artifact as does the tip of the tongue. The ears are symmetrically positioned and aside from prominent cyanosis of the right ear are otherwise unremarkable. The right earlobe contains three cosmetic perforations. The left earlobe contains two cosmetic perforation. The neck is symmetrical and the trachea is palpable in the midline. The upper chest is flat, the breasts are small, and demonstrate no obvious palpable masses. The abdomen is scaphoid and there is a 3-1 /2 inch region of light green skin discoloration noted over the right lower abdomen consistent with early decompositional change. The upper extremities lie in a symmetrical fashion and are without evidence of acute injury. There is prominent muscle atrophy of the biceps and forearms. The hands contain five digits bilaterally. The fingers demonstrate similar muscle atrophy. The fingernails are neatly trimmed and overhang the finger tips by up 1/16 inch. The fingernail beds are markedly cyanotic. The external genitalia are that of an adult female. Speculum examination of the vaginal vault reveals a non-soiled white tampon within the vaginal vault. The perineum is unremarkable. The lower extremities lie in a symmetrical fashion and are without evidence of acute injury. The lower extremities demonstrates similar muscle atrophy as noted over the upper extremities. The soles of the feet are unremarkable. The toenails are regularly trimmed and flush with the toe tips. The toenail beds are mildly cyanotic. The back and perineum are unremarkable.

EXTERNAL BODY MARKINGS: Located over the left and right lateral abdomen, several parallel up to 2 inch obliquely oriented linear striae-type stretch marks. Located 3 inches inferior to the left patella a 1/4 inch geographic well healed scar.

EXTERNAL EVIDENCE OF INTURY: Located over the right forehead centered 2

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inches inferior to the vertex of the head, 3/4 inch right of midline additionally centered 2 inches directly superior to the medial aspect of the right eyebrow a 5/8 inch by 3/8 inch dark red rectangular horizontally oriented abrasion. Located over the left forehead 1-3/4 inches inferior to the vertex of the head, 5/8 inch left of midline additionally centered 3 inches directly superior to the left medial canthus a horizontally oriented crescent-shaped 1-1/4x1/3 inch dark red abrasion. Both above described abrasions run in a discontinuous linear fashion. Located over the right chin, 8 inches inferior to the vertex of the head, 1/2 inch right of midline a 1/8 inch dark red-brown abrasion. Located over the region of the left patella 20 inches superior to the pedal surface of the left foot an oval shaped 1/2 inch orange-yellow postmortem-type abrasion. Located over the left medial thigh, 25 inches superior to the pedal surface of the left foot a faint 1 /2 inch region of green-yellow ecchymoses. Located 2 inches lateral to the left patella, 19-1/2 inches superior to the pedal surface of the left foot a 1/2 inch green-yellow region of ecchymoses. 2-1/2 inches superior to which is a faint 1 /2 inch similar green-yellow region of ecchymoses. Located over the dorsal surface of the left foot 6 inches proximal to the tip of the left greater toe are five punctate 1/16 inch red abrasions surrounded by up to 1/32 inch regions of erythematous skin discoloration. Crawling across the dorsum of the left foot are several small black ants. Located 2 inches inferior to the right patella, 17-3/4 inches superior to the pedal surface of the right foot an oval 1/2 inch red-orange abrasion.

INTERNAL EVIDENCE OF INJURY: Right frontal acute subgaleal hemorrhage 1/3 inch

INTERNAL EXAMINATION:

HEAD: Reflection of the scalp reveals a focal region of acute subgaleal hemorrhage as previously described. Otherwise the scalp demonstrates the usual scattered reflection petechiae. The calvarium is intact. Removal of the calvarium in the usual fashion shows the epidural space to be normal. Likewise no collections of subdural blood are present. The brain is removed in the usual manner and weighs 1260 grams. The leptomeninges are smooth and glistening and the gyri demonstrate their usual orientation and configuration. The vessels at the base of the brain are normally disposed and no anomalies are identified. Serial sections of the brain reveal the cerebral cortical ribbon to be intact. The usual anatomic landmarks of the cerebrum, midbrain, cerebellum, pons and medulla demonstrate no abnormalities. The first portion of the spinal cord viewed at the level of the foramen magnum is unremarkable.

NECK: A layered dissection of the soft tissues, muscular and bony structures of the neck demonstrate mild congestion of the right lateral neck strap muscles, however, no obvious intramusculature hemorrhage is identified. Otherwise the usual anatomic landmarks are unremarkable.

BODY CAVITIES: The body cavities are opened in the usual manner. The pleural

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and peritoneal surfaces are smooth and glistening. The apical surfaces of the left upper lobe are remarkable for scattered tan-yellow easily lysed fibrous adhesions. The mediastinum and retroperitoneum show the usual anatomical features. The leaves of the diaphragm are intact. There is no internal evidence of injury.

