



Case# 2015-1053  
MEDICAL EXAMINER'S REGISTER

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

Name: PEDERSON, JONATHAN

Alias:

ADDRESS: 9 LOYOLA TERRACE SAN FRANCISCO CA 94117  
DATE OF DEATH: 11/02/2015 TIME: 3:05 PM REPORTED BY: DR. ANA MARIA ROBLE  
DATE OF REPORT 11/03/2015 TIME: 10:55 AM REPORTED PHONE: 415-353-1907  
PLACE OF DEATH: UCSF PARNASSUS (ICU #13) #8 ZIP:

TYPE OF CASE: POSSIBLE MED. DATE AND TIME OF INCIDENT:

PLACE OF INCIDENT: ZIP:

NEXT OF KIN: DATE NOTIFIED 11/03/2015

BIRTHDATE: 01/06/1987 AGE: 28 SS#: SEX: MALE RACE WHITE

RECEIVED AT MEDICAL EXAMINER: 11/03/2015 TIME: 2:24 PM

RELEASED TO: COLMA CREMATIONS FUNERAL DIRECTOR

RELEASED DATE: 11/12/2015 TIME: 16:01

RECEIVED BY: CLOTHING RECEIVED: NO

RELEASE SIGNED BY RELATIONSHIP: MOTHER

POUCH: NO RESIDENCE SEALED: NO

PROPERTY LISTING	INITIALS	EVIDENCE LISTING	INITIALS
NO PROPERTY	( )	1 COPY OF MEDICAL CHAR	( )
		10 ANTEMORTEM SPECIMEN	( )

VERIFIED BY: KB/M DATE: 11/4/2015

PUBLIC ADMINISTRATOR:

DATE NOTIFIED:

PLACED IN BOX #: RECEIVED AMOUNT: \$0.00 CHECK#:

RECEIVED BY: RELATIONSHIP: DATE/TIME:

RECEIVED BY: RELATIONSHIP: DATE/TIME:

BODY SEARCHED BY: UCSF STAFF AT: UCSF

PREMISES SEARCHED BY: NOT AT:

PREMISES SEALED BY: DATE:

EXAMINATION: AUTOPSY PERFORMED BY: MOFFATT M.D.

EVIDENCE DISPOSITION:

INVESTIGATORS: ZACK SMITH MARK NAGAYO #112

I HEREBY CERTIFY THAT THE FOREGOING  
IS A FULL, TRUE, AND CORRECT COPY OF  
THE ORIGINAL  
12-13-2017

Case#: 2015-1053

Status: CLOSED

Name: PEDERSON JONATHAN alias:

Police Notified NO

Police\_Officer:

Police\_Officer:

Police\_At\_Scene: NO

Officer:

Station:

Homicide\_Officer:

SFPD\_Case#:

Homicide Officer:

AIB\_or\_HR\_Notified:

Notification Date:

Date:

Notification Time:

AIB\_Officer:

Nature:

Fingerprints\_Taken: YES

Palprints\_Taken: NO

Taken\_By: JW

Taken Date: 11/05/2015

To\_SFPD\_Date: 11/12/2015 Match: N Match#:

To\_CII\_Date: 11/12/2015 Match: Y Match#: A323299

To\_FBI\_Date: 11/12/2015 Match: N Match#:

Photos\_Date: 11/02/2015 Taken\_By: ZS



Case#: 2015-1053

MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

NAME: PEDERSON JONATHAN Date/Time of Death: 11/02/2015 3:05 PM

PLACE OF DEATH: UCSF PARNASSUS (ICU #13) #8 Age: 28 Sex: MALE Ht: 6'1" Wt: 187

POLICE NOTIFIED POLICE STATION NOTIFIED POLICE OFFICER  
NO Race: WHITE

HOMICIDE NOTIFIED DATE TIME HOMICIDE OFFICER

MARITAL STATUS: UNMARRIED

IDENTIFIED BY: HOSPITAL ID TAG/ FP COMP AT: UCSF HOSPITAL/ DATE: 11/03/2015

FINGERPRINTS TAKEN PALMPRINTS PRINTS TAKEN BY DATE  
YES NO JW 11/05/2015

TO SFPD DATE: 11/12/2015 TO CII DATE: 11/12/2015

SFPD MATCH: N SFPD MATCH#: CII MATCH: Y CII MATCH#: A32329940

TO FBI DATE: 11/12/2015 PHOTOS DATE: 11/02/2015

FBI MATCH: N FBI MATCH#: TAKEN BY: ZS

POLICE AT SCENE AT SCENE OFFICER POLICE STATION  
NO

SFPD CASE#:

