

COUNTY OF MONTGOMERY
CORONER'S OFFICE
POSTMORTEM REPORT OF RAYMOND ZACHRY
CASE NO. 07-1316
DOB: 3/5/60 DOD: 9/25/07

PATHOLOGIC DIAGNOSES:

- I. Heart with:
 - A. Intersitial Fibrosis, Myofiber Dropout and Myofiber Disorganization involving:
 - 1. Membranous Septum (focal)
 - 2. Left Ventricular Wall (focal)
 - B. Fatty Infiltration, Right Ventricle
- II. Centri-Lobular Pigment in Hepatocytes
- III. Early Nephrosclerosis
- IV. Pulmonary Congestion and Edema
- V. Toxicology
 - A. NMS report 10/1/07 - Rapid Tox II Blood & Urine
"None Detected"
 - B. NMS report 11/16/07 - Metals/Metalloids
Barium 1950 mcg/L Elevated (Gray Top Tube)
 - C. Drug Scan report 1/4/08
Barium 41 micrograms/L Blood Normal


JONATHAN A. BRISKIN, M.D.
CORONER'S FORENSIC PATHOLOGIST

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CORONER'S OFFICE
POSTMORTEM REPORT OF RAYMOND ZACHRY
CASE NO. 07-1316
DOB: 3/5/60 DOD: 9/25/07

CIRCUMSTANCES OF DEATH

The decedent is a reportedly 47 year old male who was found lying next to his truck in the driveway by a neighbor on 9-25-07. It is reported that he had been seen fifteen minutes earlier waxing his truck by the neighbor. There is a medical history of asthma. No other medical history is available. He was pronounced at the residence on 9-25-07 at 12:20 p.m.

EXTERNAL DESCRIPTION

The body is that of a well developed, well nourished white male appearing within or slightly greater than the stated age range of 47 years. The body measures approximately 71 inches, weighing approximately 186 pounds. The examination takes place in the Montgomery County Coroner's Office on Wednesday, September 26, 2007 beginning at 8:00 a.m. The body is identified via a toe tag on the left great toe as well as a tag on the white plastic body bag.

CLOTHING: The body is received dressed in a gray short sleeved knit shirt with the insignia "Great Smokey Mountains" with a bear above it, a pair of blue jeans, one pair of brown shoes and white socks and a pair of white jockey style undershorts. No personal items accompany the body.

BODY: The hair is brown, medium to long in length and relatively straight. There is bi-frontal balding. The eyes are gray with equal round pupils. The sclera are white with some slight vascular congestion noted in the inferior half of the globe. The conjunctiva are pale. The nose is symmetrically placed. The ears are symmetrically placed. There is a moustache and a goatee beard that is slightly red and gray. Natural dentition is present and is in reasonable repair. The oral mucosa is still slightly moist and the areas behind the lips are atraumatic. The teeth are closed and the tongue is retracted. The neck is short, thick and symmetrical. The chest is of average expansion. The abdomen is slightly rounded. Genitalia are normal adult circumcised male with two descended testicles. There are no gross abnormalities of the upper or lower extremities, nor of the back. The nailbeds of the hands are blue-purple. The nails of the feet are neatly

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trimmed. Rigor is present in the lower extremities but is passing in the upper extremities. There is a pattern of dependent livor mortis noted on the posterior surfaces with the usual blanched areas. It extends up over the shoulders to the top of the chest along the clavicles. There is some dependent livor noted coming around the sides of the deltoids and lateral aspects of the upper arms as well.

EXTERNAL MARKS AND SCARS

There is a 1½ inch by 1/8 inch slightly hypo-pigmented oblique scar noted over the left deltoid. No other significant marks or scars are noted.

EXTERNAL EVIDENCE OF INJURY AND THERAPY

There is a 1 inch irregular area of red discoloration with slight abrasion noted over the forehead just to the left of the midline. This is a presumed collapse injury. There is a suggestion of some slight red discoloration over the left eyebrow and on the left side of the tip of the nose; these measure less than ¼ inch in irregular dimension and also appear to be part of a collapse injury. There is a pattern suggesting the placement of EKG pads noted over the left and right deltoids as well as the right side of the abdomen.

INTERNAL EXAMINATION

The body is opened with the usual Y-shaped incision. The sternum and ribs are intact. There is no significant fluid in the pleural or peritoneal cavities. There is a normal amount of clear yellow fluid in the pericardial sac. All organs are present and located in their usual anatomic positions. There are no abnormalities of the musculoskeletal system. The abdominal fat pad measures approximately 1½ inches. The body is still warm internally, apparently not having been brought to the Coroner's Office until midnight.

INTERNAL EVIDENCE OF RECENT INJURY and THERAPY

There is no internal evidence of recent injury or therapy.

