

**OFFICE OF THE MEDICAL EXAMINER
FLORIDA, DISTRICTS 7 & 24
VOLUSIA & SEMINOLE COUNTIES
1360 INDIAN LAKE ROAD, DAYTONA BEACH, FL 32124-1001**

MEDICAL EXAMINER REPORT

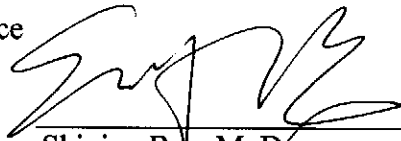
Name	Griffiths, Wayne R.	Medical Examiner #	11-07-492
Date of Birth	September 24, 1952	Date of Death (Found)	September 14, 2011
Age	58 Years	County	Volusia
Race	White	Date of Exam	September 14, 2011
Sex	Male	Time of Exam	0900 Hours

FINAL DIAGNOSES AND FINDINGS

- I. Reported History of Cardiac Disease and Abdominal Pain
- II. Perforated Ascending Colon on Diverticulum with Approximately 200 Milliliters of Fecal Fluid in Peritoneal Cavity
- III. Status Post Coronary Artery Bypass Surgery with Atherosclerosis, Calcification and 95% Stenosis in Major Coronary Arteries
- IV. Cardiomegaly (Heart Weight, 580 Grams)
- V. Cirrhosis of Liver
- VI. Nephrosclerosis

Cause of Death: Perforated Colon
Due To: Diverticulosis
Other Significant Condition(s): Cirrhosis of Liver, Coronary Artery Disease and Cardiomegaly
Manner of Death: Natural

XC: State Attorney's Office
Volusia County Sheriff's Office



Shiping Bao, M. D.
Associate Medical Examiner

12/08/2011
Date:



"Accredited by the National Association of Medical Examiners"

Name **Griffiths, Wayne R.**

ME # **11-07-492**

**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

OFFICIALS PRESENT AT EXAMINATION

Investigator Jerry Betz and Intern Raji Corey with the Volusia County Sheriff's Office.

EXTERNAL EXAMINATION

The body is viewed unclothed. The body is that of a normally developed adult white male appearing the stated age of 58 years with a body length of 69 inches and body weight of 166 pounds. The body presents a medium build with average nutrition, normal hydration and good preservation. Rigor mortis is complete, and lividity is well developed and fixed on the posterior surfaces of the body. The body is cold to touch post refrigeration. The head is covered by a short black to gray hair with frontal male patterned baldness. The face is unremarkable with a gray beard and mustache. There is average body hair of adult male pattern distribution. The eyes are closed and present clear bulbar and palpebral conjunctivae. The irides are brown with white sclerae. There are no cataracts or arcus present. Pupils are equal at 5 millimeters. The orbits appear normal. The nasal cavities are unremarkable with an intact septum. The remaining natural teeth present with poor oral hygiene. The ears are unremarkable with no hemorrhage in the external auditory canal. The neck is rigid due to postmortem changes, and there are no palpable masses. The chest is symmetrical. There is a 3½ x 2 inch defect (hernia) on the mid-chest. The abdomen is scaphoid.

The upper and lower extremities are equal and symmetrical presenting cyanotic nail beds without clubbing or edema. There are no fractures, injuries, deformities or amputations present. The external genitalia present descended testicles and an unremarkable penis. The back reveals dependent lividity with contact pallor. The buttocks are atraumatic, and the anus is intact. The integument is of normal color.

OTHER IDENTIFYING FEATURES

There are identification bands on the right wrist and both ankles. There is an identification tag on the left great toe.

EVIDENCE OF INJURY

None.

TATTOOS

None.

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SCARS

- A 2½ inch scar over the mid-forehead
- A vertical 8½ inch scar on the mid-sternum
- A vertical 8 inch scar on the mid-abdomen
- A diagonal 3½ x ½ inch scar on the left side of the abdomen
- A horizontal 7½ inch scar on the left lower abdomen
- A 2 x 1½ inch area of scarring over the right upper thigh
- A 2½ inch scar over the right anterior mid-thigh
- A 5 inch scar over the right anterior knee
- A 2 inch scar over the left anterior thigh
- A 7½ scar on the medial left leg
- A 2¼ x ¾ inch area of scarring over the right lower posterior arm
- A 1 ½ inch scar on left lateral arm

EVIDENCE OF RECENT MEDICAL TREATMENT

- There is an endotracheal tube in the mouth. It is secured in place and is properly positioned in the airway.
- A central venous line is in the right clavicle region
- There is an intravascular access line in the left antecubital region.
- There is a urinary catheter in the urethra.
- There are cardiac monitor pads on the chest and abdomen.
- There are defibrillator pads on the right and left chest.
- An intraosseous catheter is in the right lower tibial region.