AIB or HR NOTIFIED: AIB DATE:

AIB OFFICER: NATURE:

CASE HISTORY

The subject, a 28 year old male, resided at 9 Loyola Terrace with friends, in San Francisco. He was pronounced deceased at University of California San Francisco Parnassus Campus at 1505 hours on 11/02/2015. The subject was pronounced deceased in room #8 of ICU #13. Information for this report was obtained from hospital personnel, the subject's mother and a copy of the subject's medical records.

The subject's mother informed me that the subject appeared to be healthy and that he was thin and regularly exercised. She stated that she was not aware of any illicit drug use. However, she did report that the subject was in the wine industry and that he did consume alcohol. She did not believe that the subject drank in excess. The subject's mother then told me that he was found to have "Marfan Syndrome type symptoms" at a young age. She told me that the subject had a lensectomy of the right eye at the age of five. She also informed me that the subject had been diagnosed with glaucoma at the age of 13 and that he had a surgical cataract implant in his left eye, at that time. Additionally, she stated that the subject was trying to retrieve a Frisbee from the roof of a single-story building a few years ago, when he fell from the roof and reportedly fractured his skull. She told me that the fracture was at the base of the skull and that the fall was from approximately 12 feet. She was not aware of any enduring complications, due to the trauma sustained from the reported fall. Patient records, detailing medical intervention after the fall, were requested from John Muir Medical Center on the date of this report. The only other pertinent



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## **MEDICAL EXAMINER / INVESTIGATOR'S REPORT**

**CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH**

medical history that the subject's mother could provide was a history of abnormal heart rhythms on the paternal side of the subject's family.

Dr. Ana Maria Robles informed me that the subject was admitted to UCSF on 10/23/2015, following a reportedly unremarkable screening for a planned kidney donation. She informed me that the scheduled donor nephrectomy took place on 10/23/2015 at approximately 1136 hours, with no reported complications. Dr. Robles stated that the subject was then relocated to the hospital's ICU, for recovery. Reportedly, the subject had stabilized and had begun his recovery process. Dr. Robles told me that the subject was found in cardiac arrest in his room on 10/24/2015 at 0900 hours. The subject was revived and again stabilized. After the arrest event, the subject had sustained irreversible brain damage and was placed on a ventilator, to sustain life. On 11/2/2015 at 1505 hours, the subject was declared brain dead and life support was ceased following consultation with the subject's family.

Examination of the body revealed the subject to be cold to the touch, following prior refrigeration. Rigor mortis was present and not easily broken. Lividity, consistent with the subject's positioning, was noted. Small surgical incisions, consistent with the subject's aforementioned procedures, were noted on the abdomen. Needle puncture marks were noted in the subject's arms, bilaterally. There was abundant evidence of recent medical intervention. There was no other significant evidence of trauma noted.

A review of the subject's medical records revealed that the subject had additional medical procedures on his eyes, including posterior vitrectomy with endolaser on 09/26/2012. The records review also reviewed the subject to be on the following medications: Acetaminophen, Buspirone, Nitroglycerin, Pantoprazole, Piperacillin/tazobactam, Travoprost, Vancomycin, Cisatracurium, Fentanyl, Lactated ringers and Propofol.

**INVESTIGATOR: ZACK SMITH**

**MARK NAGAYO #112**

Case#: 2015-1053

Status: CLOSED

Name: PEDERSON JONATHAN

alias:

Date: 11/03/2015

Time: 22:00

Contact\_Person:

Contact\_Phone:

Comments:

At above date and time, 10 specimens were retrieved from UCSF Parnassus. The earliest date and time is 10/14/2015 at 1301 hours. The specimens were placed in Box 3.

Investigator: MICHAEL SUCHOVICKI

Date: 11/04/2015

Time: 8:46

Contact\_Person:

Contact\_Phone:

Comments:

A faxed copy of medical records was received from John Muir Medical Center on 11/04/2015. A review of the records revealed that the subject had a posterior skull fracture with a frontal intracerebral hemorrhage on 09/23/2013. The subject was released on 09/25/2013. The records were submitted for Assistant Medical Examiner Dr. Ellen Moffatt's review.

