

Department of Pathology and Lab Medicine

165 Ashley Avenue, Suite 309 MSC 908 Charleston, SC 29425-9080

Req.: xAutopsy, For Coroner

Add.:

Loc: ABEA-Beaufort Co. Coroner

Client: Medical University Hospital Authority

Patient: HAMMOND, GEOFFREY Med Rec: 5762765

DOB: 8/15/1947 (Age: 69) Sex: M Race: White

Autopsy Final Report

Date and Time of Autopsy: 6/15/2017 10:30

Accession Number: FA17-502

Hospital/County: Medical University Hospital Authority Submitting Physician: xAutopsy, For Coroner

Attending Pathologist: Nicholas Batalis, M.D. (1-4621)

Date/Time of Death: 6/14/2017 10:33 Autopsy Reason: Requested by Coroner Authorized By: David Ott, Deputy Coroner

Autopsy Restrictions: None

(If Injury) How occurred: n/a

Diagnosis

- Atherosclerotic cardiovascular disease
 - a. At least 75% narrowing of the left anterior descending artery
 - b. 25% narrowing of the left circumflex and right coronary arteries
 - c. Mild aortic sclerosis
 - d. History that the decedent had experienced increasing fatigue
 - e. History that the decedent experienced a sudden collapse and died a short time later

Cause of Death

Atherosclerotic cardiovascular disease

Manner of Death

Natural

Case History

According to the Beaufort County Deputy Coroner, Mr. David Ott, the decedent is a 69-year-old male who experienced a sudden collapse at his residence on the morning of 6/14/17. The decedent's wife immediately attended to him and notified authorities. The decedent was transferred to a local hospital where death was pronounced a short time later. The decedent had recently reported worsening fatigue to his physician at a visit approximately two weeks prior. Otherwise, the decedent was not noted to have any significant medical issues.

Gross Description

EXTERNAL EXAMINATION

The body is received in a sealed bag (1788734). The body is identified by a tag around the right great toe. Photographs are taken.

The body is received wearing a pair of black shorts that are released with the body.

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Chair: Steven L. Carroll, M.D., Ph.D.

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The body is that of a normally developed adult white male which appears consistent with the stated age of 69 years. The body measures 74 inches in length and weighs 228 pounds. There is good preservation in the absence of embalming. Rigor mortis is fully fixed and pink-purple lividity is blanchable on the posterior surfaces. The body is cool subsequent to refrigeration.

The scalp hair is wavy, gray, medium length, and balding. No facial hair is present. The irides appear blue and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The corneae are clear. The ears, nose, and lips are normally developed and unremarkable. The mouth has natural dentition in fair condition. The neck is without masses or unusual mobility. The chest and back are normally developed. The abdomen is flat. The extremities are symmetric. The external genitalia are those of a circumcised adult male.

IDENTIFYING MARKS AND SCARS

Nonspecific scars and hyperpigmented patches up to 1/2 inch are on the trunk and extremities.

EVIDENCE OF TREATMENT

An endotracheal tube extends into the mouth and is secured with a strap. EKG pads are on the extremities and defibrillator pads are on the trunk. An intraosseous catheter extends into the right leg.

EVIDENCE OF INJURY

A couple of areas of subscalpular hemorrhage are on the scalp and a single focus of hemorrhage is within the tongue.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See "Evidence of Injury". The brain weighs 1460 grams. The scalp and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages within the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord as viewed from the cranial cavity is unremarkable.

NECK: See "Evidence of Injury". The soft tissues, large vessels, and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. The lingual mucosa is intact.

CARDIOVASCULAR SYSTEM: The heart weighs 460 grams. There is right ventricular dilation. The intimal surface of the aorta has mild calcific atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. Atherosclerotic plaque narrows the left anterior descending artery by at least 75% and the left circumflex and right coronary arteries by 25% each. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm.

RESPIRATORY SYSTEM: The right and left lungs weigh 800 and 630 grams, respectively. The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBILIARY SYSTEM: The liver weighs 2240 grams. The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown with a "nutmeg" appearance. The gallbladder contains approximately 25 ml of dark green bile, with no calculi.

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GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 20 ml of pink-tan fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The right and left kidneys weigh 220 and 230 grams, respectively. The capsules of both kidneys strip with ease to reveal slightly granular cortical surfaces. The cortices are of normal thickness, with well-demarcated corticomedulary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 3 ml of cloudy yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is slightly enlarged and nodular.

LYMPHORETICULAR SYSTEM: The spleen weighs 210 grams. The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable externally and upon sectioning.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

CASSETTE SUMMARY

- 1. Heart
- 2. Liver, kidney
- 3. Right lung
- 4. Left lung

NIB: iwm

6/17/17; 7/11/17; 7/18/17

Microscopic Description

Heart: Sections show patchy myocyte hypertrophy with associated increased perivascular and interstitial fibrosis.

Lungs: There is increased pulmonary edema and occasional fat emboli (resuscitation).

Kidneys: Scattered glomeruli are globally sclerotic, some arterioles are thickened, and there are patchy areas of interstitial fibrosis with minimal chronic inflammation.

Liver: Rare hepatocytes are glycogenated.

Case Summary

A complete autopsy was performed on the body of Jeffrey Hammond at the Medical University of South Carolina Autopsy Suite on 6/15/17. The postmortem examination began at 10:30 a.m. The prosector was Dr. Nicholas I. Batalis. The autopsy was authorized by the Beaufort County Deputy Coroner, Mr. David Ott.

Samples of peripheral blood and urine were sent to NMS laboratory for toxicology testing; all results are negative. Results were reviewed by Demi Garvin, Forensic Toxicologist.

In light of the history provided and the autopsy findings, it is my opinion that the decedent died as the result of atherosclerotic cardiovascular disease. Furthermore, the manner of death is best deemed natural.

Certification Statement

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the above diagnosis(es).

Nicholas Batalis, M.D. (1-4621)

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(Electronically signed by) Verified: 07/18/2017 15:00 MR/6/21/2017

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