EVIDENCE OF ORGAN AND/OR TISSUE DONATION

None.

INTERNAL EXAMINATION

BODY CAVITIES

The chest wall is intact. There are extensive adhesions on the pleural and pericardial sac. Approximately 200 milliliters of fecal fluid is located in the peritoneal cavity. There is no scoliosis, kyphosis or lordosis present. The left and right diaphragms are in their normal location and appear grossly unremarkable. The subcutaneous fat measures 2.0 centimeters and is

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normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

NECK AND TONGUE

The neck presents an intact hyoid bone as well as the thyroid and cricoid cartilages. The larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by a smooth, glistening membrane. The epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. The trachea and spine are in the midline, presenting no traumatic injuries or pathological lesions. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM

The heart is enlarged and weighs 580 grams (normal range 258 to 450 grams) with left ventricular hypertrophy. The left ventricular wall is 2.4 centimeters and the right is 0.5 centimeters. The cardiac valves appear unremarkable. The coronary ostia are in the normal anatomical location leading into coronary arteries with atherosclerosis, calcification and 95% stenosis in the major coronary arteries. The bypass grafts are widely patent. The endocardial surface is smooth, without thrombi or inflammation. Sectioning of the myocardium presents patchy fibrosis on left ventricle up to 1.5 centimeter. The aorta reveals atherosclerosis with calcification.

RESPIRATORY SYSTEM

The lungs appear hyperinflated and together weigh 880 grams. There are no gross pneumonic lesions or abnormal masses identified. The tracheobronchial tree and pulmonary arterial system are intact and grossly unremarkable. The pleural surfaces are gray with adhesions.

HEPATOBIILIARY SYSTEM

The liver weighs 2140 grams and presents a firm, yellow to brown granular surface. On sectioning, the hepatic parenchyma is firm, yellow to brown with numerous nodules up to 0.3 centimeter, consistent with cirrhosis. The gallbladder is unremarkable and contains approximately 30 milliliters of greenish bile. There is no cholecystitis or lithiasis. The biliary tree is patent. The pancreas presents a lobulated yellow cut surface without acute or chronic pancreatitis.

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HEMOLYMPHATIC SYSTEM

The spleen weighs 390 grams and presents a gray-pink intact capsule and a dark red parenchyma. There is no lymphadenopathy. The thymus gland is involuted.

GASTROINTESTINAL SYSTEM

The esophagus is intact with normal gastroesophageal junctions. The stomach is also normal and contains 15 milliliters of gastric fluid with no food particles. A 2.0 x 1.0 centimeter perforation is located on a diverticulum of ascending colon. There is diverticulosis on the colon. Loops of small bowel appear grossly unremarkable. The appendix is absent.

UROGENITAL SYSTEM

The kidneys weigh 140 grams each. The surfaces of both are granular, consistent with nephrosclerosis. On sectioning, the cortex presents a normal thickness above the medulla. The renal columns of Bertin extend between the well-demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size and lined by gray glistening mucosa. There are no calculi. The renal arteries and veins are normal. The ureters are of normal caliber lying in their course within the retroperitoneum and drain into an unremarkable urinary bladder which is empty.

The external genitalia present an unremarkable penis without hypospadias, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac. There are no abnormal masses or hernias on palpation. The prostate is of normal size and shape and sectioning presents as two normal lateral lobes with a thin median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

ENDOCRINE SYSTEM

The thyroid gland is of normal size and shape and presents as two well-defined lobes with a connecting isthmus and a beefy-brown cut surface. There are no goitrous changes or adenomas present. The adrenal glands are of normal size and shape and sectioning presents no gross pathological lesions.

MUSCULOSKELETAL SYSTEM

The ribs, sternum, clavicles, pelvis and vertebral column have no recent fractures. The muscles are normally formed.

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CENTRAL NERVOUS SYSTEM

The scalp is intact without contusions or lacerations. The calvarium is likewise intact without bony abnormalities or fractures. The brain weighs 1470 grams and presents moderate congestion of the leptomeninges. The overlying dura is intact and unremarkable. The cerebral hemispheres reveal a normal gyral pattern with moderate global edema. The brainstem and cerebelli are normal in appearance with no evidence of cerebellar tonsillar notching. The circle of Willis is patent, and presents no evidence of thrombosis or berry aneurysm. Upon coronal sectioning of the brain, the ventricular system is symmetrical and contains clear cerebrospinal fluid. There are no space-occupying lesions present. The spinal cord is not examined.

MICROSCOPIC EXAMINATION: One slide examined on October 20, 2011.

HEART: Patchy fibrosis of left ventricle and hypertrophy of myocardial fibers.

LUNGS: Vascular congestion with alveolar edema.

