



**MIAMI-DADE COUNTY
MEDICAL EXAMINER DEPARTMENT**
Number One on Bob Hope Road
Miami, FL 33136
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**MEJIA, Manuel
April 25, 2016... 8:30AM**

Case No. 2016-01257

CAUSE OF DEATH:

Dog Mauling

**Theodore Brown, M.D.
Associate Medical Examiner**

**D. Fintan Garavan Ph.D. M.D.
Associate Medical Examiner**

NOTE: The cause of death is based on the totality of the investigative data to date, which may not be included in the autopsy or external examination protocol.

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AUTOPSY PROTOCOL

ATTENDEES:

FORENSIC TECHNICIAN: Karen Henryhand

PHOTOGRAPHER: Ariel Hernandez

EXTERNAL EXAMINATION:

The body is that of a normally developed, 188 pound, 5 foot 2 inch, adult man who appears consistent with the reported age of 49 years. The unembalmed body is cool to touch from refrigeration and well-preserved. The chest and back have focal skin slippage. A green plastic bracelet around the left ankle has the inscription "261162." A white hospital bracelet is around the right ankle.

The head is normocephalic. The scalp has black and gray hair. Facial hair consists of a black and gray mustache and a stubble black and gray beard. The irides are brown. The sclerae are white. The ears are normal. The nasal septum is midline. The mouth has maxillary dentures and the mandibular teeth are natural. The frenula are intact.

The chest has a normal anterior-posterior dimension and has no palpable masses. The abdomen is soft. The back has no deformities. The external genitalia are those of a circumcised adult man. The anus is unremarkable.

The extremities are symmetrical and have no palpable fractures. The hands and feet are symmetrical and the nails are intact.

EVIDENCE OF MEDICAL INTERVENTION:

Bandages are around the forehead and scalp, chin and neck, right arm, and left arm and forearm. An endotracheal tube is properly positioned. Intraosseous catheters extend from the anterior aspects of the bilateral shoulders and left leg. Bilateral chest tubes extend from the lateral aspects of the left and right sides of the chest and enter the left and right pleural cavities through the lateral aspects of the left fourth and right fifth intercostal spaces, respectively. The mid aspect of the abdomen has a large, vertical incision that exposes the intestines and is covered by a wound vacuum-assisted closure. Intravenous catheters extend from the posterior aspect of the left hand and bilateral inguinal regions, and have associated bruises. Multiple, 0.1 centimeter to 0.5 centimeter, needle puncture wounds are in the right and left sides of the neck and left inguinal region. A Foley catheter is properly positioned and the attached container has approximately 60 milliliters of yellow urine.

The right and left sides of the neck, mid aspect of the left side of the chest, and lateral aspects of the left and right sides of the chest have soft tissue and muscle hemorrhage. The right side of the prevertebral soft tissues has focal hemorrhage. The anterior aspects of the left third through sixth ribs and right fourth through sixth ribs are fractured. The left pleural cavity contains approximately 10

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milliliters of liquid blood. The lingula of the left lung and anterior aspect of the epicardium have focal contusions. The peritoneal cavity contains approximately 20 milliliters of liquid blood.

A 40.0 centimeter surgical incision extends from the anterior aspect of the left shoulder to the anterior aspect of the left forearm and exposes the underlying soft tissues and muscles. The left axillary vessels have multiple surgical clips.

EVIDENCE OF INJURY:

INJURIES OF THE HEAD AND NECK:

The scalp hair is shaved to evaluate the injuries. The frontal, bilateral parietal and temporal, and occipital scalp have multiple, 0.1 centimeter to 6 centimeter, predominately superficial, incised wounds, puncture wounds, and abrasions. The deep incised wounds, which are concentrated on the left side of the scalp, penetrate up to approximately 0.5 centimeter into the subscalpular soft tissues and left temporalis muscle.

The right parietal and temporal scalp have two areas of four, up to 1.5 x 0.3 centimeter, continuous and discontinuous, parallel abrasions and superficial puncture and incised wounds.

The left ear has 2.5 centimeter and 2 centimeter, previously closed by surgical staples, slightly irregular, incised wounds that penetrate the superior aspect of the external aspect of the left ear cartilage.

Diffuse subgaleal hemorrhage covers the left parietal and left temporal skull.

