



REGIONAL FORENSIC SCIENCE CENTER

Timothy P. Rohrig, Ph.D. – Director
Timothy S. Gorrill, M.D., Ph.D. – District Coroner - Chief Medical Examiner

AUTOPSY REPORT

NAME: Lamo, Adrian

CASE: 18-18-0749

ADDRESS: 4925 E. Shadybrook, #222, Wichita, Kansas 67208

DATE: 3/15/2018

37 - year - old male

TIME: 0900 Hours

PERSONS PRESENT AT AUTOPSY:

Forensic Assistants: Paul Schauner & Morgan Snead

PATHOLOGIC DIAGNOSES

- I. No gross anatomic cause of death
- II. Postmortem decompositional changes
- III. Vitreous chemistry abnormalities (see "Other Laboratory Tests")

CAUSE OF DEATH: Undetermined

MANNER: Undetermined

Scott Kipper, M.D.
Deputy Coroner-Medical Examiner

6/5/18

Date signed

CIRCUMSTANCES OF DEATH

According to reports, Mr. Lamo had a past medical history significant for an unspecified seizure disorder, Asperger's Syndrome, generalized anxiety disorder, major depressive disorder, and drug and ethanol abuse. He had reportedly attempted to overdose on prescription amphetamines in 2001. He was last known to be alive around 3/7/2018. On 3/14/2018, he was found unresponsive in his apartment in a state of early postmortem decomposition. Emergency Medical Services was dispatched and he was pronounced dead at the scene.

POSTMORTEM EXAMINATION

An autopsy is performed on the body of Adrian Lamo at the Sedgwick County Regional Forensic Science Center, Wichita, Kansas on the 15th day of March, 2018.

CLOTHING

The body is received clad accompanied by: *See Chain of Custody Document.*

EXTERNAL EXAMINATION

The body is received in a body bag. Body identification includes an identification band around the right ankle. The body is fingerprinted and photographed. Body identification is confirmed as that of Adrian Lamo by fingerprint comparison conducted by the Wichita Police Department.

The body is that of a well-developed, well-nourished, adult male who weighs 160 pounds, is 69 ½ inches in height and appears compatible with the stated age of 37 years.

There are postmortem decompositional changes as evidenced by drying of the fingers, toes, lips and feet; skin slippage of the lower extremities and face; blistering of the lower extremities, neck and abdomen; focal green discoloration of the abdomen; and vascular marbling of the chest and arms.

The unembalmed body is cool to touch. Rigor mortis is absent. Fixed purple livor mortis extends over the anterior surfaces of the body and right side of the face, except in areas exposed to pressure. The scalp hair is brown and measures 1 inch in length over the crown. The decedent wears a beard and moustache. The irides are brown/hazel. The corneas are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The natural teeth are in poor to fair repair. The neck is unremarkable. The thorax is well-developed and symmetrical. The abdomen is flat. The anus and back are unremarkable. The genitalia are those of a normal adult male. The upper and lower extremities bilaterally are well-developed and symmetrical, without absence of digits. Attached to the skin of the lateral proximal left thigh, underneath the clothes, is a sticker reading "Adrian Lamo Project Vigilant Assistant Director Threat Analysis/Investigation 70 Bates Street Northwest, Washington DC 20001".

IDENTIFYING MARKS AND SCARS

Identifying marks and scars include a $\frac{5}{16} \times \frac{5}{16}$ inch scar on the posterior proximal right hand; a $1 \frac{1}{4} \times \frac{1}{8}$ inch faint scar of the posterolateral distal left forearm; and a $1 \frac{1}{4} \times \frac{3}{16}$ inch scar of the anterior mid right forearm.

MEDICAL INTERVENTION

There is no evidence of medical intervention.

EVIDENCE OF INJURY

DESCRIPTION OF BLUNT FORCE INJURY OF THE TORSO:

On the right lower back is a $1 \frac{1}{4} \times \frac{3}{4}$ inch dry red abraded contusion.

DESCRIPTION OF BLUNT FORCE INJURIES OF THE UPPER EXTREMITIES:

On the posterior mid left arm is a $\frac{1}{8} \times \frac{1}{8}$ inch red abrasion. There is a $\frac{7}{8} \times \frac{5}{8}$ inch dry yellow-red abrasion of the posterior distal left arm. On the posterolateral distal left arm is a $\frac{3}{16} \times \frac{3}{16}$ inch red abrasion. On the posterolateral aspect of the right elbow is a $1 \frac{3}{8} \times 1$ inch abraded contusion.

DESCRIPTION OF BLUNT FORCE INJURIES OF THE LOWER EXTREMITIES:

On the anteromedial aspect of the right knee is a $1 \frac{1}{2} \times 1 \frac{1}{4}$ inch dry yellow-red superficial abrasion. On the dorsolateral proximal right foot is a $1 \frac{1}{2} \times \frac{3}{4}$ inch dry dark red abrasion, with a $3 \frac{1}{4} \times \frac{7}{8}$ inch red contusion extending from the distal margin onto the dorsal mid foot. There is a $\frac{5}{8} \times \frac{1}{2}$ inch discontinuous abraded contusion of the dorsal left foot, proximal to the great toe. Overlying the left knee is a $\frac{3}{4} \times \frac{3}{4}$ inch dry dark red abrasion.

