

**COUNTY OF ERIE  
OFFICE OF THE MEDICAL EXAMINER**

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## PATHOLOGICAL EXAMINATION

Metcalf, Richard  
Case # 2451-12  
Male - White - 35 Years  
Length 72-1/2 inches; Weight 276 pounds

Date and Time of Autopsy: 12/1/12 at 1200 Hours

## IDENTIFICATION

The body is identified by Medical Examiner's anklet encircling the right ankle, by hospital identification bracelet about the left ankle and by right toe tag. Photographs are taken for documentation purposes.

## CLOTHING

No clothing is on or accompanies the body.

## EXTERNAL EXAMINATION

The unembalmed body is that of a well-developed, well-nourished, white male whose appearance is older than the reported age of 35 years. The body is well-preserved and cool to the touch, having been refrigerated. There is marked (3+) symmetrical upper and lower extremity rigidity and the jaw is tightly clenched. Lividity is present and fixed on the posterior surfaces of the body. The body shows anasarca and jaundice.

The scalp is covered with brown hair measuring 1 inch on average. The eyebrows and eyelashes are brown. Body hair is brown and present in a normal adult male distribution.

The irides are blue and the cornea clear. The conjunctivae are injected and the sclerae icteric. The ears are well formed and symmetrically placed. The nose is normally aligned, without fractures. Facial and head injuries are described elsewhere. There are no facial fractures. Teeth are natural and in good repair. The tip of the tongue is unremarkable.

The trachea is midline and there are no injuries of the neck. The chest is symmetrical and the breasts unremarkable. The abdomen is protuberant, with no palpable organomegaly and

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46 moderate fluctuance. The external genitalia are those of a normal-appearing circumcised male.  
47 Two testes are palpable within the edematous scrotal sac.

48  
49 The upper extremities are normally aligned, without fractures. The fingernails are dirty and  
50 either trimmed or chewed, with 1/16 inch or less overhang. Upper and lower extremity injuries  
51 are described elsewhere. The toenails are trimmed. The soles of the feet are dirty.

52  
53 Examination of the back shows a midline, normally aligned vertebral column. Torso injuries are  
54 described elsewhere.

55  
56 SCARS & IDENTIFYING MARKS

57  
58 Scars and identifying marks include the following:

59  
60 1. Diagonally oriented 21 cm scar on right upper quadrant of the abdomen.  
61 2. Bone and the letter "J" tattooed on ventral left wrist.  
62 3. Vertically oriented 4 cm scar on ventromedial right leg.

63  
64 EXTERNAL EVIDENCE OF MEDICAL INTERVENTION

65  
66 1. Intravenous catheters (2), one in each antecubital fossa.  
67 2. Catheter in ventral right wrist, secured with clear Opsite type dressing.  
68 3. Tan bandage on ventral left thigh.  
69 4. Foley catheter in penile urethra.  
70 5. Triple lumen catheter in right groin.  
71 6. Stool collection bag over anus.  
72 7. EKG leads and defibrillator pads on anterior torso.

73  
74 EXTERNAL AND INTERNAL EVIDENCE OF INJURY

75  
76 Head and Neck.

77 1. Red 6 x 3 cm contusion involving the left upper and lower eyelids.  
78 2. Red 2 x 0.5 cm abrasion above left eyebrow.  
79 3. Scattered abrasions (approximately 7), ranging from 0.2 to 0.5 cm above left eyebrow and  
80 on left forehead.  
81 4. Red 2 x 1 cm abrasion/ulcer on left pinna with marked swelling of the entire left ear.  
82 5. Red 4 x 2.5 cm abrasion on mid upper lip with underlying 3 x 1.5 cm laceration of the  
83 mucosa.  
84 6. Red 2 x 0.5 cm contusion of left side of chin.  
85 7. Tan 2 x 1.5 cm abrasion beneath the right side of chin.  
86 8. Purple left temporal 15 x 13.5 cm subgaleal hematoma.  
87 9. Purple contusion, left temporalis muscle measuring 9 x 6 cm.

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89      Torso.  
90      1. Irregular 0.5 cm abrasion on upper right chest wall with surrounding purple 7 x 6 cm  
91      contusion.  
92      2. Purple 10 x 4 cm contusion on right lower quadrant of the abdomen with two surrounding  
93      1.5 cm contusions.  
94      3. Purple 8 x 7 cm contusion on right shoulder.  
95      4. Purple 8 x 8 cm contusion on anterior left shoulder.  
96      5. Two brown contusions on left upper chest wall measuring 5 x 4 and 9 x 7 cm.  
97      6. Multiple horizontally oriented contusions along anterior left rib cage in a 20 x 3 cm area, the  
98      contusions averaging 2.5 x 1.5 cm.  
99      7. Purple 4 x 9 cm and 5 x 12 cm contusions on upper lateral left chest wall.  
100     8. Purple 25 x 17 cm contusion on left flank extending to posterior torso.  
101     9. Red-purple 5 x 8, 2 x 2 and 9 x 6 cm contusions on lateral left buttock.  
102     10. Purple 22 x 18 cm contusion on mid right back.  
103     11. Red 11 x 8 cm contusion on upper right buttock.  
104     12. Anterior right rib fractures 4-6.  
105

