

**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	Wooley, Heidi Michelle	Medical Examiner #	11-07-163
Date of Birth	September 21, 1973	Date of Death (Found)	March 27, 2011
Age	37 Years	County	Volusia
Race	White	Date of Exam	March 28, 2011
Sex	Female	Time of Exam	0940 Hours


FINAL DIAGNOSES AND FINDINGS

- I. Alcoholic Steatohepatitis, Marked
- II. Myxoid Heart Disease
 - A. Myxoid degeneration of the mitral valve, moderate
- III. Pulmonary Edema
 - A. Lung weights: right, 850 grams; left, 780 grams
- IV. Cerebral Edema

Listing continued on page 2

Cause of Death:	Alcoholic Steatohepatitis
Due To:	Chronic Ethanol Abuse
Other Significant Condition(s):	Cocaine and Opiate Abuse; Myxoid Heart Disease
Manner of Death:	Natural

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

 Date: 6/7/11
Marie A. Herrmann, M. D.
Chief Medical Examiner



"Accredited by the National Association of Medical Examiners"

**OFFICE OF THE MEDICAL EXAMINER
FLORIDA, DISTRICTS 7 & 24**

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NAME **Wooley, Heidi Michelle**

ME # **11-07-163**

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Listing continued from page 1:

V. Cholelithiasis

VI. Obesity

A. Body mass index, 39

VII. Status-post Attempted Cardiopulmonary Resuscitation

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**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

OFFICIALS PRESENT AT EXAMINATION

Registered Nurse Sam Montgomery with the Volusia County Division of Corrections.
Investigator Lauralynn Mays with the Volusia County Sheriff's Office.

EXTERNAL EXAMINATION

The body is viewed unclothed. There is no jewelry.

The body is that of a well-developed, obese, white woman appearing the offered age of 37 years. The body measures 62½ inches in length and weighs 215 pounds. The body mass index is 39.

The unembalmed body is well preserved and cool to touch due to refrigeration. Rigor mortis is fully developed in the major muscle groups. Livor mortis is fixed posteriorly except over pressure points.

The scalp hair is brown and measures up to 30 centimeters in length. The irides are brown and the pupils are equal, each measuring 0.5 centimeter in diameter. The corneae are clear and the sclerae and conjunctivae have no petechiae or other abnormalities. The nasal bones are intact by palpation. The nares are patent and contain no foreign matter. The natural teeth are in good condition. The frenulum is intact. The mucosa and tongue are free of injuries. The external ears have no injuries. There are bilateral cosmetic earlobe piercings and bilateral earlobe creases.

The symmetrical neck has no masses or injuries. The trachea is in the midline.

The shoulders are symmetrical and are free of trauma.

The chest is symmetrical and has no scars or injuries. The breasts have no palpable masses. The abdomen has no injuries. The lower portion of the abdomen has a transverse, linear scar measuring 14 centimeters in length. The back is symmetrical and has no injuries.

The genitalia are those of a normally developed adult woman. There is no evidence of injury. The anus is unremarkable.

The upper extremities are symmetrical and have no injuries. The right antecubital region has a linear scar measuring 4 centimeters in length. The anterior aspect of the right wrist has several, linear, transverse scars ranging in length from 3.5 to 4.5 centimeters. The posterior aspect of the right wrist region has a linear, transverse scar measuring 4 centimeters in length. The anterior aspect of the left wrist has a linear, transverse scar measuring 2.5 centimeters in length. The fingernails are trim and clean with red polish.

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The lower extremities are symmetrical. The lower portion of the anterior aspect of the right thigh has a few linear scars over an area measuring 3 by 4 centimeters. The toenails are short and clean with red polish. There is no edema of the legs or ankles.

Passive motion of the neck, shoulders, elbows, wrists, fingers, hips and ankles fails to elicit any bony crepitus or abnormal motion.

EVIDENCE OF INJURY

The anterior aspects of some of the ribs are fractured and there is a small amount of associated hemorrhage (comment: chest compressions during attempted cardiopulmonary resuscitation).

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. There are needle punctures in the dorsal aspect of the right hand and in the right antecubital fossa. An intraosseous catheter is in the right tibial region. There is a defibrillator pad on the left lower portion of the chest.

EVIDENCE OF ORGAN AND/OR TISSUE DONATION

None.

OTHER IDENTIFYING FEATURES

There are identification bands on the ankles. The right wrist has a "Division of Corrections" photo-identification band.

There are no tattoos or other distinguishing features.

INTERNAL EXAMINATION: The following excludes any previously described injuries.

