



CLARK COUNTY
Office of the Coroner/Medical Examiner
 1704 Pinto Lane
 Las Vegas, Nevada 89106 - (702) 455-3210

Investigator Report

Decedent: **Alyona Dixon**

Case #: **2022-05858**

CLASSIFICATION	MANNER OF DEATH: Natural	SUBMANNER OF DEATH:		DEPUTY CORONER: Felicia Borla			
	TYPE OF MEDICAL EXAMINATION: Autopsy			DATE OF DEATH: 9/28/2022		TIME OF DEATH: 05:32:00	
DECEDENT PERSONAL DATA	NAME Alyona Dixon						MARITAL STATUS: Alyona Dixon
	AGE: 24 Years	DATE OF BIRTH: [REDACTED]	PLACE OF BIRTH:	HEIGHT: 63 in	WEIGHT: 142 lb	HAIR:	EYES:
	BIRTH ASSIGNED GENDER: Female	TEETH:	RACE: Caucasian				SSN:
	SCARS, MARKS, TATTOOS:						
RESIDENCE	ADDRESS:						
PLACE OF DEATH	PLACE:				COUNTY:		
	ADDRESS:						
REPORTING INFORMATION	DEATH REPORTED BY:: Deputy Cunningham #004266		AGENCY: Nye County Sheriff's Office	DATE: 9/28/2022 12:00:00 AM	TIME: 06:45:00		
	REPORT RECEIVED BY:			REMOVED FROM SCENE TO:			
CAUSE OF DEATH	IMMEDIATE CAUSE: Complications of Septic Abortion						
	DOE TO:						
	DOE TO:						
	DOE TO:						
OTHER SIGNIFICANT CONDITIONS							
INJURY INFORMATION	PLACE OF INJURY:	INJURY AT WORK:	DATE OF INJURY: 9/28/2022 12:00:00 AM	TIME OF INJURY: 05:41:00	ESTIMATED:		
	ADDRESS OF INJURY:						
	INJURY DESCRIPTION:						
	INVESTIGATING AGENCIES: Nye County Sheriff's Office						





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IDENTIFICATION	IDENTIFICATION METHOD:		IDENTIFIED BY:	
NOTIFIED	NAME:		RELATIONSHIP:	
	ADDRESS:			
	NOTIFIED BY:	HOW NOTIFIED:	DATE:	TIME:
ADDITIONAL INFORMATION	PATHOLOGIST: Nathan Shaller	OTHER INVESTIGATION:	FUNERAL HOME: Sunrise Cremation & Burial	



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AUTOPSY REPORT

Case Number: 22-05858

September 29, 2022

AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF

ALYONA DIXON

FINAL PATHOLOGIC FINDINGS

- I. History of first trimester gestation
 - A. Elevated postmortem HCG
 - B. Septic abortion, status post mifepristone use
 - 1. Acute necrotizing endomyometriitis
 - a. Septic pulmonary thromboemboli
 - b. Septic myocardial thromboemboli
 - 1) Acute myocardial necrosis
 - 2. Acute tubular necrosis
 - 3. Cerebral edema
 - 4. Dehydration

OPINION

CAUSE OF DEATH: Complications of septic abortion

MANNER OF DEATH: NATURAL

SUMMARY

The decedent has past medical history of previous term pregnancy and vaginal delivery without complication in December of 2021. On 9/22/2022 the decedent had an obstetric appointment and transvaginal ultrasound which showed an approximate 8 week 5 day gestation. Reportedly, she was given mifepristone (200 mg, oral tablet), and prescribed misoprostol, ondanestron, ibuprofen, and an oral contraceptive.

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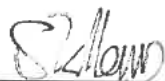


AUTOPSY REPORT

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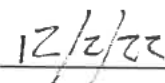
On the late evening of 9/27/2022 she presented to Desert View Hospital Emergency Department with a four-day history of nausea, vomiting, diarrhea, and constant lower abdominal pain. It was reported she had taken methotrexate six days prior. Laboratory studies showed dehydration and a white blood cell count greater than 100,000. She was treated with intravenous fluids, Zofran, Bentyl, Toradol, and Zosyn. Early on 9/28/2022, while awaiting transfer, she became short of breath and was intubated. She continued to deteriorate rapidly with pulseless electrical activity; despite aggressive cardiopulmonary resuscitative efforts, she was subsequently pronounced.

Findings at autopsy showed features of septic abortion including endomyometrial inflammation and necrosis, septic emboli in the heart and lungs, brain swelling, and acute tubular necrosis of the kidneys. Postmortem blood cultures were negative and a quantitative human chorionic gonadotropin (HCG) was elevated consistent with recent pregnancy. Vitreous electrolyte analysis was consistent with dehydration and postmortem toxicology was otherwise noncontributory.



Nathan Shaller, M.D.
Forensic Pathologist

DATE:



NS/ay/amu

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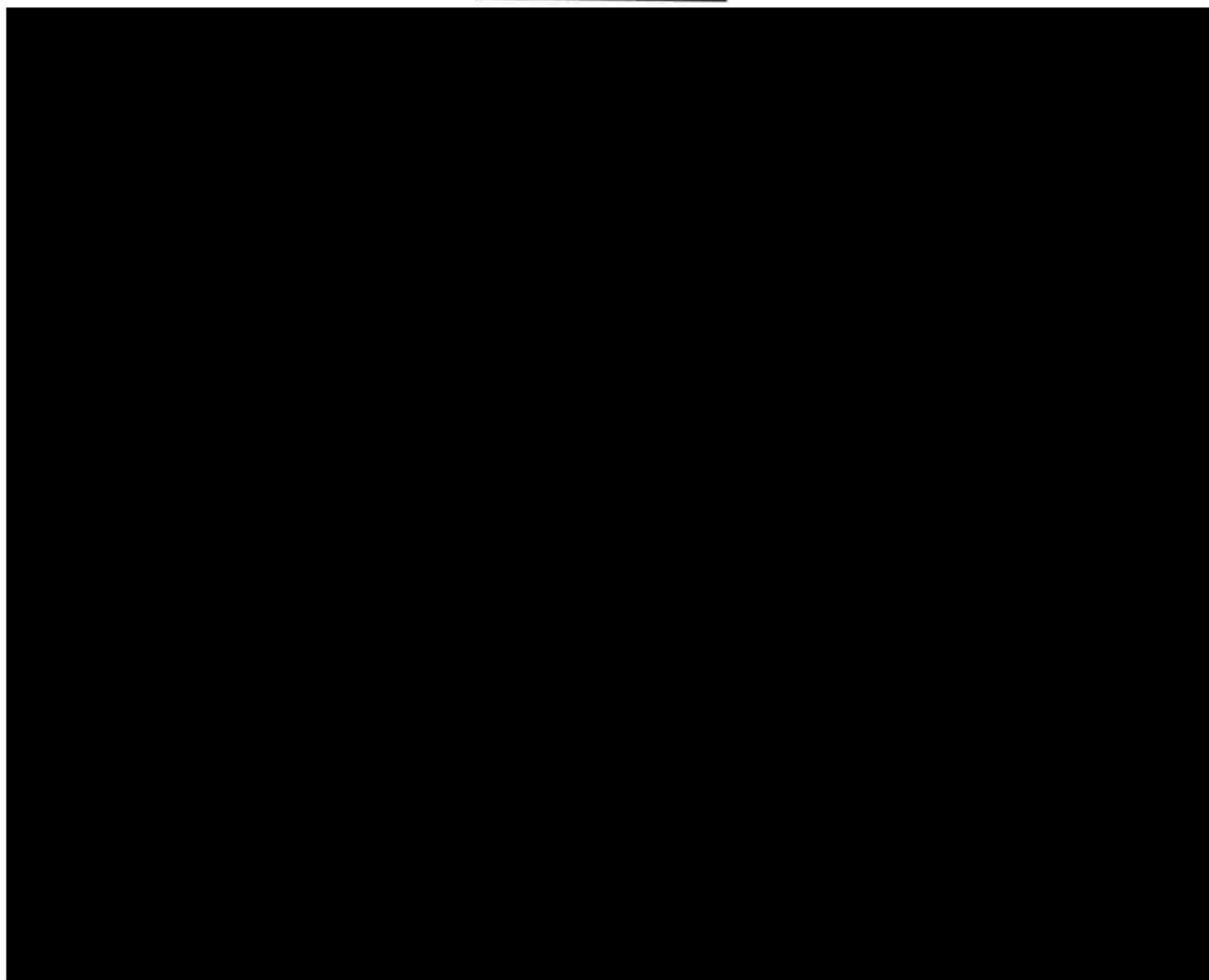
POSTMORTEM EXAMINATION ON THE BODY OF

Alyona Dixon

EXTERNAL EXAMINATION

The examination commences at 0900 hours.

IDENTIFICATION



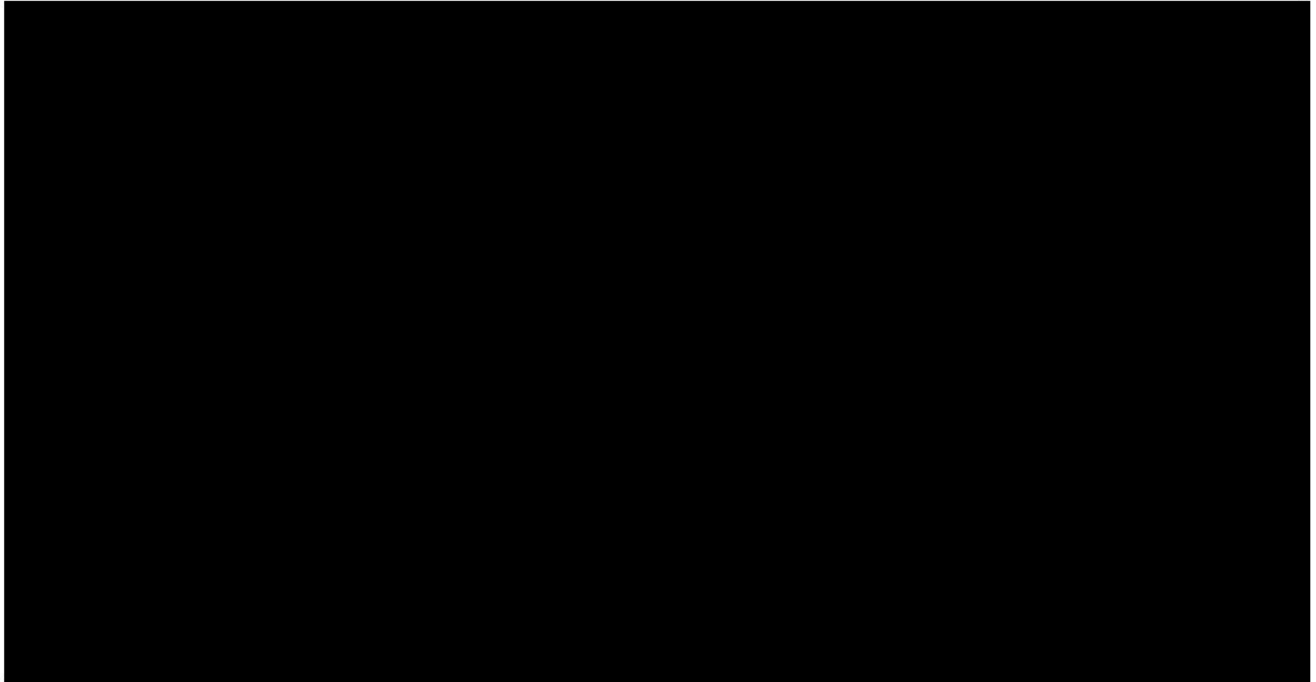
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EVIDENCE OF INJURY

HEAD AND NECK: None.

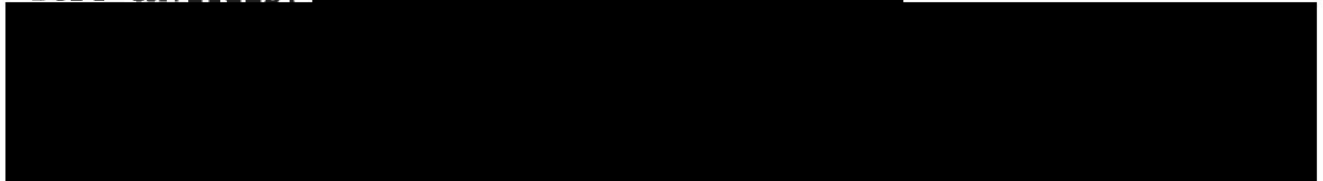
CHEST AND ABDOMEN: None.

UPPER EXTREMITIES: None.

LOWER EXTREMITIES: A 1/8 inch red abrasion on the dorsal 1st digital left foot.

INTERNAL EXAMINATION

BODY CAVITIES: [REDACTED]

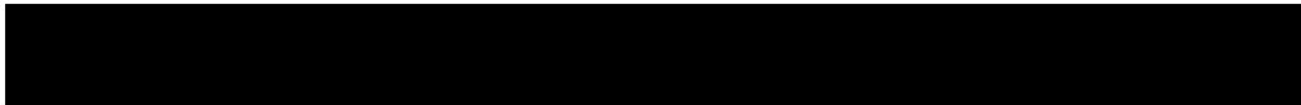


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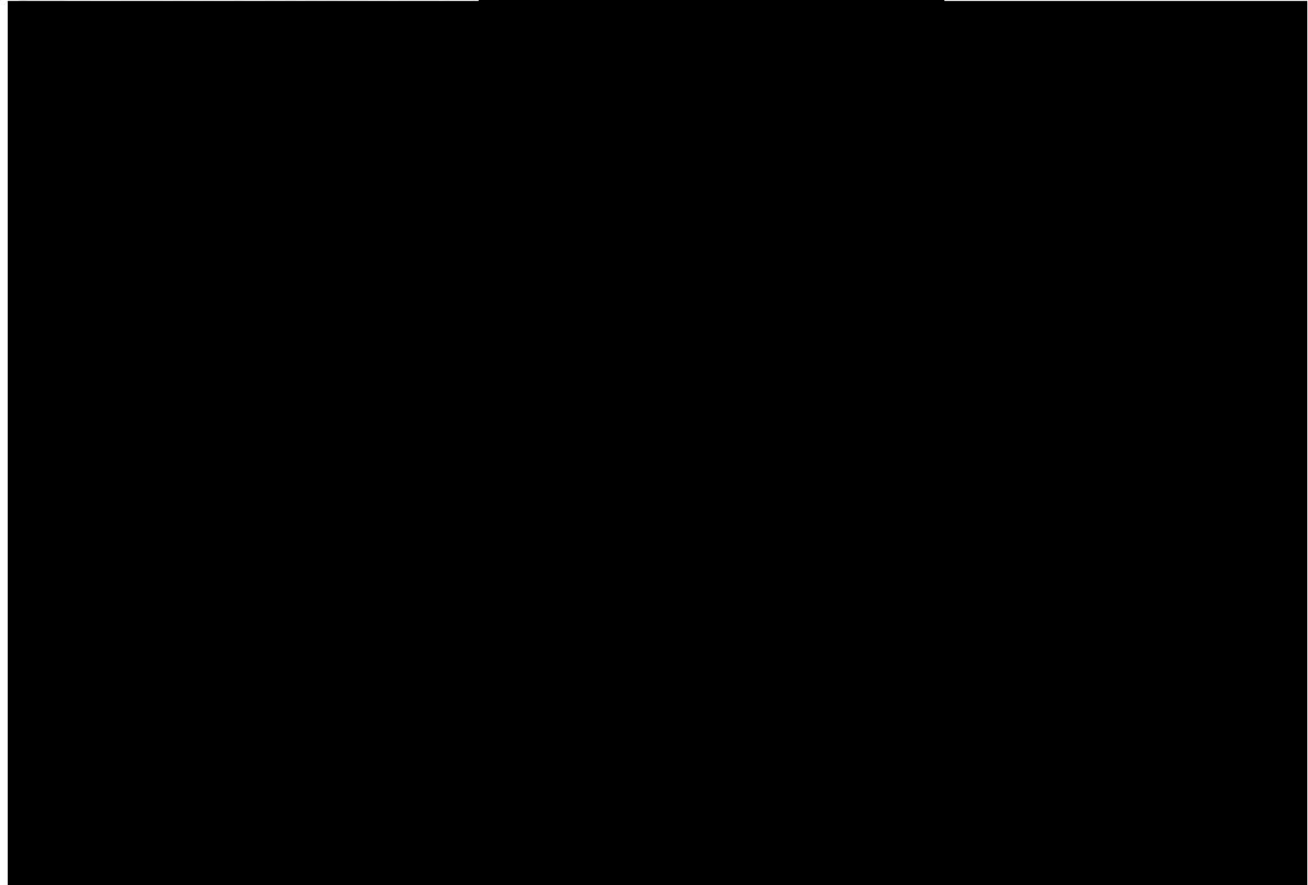


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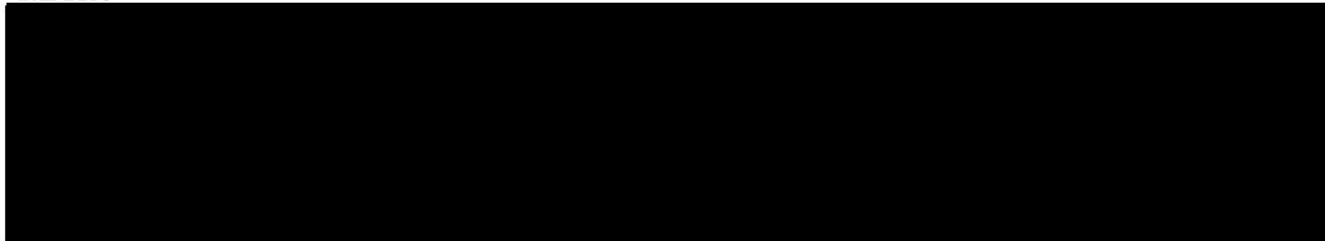
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CENTRAL NERVOUS SYSTEM:



NECK:



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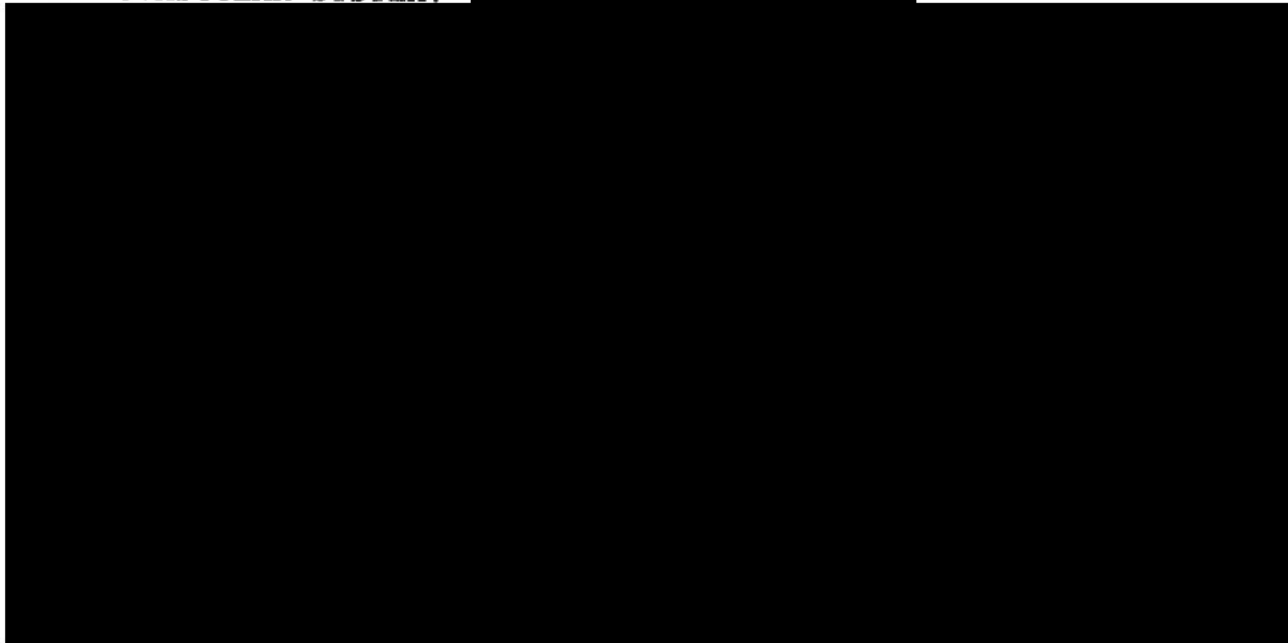


