

12

AUTOPSY REPORT

No.

2014-03408

I performed an autopsy on the body of
the DEPARTMENT OF CORONER

at

Los Angeles, California

on

MAY 21, 2014 @ 0745 HOURS

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) EXSANGUINATION
DUE TO OR AS A CONSEQUENCE OF

(B) UTERINE HEMORRHAGE
DUE TO OR AS A CONSEQUENCE OF

(C) COMPLICATIONS OF ELECTIVE ABORTION
DUE TO OR AS A CONSEQUENCE OF

(D) OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

ACUTE ENDOMETRITIS AND MYOMETRITIS

Anatomic Summary:

- I. Status-post elective abortion, around May 14, 2014 (clinical history).
- II. After abortion, developed severe abdominal pain and hemorrhage, expired May 16, 2014.
- III. Large edematous hemorrhagic uterus, 15 cm x 11 cm x 6 cm, with hemorrhage of uterus, tubes and ovaries.
- IV. Uterine weight 950 grams.
- V. Uterus placed in formalin for further examination at a later date.
- VI. 100 cc of blood in each pleural cavity.
- VII. 250 cc of blood in peritoneum.
- VIII. Fatty change of liver.
- IX. See separate microbiology report.
- X. See separate gross description of internal genitalia.

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AUTOPSY REPORT

NO.
2014-03408
[REDACTED]

Page 2

INJURY DATE:

May 14, 2014.

HOSPITALIZATION DATE:

May 15-16, 2014.

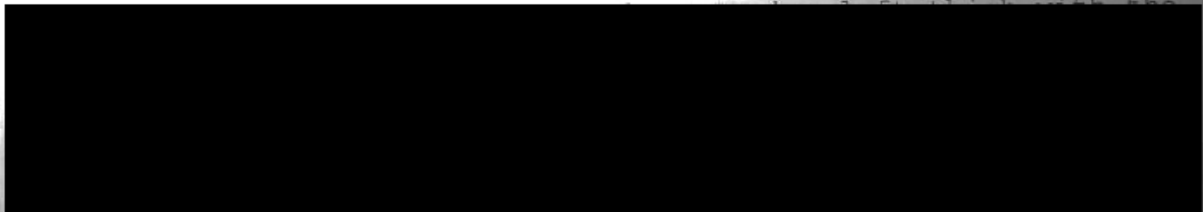
CIRCUMSTANCES:

Please see Investigator's reports and Forms 1, 3, case notes, medical records from Centinela Hospital, and medical records from Kaiser Hospital West Los Angeles.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult Black female with a stated age of 23 years. The decedent weighs 176 pounds and measures 62 inches in height. The decedent appears thin.

The skin reveals multiple tattoos.



The head is normocephalic and is covered by black hair, in pigtails. No obvious trauma is seen. Examination of the eyes reveals the irides are brown. The sclerae are congested. There are no petechial hemorrhages of the conjunctivae of the lids or sclerae. The oronasal passages appear unobstructed. The teeth are present, natural and are in good repair. The neck is unremarkable. The chest reveals medical therapeutic intervention.

Old scars are present under each breast, consistent with prior reductive mammoplasties. Medical therapeutic intervention is present. Examination of the abdomen reveals medical therapeutic intervention. The genitalia reveal vaginal hemorrhage present at the vagina. The extremities reveal medical therapeutic intervention and tattoo as noted. The back and posterior body surfaces reveal no trauma.

DESCRIPTION OF MEDICAL THERAPEUTIC INTERVENTION:

1. A nasogastric tube is present in the mouth.
2. An endotracheal tube is present in the mouth, properly positioned in the trachea.
3. EKG pads are present on the skin of the upper chest and right upper abdomen.
4. A defibrillation pad is present on the right chest.
5. An intravenous line is present in the dorsum of the left hand.
6. An intravenous line is present in the right inguinal area.

EVIDENCE OF EXTERNAL TRAUMATIC INJURY:

None.

CLOTHING:

The body was not clothed and I did not see the clothing.

INITIAL INCISION:

The body cavity is entered through the standard Y-shaped incision. There are bilateral hemothoraces and hemoperitoneum as noted.

NECK:

The neck organs are removed en bloc with the tongue. There is no edema of the larynx. Both the hyoid bone and larynx are intact and without fractures. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma or bite mark.

CHEST/ABDOMINAL CAVITY:

There are bilateral hemothoraces and hemoperitoneum as noted. The lungs are expanded. The soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 1-1/2 inches thick in the mid abdomen.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber with vessels distributed normally from it. There is no aortic atherosclerosis. There is no tortuosity or widening of the thoracic segment. The abdominal aorta shows no evidence of aneurysm or calcification.

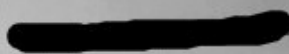
Within the pericardial sac are 10 cc of straw colored fluid, which are removed and discarded. The heart weighs 300 grams. It has normal configuration. There is no coronary atherosclerosis. The valves are thin, leafy and competent. The right ventricle measures 0.4 cm in thickness and the left ventricle measures 1.7 cm in thickness. The circumferences of the valves are within the normal range. There are no myocardial infarcts. There are no defects of the septum. The coronary ostia are patent. There is no significant coronary atherosclerosis or thrombosis.

RESPIRATORY SYSTEM:

The right lung weighs 625 grams and the left lung weighs 450 grams. The lungs are congested. No masses are seen. No trauma is noted.

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2014-03408
Page 5**GASTROINTESTINAL TRACT:**

The esophagus is intact. The stomach is empty. The stomach shows no trauma. The small and large intestines are examined by focal incision and palpation. No trauma is seen. The appendix is present in the usual location. The pancreas occupies a normal position. The parenchyma is lobular and firm.

HEPATOBIILIARY SYSTEM:

The liver weighs 1100 grams. There is fatty change and pallor of the liver. The gallbladder is present. The wall is thin and pliable. The gallbladder contains a moderate amount of green viscous bile. No calculi are seen.

URINARY SYSTEM:

The left kidney weighs 150 grams and the right kidney weighs 140 grams. The capsules strip with ease to reveal smooth cortical surfaces. The normal corticomedullary demarcations are preserved. The ureters are normal in caliber. The urinary bladder contains no urine.

GENITALIA:

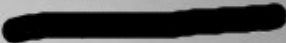
The uterus is considerably enlarged. The uterus measures 15 cm x 11 cm x 6 cm. The uterus, tubes and ovaries together weigh 950 grams. There is uterus shows dusky discoloration and hemorrhage. The hemorrhage extends to the adnexa. The uterus is boggy and edematous. The uterus, tubes and ovaries are placed in formalin for further examination at a later date. Later sectioning reveals extensive hemorrhage at the site of curettage, with little endometrium remaining.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 225 grams. No lesions or trauma are identified.

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Page 6**ENDOCRINE SYSTEM:**

The thyroid gland is symmetrical and unremarkable. The parathyroid glands are not identified. The adrenal glands show focal hemorrhage. The thymus gland is not identified. The pituitary gland is of the normal size and in the normal location.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous and subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1225 grams. There is a normal convolutionary pattern. Sectioning demonstrates the normal anatomic landmarks. No evidence of herniation is noted. There is no trauma. The cerebral arteries show no atherosclerosis.

SPINAL CORD:

The spinal cord is not dissected.

SPECIAL PROCEDURES:

The uterus, fallopian tubes and ovaries are placed in formalin in a separate container.

HISTOLOGIC SECTIONS:


Representative sections from various organs are preserved in one storage jar in 10% formalin.

TOXICOLOGY:

Heart blood, femoral blood, bile, and vitreous are submitted to the laboratory. No tests were requested at this time.

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PHOTOGRAPHY:

Two at scene photographs are available for review prior to the autopsy. Photographs are also taken of the uterus, fallopian tubes and ovaries by Anthony Sanchez during the autopsy.

RADIOLOGY:

None.

WITNESSES:

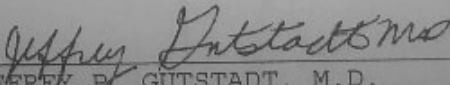
None.

DIAGRAMS USED:

Form 16 and Diagram 20 are used in this autopsy.

OPINION:

The cause of death is exsanguination due to uterine hemorrhage due to complications of elective abortion. The manner of death is accident.


JEFFREY B. GUTSTADT, M.D.
DEPUTY MEDICAL EXAMINER

7/2/2014
DATE

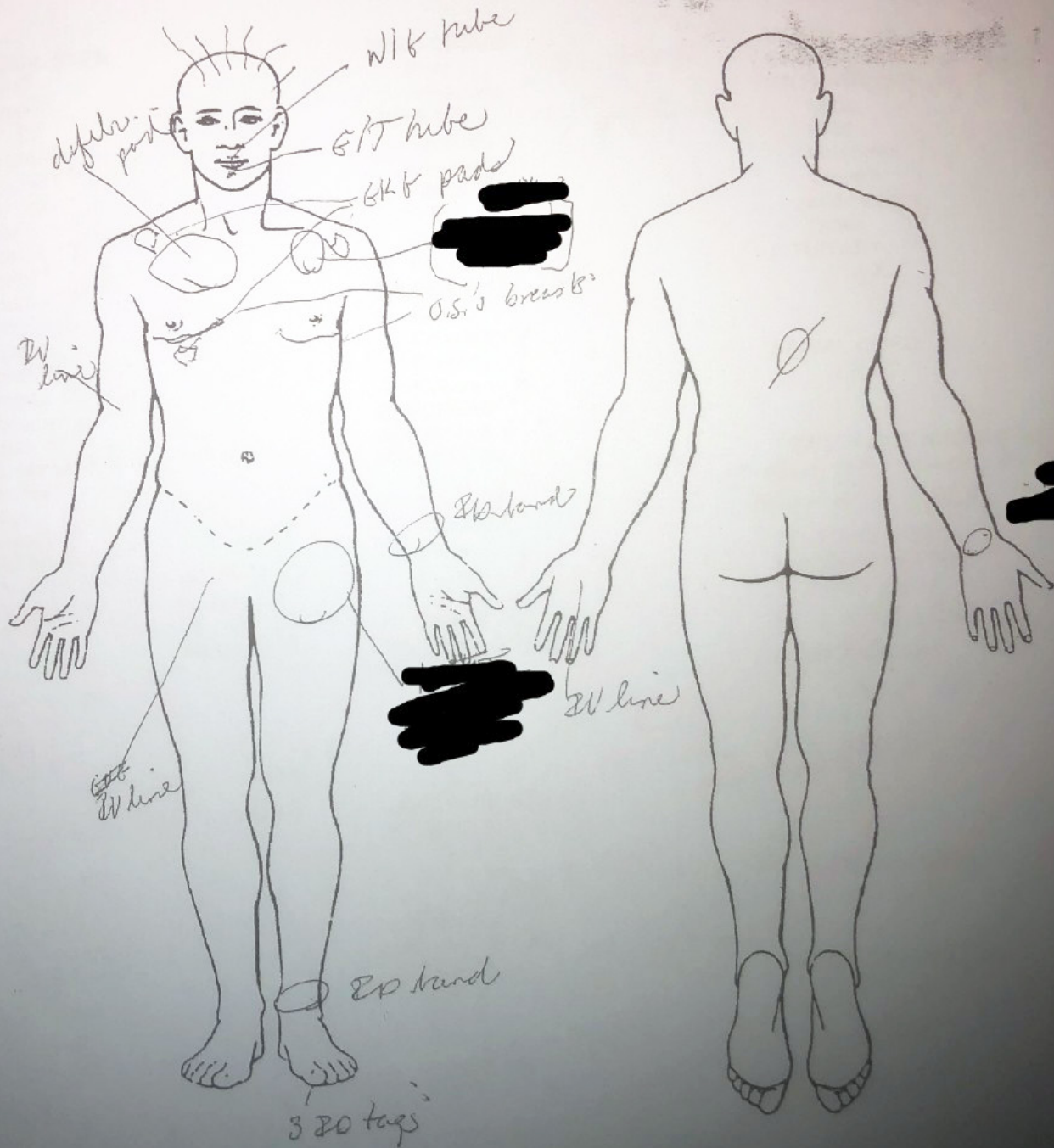
JPG:bbtt/sp
D-05/21/14
T-06/02/14

20

2014-03408

N/A

293



Date 5/21/2014

[Signature]
Deputy Medical Examiner

16

2014-03408

N/A

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EXTERNAL EXAM

Sex *F*
 Race *B*
 Age *23*
 Height *62*
 Weight *176*
 Hair *blk*
 Eyes *brn*
 Sclera *brn*
 Teeth *ok*
 Mouth *med.*
 Tongue *ok*
 Nose *ok*
 Chest *ok*
 Breasts *0.55*
 Abdomen *flat*
 Scar *med*
 Genitals *blood*
 Edema *0*
 Skin *-*
 Decubitus *ok*

HEART Wt. *300g*

Pericardium
 Hypertrophy
 Dilation
 Muscle
 Valves
 Coronaries

AORTA *ok*

VESSELS

LUNGS Wt.

R *625g* *100 cc blood*L *450g* *100 cc blood*

Adhesions
 Fluid
 Atelectasis
 Oedema
 Congestion
 Consolidation
 Bronchi
 Nodes

PHARYNX *ok*TRACHEA *ok*THYROID *ok*THYMUS *ok*LARYNX *ok*HYOID *ok*ABDOMINAL WALL FAT *1 1/2"*

PERITONEUM

Fluid *250 cc blood*
 Adhesions

LIVER Wt. *- 1100g fatty*

Capsule
 Lobules
 Fibros *low*
 G B
 Calculus
 Bile ducts

SPLEEN Wt. *225g*

Color
 Consistency
 Capsule
 Malpiment

PANCREAS *ok*ADRENALS *ok*

KIDNEYS Wt.

R *140g*L *150g*

Capsule

Cortex

Vessels

Pelvis

Ureters

BLADDER *empty*

GENITALIA

Prostate

Testes

Uterus *950g dusky*Tubes *edematous*Ovaries *hemorrhagic*ESOPHAGUS *ok*STOMACH *empty*

Contents

DUOD. & SM. INT. *ok*APPENDIX *ok*LARGE INT. *ok*

ABDOM. NODES

SKELETON

Spine

Marrow

Rib Cage

Long bones

Pelvis

SCALP *ok*CALVARIUM *ok*BRAIN Wt. *1225g*

Dura

Fluid

Ventricles

Vessels

Middle ears

Other

PITUITARY *ok*SPINAL CORD *NO*

TOXICOLOGY SPECIMENS

HR Mod, few blood, bile,
vitamins - hold

SECTIONS FOR HISTOPATHOLOGY

1 stomach
1 0/5 - uterus

MICROBIOLOGY

- 1 C/S - uterus

DIAGRAMS *20*

X-RAYS

OTHER PROCEDURES

GROSS IMPRESSIONS

See Form 12
See Form 15

Dictated
digitally

Date

5/21/2014

Time

0745

Deputy Medical Examiner

Jeffrey Substad MD

MEDICAL REPORT

DEPARTMENT OF MEDICAL EXAMINER-CORONER

15

AUTOPSY CLASS: ☐ A ☒ B ☐ C ☐ Examination Only D

☐ FAMILY OBJECTION TO AUTOPSY

Date: 5/21/14 Time: 0845 Dr. GUTSAD
(Print)

FINAL ON: 6/11/2014 By: GUTSAD
(Print)

APPROXIMATE
INTERVAL
BETWEEN
ONSET
AND
DEATH

2014-03408

N/A

293

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) 1 dissemination

DUE TO, OR AS A CONSEQUENCE OF:

(B) uterine hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(C) complications of elective abortion

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

acute endometritis and myometritis

☐ NATURAL ☐ SUICIDE ☐ HOMICIDE

☒ ACCIDENT ☐ COULD NOT BE DETERMINED

If other than natural causes,
HOW DID INJURY OCCUR?

complications of elective
abortion

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☒ YES ☐ NO

TYPE OF SURGERY: Elective abortion DATE: 5/14/14

☐ ORGAN PROCUREMENT ☒ TECHNICIAN: D Reid

PREGNANCY IN LAST YEAR ☒ YES ☐ NO ☐ UNK ☐ NOT APPLICABLE

☐ WITNESS TO AUTOPSY ☐ EVIDENCE RECOVERED AT AUTOPSY
Item Description:

23yo black female - had
elective abortion, developed
abdominal pain + bleeding
expired 5/16/2014.

microbiology
culture of
uterus
taken
5/21/14, 0845

Age: 23 Gender: Male / Female

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG JTB 162 ☐ CLOTHING
☐ X-RAY (No.) ☐ FLUORO
☐ SPECIAL PROCESSING TAG ☐ MED. RECORDS JTB
☒ AT SCENE PHOTOS (No. 02 JTB)

CASE CIRCUMSTANCES

☐ EMBALMED
☐ DECOMPOSED
☐ > 24 HRS IN HOSPITAL
☐ OTHER: (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY:
SOURCE:

TOXICOLOGY SPECIMEN

COLLECTED BY: JTB
☒ HEART BLOOD ☐ STOMACH CONTENTS
☒ FEMORAL BLOOD ☐ VITREOUS

TECHNIQUE: JTB
☐ BLOOD ☐ SPLEEN
☐ BLOOD ☐ KIDNEY
☐ BILE
☐ LIVER
☐ URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: JTB

HISTOLOGY

☒ Regular (No. 01) ☒ Oversize (No. 01)
Histopath Cut: ☐ Autopsy ☐ Lab

TOXICOLOGY REQUESTS

FORM 3A: ☐ YES ☒ NO
☒ NO TOXICOLOGY REQUESTED
SCREEN ☐ C ☐ H ☐ T ☐ S ☐ D
☐ ALCOHOL ONLY
☐ CARBON MONOXIDE
☐ OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT ☐ MED HISTORY
☐ TOX FOR COD ☐ HISTOLOGY
☐ TOX FOR R/O ☐ INVESTIGATIONS
☒ MICROBIOLOGY ☐ EYE PATH. CONS.
☐ RADIOLOGY CONS.
☐ CONSULT ON:
☐ BRAIN SUBMITTED
☐ NEURO CONSULT ☐ DME TO CUT
☐ CRIMINALISTICS
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

RESIDENT

DME

Photos: A. Sanchez

Jeffrey J. J. J.

WHITE - File Copy

CANARY - Forensic Lab

PINK - Certification

GOLDENROD - DME

(Rev. 10/03)

14

I performed a microscopic examination on



2014-03408

6/5/14

at THE DEPARTMENT OF CORONER

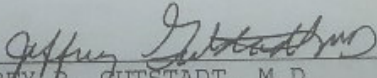
Los Angeles, California

MICROSCOPIC DESCRIPTION

Received are three slides of the uterus, dated May 28, 2014. They show uterine tissue consisting mainly of myometrium. A small amount of endometrium is present superficially. There is an extensive acute inflammation involving the myometrium and endometrium. The endometrial tissue contains numerous polymorphonuclear leukocytes as well as hemorrhage with red blood cells. Also noted are mononuclear cells. There is extensive sloughing of the hemorrhagic acutely inflamed endometrium. The underlying myometrium is heavy vascular and includes numerous variably sized veins which are engorged with blood. These areas also show extensive acute inflammation consistent with acute myometritis and endometritis. Retained placenta or fetal parts are not identified. The myometrial tissue is often heavily fragmented with sloughing areas of hemorrhagic and necrotic tissue with acute inflammation.

Microscopic diagnosis:

1. Extensive uterine hemorrhage with fragmentation and sloughing of endometrium and myometrium
2. Acute endometritis and myometritis


JEFFREY P. GUTSTADT, M.D.
DEPUTY MEDICAL EXAMINER

2/1/2014
DATE

JPG:mtm:c
D: 6/05/14
T: 6/30/14

CASE REPORT

B Gutschall

DEPARTMENT OF CORONER

1

APPARENT MODE

ACCIDENT/ NATURAL

SPECIAL CIRCUMSTANCES

CASE NO

2014-03408

CRYPT

293

LAST, FIRST MIDDLE

AKA

#

ADDRESS

CITY

LOS ANGELES

STATE

CA

ZIP

90047

SEX
FEMALE

RACE
APPEARS
BLACK

DOB

AGE

23

HGT

62 in

WGT

176 lbs

EYES

BROWN

HAIR

BLACK

TEETH

ALL NATURAL
TEETH

FACIAL HAIR

NONE

ID VIEW

Yes

CONDITION

FAIR

MARK TYPE

MARK LOCATION

MARK DESCRIPTION

SCAR

BOTH BREASTS

TATTOO

LEFT SHOULDER

TATTOO

RIGHT WRIST

TATTOO

LEFT THIGH

TATTOO

LEFT THIGH

DOB

RELATIONSHIP

MOTHER

NOTIFIED BY

DATE

5/16/2014 02:47

SSN

DOB

STATE

PENDING BY

ID METHOD

FINGERPRINTS FROM DOJ

LA #

MARK #

FILE

FBI #

MILITARY #

POS

CA

IDENTIFIED BY NAME (PRINT)

RELATIONSHIP

PHONE

DATE

5/19/2014 20:27

PRINTS DOJ

PLACE OF DEATH / PLACE FOUND

ADDRESS OR LOCATION

CITY

LOS ANGELES

ZIP

90034

HOSPITAL

KAISER FDN HOSPITAL - WEST LA

PLACE OF INJURY

AT WORK

No

DATE

5/14/2014

TIME

LOCATION OR ADDRESS

601 S. WESTMORELAND AVENUE, LOS ANGELES, CA

ZIP

90005

FAMILY PLANNING

ASSOCIATES

DOB

TIME

02:47

FOUND OR PRONOUNCED BY

DR. AKMAKJI

PHONE

REPORT NO

NOTIFIED BY

NO

OTHER AGENCY INV. OFFICER

TRANSPORTED BY

AISHA N. SCOTT

TO

LOS ANGELES FSC

DATE

5/19/2014 12:20

FINGERPRINTS?

Yes

CLOTHING

Yes

FA RPT

No

MORTUARY

MED. EV.

No

INVEST PHOTO #

1

SEAL TYPE

HOSP RPT

Yes

PHYS. EV.

No

EVIDENCE LOG

No

PROPERTY?

No

HOSP CHART

Yes

SUICIDE NOTE

No

GSR NO

RCPT NO.

270127

PF NO

11068870

SYNOPSIS

ACCORDING TO THE REPORTED INFORMATION, THE DECEDENT HAD AN ELECTIVE ABORTION ON 5/14/2014. ON THE MORNING OF 5/15/2014 SHE COMPLAINED OF ABDOMINAL PAIN 10/10 AND VAGINAL BLEEDING. WENT TO CENTINELA HOSPITAL MEDICAL CENTER. ADMITTING DIAGNOSIS OF ABDOMINAL PAIN AND PANCYTOPENIA. UNABLE TO URINATE. URINARY CATHETER DRAINED 200CC OF BLOODY URINE. ON 5/16/2014 AT APPROXIMATELY 0020 HOURS TRANSFERRED TO KAISER WEST LOS ANGELES FOR HIGHER LEVEL OF CARE - ALERT. STABLE. AT APPROXIMATELY 0130 HOURS NOTICED DECLINE IN MENTAL STATUS. INTUBATED AT 0202 HOURS, NO CPR. AT 0225 HOURS ENROUTE TO HEAD CT WENT INTO CARDIAC ARREST/PULSELESS ELECTRICAL ACTIVITY. ADVANCED CARDIAC LIFE SUPPORT USED. HOWEVER, COULD NOT BE RESUSCITATED. DR. AKMAKJI PRONOUNCED DEATH ON 5/16/2014 AT 0247 HOURS.

KIMBERLEY ARNOLD

498313

Kimberley Arnold

INVESTIGATOR

DATE

5/20/2014

TIME

17:23

REVIEWED BY

[Signature]

DATE

5/20/14

FORM #3 NARRATIVE TO FOLLOW? ☒



County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2014-03408

Decedent: [REDACTED]

Information Sources:

Centinel Hospital Medical Center, (310) 673-4660, Medical record #M000136358

Kaiser West Los Angeles, (323) 857-3587, Medical record #00011068870

Investigation:

According to the Investigator's Case Assignment Form, on 5/16/2014 at 0329 hours, Dr. Luciette Saad from Kaiser West Los Angeles reported this accident (therapeutic misadventure) versus natural death to Coroner Clerk Jose H. Perez. Dr. Luciette Saad reported: "Decedent had an abortion on 5/14/2014 at Centinela Hospital. She began complaining of abdominal pain. Transferred to Kaiser West Los Angeles. Being tested for a diagnosis, but she coded. No known medical history. Had two drinks the night/day before the abortion."

Location:

Death: Kaiser West Los Angeles – 6041 Cadillac Avenue, Los Angeles, CA 90034

Informant/Witness Statements:

According to the medical record provided by Centinela Hospital Medical Center, the decedent presented to the emergency room via ambulance LAFD 857 on 5/15/2014 at 1503 hours with complaint of lower/suprapubic abdominal pain, sharp, since morning of 5/15/2014. Status post abortion 5/14/2014. Pain 10/10, bright red vaginal bleeding. At 1523 hours blood pressure 120/70, pulse 110, respirations 18, oxygen 100% on room air, GCS-15. Current at-home medications of albuterol sulfate (Proventil) and Ibuprofen 200mg. Past surgical history of abortion x2. No cigarette smoking, no drug use, occasional alcohol use. Given sodium chloride, morphine sulfate, ondansetron injection, hydromorphone chl, potassium chloride, piperacillin-tazobactam. Admitting diagnosis of abdominal pain and pancytopenia. Has not been able to urinate. At 1955 hours Foley catheter placed, drained 200cc of bloody urine. At 1555 hours WBC 2.0, RBC 3.73, hemoglobin 11.6, platelet 71, MPV 11.3. CT of the abdomen/pelvis showed the uterus enlarged; liver, gallbladder, spleen, pancreas, aorta, retroperitoneum normal; no free fluid, gas, or evidence of bowel obstruction. To be transferred to Kaiser West Los Angeles for higher level of care.

According to the medical record provided by Kaiser West Los Angeles, the decedent transferred from Centinela Hospital Medical Center via ambulance on 5/15/2014 at 0020 hours with sinus tachycardia, rate of 143, blood pressure 127/99, temperature 98.4F, respirations 24, oxygen 97%. Dehydrated, non toxic appearing young woman, cooperative. Abdomen soft, mild distention, no rebound or guarding, uterus palpable. Watery bloody vaginal discharge. Frank hematuria in urinary catheter. No edema in extremities. Possible diagnostic laparoscopy /suction dilation and curettage for possible uterine perforation or retained products of conception explored as a possibility. Very thirsty – allowed 1 drink of water then NPO for possible surgery. Mental status markedly declined – at 0130 hours given Narcan 0.4mg, at 0135 hours given normal saline bolus, D50 amp, at 0138 hours given versed 2mg – no change. At 0140 hours noticed to be acutely unresponsive, blank stare, with blood pressure 114/64, pulse 145 /sinus tachycardia. NO CPR. Intubation attempt at 0156 hours, vomited. Central line placed. Partner, [REDACTED] updated on her critical status, said she had a "couple of drinks" the day prior. Denies she uses drugs. Intubated at 0202 hours. Urinary catheter placed. Blood sugar 156. Transferred to head CT. In the CT scan suite, she went into cardiac arrest at 0225 hours. In pulseless electrical activity. Advanced cardiac life support used. Did not respond to CPR or medications. Remained in pulseless electrical activity with no respiratory effort. Dr. Akmakji pronounced death on 5/16/2014 at 0247 hours. Mother and partner notified of the death. Possible causes of death: disseminated intravascular coagulation, consumptive coagulopathy, intracranial event (thrombus or hemorrhage), massive pulmonary embolism. Elective abortion at Family Planning Associates on 5/14/2014 at approximately 11 weeks gestational age. Past medical history of varicella 12/13/2013, asthma –