The right side of the forehead has 0.4 centimeter and 0.2 centimeters superficial incised wounds. The right upper and lower eyelids have multiple, 0.3 centimeter to 2.5 centimeters, superficial incised wounds. The right cheek has a 0.5 centimeter superficial incised wound.

The mid aspect of the nose has a 0.2 centimeter abrasion. The left eyebrow has a 0.5 centimeters superficial incised wound. The left upper and lower eyelid has multiple, 0.1 centimeter to 1 centimeter, abrasions. The left side of the nose and left cheek have six, up to 0.8 x 0.2 centimeter, parallel superficial incised and punctures wounds. The left side of the face has four, 0.1 centimeter to 3.5 centimeters, abrasions.

The mandibular right lateral incisor is loose.

The right side of the neck has multiple, 0.1 centimeter to 8.0 centimeters, superficial and deep puncture and incised wounds and associated diffuse bruises. The largest incised wound, previously closed by surgical staples, penetrates approximately 0.8 centimeter into the soft tissues and muscles of the right side of the neck. The soft tissues and muscles of the right side of the neck are hemorrhagic.

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INJURIES OF THE CHEST AND ABDOMEN:

The chest and abdomen have scattered, 0.1 centimeter to 6.5 centimeters, abrasions and superficial puncture and incised wounds, and associated bruises. The upper aspect of the right side of the chest has four, up to 2.8 x 0.3 centimeter, parallel abrasions and circumferential bruise.

The mesenteric soft tissues have diffuse patches of hemorrhage.

INJURIES OF THE BACK AND BUTTOCKS:

The back has multiple, 0.1 centimeter to 6.5 centimeters, abrasions and superficial puncture and incised wounds, and associated bruises. Predominantly the left and right sides of the back have multiple, up to six, continuous and discontinuous parallel abrasions, up to 3.8 x 0.4 centimeters, each. The buttocks have multiple, 0.1 centimeter to 3.5 centimeters, abrasions and superficial puncture and incised wounds, and associated bruises.

INJURIES OF THE EXTREMITIES:

The superior aspects of the bilateral shoulders have multiple, 0.1 centimeters 3 centimeters, abrasions and superficial puncture and incised wounds.

The left axilla and anterior aspects of the left arm and forearm have multiple, 0.2 centimeters to 6 centimeters, superficial and deep puncture and incised wounds, and associated bruises. The axillary incised wounds penetrate up to approximately 2 centimeter into the soft tissues and muscles. Multiple axillary vessels are severed and have surgical clips. The soft tissues and muscles of the left axilla and anterior aspects of the left arm and forearm are hemorrhagic. The posterior aspects of the left arm and forearm have multiple, 0.1 centimeter to 10 centimeters, superficial and deep puncture and incised wounds, and associated bruises, which penetrate up to approximately 2 centimeters into the soft tissues and muscles. The soft tissues and muscles of the left arm and forearm are hemorrhagic.

The anterior and posterior aspects of the right arm has multiple, 0.1 centimeter to 4 centimeters, superficial and deep puncture and incised wounds, and associated bruises, which penetrate up to 1.2 centimeter into the soft tissues and muscles. The soft tissues of the right arm are hemorrhagic.

The anterior and posterior aspects of the bilateral thighs, knees, and legs have multiple, 0.1 centimeter to 8 centimeters, abrasions and superficial puncture and incised wounds, and associated bruises. The deep incised wounds penetrate up to 1.5 centimeters into the soft tissues and muscles. The largest incised wounds on the posterolateral and posteromedial aspects of the right thigh are previously closed by surgical sutures. The soft tissues and muscles of the bilateral thighs, knees, and legs are hemorrhagic.

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INTERNAL EXAMINATION:

The pericardial sac is intact and contains approximately 20 milliliters of serous fluid. The smooth pleural cavities have no adhesions. The diaphragm is intact. The peritoneal surfaces are smooth. The vertebral column is midline. The pelvis has no palpable fractures. The visualized musculature is red-brown. The internal organs have a normal situs.

The large vessels of the neck are unremarkable. The hyoid bone and thyroid cartilage are intact. The cricoid cartilage, epiglottis, and vocal cords are unremarkable. The cervical vertebrae are intact and have no atlanto-axial dislocation or fractures. The thyroid gland has a normal position, is tan-brown, and has a normal consistency.