BODY CAVITIES

The muscles of the chest and abdominal wall are normal in color and consistency. The lungs are inflated and collapse when the pleural cavities are opened. The sternum and spine exhibit no fractures. The right and left pleural cavities have no free fluid or adhesions. The mediastinum is in the midline. The pericardial sac has a normal amount of clear yellow fluid. The diaphragm has no abnormality. The subcutaneous abdominal fat measures 6.5 centimeters in thickness at the umbilicus. The abdominal cavity is lined with glistening serosa and has no collections of

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free fluid. The organs are normally situated and congested. The mesentery and omentum are unremarkable.

NECK AND TONGUE

The soft tissues and the strap muscles of the neck have no hemorrhage. The hyoid bone and the cartilages of the larynx and thyroid are intact and show no evidence of injury. The larynx and trachea are lined by smooth pink-tan mucosa, are patent and contain no foreign matter. There are a few mucosal contusions attributed to intubation trauma. The epiglottis and vocal cords are unremarkable. The cervical vertebral column is intact. The carotid arteries and jugular veins are unremarkable. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM

The heart and great vessels are distended with dark red liquid blood and postmortem clot. The heart weighs 410 grams (expected heart weight for body weight is 221 - 474 grams). The epicardial surface has a normal amount of glistening, yellow adipose tissue. The heart is of the usual configuration. The circumferences of the valves are within normal range. The endocardium is tan. The valvular tissues are thin and pliable except for the mitral valve which has mild to moderate myxoid change with rolled edges. The mural and valvular endocardia have no vegetations or thrombi. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The chordae tendineae have no abnormalities. The coronary ostia are in their usual location and give rise to normally distributed arteries. The coronary circulation is right dominant with the posterior descending arising from the right coronary artery. The left anterior descending, the left circumflex and the right coronary arteries have minimal atherosclerosis. The cut surfaces of the myocardium are red-brown and feel slimy, wet and soft. There is no hemorrhage, necrosis or scars.

The pulmonary trunk and arteries have no thromboemboli. The intimal surface of the aorta has minimal atherosclerosis. The ostia of the major branches are of normal distribution and dimension. The inferior vena cava and tributaries have no antemortem clots.

RESPIRATORY SYSTEM

The lungs weigh 850 grams and 780 grams, right and left, respectively. There is a small amount of subpleural anthracotic pigment within all lobes. The pleural surfaces are thin and free of exudates. The trachea and bronchi are lined by smooth tan epithelium. The cut surfaces of the lungs are red and have marked edema. The lung parenchyma is of the usual consistency and is markedly congested. No neoplasms are seen. There is no bronchopneumonia, consolidation, fibrosis or calcification.

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HEPATOBIILIARY SYSTEM

The liver weighs 2340 grams. The liver edge is rounded. The capsule is intact. The cut surfaces are tan-yellow and slightly greasy. There are no focal lesions. The gallbladder contains approximately 25 milliliters of dark green bile. There are 6 multi-faceted stones approximately 1 centimeter in diameter. The mucosa is unremarkable. The large bile ducts are patent and non-dilated.

HEMOLYMPHATIC SYSTEM

The thymus is largely replaced by fat. The spleen weighs 300 grams. The capsule is smooth, shiny and intact. The cut surfaces are dark red, firm and congested. The lymphoid tissue in the spleen is within a normal range. The lymph nodes throughout the body are not enlarged.

GASTROINTESTINAL SYSTEM

The esophagus is empty and the mucosa is unremarkable. The stomach is coated with mucus and is otherwise empty. The gastric mucosa has inflammation of the proximal portion without ulceration. The duodenum contains bile-stained fluid. The remaining gastrointestinal tract has no major alterations to external inspection and palpation. The vermiform appendix is identified. The tan, lobulated pancreas has no neoplasia, calcification or hemorrhage.

UROGENITAL SYSTEM

The kidneys are of similar size and shape and weigh 210 grams each. The capsules are intact and strip with ease. The cortical surfaces are smooth and red-brown. The cut surfaces reveal an ill-defined corticomedullary junction. There are no structural abnormalities of the medulla, calyx or pelvis. The ureters are slender and patent. The urinary bladder has approximately 25 milliliters of clear, yellow urine. The mucosa is unremarkable.

The vagina is normally wrinkled and contains no foreign matter. The uterus, Fallopian tubes and ovaries are unremarkable.

ENDOCRINE SYSTEM

The adrenal glands have a normal configuration with the golden yellow cortices well demarcated from the underlying medullae. The maroon, gelatinous thyroid gland has no gross alterations. The pituitary gland is unremarkable.