✓



County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2014-03408

Decedent [REDACTED]

diagnosed age 10, last attack 2005, positive MRSA culture 8/7/2012, dysplasia of cervix, low grade CIN 1 3/17/2011. Past surgical history of induced abortion and dilation and curettage 2006, 2007, dilation and curettage for termination of pregnancy 2013, bilateral breast reduction 3/27/2013. Family history of autism (brother), hypertension and diabetes (father), hypertension (mother).

Scene Description:

Hospital death – Coroner scene investigation not required.

Evidence:

None.

Body Examination:

The decedent is a young adult, African American female who was seen at the Forensic Science Center, refrigerator, she was nude. An endotracheal tube, orogastric tube, right antecubital fossa IV, left hand dorsum IV, right femoral/central line, and EKG patches were in place. Multiple tattoos observed: [REDACTED] and a rose on the left shoulder, [REDACTED] on the right wrist, [REDACTED], [REDACTED] inside two hearts connected by handcuffs on the left thigh. Reduction mammoplasty scars observed. No obvious signs of trauma were observed. I did not view the decedent's back.

Identification:

DOJ fingerprints identified the decedent as [REDACTED] on 5/19/2014 at 2027 hours.

Next of Kin Notification:

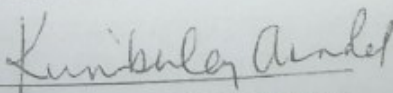
I spoke with [REDACTED] via telephone and verified that she was notified of the death.

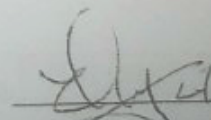
Tissue Donation:

Unknown.

Autopsy Notification:

None requested.


INV. KIMBERLEY ARNOLD 498313


LT. LARRY DIETZ

5/20/2014

Date of Report

18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# 2014-03408

Kaiser West Los Angeles
NAME OF FACILITY

Kaiser Permanente

00-0011068870 Female

Birth Dt: [REDACTED]

Adm Dt: 05/16/14

ADDRESS

HOSPITAL PHONE #

NAME OF DECEDENT

SOURCE OF IDENTIFICATION

DATE OF DEATH 05/16/14 TIME 0247

DO [REDACTED] AGE 23 SEX F RACE African American

PRONOUNCED BY Dr. Akmakji

MEDICAL RECORD OR PATIENT FILE #

ORGAN/TISSUE DONATION INFORMATION

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

NO ☐ YES ☐ IF YES WHAT WAS THEIR RESPONSE?

DATE ENTERED HOSPITAL

TIME

☐ SELF

☐ AMBULANCE (Name or R.A.#)

☐ ER DEATH?

☐ IN PATIENT DEATH?

FROM

(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS

(IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: Lucette Saad M.D.

PRIMARY ATTENDING PHYSICIAN L. Saad M.D.

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INJURIES

DATE

TIME

PLACE

CAUSE

(TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY: 23yo pt transferred from Centinela for persistent abdominal pain after elective abortion. Normal CT scan of pelvis, WBC 2, Hgb 11, Plt 70 & Centinela after being transferred, to KPWA. Initial exam revealed frank hematuria & watery vaginal discharge. pt became acutely unresponsive 45 mins later. She was intubated and transferred to imaging of her head. In the CT scan suite pt coded and had chest compressions for 25 mins then pronounced.

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

Elective abortion & Family Planning associates 5/15/14 & approximately 11wks gestational Age.

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN

DATE & TIME

LABORATORY PHONE NUMBER

MICROBIOLOGY CULTURE RESULTS: NO YES (ATTACH REPORT)

TOXICOLOGY SCREEN: NO YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: NO YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: unknown.

BY L. Saad

M.D.

-OR-

NURSE/HOSPITAL ADMINISTRATOR

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