INTERNAL EXAMINATION

BODY CAVITIES

No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present in normal anatomic position. The subcutaneous fat layer of the abdominal wall is 3.5 cm thick.

HEAD (CENTRAL NERVOUS SYSTEM)

The brain weighs 1690 grams. There is pronounced postmortem softening of the brain. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are normal caliber. Sections through the brainstem and cerebellum are unremarkable. The spinal cord is not examined.

NECK

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

CARDIOVASCULAR SYSTEM

The heart weighs 390 grams. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution with a right dominant system, and are widely patent and show minimal atherosclerosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course, and show no evidence of atherosclerosis. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM

The right and left lungs weigh 470 and 460 grams, respectively. The upper and lower airways are clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is dark red-purple, exuding slight to moderate amounts of blood and frothy fluid with no focal lesions noted. The pulmonary arteries are normally developed and patent.

LIVER AND BILIARY SYSTEM

The liver weighs 1090 grams. The hepatic capsule is smooth, glistening, and intact. It covers red-brown parenchyma with no focal lesions noted. The gallbladder contains a large amount of green-yellow viscid bile. The extrahepatic biliary tree is patent without evidence of calculi.

ALIMENTARY TRACT

The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen is empty. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

GENITOURINARY TRACT

The right and left kidneys weigh 140 grams each. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying, smooth, red-brown, firm cortical surfaces. The cortex is sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 60 mL of clear yellow urine. The mucosa is gray-tan and smooth. The prostate and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM

The spleen weighs 160 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The splenic lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The bone marrow is red-purple and homogenous without evidence of focal abnormality.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM

The bony framework, supporting musculature, and soft tissues are not unusual.

EVIDENCE

The following items are collected and preserved:

A fabric swatch that contains a sample of the decedent's blood.

MICROSCOPIC DESCRIPTION**SLIDE KEY**

1. Left ventricle, right ventricle, left lung
2. Right lung, liver
3. Right kidney, right hippocampus
4. Left kidney, left hippocampus
5. Left ventricle (anterior, lateral and posterior)
6. Interventricular septum, right ventricle (anterior, lateral and posterior)

Brain: No significant histopathologic diagnosis

Heart: No significant histopathologic diagnosis

Lungs: Postmortem autolytic changes. Emphysematous changes with small patchy foci of mild fibrotic alveolar thickening, mild perivascular fibrosis, and mild peribronchiolar fibrosis.

Liver: Postmortem autolytic changes. There are scattered vacuolar changes, likely representing mild steatosis, though postmortem vacuolar decompositional changes cannot be ruled out.

Kidneys: Postmortem autolytic changes. Granular material is seen within the lumens of some of the tubules. No polarizable crystals/foreign material is seen.

TOXICOLOGY

Toxicological analysis showed:

Blood (Heart):

Ethanol – Negative
Acetone – Negative
7-Aminoclonazepam – 41 ng/mL
Gabapentin – Positive
Diphenhydramine – 0.08 mg/L
Chlorpheniramine – 0.02 mg/L
Citalopram – 0.13 mg/L
N-Desmethylocitalopram – Positive (< 0.50 mg/L)
Etizolam – 4.8 ng/mL
Flubromazepam – 270 ng/mL

Negative for Acetaminophen, Alprazolam, Amitriptyline, Amphetamine, Carisoprodol, Chlordiazepoxide, Clonazepam, Cocaine, Codeine, Cyanide, Cyclobenzaprine, Desipramine, Diazepam, Doxepin, Fentanyl, Flubromazolam, Hydrocodone, Imipramine, Lorazepam, Meperidine, Methadone, Methamphetamine, Meprobamate, Methylenedioxymethamphetamine [MDMA], Midazolam, Nordiazepam, Nortriptyline, Oxazepam, Oxycodone, Phenazepam, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Temazepam, Tramadol, Trazodone, Verapamil, and Zolpidem.

Blood (Femoral):

Gabapentin – 91.0 mcg/mL*
Citalopram – 0.19 mg/L
N-Desmethylocitalopram – Positive (< 0.50 mg/L)
Etizolam – 5.0 ng/mL
Flubromazepam – 222 ng/mL

Negative for Flubromazolam and Phenazepam.

Urine:

Ethanol – Negative
Acetone – Negative
Flubromazepam – Positive
Etizolam – Positive

Negative for Amphetamine, Barbiturates, Benzoylcegonine, Cannabinoids, Codeine, Flubromazolam, Hydrocodone, Methadone, Methamphetamine, Morphine, Phenazepam, Phencyclidine [PCP], and Salicylates.