106     Extremities.

107     1. Purple 8 x 7 cm abraded contusion on lateral right arm.  
108     2. Multiple (approximately 8) purple contusions in a 9 x 5 cm area on the dorsal right arm, the  
109     contusions averaging 2 x 2 cm.  
110     3. Purple 10 x 2.5 cm contusion on dorsal right forearm.  
111     4. Purple 12 x 8 cm contusion on ventral left arm.  
112     5. Red 10 x 8 cm contusion on dorsal left arm.  
113     6. Pale purple 9 x 7 cm contusion on dorsal left arm with surrounding contusions (2), each  
114     measuring approximately 2 cm.  
115     7. Purple 21 x 8 cm contusion on ventromedial left forearm.  
116     8. Purple 14 x 10 cm contusion of the lateral right thigh.  
117     9. Purple 1.5 x 1.5 cm contusion on ventral right thigh at knee.  
118     10. Multiple contusions on ventral right knee in a 16 x 9 cm area, the contusions ranging from 3  
119     x 1 to 5 x 3.5 cm.  
120     11. Purple 19 x 14 cm contusion of the dorsomedial left thigh.  
121     12. An ovoid 0.5 cm abrasion on ventromedial left thigh.  
122     13. Multiple red-purple contusions of the left knee ranging from 1 x 1 to 6 x 4 cm in a 16 x 22  
123     cm area.  
124     14. Purple 5 x 4 cm contusion on medial right foot.  
125     15. Abraded 2.5 x 1.5 cm laceration of the dorsal left great toe.  
126     16. Red 2 x 2 cm contusion of left great toe.  
127     17. Lacerated 1 cm abrasion of the left second toe.  
128

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129

### PRIMARY INCISION & BODY CAVITIES

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131 The body is opened in the usual manner with a Y-shaped incision. The pleural surfaces are  
132 smooth and glistening. There are peritoneal adhesions. The organs are anatomically disposed.  
133 The abdominal fat measures approximately 1-1/2 inches at the level of the umbilicus.

134

135

### INTERNAL EXAMINATION

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137 HEAD: Head injuries are described elsewhere. The calvarium is intact. Removal of the  
138 calvarium shows the epidural space to be normal. Likewise, no collections of subdural blood are  
139 present. The brain is removed in the usual manner and weighs 1400 grams. The leptomeninges  
140 are smooth and glistening. The gyri are widened, flattened and softened and the sulci narrowed.  
141 The vessels at the base of the brain are normally disposed and no anomalies are identified. The  
142 cranial nerves are unremarkable.

143

144 Serial sections of the brain show the cerebrocortical ribbon to be intact, with dusky discoloration.  
145 The ventricles are non-dilated and contain clear cerebrospinal fluid. The usual anatomic  
146 landmarks of the cerebrum, midbrain, cerebellum, pons and medulla demonstrate no  
147 abnormalities. Removal of the dura from the base of the skull shows the usual anatomic features  
148 without abnormalities. The pituitary fossa is unremarkable. The foramen magnum demonstrates  
149 the normal orientation and the first portion of the spinal cord, viewed through the foramen  
150 magnum, is unremarkable.

151

152 NECK ORGANS: Examination of the soft tissues, cartilaginous and bony structures of the neck  
153 including a complete layered neck dissection demonstrates no abnormalities with the usual  
154 anatomic relationships preserved. There are no intramuscular hemorrhages or fractures of the  
155 hyoid bone or laryngeal cartilages demonstrated.

156

157 CARDIOVASCULAR SYSTEM: The heart weighs 600 grams. The epicardium is intact. The  
158 chambers demonstrate their usual shape and configuration. The coronary arteries are normally  
159 disposed, without significant atherosclerosis. Cut surfaces of the myocardium show global left  
160 ventricular infarct from base to apex. This is present from endocardial surface to mid  
161 myocardium as evidence by diffuse discoloration and softening. Marked asymmetric thickening  
162 of the ventricular walls is identified, with the left ventricle measuring 1.7 cm, the interventricular  
163 septum 2.1 cm and the right ventricle 0.3 cm. The valves are intact with the usual anatomic  
164 relationships, and the following circumferences: tricuspid valve 15.5 cm, mitral valve 11 cm,  
165 pulmonic valve 6.7 cm and aortic valve 7.4 cm. The atria are unremarkable. The aorta follows its  
166 usual course up to the diaphragm at which point is no longer followed. The vena cava up to its  
167 descent through the liver is in its usual position and is unremarkable.

