# Medicolegal Investigations A. Jay Chapman, MD Forensic Pathologist 4149 Chanate Road Santa Rosa, California 95404

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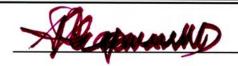
# Report of Autopsy

SERRANO-GARCIA, YANIRA NAME: 14061101 CASE NO 18 AGE: Female GENDER: RACE/ETHNICITY: Hispanic 1996-04-16 DATE OF BIRTH: DATE OF DEATH: 2014-06-03 21:44 HOUR OF DEATH: HOUR AND DATE OF AUTOPSY: 09:13, 2014-06-11, Latino American Funeral Home, Sacramento, CA

# **Findings**

- 1. Gunshot wound to chest, penetrating.
- 2. Obesity, marked.
- 3. Hepatic steatosis, marked.
- 4. Atrophy, musculature, leg, left.
- 5. Surgical scar, left foot.

Probable Cause of Death: Gunshot wound to chest.



#### **EXTERNAL EXAMINATION**

WEIGHT:	Est. 200 lb	LENGTH:	62.5 in	HA	IR: Black, long	
IRIDES: Bro	own	PUPILS:	<i>o.p.</i> 4 mm	<i>o.s.</i> 4 mm	Anomalies:	None observed
RIGOR MORTIS: Passed			LIVOR MORTIS: Faint, purple, posterior, refrigerator effect			

The body is that of a young, essentially normally developed (for left leg, see below), obese, Hispanic female with a single gunshot wound to the left anterior chest. The body is unclothed, bears incisions (Y-shaped thoracoabdominal and bitemporal scalp) of prior autopsy examination, and is identified by a tag on the left ankle region from the San Mateo County Coroner's Office ("This is to certify that this is the body of Yanira G. Serrano").

Finger and palm printing has been performed previously with black material on the respective areas with some transfer to the skin of the abdomen.

There are no discernible injuries to the head or face, save for a 0.25-inch mild abrasion of the left upper lip approximately 1/8 inch left of the midline. There are no discernible buccal injuries.

The abdomen appears mildly pendulous, and there are rather extensive striae distensae in the abdominal skin bilaterally.

There are no injuries to the external genitalia, which are unremarkable.

At the inferior aspect of the right patella is a very minimal 1/16-inch punctate abrasion, which appears to be healing.

The left leg displays marked atrophy of the musculature, and surgical scarring up to approximately 3 inches is present on the medial aspect of the left foot. Rough measurements of diameters of the mid calves taken from the anterior aspect are 5.25 inches on the right, and 4 inches on the left.

#### **Description of Gunshot Wound**

The single gunshot wound is a penetrating injury with a 7/8-x-1/2-inch entry in the anterior left chest at a point 14.5 inches from the plane of the top of the head and approximately 1 inch left of the anterior midline (skin position possibly altered slightly by sutured autopsy incision). The wound appears skewed to the left. The sternum has a  $1.0 \times 0.5$ -inch perforation that abuts the midline at the level of the third intercostal space near the inferior border of the left third rib. There are no color changes in the associated tissues.

Hemorrhage is present in the extrapleural region on the right aspect of the thoracic vertebral column and surrounding a 0.75-inch perforation of the eighth intercostal space immediately adjacent to the vertebral column.

A 2.75-inch postmortem incision of the back begins 15 inches from the plane of the top of the head, is diagonally oriented, and is 4 inches right of the posterior midline. Hemorrhage is observed in the depths of this incision. There is no evidence of an exit wound on the skin margins, and this incision was presumably made to recover the missile.

The direction of this wound is anterior to posterior through the body at an angle of approximately 15° rightward and very, very slightly inferior.

### **Internal Examination**

The abdominal panniculus is 57 mm. The mammary tissues are primarily fatty and have no demonstrable lesions. No lymphadenopathy is noted.

#### **Serous Cavities**

Almost all the thoracoabdominal tissues and organs have been removed by prior autopsy and are contained within a plastic bag that fills the body cavity. The majority of the right hemidiaphragm remains attached posteriorly. The left hemi-uterine body and the left fallopian tube and ovary (not sectioned) along with the previously opened urinary bladder remain within the body.

## Contents of Viscera Bag

The identified sections of heart total 414 gm. From these segments, no definitive findings are apparent.

The 249-gm left lung is minimally sectioned, has scattered foci of collapsed airless parenchyma, and is otherwise unremarkable. In one portion of the upper lobe is questionable mild contusion. The 239-gm remaining portion of right lung has contusion medially with contusive laceration along the pleural aspect of the medial lower lobe.

A portion of the right hemidiaphragm has attached long segment of aorta and airway, including the denuded larynx. The tongue is located separately and is not previously sectioned. There are no bite marks or other injuries.

Colon with mesentery is identified, and the vermiform appendix is present. The small intestine, separated from its mesentery, is present and has no gross lesions.

The stomach is previously opened and absent contents. It is attached to other tissues, including the pancreas, which is not apparently previously sectioned. The pancreatic architecture appears normal.

The 165-gm spleen bears three incisions and is not remarkable.

The kidneys (108 gm and 127 gm) are previously sectioned and have unremarkable architecture.

The 3285-gm liver is sectioned vertically previously five times and is pale and yellow with a very doughy texture.

The aggregate of sections of the central nervous system are 1070 gm and have no demonstrable abnormality.

#### Skeletal System

The skeletal system is intact.

## Person(s) Present

Mortuary personnel.

### **Procedures**

Tissues stored.