Brain:

Etizolam – Not Detected
Flubromazepam – Positive

Negative for Flubromazolam and Phenazepam.

Kidney:

Negative for Arsenic and Bismuth.

Physical Evidence – Item H2 (rectangular green tablet):

Alprazolam – Positive

*Analysis performed by AXIS Forensic Toxicology, Inc. Indianapolis, IN. Not accredited for the test(s) by ASCLD/LAB-International or any other ILAC MRA signatory.

OTHER LABORATORY TESTS

Vitreous chemistry showed a sodium of 111 mEq/L, potassium 56.3 mEq/L, chloride 93 mEq/L, BUN 97 mg/dL, creatinine 5.5 mg/dL, and glucose 32 mg/dL.

OPINION

In my opinion Adrian Lamo died as a result of undetermined causes.

At autopsy, postmortem decompositional changes were present. No gross anatomic cause of death was identified. Microscopic analysis showed the presence of postmortem autolytic/decompositional changes present in multiple sections of tissue. Emphysematous changes were noted in the lungs. Possible hepatic steatosis was noted, however, postmortem autolytic/decompositional changes preclude definitive diagnosis. Granular material was noted in some of the tubules of the kidneys.

Vitreous chemistry showed a creatinine of 5.5 mg/dL, consistent with renal failure. The cause of this renal failure is undetermined. The vitreous potassium of 56.3 mEq/L is spuriously high. Insufficient remaining quantity of vitreous fluid precluded the ability to run the test again to verify results. As noted, this concentration seems spuriously high, and the mechanism by which the vitreous potassium could reach this level is unknown. Multiple studies have shown that exogenous administration of potassium (such as in judicial execution/lethal injection) does not result in significantly higher vitreous potassium levels. While it is normal to have elevated postmortem vitreous potassium levels (particularly in cases of decomposition), such concentrations do not generally approach 56.3 mEq/L.

Mr. Lamo had a reported history of a seizure disorder, including grand mal and petite mal seizures, and a seizure causing or contributing to death cannot be ruled out.

Toxicologic analysis showed the presence of multiple drugs, including esoteric drugs such as flubromazepam. Review of literature, as well as discussion with the Chief Toxicologist of the Sedgwick County Regional Forensic Science Center, indicated that the concentrations of these drugs likely did not cause or contribute to death, however, the fatal ranges of some of these more esoteric drugs is not well studied/described. It should also be noted that the esoteric nature of some of these drugs suggest the possibility that other rare drugs not tested for may have been used/abused.

Despite a complete autopsy and supplemental testing, no definitive cause of death was identified. Some causes of death can have minimal or absent findings at autopsy, including, but not limited to, seizure, asphyxia, terminal cardiac arrhythmia (irregular heartbeat leading to death), and exposure to a drug/toxin not tested for.

As the cause of death cannot be definitely determined, the manner of death is best classified as undetermined.

SK:ml



REGIONAL FORENSIC SCIENCE CENTER

Timothy P. Rohrig, PhD — Director

Timothy S. Gorrill, MD, PhD — Chief Medical Examiner

FORENSIC LABORATORY DIVISION TOXICOLOGY LABORATORY REPORT

NAME: LAMO, Adrian

TOXICOLOGY CASE NO: 18-0225

Agency Case No: 18-18-0749

Submitted by: S. Kipper, MD

Date Received: 16 Mar 18

SPECIMENS SUBMITTED

Blood, Urine, Liver, Brain, Kidney, Physical Evidence
(Decomposed)

RESULTS

Blood (Heart):

Ethanol – Negative
Acetone – Negative
7-Aminoclonazepam – 41 ng/mL
Gabapentin – Positive
Diphenhydramine – 0.08 mg/L
Chlorpheniramine – 0.02 mg/L
Citalopram – 0.13 mg/L
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All specimens will be retained according to RFSC specimen retention policy.
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**FORENSIC LABORATORY DIVISION
TOXICOLOGY LABORATORY REPORT**

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RESULTS, cont.

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Negative for Flubromazolam and Phenazepam.

Urine:

Ethanol – Negative
Acetone – Negative
Flubromazepam – Positive
Etizolam – Positive

Negative for Amphetamine, Barbiturates, Benzoylcegonine, Cannabinoids,
Codeine, Flubromazolam, Hydrocodone, Methadone, Methamphetamine, Morphine,
Phenazepam, Phencyclidine [PCP], and Salicylates.

Brain:

Etizolam – Not Detected
Flubromazepam – Positive

Negative for Flubromazolam and Phenazepam.

Kidney:

Negative for Arsenic and Bismuth.

Physical Evidence – Item H2 (rectangular green tablet):

Alprazolam – Positive

*Analysis performed by AXIS Forensic Toxicology, Inc. Indianapolis, IN. Not accredited for the test(s) by ASCLD/LAB-International or any other ILAC MRA signatory.

Results Certified by:



Date:

22 May 18

Timothy P. Rohrig, PhD, F-ABFT
Director and Chief Toxicologist

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