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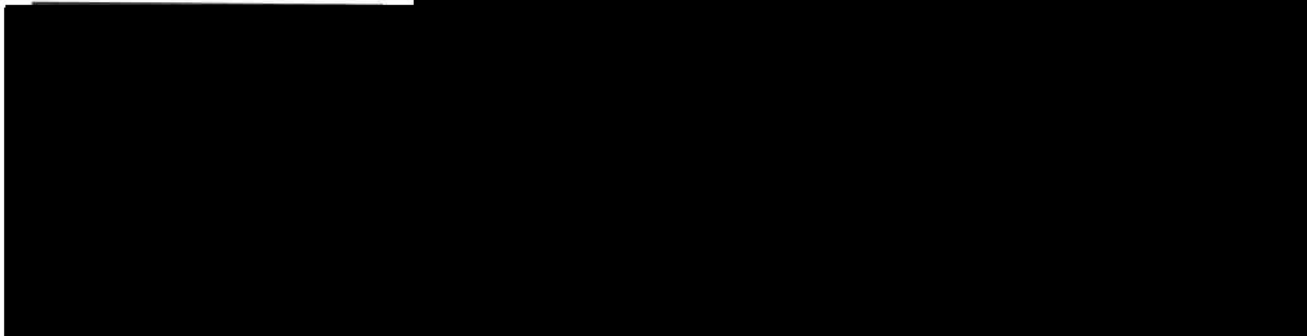
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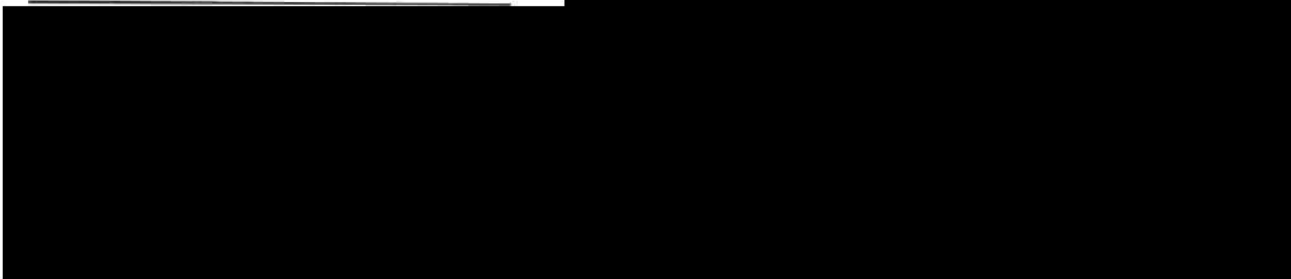
CARDIOVASCULAR SYSTEM:



RESPIRATORY SYSTEM:



LIVER AND BILIARY SYSTEM:



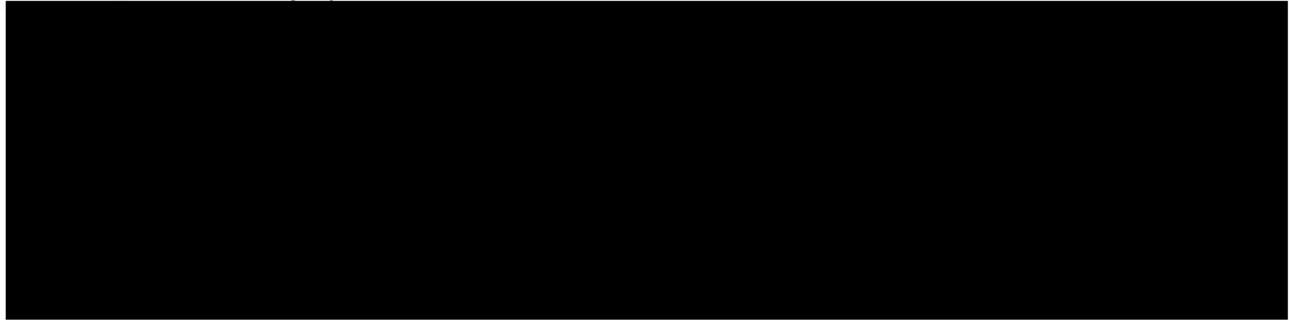
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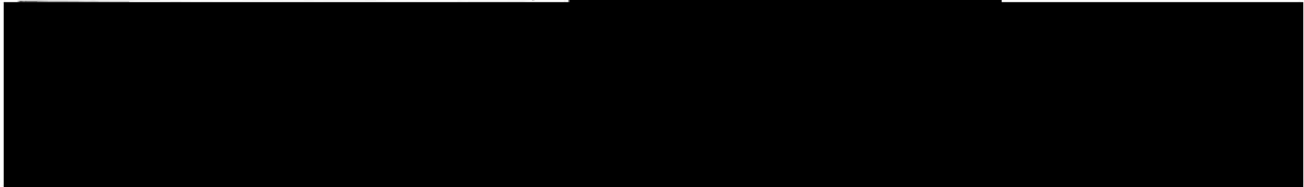
ALIMENTARY TRACT:



