

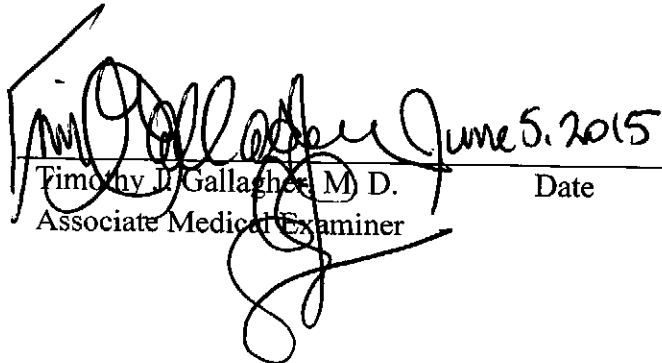
**Office of the Medical Examiner
1360 Indian Lake Road
Daytona Beach, FL 32124-1001**

MEDICAL EXAMINER REPORT

Name **Campbell, Keyshonda R.** Case Number **15-07-214**
Date of Death **April 17, 2015** County of Death **Volusia**
Date of Exam **April 20, 2015** Time of Exam **1115 Hours**

- I. Moderate to Severe Pulmonary Congestion
 A. Mild pulmonary anthracosis
- II. Hemorrhage of the Brain Stem
- III. Status Post Recent Procurement of Liver, Right and Left Kidneys, Adrenal Glands and Pericardium

Cause of Death: Intracerebral Hemorrhage
Due To: Ruptured Cerebral Aneurysm
Other Significant Condition(s): Sickle Cell Anemia
Manner of Death: Natural



Timothy J. Gallagher M.D. Date
Associate Medical Examiner

XC: State Attorney's Office
Volusia County Sheriff's Office



"Accredited by the National Association of Medical Examiners"

Name **Campbell, Keyshonda R.**Case Number **15-07-214**

**MEDICAL EXAMINER REPORT
REPORT OF POSTMORTEM EXAMINATION**

OFFICIALS PRESENT AT EXAMINATION

Investigator Albert Pagilari of the Volusia County Sheriff's Office.

EXTERNAL EXAMINATION

The body is that of a 60-inch, 90-pound adult black female who appears the reported age of 25 years.

The body is status post organ procurement.

The Body Mass Index is less than 19 kilograms per meter squared. The scalp hair is black and approximately 1½ inches in length; a black and brown weaved hairpiece is adhered to the natural hair. The irides are brown, the sclerae are white and the conjunctivae are light pink to gray. The bridge of the nose is midline. The nasal septum is intact.

The lips are slender and symmetrical. The oral mucosal frenula are intact. The tongue is atraumatic. The dentition is natural and in fair repair. The neck is symmetrical and has no lymphadenopathy or injury. The trachea is midline. The external auditory canals have no fluid drainage. The earlobes have multiple cosmetic piercings.

The chest is symmetrical and has no scars. The abdomen is flat and has no obvious masses or hernias.

The upper extremities are symmetrical and have no edema or injury. The fingernails are trimmed long in length and are clean; they are painted with a glitter pink polish.

The musculature of the legs is well formed and symmetrical. The legs have no edema or injury. The toenails are trimmed short and are clean; they are painted with a pink polish.

The external genitalia are those of an adult female. The anus is atraumatic.

Red-purple postmortem lividity is most prominent on the posterior torso especially on the shoulders, lower back and in the proximal lower extremities.

White plastic bands around the right and left ankles have the inscription "15-07-214" and "Campbell, Keyshonda".

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TATTOOS AND OTHER IDENTIFYING MARKS**Tattoos**

- Letter “K” – right upper chest
- Inscription “Tyanna” – right lateral arm
- Stars, butterflies and wine glasses – right upper extremity
- Stars with inscription “Faith” – right lateral lower abdomen
- Rose – right anterior thigh
- Inscription “Keyshonda” – right lateral leg
- Inscription “C” – left upper chest
- Cross and beads – dorsal surface of the left wrist

EVIDENCE OF RECENT MEDICAL TREATMENT

There are three electrocardiographic pads distributed on the upper extremities and right upper posterior torso. An intravenous catheter is in the right antecubital fossa. An intravenous catheter is in the right lateral forearm. A central venous catheter is in the left subclavian region. A central venous catheter is in the right inguinal region. There is an endotracheal tube appropriately placed and inserted to the 23-centimeter demarcation at the teeth; the distal tip rests just above the carina. An orogastric tube is appropriately placed; the distal tip curls in the body of the stomach. A pulse oximeter is attached to the left earlobe. There is a urinary catheter inserted into the bladder. A rectal temperature probe is appropriately placed.

EVIDENCE OF INJURY

None.

EVIDENCE OF ORGAN AND/OR TISSUE DONATION

There is a 19-inch vertical sutured incision which extends from the sternal notch to the pubic bone. There is an 8-inch horizontal incision extending the full length of the abdomen.

INTERNAL EXAMINATION**BODY CAVITIES**

The anterior chest wall and abdominal wall have the previously described findings. The subcutaneous fat of the anterior abdominal wall is 0.5 centimeters thick.