168

169

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171

RESPIRATORY SYSTEM: The larynx and trachea show no abnormalities and are continuous in  
the usual manner with the primary bronchi. The secondary and tertiary bronchi, likewise, are  
unremarkable. The right and left lungs weigh 1700 and 1375 grams, respectively. The pleural

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172 surfaces are smooth and glistening. The cut surfaces show massive edema with airless deep red  
173 parenchyma without evidence of injury. There is no evidence of consolidation. Enlargement of  
174 the air spaces cannot be assessed. The pulmonary vessels occupy their usual relationships  
175 without evidence of emboli.

176  
177 HEPATOBILIARY SYSTEM: The liver is anatomically disposed.  
178

179 URINARY SYSTEM: The kidneys are anatomically disposed.  
180

181 INTERNAL GENITALIA: Not examined.  
182

183 GASTROINTESTINAL TRACT: The pharynx and esophagus are unremarkable with no  
184 abnormalities identified.  
185

186 MUSCULOSKELETAL SYSTEM: No non-traumatic fractures are identified. The skeletal  
187 muscle demonstrates normal appearance. The bone marrow, where visualized, is unremarkable.  
188

189 WITNESSES Detective Shaun Hediber, Erie County Sheriff's Department, Detective John  
190 Thomson, Depew Police Department, and David Marciniak, Erie County  
191 DOH.  
192

193 MATERIALS FOR TOXICOLOGY Peripheral blood (hospital sample).  
194

195 TISSUES FOR HISTOLOGY Heart.  
196

197 MATERIALS RELEASED DNA card, Depew Police Department.  
198

199 MATERIALS RETAINED DNA card, peripheral blood, and vitreous.  
200

201 MICROSCOPIC DESCRIPTION Sections of heart tissue show markedly abnormal  
202 myocardial fibers in the early stages of necrosis resulting  
203 from an acute myocardial infarct. The histologic  
204 findings with their expected time frame following an  
205 acute MI are as follows: 1) loss of cross striations in  
206 myofibrils (between 8 – 12 hours); 2) contraction band  
207 necrosis (between 12 – 24 hours); 3) scant neutrophilic  
208 infiltrate and nuclear karyolysis (between 24 – 48  
209 hours).  
210

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## PATHOLOGIC DIAGNOSES

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213 I. Congenital biliary atresia, status post Kasai procedure, by clinical history.

214

A. Cirrhosis of liver.

215

1. Portal hypertension with significant collateral vessels.

216

2. Marked splenomegaly.

217

3. Esophageal varices.

218

II. Hypertensive cardiovascular disease

219

A. Myocardial infarction, acute and subacute, global, left ventricle.

220

B. Cardiomegaly with dilatation (heart weight 600 grams, normal range for body weight 331-577 grams).

221

1. Left ventricular hypertrophy.

222

2. Negative stress echo, by clinical history.

223

III. Anasarca.

224

A. ARDS, bilateral lungs.

225

IV. Multiple blunt force injuries.

226

A. Subgaleal hematoma.

227

B. Temporalis muscle hematoma, left.

228

C. Multiple contusions, face, torso and extremities.

229

D. Anterior right rib fractures 4-6.

230

E. Abrasions consistent with taser probes, subacute.

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232

**OPINION:** The death of this 35-year-old male is attributed to an acute and subacute myocardial infarction. The decedent was an inmate at the time of his death. The decedent's chronic health problems and his treatment/maltreatment while incarcerated both contributed to his death.

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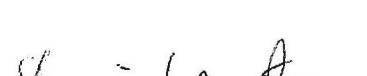
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The manner of death is homicide – i.e. death at the hands of another. While the decedent died of a natural disease, an acute and subacute heart attack, but-for the stress and injuries incurred during his arrest and incarceration compounded by his preexisting medical conditions, it is considerably less likely that his death would have occurred when it did and may not have occurred at all.

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243 **CAUSE OF DEATH:** Acute and Subacute Myocardial Infarction.  
244  
245 Other significant conditions: Congenital Biliary Atresia with Cirrhosis of Liver and Portal  
246 Hypertension; Multiple Blunt Force Injuries with associated  
247 Stress.  
248  
249 **MANNER OF DEATH:** Homicide.  
250  
251  
252  
253  
254  
255  
256   
257 Dianne R. Vertes, MD  
258 Chief Medical Examiner  
259 DRV:dt  
260 D/T: 12/1/12  
261 Updated:4/12/2013

Barrie Lut  
Barrie Lut MD

Dianne R. Vertes, MD  
Chief Medical Examiner

16 April 2013