Investigator: ZACHARY SMITH

Case#: 2015-1053

Status: CLOSED

Name: PEDERSON JONATHAN

alias:

Date: 11/05/2015

Time: 14:05

Contact\_Person: UCSF Risk Management

Contact\_Phone:

Comments:

Received call from UCSF Risk Management. The pain medication pump contained Dilaudid and on interrogation, the pump was functioning normally. The last time he used the PCA pump for the breakthrough pain option was 0835. At 08:45 AM, the decedent seemed to be in his usual state of health. The medication in the pump apparently was compounded at UCSF pharmacy, and Risk Management will inquire about the concentration, and if the medication was indeed compounded at UCSF. The decedent had not been tested for Marfan's Syndrome; the diagnosis was presumed after his lens dislocation. A test for Marfan's has been sent and the results are pending. The family history on the paternal side has a history of an enlarged heart and arrhythmia. It is unknown what type of arrhythmia, and what caused the enlarged heart.  
\*\*\*The decedent's Marfan's Syndrome test was negative per UCSF Risk Management. 12/17/2015 EGM\*\*\*  
\*\*\*The medications in the pump were made by an outside company according to UCSF Risk Management. 12/21/2015 EGM\*\*\*

Investigator: ELLEN MOFFATT, M.D. #106

Date: 11/09/2015

Time: 9:08

Contact\_Person:

Contact\_Phone:

Comments:

A mailed copy of the subject's medical records were received in the form of a disc and paper copies. The records were submitted to Assistant Medical Examiner Dr. Ellen Moffatt for review.

Investigator: ZACHARY SMITH

Case#: 2015-1053

Status: CLOSED

Name: PEDERSON JONATHAN

alias:

Date: 11/03/2015

Time: 22:00

Contact\_Person:

Contact\_Phone:

Comments:

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Investigator: ZACHARY SMITH

Case#:	2015-1053	Status:	CLOSED	<input type="checkbox"/> Restricted
Name:	PEDERSON JONATHAN	alias:		
Manner of Death:	Natural Death	DC Done:	11/05/2015	
Method:		Amendment:	12/22/2015	
Rpt_Type:	AUTOPSY			
Doctor:	MOFFATT			
Report Date:	12/21/2015			
Summary:	<p>CAUSE OF DEATH: LETHAL CARDIAC ARRHYTHMIA, NOT OTHERWISE SPECIFIED</p> <p>OTHER CONDITIONS: HISTORY OF ELECTIVE NEPHRECTOMY WITH SUBSEQUENT CARDIAC ARREST</p>			
<a href="#">Detail Report</a>				
<a href="#">Attach Picture</a>	<a href="#">View Photo</a>	Report Type	<a href="#">Toxicology</a>	<a href="#">View Report</a>
				<a href="#">Print Report</a>



**CITY AND COUNTY OF SAN FRANCISCO**

Office of the Chief Medical Examiner

Medical Division

Case No. 2015-1053

Name: **PEDERSON, JONATHAN** Date & Time of Necropsy: **November 05, 2015 0830 Hours**

Age: **28** Height: **6'1"** Weight: **187 lbs.**

**PRELIMINARY EXAMINATION:** The body is received in a plastic pouch and is identified by an appropriately labeled Medical Examiner's tag affixed to the right great toe. When first viewed, the decedent is clad in a hospital gown with a pink string bracelet with white metal beads on the left wrist. The hospital gown is disposed in the trash and the bracelet is sealed in an appropriately labeled, sealed, clear plastic bag, which is returned with the body.

**EXTERNAL EXAMINATION:** The body is of a well-developed, well-nourished, adult man whose appearance is consistent with the reported age of 28 years.

The face is symmetric, intact, and unremarkable. The head is symmetric, and normocephalic. The scalp is intact. The scalp hair is straight, dark brown with moderate frontal and temporal balding and measures approximately 2 inches in length over the crown. The mustache and beard areas are covered by a dark brown/black mustache and a black beard. The eyelids are intact, and unremarkable. The conjunctivae are clear without petechial hemorrhages, pallor, or icterus. The sclerae are white without petechial hemorrhages or icterus. The irides are brown and the pupils are equally dilated at 6 millimeters. The nose is symmetric, and unremarkable. The nasal septum is intact. The mouth has native dentition in fair repair. The oral mucosa is tan, moist, and unremarkable. The frenula are intact. The external ears are normally formed, symmetric, intact, and unremarkable.