CARDIOVASCULAR SYSTEM: The heart weighs 250 grams. Examination of the epicardium reveals a conspicuous absence of epicardial fat. The chambers demonstrate their usual shape and configuration with no gross hypertrophy. The coronary arteries are normally disposed, follow a right dominant pattern and are remarkable for only scattered atherosclerotic streaks present throughout the course of all three vessels. The cut surfaces of the myocardium reveal no evidence of thickening. The aortic tricuspid and pulmonic valves are unremarkable. The mitral valve is remarkable for interchordal ballooning of the leaflets which prolapse posteriorly into the left atrium. Prolapsing is more prominent along the anterior leaflet, however is also present along the posterior leaflet. Several of the chordae attached to the anteriorly leaflet are elongated there is no evidence of recent rupture. There is no commissural fusion. Both anterior and posterior valve leaflets demonstrate focal fibrotic thickening. In addition, there are scattered delicate fibrous deposits noted on the endocardial left ventricular surface. The endocardium underlying the posteriorly leaflet is remarkable for a 1/8 inch fibrotic nodule. The aorta follows its usual course and the origin of the major vessels are normally disposed and unremarkable. The great vessels of the venous return are in their usual positions and unremarkable.

RESPIRATORY SYSTEM: The larynx and trachea are unremarkable and are continuous in the usual fashion with the primary bronchi. The secondary and tertiary bronchi are unremarkable. The congested right lung weighs 550 grams. The left lung weighs 375 grams. The pleural surfaces are smooth and glistening. The cut surfaces reveal a congested edematous pink-red parenchyma with no evidence of natural disease or injury. There is no consolidation or enlargement of the air spaces. The pulmonary vessels are normally disposed and unremarkable.

HEPATOBIILIARY SYSTEM: The liver weighs 1340 grams and has a smooth glistening surface. The cut surfaces show a deep red-brown cut surface. The gallbladder contains approximately 7 cc of bile. The biliary tree is unremarkable.

LYMPHORETICULAR SYSTEM: The spleen weighs 190 grams and has a smooth glistening capsule and an unremarkable congested parenchyma with the usual anatomical features. The thymus is involuted and replaced by fat. The lymph nodes were noted show no pathologic change.

URINARY SYSTEM: The right and left kidneys weigh 95 grams each respectively. The cortical surfaces are smooth and glistening with good preservation of the cortex and good corticomedullary differentiation. The pelves show their usual anatomic landmarks and are continuous into normal appearing ureters which insert into an

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unremarkable bladder containing 75 cc of amber colored urine.

GASTROINTESTINAL SYSTEM: The pharynx and esophagus are unremarkable. The contracted tube-like stomach contains approximately 3 cc of yellow-orange mucoid material. The mucosal lining of the stomach is intact and demonstrates the normal rugal folds. The small intestine contains similar orange-yellow-brown viscid fluid. The distal large intestine contains soft brown stool. Both the small and large intestines are unremarkable and the appendix is present.

GENITOURINARY SYSTEM: The uterus occupies its usual position. Serial sections of which reveal a 1 mm in thickness beefy red succulent endometrium. The adnexa lie in their usual positions and are unremarkable.

ENDOCRINE SYSTEM: The thyroid, adrenals and pancreas are unremarkable.

MUSCULOSKELETAL SYSTEM: The musculature is normally developed and the bony structures demonstrate their usual relationships. The abdominal fat measures 1/4 inch at the level of the umbilicus.

MICROSCOPIC

ORAL, ANAL AND VAGINAL SWABS: No spermatozoa identified.

SPLEEN: Congestion.

KIDNEY: No specific pathologic abnormality.

ADRENAL GLANDS: No specific pathologic abnormality.

MITRAL VALVE : Prominent degeneration and attenuation of the zona fibrosa with concomitant compensatory thickening of the spongiosa layer.

HEART (Left Ventricle): Prominent endocardial fibrotic thickening of the left ventricular endocardial surface with small fibrotic protruding nodule, focal myxomatous change, patchy interstitial fibrosis.

LIVER: Intense congestion, numerous pigment laden hepatocytes.

LUNG: Atelectasis, congestion and proliferation of intra-alveolar pigment laden macrophages.

BRAIN: Neurons and white matter without significant pathologic abnormality.

CORONARY ARTERY: Minimal intimal thickening.

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STOMACH; Mucosal autolysis.

PANCREAS: Extensive autolysis.

NJHrmld

LABORATORY DATA

Vitreous sodium: 135 mmol/L Vitreous
potassium: 11.5 mmol/L Vitreous chloride
110 mmol/L Vitreous glucose: 0 mg/dl
Vitreous urea nitrogen: 13 mg/dl Vitreous
creatinine: 0.5 mg/dl Vitreous specific
gravity: 1.010 ug/ml Vitreous ketones by
acetest are negative. WMH:md

OFFICE OF THE MEDICAL EXAMINER

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**REPORT OF AUTOPSY
Toxicology Findings**

DISTRICT SIX

Pinellas & Pasco
Counties

1970425^{Name:} Slaughterbeck, Carrie ^{Age:} 23 yrs White/Female
Date of Death: **Mar 27, 1997** Date/Time of Autopsy: **Mar 28, 1997 11:00 hrs.**
Prosecutor: Nikolas J. Hartshorne, M.D., Associate Medical Examiner

Drug Screen Results:

Urine Screen {TLC-Basic} was NEGATIVE. Urine
Screen {Immunoassay} was NEGATIVE. Urine Screen
{GCMS} was POSITIVE for caffeine.

Drug Quantitation Results:

Ethanol: 0 gm/dl, Blood (IVC)
Ethanol: 0 gm/dl, Vitreous

Ronald R. Bell, B.S.
Chief Toxicologist
Apr 8, 1997