GENITOURINARY TRACT:



RETICULOENDOTHELIAL SYSTEM:



ENDOCRINE SYSTEM:



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MUSCULOSKELETAL SYSTEM:



RADIOLOGY




MICROSCOPIC EXAMINATION

Slide summary:

- 1) Heart (3)
- 2) Endomyometrium (2), liver, urinary bladder, soft tissue
- 3) Pons, hippocampus
- 4) Kidney, lung (2)
- 5) Lung (3), kidney, retropharyngeal soft tissue

Microscopic description:



The endomyometrium shows endometrial necrosis with hemorrhage and acute and chronic inflammation extending into through the mid myometrium. The endometrium shows frequent clouds of coccoid organisms.

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NMS Labs

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200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 10/11/2022 12:19

Patient Name DIXON, ALYONA
Patient ID 22-05858
Chain 22361478
DOB Not Given
Sex Female
Workorder 22361478

To: 10294
Clark County Coroner's Office
Attn: Forensic Supervisor
1704 Pinto Lane
Las Vegas, NV 89106

Page 1 of 3

Positive Findings:

Table with 4 columns: Analyte, Result, Units, Matrix Source. Rows include Creatinine, Sodium, Potassium, Chloride, and Urea Nitrogen in Vitreous Fluid.

See Detailed Findings section for additional information

Physician/Pathologist Name: N. SHALLER

Testing Requested:

Table with 2 columns: Test, Test Name. Row: 1919FL, Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

Specimens Received:

Table with 6 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Labeled As. Rows 001-005 detailing specimen collection.

All sample volumes/weights are approximations.
Specimens received on 09/30/2022.



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Workorder 22361478
Chain 22361478
Patient ID 22-05858

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Creatinine (Vitreous Fluid)	0.932	mg/dL	0.500	004 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	147	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	11.2	mmol/L	1.00	004 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	122	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	10.0	004 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	15.2	mg/dL	2.00	004 - Vitreous Fluid	Chemistry Analyzer

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:

- Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:
Normal: 105 - 135 mmol/L
- Creatinine (Vitreous Fluid) - Vitreous Fluid:
Normal: 0.6 - 1.3 mg/dL
- Glucose (Vitreous Fluid) (C6H12O6; D-glucose (biologically active); Dextrose; L-glucose) - Vitreous Fluid:
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).
- Potassium (Vitreous Fluid) (K+) - Vitreous Fluid:
Normal: <15 mmol/L
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
- Sodium (Vitreous Fluid) (Na+) - Vitreous Fluid:
Normal: 135 - 150 mmol/L
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.
- Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded thirteen (13) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed. Chain of custody documentation has been maintained for the analyses performed by NMS Labs.



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Workorder 22361478
Chain 22361478
Patient ID 22-05858

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Workorder 22361478 was electronically signed on 10/11/2022 11:11 by:

Brianna Peterson

Brianna L. Peterson, Ph.D., F-ABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	50.0 mmol/L	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL
Potassium (Vitreous Fluid)	1.00 mmol/L		

-Analysis by Colorimetry (C) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Creatinine (Vitreous Fluid)	0.500 mg/dL		