The neck is normally formed, intact, and symmetric. The trachea is palpable in the midline. The chest is symmetric, and intact. The abdomen is symmetric, soft, slightly protuberant, and tympanic to percussion. The external genitalia are those of a normally developed, adult man. The scrotum is intact, and unremarkable. The anus is patent.

The forearms and upper arms are normally formed, symmetric, and intact. The ventral wrists have no scars. The hands, fingers, fingernails, feet, toes, and toenails are normally formed, intact, and unremarkable. The arm span from third fingertip to third fingertip is 69 inches. The lower extremities are free of edema. The lower extremities are normally formed, symmetric, intact, and unremarkable.

The posterior body surfaces are intact with fixed dependent lividity.

**EVIDENCE OF MEDICAL THERAPY:** Evidence of medical therapy includes a feeding tube in the right nares (with its tip in the gastric cardia at subsequent autopsy), endotracheal tube in the mouth with a holder and strap (with its tip in the trachea at subsequent autopsy), orogastric tube in the mouth (with its tip in the gastric fundus at subsequent autopsy), Peripheral intravenous access lines in the left volar wrist covered with a clean bandage, left dorsal forearm covered with a clear bandage with "10/28/15" written on it, left dorsal hand

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Name: **PEDERSON, JONATHAN** Date & Time of Necropsy: **November 05, 2015 0830 Hours**

covered with a clear bandage with "10.31.15" written on it, and on the right dorsal hand covered with a clear bandage with "10/31/15" written on it, taped gauze on the right antecubital fossa, foley catheter in the urethra with a foley holder on the left thigh and rectal tube in the rectum.

Evidence of recent medical therapy includes several incision on the left abdomen (ranging in size from ½ inch to ¾ inch with underlying defects in the left abdominal peritoneum and small amount of extravasated blood in the surrounding soft tissue, and 4 inch stitched incision on the midline lower abdomen with defect on the anterior peritoneum with extravasated blood in the surrounding soft tissue. The left kidney and adrenal gland are absent.

**IDENTIFYING MARKS AND SCARS:** On the right lateral abdomen are two vertical linear well-healed scars measuring 2-1/2 inches (the more medial) and 1 inch (the more lateral). On the left lateral abdomen is a vertical linear 2-1/2 inch well-healed scar. There are no tattoos.

**EVIDENCE OF INJURY:** There are no acute fatal traumatic injuries.

**INTERNAL EXAMINATION:** The subcutaneous fat is approximately 3.5 centimeters in its maximum thickness at the mid-abdomen. The pleural cavities are free of adhesions. Approximately 300 milliliters of yellow, serous fluid is in the left pleural cavity. Approximately 150 milliliters of serosanguinous fluid is in the right pleural cavity. The visceral and parietal pleurae are intact and unremarkable with a smooth, glistening serosa. The pericardial sac is intact and unremarkable with approximately 30 milliliters of straw-colored fluid. The abdominal cavity is intact (except for what is described under Evidence of Medical Therapy) and unremarkable without exudates, or adhesions. Approximately 250 milliliters of yellow serous fluid is in the abdominal cavity. The thoracoabdominal organs available for examination are in their usual positions and have smooth glistening surfaces. The diaphragms are intact and normally elevated. The body cavities have no peculiar or aromatic odor.

**NECK:** The neck is dissected in a layer-wise fashion after the thoracoabdominal and cranial contents are removed. The superficial and deep muscles of the neck are firm, red-brown, intact, and unremarkable without hemorrhage or laceration. The soft, red-brown tongue is unremarkable without intramuscular hemorrhage, laceration, or infiltrate. The hyoid bone is intact without fracture or periosteal soft tissue hemorrhage. The thyroid and cricoid cartilages are intact without fracture or adjacent soft tissue hemorrhage. The mucosa of the larynx and trachea are unremarkable without intraluminal obstructive lesion, ulceration, laceration, or fistula. There are no prevertebral fascial hemorrhages or underlying cervical vertebral fractures.

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Case No. **2015-1053**

Name: **PEDERSON, JONATHAN** Date & Time of Necropsy: **November 05, 2015 0830 Hours**

lymphadenopathy. The thymus has been replaced by adipose tissue and is unremarkable. The thoracoabdominal and cervical lymph nodes are not enlarged. The visible bone marrow is unremarkable.

**ENDOCRINE SYSTEM:** The pituitary gland is intact, normally developed, and is unremarkable without laceration, hemorrhage, or mass lesion. The thyroid gland is symmetric and unremarkable with a firm, red-brown, granular parenchyma and no cyst, hemorrhage, fibrosis, or mass lesion. The right adrenal gland is normally situated and has soft, yellow cortex and soft, grey-brown medulla. The left adrenal gland is absent. The pancreas has a soft, tan parenchyma with a normal lobular architecture and no saponification, pseudocyst, neoplasm, fibrosis, hemorrhage, or mineralization.

**GASTROINTESTINAL SYSTEM:** The oropharynx has a tan, smooth, unremarkable mucosa. The esophagus has a smooth, gray-white mucosa. The stomach has a smooth, tan serosa and a smooth, tan mucosa with slightly flattened rugal folds. The gastric wall is not thickened or indurated. The gastric contents consist of approximately 200 milliliters of green, turbid fluid without identifiable food material. The stomach does not contain identifiable tablets, capsules, or pill fragments. The duodenum has a smooth, bile-stained mucosa without ulcers. The small intestine has a smooth, tan serosa and is not dilated or obstructed. The mesenteric lymph nodes are inconspicuous. The large intestine has normal haustral markings and a vermiform appendix without descending or sigmoid colonic diverticula. The rectum has a smooth, tan mucosa.

**GENITOURINARY SYSTEM:** The right kidney is 170 grams. The renal capsule is intact and strip with ease from the underlying cortex. The right kidney has a smooth cortical surface without persistent fetal lobulations. The renal parenchyma is firm, dark red-brown, and has a good corticomedullary definition with an average cortical thickness of 9 millimeters. The pyramids and papillae are unremarkable. The pelvicalyceal system is normal without dilatation or obstruction. The right ureter is patent and normal in course and caliber to the urinary bladder. The right renal artery and vein is patent without atherosclerosis or stenosis. The urinary bladder is intact with a smooth, tan mucosa without erythema, hemorrhage, ulcer, or mass lesion. The urinary bladder contains approximately less than 1 milliliter of cloudy yellow urine.

The soft, tan prostate gland is not enlarged and has a soft, tan parenchyma without discoloration, induration, or necrosis. The seminal vesicles are normal. The right and left testes are normally situated in the scrotum and have a soft, tan, homogeneous parenchyma without hemorrhage, cyst, or mass lesion.

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Name: **PEDERSON, JONATHAN** Date & Time of Necropsy: **November 05, 2015 0830 Hours**

**CARDIOVASCULAR SYSTEM:** The 475 gram heart has a smooth, glistening, unremarkable epicardium. The cardiac contour is unremarkable. The coronary arteries arise from the aorta in a normal fashion and follow their usual anatomic pathways with no significant atherosclerotic disease. The coronary ostia are patent. The posterior interventricular septum receives its blood supply from the right coronary artery. The coronary arteries are patent and have no atherosclerosis. There is no occlusive thrombus of the epicardial vessels. The right and left ventricular myocardium is red-brown and firm without discoloration, infarct, muscular bulges or focal lesion. The left ventricular free wall is 1.3 centimeters to 1.6 centimeters and the septal wall is 1.5 centimeters thick. The right ventricular wall is 0.4 centimeter thick. The valve cusps and leaflets are translucent, pliable, and free of vegetations or fenestrations. The valve measurements are as follows: aortic valve 6.5 centimeters, mitral valve 11.0 centimeters, tricuspid valve 12.2 centimeters and pulmonic valve 7.0 centimeters. The chordae tendineae are thin and delicate. The papillary muscles are intact. The cardiac chambers are normally dilated. The foramen ovale is closed. The endocardium is unremarkable without thickening or fibrosis. The aorta and its major branches have normal pathways and are unremarkable without atherosclerosis or aneurysm. The aortic root does not appear dilated. The venae cavae and major veins are all patent, intact, and unremarkable with smooth, yellow-tan intimae. The periaortic lymph nodes in the abdomen and mediastinum are inconspicuous.