LIVER: Cirrhosis.

TOXICOLOGY: See separate report from NMS Laboratories

SB

End of Report



NMS Labs

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Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 09/21/2011 11:01

Patient Name Griffiths, Wayne
Patient ID 11-07-492
Chain 4202
Age 58 Y
Gender Male
Workorder 11249620

To: 10277
Volusia County Medical Examiner Office
Attn: Teri Hanans
1360 Indian Lake Road
Daytona Beach, FL 32124

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Diazepam	27	ng/mL	Cardiac Blood
Nordiazepam	40	ng/mL	Cardiac Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8051B	Postmortem Toxicology - Basic, Blood (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	9 mL	09/14/2011 09:00	Cardiac Blood	
002	Gray Top Tube	8.75 mL	09/14/2011 09:00	Cardiac Blood	

All sample volumes/weights are approximations.
Specimens received on 09/15/2011.

ORIG. TO SB
COPY TO RB v.8.
DATE 9-22-11



CONFIDENTIAL

Workorder 11249620
Chain 4202
Patient ID 11-07-492

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Diazepam	27	ng/mL	20	001 - Cardiac Blood	LC-MS/MS
Nordiazepam	40	ng/mL	20	001 - Cardiac Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Diazepam (Valium®) - Cardiac Blood:

Diazepam is a benzodiazepine used primarily for its sedative anxiolytic or muscle relaxing effects. It is a U.S. DEA Schedule IV listed central nervous system depressant, and patients using this medication are warned accordingly, especially concerning motor functions. It is habituating, and frequently abused. It is metabolized to several pharmacologically active compounds: nordiazepam, oxazepam and temazepam. In order to evaluate the effects of this compound, concentrations of these metabolites must also be considered.

The reported diazepam concentration in a chronic steady-state regimen of 5 mg twice daily ranges from 100 - 400 ng/mL with nordiazepam being in the range of 130 - 500 ng/mL. Oxazepam and temazepam may be present in low concentrations.

Toxic effects may be produced by blood concentrations in excess of 1500 ng/mL; fatalities produced by diazepam alone are rare, but may occur at blood concentrations greater than 5000 ng/mL. Alcohol greatly enhances the activity of the benzodiazepines.

2. Nordiazepam - Cardiac Blood:

Nordiazepam is a pharmacologically active metabolite of several benzodiazepine anxiolytic/sedative/hypnotic agents, e.g., diazepam (Valium®). Nordiazepam is also the major active entity in clorazepate (Tranxene®), a benzodiazepine agent used for agitation, seizures and anxiety. The action of this compound is based on its CNS-depressant activity.

Reported peak blood concentrations of nordiazepam following a single 15 mg oral dose of clorazepate were approximately 200 ng/mL at 2 hr. Chronic therapy with a daily oral dose of 22.5 mg clorazepate produced reported steady-state plasma concentrations of nordiazepam of 600 ng/mL whereas 50 mg produced average concentrations of 1600 ng/mL.

Sample Comments:

001 Physician/Pathologist Name: DR. BAO

001 Miscellaneous Information: R.BURCH/J.IIARDI

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded two (2) years from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 11249620 was electronically signed on 09/21/2011 10:47 by:

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

Acode 50012B - Benzodiazepines Confirmation, Blood (Forensic) - Cardiac Blood



Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
7-Amino Clonazepam	5.0 ng/mL	Flurazepam	2.0 ng/mL
Alpha-Hydroxyalprazolam	5.0 ng/mL	Hydroxyethylflurazepam	5.0 ng/mL
Alprazolam	5.0 ng/mL	Hydroxytriazolam	5.0 ng/mL
Chlordiazepoxide	20 ng/mL	Lorazepam	5.0 ng/mL
Clobazam	20 ng/mL	Midazolam	5.0 ng/mL
Clonazepam	2.0 ng/mL	Nordiazepam	20 ng/mL
Desalkylflurazepam	5.0 ng/mL	Oxazepam	20 ng/mL
Diazepam	20 ng/mL	Temazepam	20 ng/mL
Estazolam	5.0 ng/mL	Triazolam	2.0 ng/mL

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-GC/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 50016B - Opiates - Free (Unconjugated) Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
6-Monoacetylmorphine - Free	10 ng/mL	Hydromorphone - Free	10 ng/mL
Codeine - Free	10 ng/mL	Morphine - Free	10 ng/mL
Dihydrocodeine / Hydrocodol - Free	10 ng/mL	Oxycodone - Free	10 ng/mL
Hydrocodone - Free	10 ng/mL	Oxymorphone - Free	10 ng/mL

Acode 8051B - Postmortem Toxicology - Basic, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	0.50 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	1.0 mg/dL	Isopropanol	1.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL