MEDICAL EXAMINER District Six



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Pasco & Pinellas Counties

AUTOPSY REPORT

NAME: Piana, Richard CASE NUMBER: 5171418

DATE OF DEATH: August 25, 2017 **AGE:** 46 **SEX:** Male **RACE:** White

INVESTIGATING AGENCY: Pinellas Park Police Department AGENCY CASE #: 17-61159

DATE AND TIME OF AUTOPSY: August 25, 2017 @ 1130 hrs

AUTOPSY FINDINGS:

- 1. Cardiomegaly (670 gm) with mild coronary atherosclerosis
- 2. Bronchopneumonia with bilateral purulent pleural effusions
- 3. Ascites
- 4. Brain with edema, ischemia and necrosis
- 5. Yellowish discoloration of skin and sclerae
- 6. No recent significant injuries
- 7. No hospital admission specimen available for toxicology testing

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

Noel A. Palma, MD

Deputy Chief Medical Examiner Date Signed: October 30, 2017

Comment:

With the prolonged hospital survival time (18 days), the significant heart disease revealed at autopsy, the lack of hospital admission specimens for toxicologic testing (hospital discarded admission specimens despite specific requests for retention), and the reported history of drug use, the cause and manner of death cannot be determined with certainty.

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EXTERNAL EXAMINATION:

The body was that of a septic appearing muscular normally developed white male with the recorded age of 46 years. The body measured 72 inches in length and weighed 221 pounds. The body was received nude. The skin had a slight yellowish discoloration (jaundice). The head was normocephalic and the scalp hair was black, gray, wavy and short. There was stubble brown/gray facial hair. The eyes had yellowish/icteric sclerae, pale conjunctivae, gray irides and clear corneas. The conjunctivae had no petechiae. There were no crepitus to palpation over the bridge of the nose. The external nares were unremarkable. The dentition consisted of natural teeth. No lesions of the oral mucosa were identified. The lips had no injuries. The external ears appeared normally developed. There were no masses discernable in the neck. The thorax was symmetrical and unremarkable. The abdomen was flat. The external genitalia were those of an adult male. The penis appeared atraumatic and appeared circumcised. There was no gross or palpable cervical, axillary or inguinal lymphadenopathy. The upper extremities were well -developed and were symmetrical. The lower extremities were symmetrical and were well-developed. The extremities had no edema. There were no missing digits. The back was atraumatic. No visible scars were on the anterior aspects of the wrists. Tattoos were on the torso, extremities, neck, eyelids and sides of face/sideburns. The mid-upper back region had a focal area of ecchymosis/superficial decubitus ulcer.

EVIDENCE OF TREATMENT:

The mid anterior lower neck had a tracheostomy and a tracheostomy tube. The mid left upper abdomen had a PEG tube. The medial aspect of the right arm had an IV catheter. An indwelling catheter was protruding from the urethra. The right wrist had hospital ID and DNR bracelets. A rectal tube was in place.

EVIDENCE OF RECENT INJURY: none.

INTERNAL EXAMINATION:

Head:

No abnormality was noted in the reflected scalp, calvarium, dura, meninges or the base of the skull. The gyri were slightly-moderately flattened with no obvious herniation. The cerebral vascular system was unremarkable. The circle of Willis and other basal vasculature appeared intact and normally formed. The 1500 gm soft friable dusky slightly decomposing/necrotic appearing brain was free of gross neoplastic masses. The ventricles were slightly compressed. The thalamus, the hypothalamus, the basal ganglia, the midbrain, the pons, the medulla and the cerebellum were normally situated and were atraumatic.

Neck:

No significant pathological abnormality was appreciated in the cervical muscles, laryngeal cartilages, or the trachea. No obstructive material or neoplastic masses were in the glottis or the larynx. The strap muscles and subcutaneous tissue were free of any masses or significant pathologic abnormality. The carotid arteries and the jugular veins were unremarkable.