**RESPIRATORY SYSTEM:** The right and left lungs are 1300 grams and 1280 grams, respectively. Both lungs have smooth pleural surfaces and a dark red-blue, subcrepitant, congested, and severely edematous parenchyma without palpable induration, visible suppuration, granuloma, consolidation, hemorrhage, neoplasm, or emphysema. The right lower lobe is firmer than usual. The tracheobronchial tree has a pink-tan, unremarkable mucosa and is patent without intraluminal obstructive lesion. The pulmonary vessels are patent and have a yellow-tan, smooth intima without thromboemboli. The pulmonary and hilar lymph nodes are soft, black, and inconspicuous.

**HEPATOBIILIARY SYSTEM:** The 2270 gram liver has a smooth, intact capsule with a sharp anterior margin. The hepatic parenchyma is firm, dark red-brown, and uniform without laceration, hemorrhage, or mass lesion. The hepatoduodenal ligament is free of lymphadenopathy. The hepatic artery and portal vein are patent and intact.

The gallbladder is intact and contains approximately 30 milliliters of green-brown, viscid bile and no calculi. The gallbladder wall is 0.1 centimeter thick with a green, velvety mucosa. The cystic, common, and hepatic bile ducts are normal in course and caliber and free of calculi.

**HEMATOPOIETIC SYSTEM:** The 230 gram spleen is intact and has a smooth, grey, translucent capsule. The splenic pulp is slightly softer than usual, purple-red, and unremarkable with conspicuous corpuscles. The gastrosplenic ligament is free of

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Name: **PEDERSON, JONATHAN** Date & Time of Necropsy: **November 05, 2015 0830 Hours**

**MUSCULOSKELETAL SYSTEM:** The firm, red-brown muscles are well hydrated and free of focal lesions. The skeleton is well developed and without fracture, deformity, or osteoporosis. The cervical spinal column is stable on internal palpation.

**HEAD AND CENTRAL NERVOUS SYSTEM:** The reflected scalp is free of trauma. The galeal soft tissues and temporalis muscles are intact, normal, and unremarkable. The calvarium is intact without fracture. The dura mater is intact and unremarkable. The epidural and subdural spaces are free of blood. The dural sinuses are intact and unremarkable. The 1600 gram brain has symmetric cerebral and cerebellar hemispheres covered by thin, transparent leptomeninges without subarachnoid hemorrhage. The sulci are moderate narrowed and the gyri are moderately thickened. The brain is softer than usual. The cerebral cortex is tan, uniform, and free of contusion foci. The cerebral white matter is uniform throughout. The caudate nuclei, basal ganglia, and thalami are tan, uniform, and symmetric. The ventricles are normal in caliber and contain choroid plexus. The midbrain, pons, and medulla oblongata are free of internal or external abnormalities. The medial right and left cerebellum is markedly softened with some extravasated red cells. The Sylvian aqueduct is normal. The roof of the fourth ventricle has extravasated red cells. The locus ceruleus and substantia nigra are normally pigmented. The cranial nerves and mammillary bodies are symmetric and normal. The cerebral vasculature including the Circle of Willis are translucent, patent, and free of atherosclerosis or aneurysm. The anterior, middle, and posterior cranial fossae are free of fractures. The proximal cervical spinal cord is firm, symmetric, and grossly normal.

**FINDINGS:**

1. UNREMARKABLE CARDIAC EXAMINATION
2. ARM SPAN LESS THAN HEIGHT
3. BRAIN HERNIATION
  - a. EXTRAVASATED RED CELLS, ROOF OF FOURTH VENTRICLE AND MEDIAL RIGHT AND LEFT CEREBELLUM
  - b. MODERATE EDEMA, BRAIN
4. EDEMATOUS LUNGS
  - a. BILATERAL EFFUSIONS
  - b. ASCITES
5. FIRMER THAN USUAL, RIGHT LOWER LOBE OF LUNG
6. SOFT, SPLEEN
7. STATUS POST LEFT NEPHRECTOMY
  - a. ABSENCE OF LEFT KIDNEY AND LEFT ADRENAL GLAND

**Spec. to Pathology:** Portions of brain, pituitary, thyroid, heart, lungs, liver, gallbladder, spleen, pancreas, adrenal, kidney, urinary bladder, prostate, testis, gastroesophageal junction, appendix, and psoas muscle.

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**Spec. to Histology:** Brain, thyroid, heart, lung, liver, spleen, pancreas and kidney.

**Spec. to Toxicology:** Antemortem specimens, peripheral (gray tops right femoral vein) and central blood (gray top), right and left vitreous humor, liver, gastric contents, bile, urine, brain, and right quadriceps muscle.