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MUSCULOSKELETAL SYSTEM

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

CENTRAL NERVOUS SYSTEM

The scalp has no hemorrhage or contusions. The calvarium is intact. There is no epidural, subdural or subarachnoid hemorrhage. The brain is soft and weighs 1350 grams. The meninges are clear. The cortical surfaces of the brain marked cerebral edema. There is no uncus or tonsillar herniation. The cerebral arteries are free of atherosclerosis and patent. The cut surfaces of the brain have normal relations of grey and white matter. There are no intraparenchymal hemorrhages or evidence of neoplasm. There are no fractures of the base of the skull. The dura mater is free of stains and discolorations. The spinal cord is not examined.

MICROSCOPIC EXAMINATION: Thirteen slides examined on May 14, 2011.

HEART: Sections from the anterior wall of the left ventricle and the septum show vascular ectasia and no diagnostic abnormality of the myocardium. Sections of the atrioventricular conduction tissues show myocyte replacement fibrosis of the high septal myocardium and hypertensive vascular changes. Sections of the mitral valve leaflet have thickening with increased deposition of myxoid material.

LUNGS: Mild interstitial anthracosis; acute vascular congestion; widespread alveolar hemorrhage.

LIVER: Marked macrovesicular steatosis (~80%); hepatocytes exhibit ballooning with necrosis; patchy areas with neutrophils in areas of injury; occasional lymphocytes; Mallory bodies in perinuclear cytoplasm.

KIDNEY: Acute vascular congestion; arteriolar and arterial nephrosclerosis, mild.

TOXICOLOGY: See separate report from NMS Laboratories.

MAH

End of Report



NMS Labs

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

Toxicology Report

Report Issued 04/11/2011 15:00

To: 10277

Volusia County Medical Examiner Office

Attn: Teri Hanans

1360 Indian Lake Road

Daytona Beach, FL 32124

Patient Name WOOLEY, HEIDI

Patient ID 11-07-163

Chain 11271886

Age 37 Y

Gender Female

Workorder 11081388

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Positive Findings:

Compound	Result	Units	Matrix Source
Atropine	Positive	ng/mL	Peripheral Blood
Caffeine	Positive	mcg/mL	Peripheral Blood
Benzoylcegonine	97	ng/mL	Peripheral Blood
Dicyclomine	12	ng/mL	Peripheral Blood
Cocaine / Metabolites	Presump Pos	ng/mL	Urine
Benzodiazepines	Presump Pos	ng/mL	Urine

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8050U	Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	8.75 mL	03/28/2011 09:40	Peripheral Blood	
002	Gray Top Tube	8.25 mL	03/28/2011 09:40	Peripheral Blood	
003	Clear Plastic Container	27 mL	03/28/2011 09:40	Urine	

All sample volumes/weights are approximations.

Specimens received on 03/31/2011.

ORIG. TO MH
COPY TO TC
DATE 4.13.11 v.7

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Atropine	Positive	ng/mL	12	001 - Peripheral Blood	GC/MS
Caffeine	Positive	mcg/mL	0.10	001 - Peripheral Blood	GC/MS
Benzoyllecgonine	97	ng/mL	50	001 - Peripheral Blood	GC/MS
Dicyclomine	12	ng/mL	1.0	001 - Peripheral Blood	GC
Cocaine / Metabolites	Presump Pos	ng/mL	300	003 - Urine	EIA
Benzodiazepines	Presump Pos	ng/mL	50	003 - Urine	EIA

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

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. Atropine (d,l-Hyoscyamine) - Peripheral Blood:

Atropine is an anticholinergic alkaloid used in pre-anesthetic therapy to control airway secretions and as an antispasmodic to control gastrointestinal spasms. It is frequently used as an antidote in the treatment of anticholinesterase-type pesticides. It can be obtained naturally from deadly nightshade or jimson weed. Atropine is also used in resuscitative attempts.

Following a single IM 1.0 mg dose of atropine, peak plasma concentrations of approximately 3 ng/mL were attained in 30 min.

Toxic effects of atropine have considerable individual variation; however, at high doses, signs and symptoms include mydriasis, hot dry reddened skin, delirium and hallucinations. Death has been reported with a concentration of 200 ng/mL in blood and 1500 ng/mL in urine.

In resuscitative failure, most of the administered drug remains confined to the intravascular injection pathway. Often the drug is still present in the postmortem blood collected from the heart sampled at autopsy.

The reported qualitative result for this substance is indicative of a finding commonly seen following a resuscitative attempt and is usually not toxicologically significant.