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CARDIOVASCULAR SYSTEM

The pericardium is previously harvested by organ procurement team. The 240-gram heart has a smooth epicardial surface. The four cardiac chambers are free of mural thrombi and thromboemboli. The fossa ovalis is closed. The tricuspid, mitral, aortic and pulmonary valves have no deformities or vegetation; they are pliable and translucent. The red-brown myocardium has no fibrosis, necrosis, softening or induration. The mural endocardium is thin, smooth and translucent. The ostia of the left main and right coronary arteries are patent and arise normally from the aortic root. The left anterior descending, left circumflex and right coronary arteries are widely patent. The left ventricle is 1.2 centimeters thick. The interventricular septum is 1.0 centimeters thick and the right ventricle is 0.3 centimeters thick. No atherosclerosis is within the aorta.

RESPIRATORY SYSTEM

The right lung weighs 580 grams and the left lung weighs 440 grams. The pleural surfaces are purple-red with a small amount of black pigmentation. The pulmonary parenchyma is dark red and has moderate to severe congestion. The lungs are free of neoplasm, granulomata and infarcts. The tracheobronchial tree has a gray-tan mucosal surface and is free of excessive fluid, mucus and foreign objects. The pulmonary arteries are distributed radially and adequately and the branches are free of thromboemboli. The hilar lymph nodes are normal.

HEPATOBIILIARY SYSTEM

The liver is status post procurement.

UROGENITAL SYSTEM

The right kidney and left kidney are status post procurement. The urinary bladder is lined by tan mucosa and contains no urine.

HEAD AND NECK

The tongue is atraumatic. The strap muscles of the neck are soft, red-brown and free of hemorrhage. The larynx is free of foreign objects and contains a small amount of thin gray-pink mucoid material. The hyoid bone and thyroid cartilage are intact.

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GASTROINTESTINAL SYSTEM

The esophagus, stomach and duodenum have no ulcers, varices or masses. The stomach contains approximately 75 milliliters of tan-gray, semi-solid food material. The small bowel, vermiform appendix, colon and rectum have no abnormalities on their serosal surface.

HEMOLYMPHATIC SYSTEM

The 40-gram spleen has a wrinkled and intact capsule. The purple-red splenic parenchyma has small follicles of normal white pulp. The body has no peripheral or central lymphadenopathy.

ENDOCRINE SYSTEM

The pituitary gland is normal within the sella turcica. The brown-red thyroid gland has no nodularity. The pale, yellow lobulated pancreas has no ecchymosis, cystic structures, masses or calcifications. The 6.5 x 4.5 centimeter uterus is tan-pink, soft and has no masses. The cervix has no lesions.

The ovaries have a tan parenchyma and have no masses or cysts.

MUSCULOSKELETAL SYSTEM

The intact thoracolumbar spine has no abnormalities. The clavicles and ribs have no calluses. The sternum is intact. The long bones of the extremities have no fractures.

CENTRAL NERVOUS SYSTEM

The temporalis muscles are normal. The calvarium is intact. The epidural and subdural spaces are free of hemorrhage. The dura matter is intact. The 1170-gram brain is symmetric and covered by smooth translucent leptomeninges. Intraparenchymal and subarachnoid hemorrhage is demonstrated on the brain stem. The gyri are moderately widened and the sulci are narrowed. The brain is fixed informalin. The internal examination of the brain will be added to this report upon subsequent brain sectioning in two weeks. The gray matter is unremarkable and is clearly delineated from the white matter. The ventricles are not dilated and have a normal choroid plexus. The basal ganglia, thalamus, hippocampus, amygdala, substantia nigra and mammillary bodies are symmetric and normally formed. The cerebellum has a normal folia and dentate nucleus. The pons and medulla are free of internal and external abnormalities. The vessels of the circle of Willis are patent and free of atherosclerosis and other abnormalities.

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MICROSCOPIC EXAMINATION: Two slides examined on May 5, 2015.

HEART: Myocyte hypertrophy.

LUNGS: Vascular congestion, atelectasis.

LIVER: Procured.

KIDNEY: Procured.

BRAIN: Changes of global ischemia, subarachnoid hemorrhages, consistent with hemorrhagic arteriovenous malformation.

PANCREAS: Normal pancreatic architecture.

SPLEEN: Focal areas of remote infarcts with central necrosis and mineralization.

TOXICOLOGY: See separate report from NMS Laboratories.

TG/trm

End of Report



NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 05/04/2015 12:01

Patient Name Campbell, Keyshonda
Patient ID 15-07-214
Chain 34707
Age 25 Y DOB 06/18/1989
Gender Female
Workorder 15118798

To: 10277
Volusia County Medical Examiner Office
Attn: Teri Hanans
1360 Indian Lake Road
Daytona Beach, FL 32124

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Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051B	Postmortem Toxicology - Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	7.75 mL	04/20/2015 11:30	Peripheral Blood	DATE AND TIME ON SAMPLE: 4/17/15 1415
002	Gray Top Tube	7.75 mL	Not Given	Peripheral Blood	DATE AND TIME ON SAMPLE: 4/17/15 1415

All sample volumes/weights are approximations.
Specimens received on 04/23/2015.

ORIG. TO TG
COPY TO RB
DATE 5-5-15 v.14



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Workorder 15118798
Chain 34707
Patient ID 15-07-214

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Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Sample Comments:

001 Physician/Pathologist Name: DR. GALLAGHER R. BURCH B. DORTON

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded two (2) years from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 15118798 was electronically signed on 05/04/2015 11:35 by:

Dawn Sherwood

Dawn N. Sherwood,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 8051B - Postmortem Toxicology - Basic, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamines	20 ng/mL	Fentanyl	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL