

North Carolina Department of Health and Human Services
Office of the Chief Medical Examiner

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B201504123
Autopsy Type ME Autopsy
Name Pazuzu Illah Algarad
Age 36 yrs
Race White
Sex M

AUTHORIZATION

Authorized By Alyssa M. Kraynie MD **Received From** Wake

ENVIRONMENT

Date of Exam 10/29/2015 **Time of Exam** 09:30
Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Ms. Rachel Murphy,
Dr. Craig Nelson

CERTIFICATION

Cause of Death

Exsanguination due to incised wound of the left brachial artery

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by

Lauren C. Scott MD 15 December 2015 11:44

DIAGNOSES

Incised wound of the left antecubital fossa
 Perforation of the left brachial artery
Superficial incised wounds of the left chest, left arm and scalp
Hepatic hemangioma
Fractures of the anterior left 2nd-5th ribs (consistent with resuscitative efforts)

IDENTIFICATION

Body Identified By

Papers/ID Tag

EXTERNAL DESCRIPTION

Length 68 inches
Weight 170 pounds
Body Condition Intact
Rigor Rigor is full in extremities, and minimal and easily breakable in jaw and neck.
Livor Red, posterior, and fixed
Hair Scalp hair is shaved. There is no mustache. A medium length, thin, brown beard is present.
Eyes Irides are blue. Cornea are transparent. Sclera are white. Conjunctiva are unremarkable with no petechiae present.
Teeth Upper and lower natural and in fair condition with several caries and remotely chipped left upper incisors

Received in a body bag labeled with a tag bearing the decedent's name and secured with lock #2953747 is the body of a well-developed, well-nourished adult male appearing compatible with the reported age. The body is clad in a cut gray shirt, white pants, and white boxer shorts. Received with the body are miscellaneous papers and books, two strawberry shortcake rolls, a red marker, a box of colored pencils, a packet of sugar, a black watch, an electric razor, and a clear unlabeled bottle filled

with red fluid. Fingernails are short, undamaged, and contain embedded blood.

An identification tag bearing the decedent's name encircles the left great toe. Intraosseous lines connected to bags of 0.9% sodium chloride enter the posterior left upper arm and the anterior right lower leg. An additional intraosseous line enters the anterior right lower leg. There are defibrillator pads on the chest and abdomen. An additional identification tag bearing the decedent's name is loose within the body bag.

The following tattoos are present: "TOMELA" in red on the right forehead, blue and red designs on the face, a black line on the anterior neck, Arabic writing on the right upper chest, Arabic and indecipherable writing on the left upper chest, red symbols on the mid chest, an "A" symbol on the left nipple, "LUCIFER" on the upper abdomen, a black demon face on the anterior right forearm, "PAZUZU" on the anterior left forearm, a black symbol on the anterior left wrist, black symbols on the lateral left thigh, a black Nazi sign and horizontal lines on the right thigh, a black dragon on the lateral right lower leg, "MALIGN" in blue ink on the anterior right lower leg, two black lines encircling the left lower leg, black symbols on the posterior left lower leg, "VILLAIN" in black ink on the medial left forearm, a black pitchfork on the posterior left forearm, a black skull on the posterior left upper arm, a green symbol on the posterior left ring finger, black symbols on the posterior right 2nd-5th digits of the hand, "SATAN" in black ink on the posterior to medial right forearm, "Lust" in black ink on the posterior to medial right wrist, "666" on the posterior right hand, a bird on the posterior right wrist, "JOKER" on the posterior right forearm, a black demon face and symbols on the posterior right upper arm, black wings on the back, black symbols on the bilateral neck, a red symbol on the posterior neck, Arabic writing on the right upper back, and indecipherable writing on the midline back. "LIVE FAST DIE" is written on the lateral right abdomen in black ink. The following hypopigmented well-healed scars are present: an oval 3/4 x 1/4" scar on the anterior to lateral right wrist, linear vertical 3.0 and 4.0" scars on the anterior right forearm, a rectangular 1.5 x 3/4" scar and an adjacent oval 1.0 x 1/16" scar on the posterior right wrist, a linear vertical 1.5" scar on the posterior left hand, and an oval 1.0 x 0.5" scar on the anterior left wrist.

The ears are normally formed and without drainage. The nose is intact and the nares unobstructed. The lips are normally formed. The neck is symmetrical and without palpable masses or deformity. The chest is normally formed, symmetrical, and without palpable masses. The abdomen is flat, soft, and without palpable masses. The external genitalia are those of a circumcised male and are atraumatic. The back is straight and symmetrical. The anus is atraumatic. The arms are normally formed. The legs are normally formed and without amputation, significant edema or deformity.

INJURIES

A crusted oval 1/4 x 1/8" lesion is on the anterior right lower leg.

Linear vertical 1-1/4" and 2.0" superficial incised wounds are on the posterior left scalp 0.5" to the top of the head and 0.5" to the left of the posterior midline. Several linear superficial incised wounds ranging from 1/4 to 0.5" are on the right forehead 0.5" to the top of the head and from 0.5 to 2.0" to the right of the anterior midline.

Several intersecting diagonal to vertical 1.0" superficial incised wounds are on the left chest.

A puncture mark with a surrounding oval 1/4 x 1/8" blue-gray contusion is on the anterior right forearm 4.5" to the right wrist. The puncture mark overlies a superficial vein and contains minimal subcutaneous hemorrhage. This likely represents a site of medical intravascular line placement or attempt.

Several linear diagonal to horizontal 1/8 to 1.0" superficial incised wounds are on the posterior left forearm, elbow and upper arm just and are located from 5 to 10" to the left wrist.

A 3/4 x 1/4" incised wound is on the left antecubital fossa 9.0" to the left wrist. Its lateral tip is abraded and blunt. Its medial tip is sharp. Several 0.5" superficial incised wounds extend from the superomedial aspect of the incised wound. The incised wound perforates the subcutaneous soft tissue of the left antecubital fossa and perforates the left brachial artery. The defect on the anterior surface of the artery measures 1/4". The defect on the posterior surface of the artery measures 1/16".

There are fractures of the anterior left 2nd through 5th ribs consistent with injuries due to resuscitative efforts.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are released with the body

All personal effects except the vial containing fluid are released with the body.

The following items are preserved as evidence

The vial containing fluid is retained in toxicology at the Office of the Chief Medical Examiner.

INTERNAL EXAMINATION

Body Cavities

The bilateral pleural and peritoneal cavities contain no significant fluid. No adhesions are present. All body organs are in a normal anatomic position.

Cardiovascular System

Heart Weight 330 grams

The pericardial sac is free of significant fluid and adhesions. The coronary arteries arise normally, follow a right dominant distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The chambers and valves bear the usual positional relationships. The valves are grossly unremarkable with thin pliable leaflets and no vegetations. The myocardium is uniformly red-brown, firm and without focal lesions. The pulmonary arteries are free of thrombi and emboli.

Respiratory System

Right Lung Weight 360 grams

Left Lung Weight 300 grams

Examination of the soft tissues of the neck including the strap muscles and large vessels reveals no abnormalities. The hyoid bone and laryngeal cartilages are intact. The larynx is clear. The lingual mucosa is intact, and the underlying musculature is devoid of hemorrhage. The upper airways contain semisolid tan-brown food material. The lungs are normally formed. The parenchyma of both lungs shows no obvious congestion, consolidations or other focal lesions. There is severe pulmonary anthracosis.

Gastrointestinal System

The gastrointestinal tract is intact throughout its length and is unremarkable on external palpation and intermittent sectioning. The stomach contains approximately 200 ml of thick brown semisolid material and intermixed particles of yellow corn. No obvious pills or pill fragments are identified in the stomach. An appendix is not present.