2. Benzoyllecgonine (Cocaine Degradation Product) - Peripheral Blood:

Benzoyllecgonine is an inactive metabolite and chemical breakdown product of cocaine. Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Benzoyllecgonine has a half-life of 6 to 10 hours. The average blood benzoyllecgonine concentration in 906 impaired drivers was 1260 ng/mL (range 5 - 17600 ng/mL). Benzoyllecgonine blood concentrations in patients admitted to an emergency room for cocaine related medical complaints were 1280 ng/mL (SD = 1290 ng/mL). Benzoyllecgonine concentrations in plasma following oral administration of 2 g/day of cocaine over 6 days, averaged 4900 ng/mL. The average blood benzoyllecgonine concentration in 37 cocaine related fatalities was 7900 ng/mL (range 700 - 31000 ng/mL).



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Reference Comments:

3. Caffeine (No-Doz) - Peripheral Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

Following the oral ingestion of 120 and 300 mg of caffeine, reported peak plasma concentrations of the drug averaged 3.0 mcg/mL (range, 2.0 - 4.0 mcg/mL) and 7.9 mcg/mL (range, 6.0 - 9.0 mcg/mL), respectively. A single oral dose of 500 mg produced a reported peak plasma concentration of 14 mcg/mL after 30 min.

Reported concentrations of caffeine in caffeine-related fatalities averaged 183 mcg/mL (range, 79 - 344 mcg/mL).

The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

4. Cocaine / Metabolites - Urine:

Cocaine is a central nervous system stimulant and drug of abuse. This result derives from a presumptive test, which may be subject to cross-reactivity with non-cocaine related compounds. A second test is necessary to confirm the presence of cocaine related compounds.

5. Dicyclomine (Bentyl®) - Peripheral Blood:

Dicyclomine is a synthetic tertiary amine antispasmodic used in the treatment of functional disturbances of the GI tract, such as irritable bowel syndrome. It is frequently used in combination with phenobarbital to achieve better efficacy.

The therapeutic range for dicyclomine is considered to be 20 - 80 ng/mL.

Deaths due to dicyclomine alone have been reported in children only, with blood concentration reported within the therapeutic concentration above.

Sample Comments:

001 Physician/Pathologist Name: M. HERRMANN

001 Miscellaneous Information: INV: T. CLARK/COLL: P. FELLER

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 11081388 was electronically signed on 04/11/2011 14:06 by:

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

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

-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	Chlordiazepoxide	20 ng/mL
Alpha-Hydroxyalprazolam	5.0 ng/mL	Clobazam	20 ng/mL
Alprazolam	5.0 ng/mL	Clonazepam	2.0 ng/mL



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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Desalkylflurazepam	5.0 ng/mL	Lorazepam	5.0 ng/mL
Diazepam	20 ng/mL	Midazolam	5.0 ng/mL
Estazolam	5.0 ng/mL	Nordiazepam	20 ng/mL
Flurazepam	2.0 ng/mL	Oxazepam	20 ng/mL
Hydroxyethylflurazepam	5.0 ng/mL	Temazepam	20 ng/mL
Hydroxytriazolam	5.0 ng/mL	Triazolam	2.0 ng/mL

Acode 50014B - Cocaine and Metabolites Confirmation, Blood (Forensic) - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzoylcegonine	50 ng/mL	Cocaine	20 ng/mL
Cocaethylene	20 ng/mL		

Acode 52028B - Dicyclomine Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Dicyclomine	1.0 ng/mL		

Acode 52147B - Antidepressants / Antihistamines Confirmation Panel 1, Blood (Forensic) - Peripheral Blood

-Analysis by Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amitriptyline	10 ng/mL	Hydroxyzine	10 ng/mL
Chlorpheniramine	10 ng/mL	Mirtazapine	5.0 ng/mL
Desmethyldoxepin	10 ng/mL	Norfluoxetine	10 ng/mL
Dextro / Levo Methorphan	5.0 ng/mL	Nortriptyline	10 ng/mL
Diphenhydramine	50 ng/mL	Promethazine	30 ng/mL
Doxepin	10 ng/mL	Trazodone	0.10 mcg/mL
Doxylamine	50 ng/mL	Verapamil	10 ng/mL
Fluoxetine	10 ng/mL		

Acode 8050U - Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	1000 ng/mL	Methadone	300 ng/mL
Barbiturates	0.30 mcg/mL	Opiates	300 ng/mL
Benzodiazepines	50 ng/mL	Phencyclidine	25 ng/mL
Cannabinoids	20 ng/mL	Propoxyphene	300 ng/mL
Cocaine / Metabolites	300 ng/mL		

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Colorimetry (C) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Salicylates	200 mcg/mL		



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Analysis Summary and Reporting Limits:

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzodiazepines	100 ng/mL	Cocaine / Metabolites	20 ng/mL
Cannabinoids	10 ng/mL	Opiates	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 Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnosedatives (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

-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