The heart is 310 grams and has a normal configuration and a normal distribution of the subepicardial fat. The left and right coronary ostia are patent. The coronary arteries follow a right dominant distribution. The left anterior descending coronary artery has approximately 10 percent luminal atherosclerotic stenosis. The left circumflex coronary artery has no atherosclerosis. The right coronary artery has approximately 5 percent luminal atherosclerotic stenosis. The trabeculae carneae and papillary muscles are unremarkable. The brown myocardium is free of fibrosis and hemorrhage. The left ventricular free wall is up to 0.9 centimeter thick; the interventricular septum is up to 0.9 centimeter thick; and the right ventricular free wall is up to 0.2 centimeter thick. The cardiac chambers have no significant compression or dilation, and are free of mural thrombi. The unremarkable tricuspid valve, mitral valve, pulmonary valve, and aortic valve are 12 centimeters, 9 centimeters, 6.5 centimeters, and 6.5 centimeters in circumference, respectively. The chordae tendineae are thin and pliable. The aorta branches in a normal pattern and all branches are patent. The intimal surface has fatty streaks. The aorta has no dissection or aneurysms.

The larynx, trachea, and mainstem bronchi have no obstructions. The right and left lungs are 700 grams and 570 grams, respectively. The visceral pleural surfaces are red-purple, smooth, and have mild anthracosis. The parenchyma is red-purple, soft, exudes a mild amount of red-purple fluid, and has no areas of consolidation, masses, or granulomas. The pulmonary vessels contain no thromboemboli.

The liver is 1320 grams. The external surface is smooth and intact. The tan-brown softened parenchyma has areas of yellow discoloration and has no cysts or masses. The gallbladder has a thin, pliable wall. The gallbladder contains approximately 3 milliliters of brown bile and has no stones. The pancreas has tan, lobular parenchyma.

The spleen is 30 grams. The capsule is intact. The parenchyma is dark red and soft.

The esophagus is unremarkable. The gastroesophageal junction has no varices. The stomach contains approximately 700 milliliters of brown fluid and partially digested food material. The stomach and proximal duodenal mucosa have no ulcers, hemorrhages, or perforations. The small and large intestines have smooth serosal surfaces and no ischemic changes. The vermiform appendix is unremarkable.

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The adrenal glands are orange-brown and unremarkable. The right and left kidneys are 120 grams, each. The cortical surfaces are red-tan. The corticomedullary junctions are distinct. The parenchyma has no masses. The urinary bladder is empty. Its mucosa has focal erythema. The prostate gland and bilateral testes are unremarkable.

The scalp and subgaleal space have the injuries as previously described. The calvarium and skull base have no fractures. The cranial vault has no epidural or subdural hemorrhage. The brain is 1280 grams. There is no subarachnoid hemorrhage. The cerebral vessels are congested. The gyri and sulci are unremarkable. The leptomeninges are thin and transparent. The vessels of the Circle of Willis have no atherosclerosis. The gray-white matter junction is distinct. The parenchyma has no infarcts, hemorrhages, or masses. The substantia nigra is normally pigmented. The cerebellum and brainstem are unremarkable.

AUTOPSY FINDINGS:

1. Injuries of the head and neck:
 - a. Multiple incised wounds, puncture wounds, abrasions, and bruises of the skin
 - b. Subgaleal hemorrhage
 - c. Soft tissue and muscle hemorrhage
2. Injuries of the chest and abdomen:
 - a. Multiple incised wounds, puncture wounds, abrasions, and bruises of the skin
3. Injuries of the back and buttocks:
 - a. Multiple incised wounds, puncture wounds, abrasions, and bruises of the skin
4. Injuries of the extremities:
 - a. Multiple incised wounds, puncture wounds, abrasions and bruises of the skin
 - b. Soft tissue and muscle hemorrhage
 - c. Severed left axillary vessels
5. Cerebral vessel congestion
6. Mild atherosclerosis of the left anterior descending coronary artery and right coronary artery
7. Bilateral pulmonary congestion and anthracosis
8. Hepatic steatosis
9. Status post acute bilateral chest tube insertions, laparotomy, and left upper extremity escharotomy incision

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10. Patches of neck and chest soft tissue and muscle hemorrhage, multiple rib fractures, left hemothorax, contusions of the left lung, contusions of the heart, and hemoperitoneum, likely iatrogenic

TISSUES SUBMITTED FOR HISTOLOGY INCLUDE THE FOLLOWING:

Heart, lungs, kidneys, and liver



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