Liver

Liver Weight 1600 grams

The capsule is intact. A 0.5 x 0.3 x 0.3 cm pink-tan, firm, subcapsular nodule is in the anterior right lobe. Otherwise, the parenchyma is uniformly red-brown and without focal lesions or palpable fibrosis. The gallbladder contains 15 ml of bile and no choleliths. The extrahepatic biliary tree is patent.

Spleen

Spleen Weight 90 grams

The spleen is normally formed. The parenchyma is uniformly red-purple, firm, and without focal lesions.

Pancreas

Normal size, shape and consistency without focal lesions.

Urinary

Right Kidney Weight 160 grams

Left Kidney Weight 150 grams

The kidneys are of normal size and shape. The capsules strip with ease from the underlying smooth cortical surfaces. The renal architecture is intact and without focal lesions. The ureters are intact and without dilation. The bladder contains approximately 15 ml of clear yellow urine.

Reproductive

The prostate gland and seminal vesicles are grossly unremarkable.

Endocrine

The thyroid gland is of normal size, shape and consistency with no focal lesions. The bilateral adrenal glands are grossly unremarkable with uniformly thin yellow cortices.

Neurologic

Brain Weight 1410 grams

Reflection of the scalp reveals no evidence of injury. No skull fractures are present. The leptomeninges are thin and delicate. The cerebral hemispheres are unremarkable. The vasculature at the base of the brain is intact and without significant atherosclerosis. Sectioning of the cerebrum, cerebellum and brainstem reveals normal architecture and no focal lesions.

Immunologic System

Hilar and paratracheal lymph nodes are enlarged up to 1.5 cm in greatest dimension and contain homogeneous black-gray cut surfaces. No thymic tissue is identified.

Musculoskeletal System

Grossly unremarkable except as previously noted.

MICROSCOPIC EXAMINATION

Cardiovascular

Sections of left ventricle, right ventricle and interventricular septum of the heart show no significant ischemic changes, inflammation or myofiber disarray.

Respiratory

Peripheral and central sections from each lung show no significant congestion, polarizable material, or inflammation. There is marked peribronchial and peribronchiolar anthracosis.

Liver

A section of the liver nodule shows dilated vascular spaces within fibrous stroma. A section of liver distal to the nodule shows mildly increased chronic portal inflammation and no significant steatosis, fibrosis, or hepatocyte necrosis.

Genitourinary

A section of kidney shows normocellular glomeruli without significant sclerosis, tubules without significant histopathologic abnormalities, and thin-walled arterioles.

Neurologic

Sections of cerebral cortex and hippocampus show no significant inflammation or ischemic changes.

SUMMARY AND INTERPRETATION

The decedent was a 36-year-old male inmate at Central Prison residing in a solitary cell. He was reportedly found unresponsive in his cell lying on his bed in a pool of blood.

Findings at autopsy included several superficial incised wounds of the left chest, posterior left arm, and scalp. There was a single incised wound of the left antecubital fossa with perforation of the left brachial artery. There were fractures of the anterior left ribs secondary to resuscitative efforts. No other significant traumatic injuries were present. There was no evidence of significant natural disease.

Toxicologic analysis of postmortem aorta blood detected caffeine, and a therapeutic level of sertraline and its metabolite. No benzodiazepines, cocaine metabolite, ethanol, gabapentin/pregabalin, opiates/opioids or other organic bases were detected.