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Thorax and Body Cavities:

The organs of the thoracic and the abdominal cavities were normally disposed. The thoracic and abdominal musculatures and subcutaneous adipose tissue appeared normal. The diaphragm was unremarkable. The sternum, ribs, spine and pelves had no recent fractures. The anterior cervical spine was palpably unremarkable. The pleura, the pericardial and the abdominal cavities were free of adhesions. There was ~>200-300 ml of yellowish grayish effusions (purulent pleural effusions) in the chest cavities and ~>400 ml of clear yellowish fluid in the peritoneal cavity (ascites).

Cardiovascular System:

The 670 gm heart had a normal configuration and an unremarkable epicardial surface. The coronary arteries were normally developed and had mild atherosclerotic disease. The myocardial cut surfaces had no fibrosis, infarctions or focal lesions. The chambers were not dilated. The atrial and the ventricular septae were intact. The heart was enlarged with the myocardium of the left ventricle and the right ventricle hypertrophied. The papillary muscles and chordae tendineae were thickened. The endocardium and heart valves were not fibrosed. The aorta had mild atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were essentially unremarkable and were clear of debris and foreign material. The pleural surfaces of the lungs had no adhesions. There was a slight degree of anthracotic pigmentation outlining the pleural lymphatics. The right and left lungs weighed 1060 gm and 1000 gm, respectively. The pulmonary arteries were normally developed, patent and without a thrombus or embolus. The bronchi and bronchioles were unremarkable and were patent. The lung parenchyma appeared moderately-markedly congested with scattered areas of consolidations associated with greenish purulent exudates in the cut surfaces. Air spaces were not enlarged. No neoplastic masses visible or palpable in the cut surfaces.

Hepatobiliary System:

The 3160 gm liver had a smooth serosal surface and parenchyma that was yellowish-tan and greasy in texture from (mild) fatty change with no gross fibrosis, cirrhosis, necrosis, or neoplasm. The gallbladder was unremarkable.

Hemolymphatics:

The 420 gm spleen had an unremarkable capsule and a moderately congested parenchyma with no apparent fibrosis, calcifications, neoplastic masses or necrosis in the parenchyma. There was no significant lymphadenopathy.

Alimentary System:

The omental and the mesenteric fat had no significant pathological abnormality. The esophagus and stomach appeared grossly unremarkable. The gastroesophageal junction was free of varices. The esophageal mucosa appeared intact and was free of any ulcers or erosions. The gastric mucosa was free of ulcers or erosions. The stomach contained ~ 100 ml of tan grayish liquid material. The visible serosal surfaces of the small intestine, ascending colon, transverse colon and descending colon appeared grossly unremarkable. No neoplastic masses were palpable throughout the gastrointestinal tract.

Endocrine System:

The thyroid gland, the adrenal glands and the pancreas appeared unremarkable. No neoplasm, infarcts or fibroses were grossly identified.

Genitourinary System:

There was no urine in the urinary bladder. Urine was present in the urine drainage bag. The right kidney weighed 350 gm. The left kidney weighed 350 gm. Each kidney had normal appearing cortical surface and unremarkable cortico-medullary region, calyceal system and pelvis. No calculi, neoplasm or inflammatory process were grossly identified.

Musculoskeletal System:

All the muscles and axial skeleton were free of any significant abnormalities. The skeletal system and the bone marrow of the ribs and clavicles appeared normal for age and had no significant pathologic change.

Microscopic Findings:

Lungs (A, B, C) = congestion, edema, necrosis, acute and chronic inflammatory cells, microabscesses, anthracotic pigments, scattered apparent fat emboli, no polarizable foreign bodies Pancreas (D) = unremarkable

Kidneys (D) = congestion, rare dark grayish cast-like materials in tubules

Thyroid (D) = congestion

Heart (E, F, G, M) = myocytes with nucleomegaly and hyperchromatic nuclei, no myocarditis, no acute or remote infarcts

Brain (H, I, L, K) = edema, necrosis, ischemic changes

Liver (J) =congestion, hepatosteatosis

Spleen (J) = congestion