INTERNAL ORGANS

HEART: The heart weighs 450 grams. The pericardial surfaces are smooth and glistening. The heart is soft and flabby. The pulmonary artery is opened in situ and is free of thromboemboli.

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The coronary arteries demonstrate a normal distribution with a minimum amount of atherosclerotic changes. All coronary arteries are widely patent. The more distal branches of the left anterior descending are small in caliber, although soft, pliable and patent. The endocardial surfaces of the heart and heart valves are unremarkable. The myocardium is homogeneous brown and free of focal lesions. There is no suggestion of scarring. The foramen ovale was probe patent.

LUNGS: The left lung weighs 690 grams and the right lung weighs 800 grams. The pleural surfaces are blue-gray and smooth. The tracheobronchial tree does not exude fluid. The pulmonary vasculature is free of thrombi. Tracing of the airways shows a minimal amount of mucous located in some more distal regions; this is not excessive. Cut section of the parenchyma reveals a congested parenchyma with some edema. No mucous is expressed as the parenchyma is cut. No focal lesions are identified.

LIVER: The liver weighs 1,740 grams. The gallbladder contains bile without stones. The gallbladder and biliary tree are unremarkable. The hepatic parenchyma is homogeneous brown and free of focal lesions. It is of the usual consistency.

SPLEEN: The spleen weighs 170 grams. The capsule is blue-purple and smooth. The parenchyma is red, somewhat firmer than the average, with an accentuated follicular/tribecular pattern. No focal lesions are present.

ADRENALS: Two adrenals are identified and are grossly unremarkable.

GENITOURINARY TRACT: The right kidney weighs 160 grams and the left kidney weighs 165 grams. The capsules strip with ease revealing a smooth cortical surface. Cut section reveals a normal corticomedullary junction without focal lesions. The bladder has a pink-tan mucosa and there are 85 ccs of clear dark yellow urine.

GASTROINTESTINAL TRACT: The esophagus, stomach, small and large bowel and appendix are unremarkable. They each have normal content for region. The esophagus does appear to have a small amount of blood in addition to the gastric content. Close examination of the esophagus through the stomach and first part of the duodenum reveals no lesions. The noted red discoloration in the gastric content is most likely post mortem and was not significant in volume.

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NECK: The neck is dissected and there are no hemorrhages of the strap muscles or soft tissues of the neck. The tongue is free of lesions. The hyoid bone is unremarkable. The cervical spine is intact. The larynx is unremarkable. The thyroid is unremarkable. The trachea is normal.

BRAIN: The brain weighs 1,700 grams. The scalp and skull are unremarkable with the exception of some yellow discoloration noted in the bone. There are no hemorrhages of the epidural or subdural spaces. The dura is intact. The arachnoid is smooth and glistening with a normal underlying pattern of sulci and gyri. While soft, cut sections of the cerebral hemispheres, pons, mid brain, medulla and cerebellum fail to demonstrate any gross abnormalities. The cerebral vasculature is unremarkable. There is some spotty red-purple discoloration noted in the petrous portions of the temporal bones bilaterally, greater on the left than on the right. The petrous bone is removed on the left and reveals no lesions.

SPECIMENS: Portions of organs and tissues are preserved. Blood, urine, bile and vitreous are obtained.


JONATHAN A. BRISKIN, M.D. 1/10/08
CORONER'S FORENSIC PATHOLOGIST

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POSTMORTEM REPORT OF RAYMOND ZACHRY
CASE NO. 07-1316
DOB: 3/5/60 DOD: 9/25/07

MICROSCOPIC DIAGNOSES:

HEART (1-6): Interstitial Fibrosis, Left Ventricle
Fatty Infiltration, Right Ventricle

Right Ventricle (1) has a normal architecture with the exception of fatty infiltration between myofiber bundles. The septum (5) near the membranous part demonstrates significant myofiber dropout, interstitial fibrosis and myofiber disorganization. There is a focus with similar changes noted in the left ventricular wall (2).

Liver (7): Centri-Lobular Pigment in Hepatocytes

Basic hepatic architecture is preserved. There is intracytoplasmic pigment present in hepatocytes located around the central veins.

Kidney (8): Early Nephrosclerosis

Basic renal architecture is preserved. Numerous glomeruli have increased mesangium, thickening of the capillary basement membranes and capsular adhesions.

Spleen (9): No Significant Pathological Changes

Pancreas (9): No Significant Pathological Changes

Lungs (10, 11): Congestion and Minimal Edema

G-E Junction (12): Metaplasia with Chronic Inflammation

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Basic esophageal architecture is preserved. However, at the gastro-esophageal junction there is replacement of the squamous epithelium with metaplastic glandular epithelium. There are abundant chronic inflammatory infiltrates associated with the submucosa of this area. This may represents Barrett esophagus.