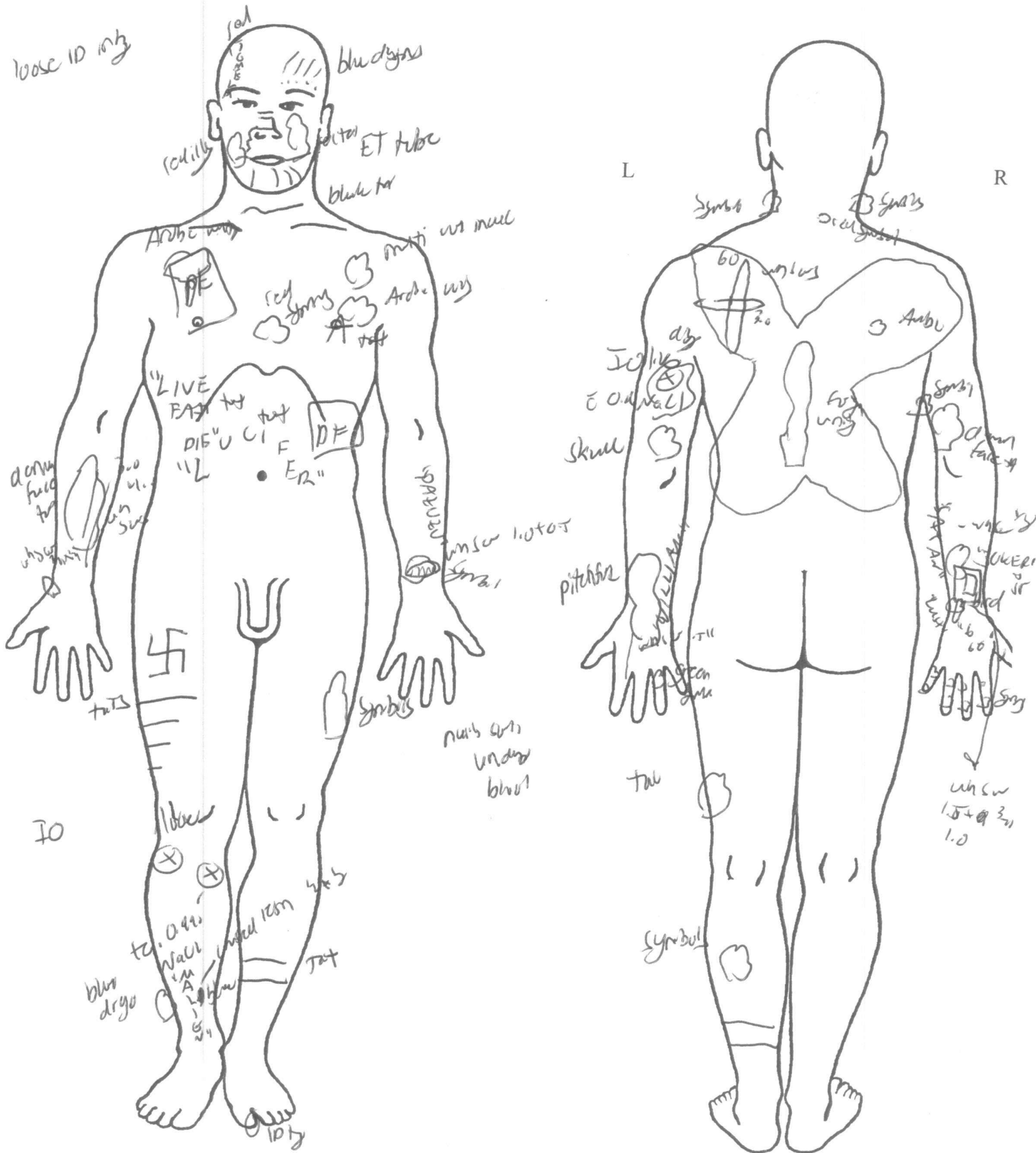
Based on autopsy and investigative findings, it is my opinion that the cause of death is exsanguination due to an incised wound of the left brachial artery.

DIAGRAMS

1. Adult MALE autopsy diagram
2. Adult MALE autopsy diagram

B 15-4123
 Examined by LS Date: 12/29/15

ADULT MALE AUTOPSY DIAGRAM
 IDENTIFICATION: ID checked



B 15-4123
Examined by LS Date 10/29/15

ADULT MALE AUTOPSY DIAGRAM
IDENTIFICATION: ID checked