**Radiographs:** None.

**Physician(s) Present:** A.P. Hart, M.D. and H. Narula, M.D.

**Forensic Tech(s):** J. Wedrychowski, D. Etheredge and O. Jimenez.

**Photographer:** Ellen Moffatt, M.D., Assistant Medical Examiner, San Francisco Medical Examiner's Office.

**Evidence:** Blood spot and pulled scalp hair.

**Frozen tissue:** Purple tops and serum

 12/21/2015

Ellen Moffatt, M.D.

Assistant Medical Examiner

M. Hunter, M.D.  
A.P. Hart, M.D.  
E.G. Moffatt, M.D.  
H. Narula, M.D.  
egm

15 DEC 21 PM 3:21  
SAN FRANCISCO  
MEDICAL EXAMINER

**CITY AND COUNTY OF SAN FRANCISCO**  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
**MEDICAL DIVISION**

Name: **PEDERSON, JONATHAN**

Case No: **2015-1053**

**MICROSCOPIC DESCRIPTION**

**BRAIN:** One (1) hematoxylin and eosin stained slide is examined. It includes sections of the frontal and temporal cerebral cortices with underlying white matter, hippocampus, and cerebellum.

The leptomeningeal and parenchymal blood vessels are unremarkable. The leptomeninges are thin and delicate. The cortical laminations are unremarkable. The neurons in the frontal and temporal cerebral cortices and hippocampus are unremarkable. The cerebellum is unremarkable. The parenchyma of the brain has no neoplastic process or inflammatory infiltrate.

**THYROID GLAND:** The variously sized follicles contain abundant colloid without neoplasia, inflammatory infiltrate, or degenerative changes.

**HEART:** The epicardial surface is intact without inflammatory infiltrate or hemorrhage. The myocardial fibers are viable and uniform in size and shape with a linear cytologic architecture. In the perifascicular septae and around the vessels is a sparse inflammatory infiltrate with neutrophils, macrophages and rare eosinophils and mast cells (hypersensitivity reaction). There is no intraparenchymal vascular congestion, hemorrhage, contraction band necrosis, or myocardial infarct. Inflammatory infiltrates, fibrofatty intramural infiltration, and significant fibrosis are absent. The sino-atrial and atrio-ventricular nodes are unremarkable. The aorta has a small amount of myxoid degeneration in the wall, but is without inflammation or necrosis.

**LUNGS:** The alveoli are well expanded and the alveolar septa are thin and delicate. The pulmonary vasculature is unremarkable. The tracheobronchial tree is unremarkable. The parenchyma has no diagnostic polarizable material.

**LIVER:** The intact hepatic parenchyma has normally arranged hepatocytes with an unremarkable architecture. The portal tracts are unremarkable. The bile ductules and ducts are unremarkable. The hepatocytes are unremarkable. The sinusoids are unremarkable. The parenchyma has no diagnostic polarizable material.

**SPLEEN:** There is no inflammatory infiltrate, fibrosis, hemosiderin laden macrophages, extramedullary hematopoiesis, or acute necrosis in the parenchyma.

**PANCREAS:** The tissue available for examination has a severe loss of nuclear and cytoplasmic detail without associated inflammatory infiltrate (autolysis).

**KIDNEY:** The intact renal parenchyma has a normal architecture without intraparenchymal solid or cystic mass lesion. There are no interstitial inflammatory infiltrates. The renal

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vasculature is unremarkable. The glomeruli are unremarkable. The tubules are unremarkable. No diagnostic polarizable material is seen.


**MICROSCOPIC DIAGNOSES:**

1. MILD HYPERSENSITIVITY REACTION, HEART
2. MILD MYXOID DEGENERATION, AORTA

**CAUSE OF DEATH: LETHAL CARDIAC ARRHYTHMIA, NOT OTHERWISE SPECIFIED**

**OTHER CONDITIONS: HISTORY OF ELECTIVE NEPHRECTOMY WITH SUBSEQUENT CARDIAC ARREST**

**MANNER: NATURAL**

 12/21/2015  
Ellen Moffatt, M.D.  
Assistant Medical Examiner

M. Hunter, M.D.  
A.P. Hart, M.D.  
E.G. Moffatt, M.D.  
H. Narula, M.D.  
egm

15 DEC 21 PM 3:44  
SAN FRANCISCO  
MEDICAL EXAMINER