Brain (13): No Significant Pathological Changes


JONATHAN A. BRISKIN, M.D.
CORONER'S FORENSIC PATHOLOGIST

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3701 Weish Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 10/01/2007 15:02

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Chain 10764651

Age 47 Y

Gender M

10007

Montgomery County Coroner- Court House

Attn: Coroners Office

P.O. Box 311

Norristown, PA 19404

Workorder 07281975

Received 09/26/2007 13:53

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This analysis was performed under chain of custody. The chain of custody documentation is on file at NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date of this report.

Sample ID 07281975-001

Collect Dt/Tm 09/26/2007 08:00

Matrix Blood

Source Not Given

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Container Type Gray Top Tube

Approx Vol/Weight 11 mL

Receipt Notes None Entered

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes. Row 1: 8095B Rapid Tox Panel II, Blood (Forensic). Row 2: Analysis by Enzyme-Linked Immunosorbent Assay (ELISA). Rows 3-11: Opiates, Cocaine/Metabolites, Benzodiazepines, Cannabinoids, Amphetamines, Barbiturates, Phencyclidine, Methadone, Propoxyphene.

Results for sample 07281975-001 are continued on next page

Handwritten notes: 7/10/02-07 C/Briskin, MD; Souderton PD 10.3.07



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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmsslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Sample ID 07281975-001
Matrix Blood
Patient Name ZACHRY, RAYMOND
Patient ID 2007-1316

Collect Dt/Tm 09/26/2007 08:00
Source Not Given

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes. Rows include Ethanol, Methanol, Isopropanol, Acetone, Salicylates, Acetaminophen, and GC/MS Screen Findings.

The following is a general list of compounds included in the GC and GC/MS Screen. Please note that not all known compounds included in each specified class or heading are included, and other compounds outside these classes are included in the scope of testing. The detection of any particular compound is concentration-dependent. For a detailed list of all compounds included in this screen, please contact NMS Labs.

Scope of Analysis: Analgesics (Opioid and non-Opioid), Anesthetics, Antiasthmatic Agents, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian

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Results for sample 07281975-001 are continued on next page



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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Sample ID 07281975-001

Collect Dt/Tm 09/26/2007 08:00

Matrix Blood

Source Not Given

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Analysis and Comments	Result	Units	Reporting Limit	Notes
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Agents, Antipsychotic Agents, Antitussive Agents, Anxiolytics (Benzodiazepines and others), Cardiovascular Agents (non-Digitalis), Hallucinogens, Hypnosedatives (Barbiturate and others), Muscle relaxants, non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Sample ID 07281975-003

Collect Dt/Tm 09/26/2007 08:00

Matrix Urine

Source Not Given

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Container Type Clear Plastic Container

Approx Vol/Weight 30 mL

Receipt Notes None Entered

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes. Row 1: 8095U Rapid Tox Panel II, Urine (Forensic). Row 2: Analysis by Enzyme Immunoassay (EIA). Rows 3-10: Opiates, Cocaine/Metabolites, Benzodiazepines, Cannabinoids, Amphetamines, Barbiturates, Methadone, Phencyclidine, Propoxyphene.

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e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Supplemental Report

Report Issued 11/16/2007 09:00
Last Report Issued 10/01/2007 15:02

10007
Montgomery County Coroner- Court House
Attn: Coroners Office
P.O. Box 311
Norristown, PA 19404

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Chain 10764651

Age 47 Y Gender M

Workorder 07281975

Received 09/26/2007 13:53

This analysis was performed under chain of custody. The chain of custody documentation is on file at NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date of this report.

Sample ID 07281975-001

Matrix Blood

Patient Name ZACHRY, RAYMOND

Patient ID 2007-1316

Container Type Gray Top Tube

Collect Dt/Tm 09/26/2007 08:00

Source Not Given

Approx Vol/Weight 11 mL

Receipt Notes None Entered

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes

2693B Metals/Metalloids Acute Poisoning Panel, Blood

Analysis by Graphite Furnace Atomic Absorption Spectroscopy (GFAAS)

Arsenic None Detected mcg/L 5.0

Physiologic (unexposed normal): Less than 5 mcg/L. Seafood consumption within 2 to 3 days before specimen collection can markedly increase total Arsenic levels.

Various states require that levels above certain cutoffs must be reported to the state in which the patient resides. Please contact us if you need assistance in supplying your state with the required information.

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Results for sample 07281975-001 are continued on next page

Handwritten notes: BU-19-07 C/Buskin MD 11-23-07



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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

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Sample ID 07281975-001
Matrix Blood
Patient Name ZACHRY, RAYMOND
Patient ID 2007-1316

Collect Dt/Tm 09/26/2007 08:00
Source Not Given

Table with 5 columns: Analysis and Comments, Result, Units, Reporting Limit, Notes. Rows include Bismuth, Mercury, Selenium, and Antimony analysis results.

Results for sample 07281975-001 are continued on next page

