JEFFERSON COUNTY CORONER'S OFFICE

AUTOPSY REPORT

Name of decedent: MAX BARRY **#:** 17-00638

Date and time of death: JULY 29, 2017; 2130 HOURS **Age:** 22 YEARS

Date and time of autopsy: JULY 30, 2017; 1030 HOURS **Sex:** MALE

DIAGNOSES

I. Combined drug intoxication
   A. Cerebral edema
   B. Pulmonary edema
   C. Toxicological evidence of alprazolam (120 ng/mL), methadone (390 ng/mL), hydromorphone (7.7 ng/mL), THC, and recent cocaine use in the peripheral blood

II. Hypertensive cardiovascular disease
   A. Left ventricular myocardial hypertrophy
   B. Cardiomegaly (520 grams)
   C. Microscopic findings of renal arteriosclerosis, mild
   D. History of hypertension

III. Morbid obesity (Body Mass Index: 41.6 kg/m^2)

IV. Microscopic findings of hepatic steatosis, severe

V. Gastroesophageal reflux disease

VI. Atherosclerotic cardiovascular disease
   A. Minimal coronary atherosclerosis
   B. Mild aortic atherosclerosis

TOXICOLOGY

REFERENCE LABORATORY: National Medical Services, Inc.
Willow Grove, PA

Basic peripheral blood (postmortem iliofemoral) panel results:

Alprazolam	120 ng/mL
Benzoylecgonine	400 ng/mL
Methadone	390 ng/mL
EDDP	35 ng/mL
Hydromorphone, Free	7.7 ng/mL
Delta-9 THC	0.56 ng/mL

OPINION

The cause of death of this 22-year-old Caucasian male, Max Barry, is due to combined drug intoxication. Hypertensive cardiovascular disease; morbid obesity; and hepatic steatosis are significant contributing factors. The manner of death is best classified as accident (see "NOTE" below).

Dawn B. Holmes, M.D.
Forensic Pathologist

DBH:08/08/2017

NOTE

Medical records (Vanderbilt University Medical Center) are reviewed.

CIRCUMSTANCES OF DEATH: The decedent is a 22-year-old (DOB: 12/09/1994) Caucasian male who was reportedly found unresponsive at an acquaintance's residence in Littleton, Colorado, on the evening of 07/29/2017. The decedent reportedly has a history of prescription drug abuse with withdrawal symptoms; prior drug rehabilitation (2016); illicit drug use; alcohol use; tobacco smoking; marijuana use; hypertension; allergic rhinitis; and a medical work-up for suspected acute tubular necrosis due to an unclear etiology (April 2017).

IDENTIFICATION: Identification is made at the scene by the decedent's friend. Fingerprints and digital photographs are obtained.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION: A postmortem examination on the body of Max Barry is performed at the Jefferson County Coroner's Office beginning at approximately 1030 hours on July 30, 2017. Randi Miller (autopsy technician) is assisting. The body is received in an unsealed white body bag. An identification band bearing the decedent's name is around the right ankle.

CLOTHING AND EFFECTS: The body is received clothed in a white short-sleeved shirt; tan cargo khaki pants; and blue and green plaid boxer shorts. The shirt and pants have been previously cut by medical personnel. No personal effects accompany the body.

EXTERNAL EXAMINATION

The body is that of a morbidly obese, adult Caucasian male, weighing 324 pounds, measuring approximately 6 feet 2 inches in length, and appearing older than the reported age of 22 years.

The body is cold to touch. Rigor mortis is present to an equal extent in all joints. Postmortem lividity is mildly developed with blanching to palpation in the posterior dependent portions of the body.

The scalp hair is brown, medium-length, and wavy. There is evidence of slight frontal balding. The eyes are closed. The corneae are clear. The irides are brown. There are no scleral or conjunctival petechiae. The facial and nasal bones are intact to palpation. The ears are normally set. A short brown mustache is present. The lips and frenula display no abnormalities. The teeth are natural and in good repair. A medium-length brown beard is present. The neck is without special note.

The chest is symmetric. The abdomen is soft, markedly protuberant, and displays prominent striae. The external genitalia are normal adult male and circumcised. The back and buttocks are without special note. The anus shows no evidence of injury.

The upper extremities are normally formed. The fingernails are short, dirty, and free of tears.

The lower extremities are normally formed. The toenails are short and slightly dirty.

SCARS AND IDENTIFYING MARKS:

1. On the posterior right forearm, there is a diagonal linear scar, 3.5 cm in length.
2. On the right calf, there is a diagonal linear scar, 1.5 cm in length.

EVIDENCE OF MEDICAL TREATMENT:

1. An endotracheal tube is in the mouth.
2. On the upper right chest and lateral left chest, there are defibrillator pads.
3. On the mid chest, there are multiple dried yellow-tan linear abrasions, 0.2 to 2.5 cm in length; compatible with resuscitation.
4. On the superior left shoulder, there is an intraosseous catheter with an attached saline bag.

EVIDENCE OF INJURY

EXTERNAL EVIDENCE OF INJURY:

1. On the posterior right forearm, there is a red, slightly crusted, linear, healing abrasion, 5.0 cm in length.
2. On the distal anterior right forearm, there are a few pink-tan linear abrasions, 0.5 to 1.0 cm in greatest dimension.
3. On the anterior and posterior left forearm, there are multiple red and brown, slightly crusted, linear, healing abrasions, 0.5 to 3.5 cm in length.
4. On the posteromedial left hand, there is a tan, crusted, linear, healing abrasion, 1.3 cm in length.
5. On the distal anteromedial right thigh, there are a few green-yellow and brown bruises, 1.5 to 4.0 cm in greatest dimension.
6. On the proximal posterolateral right thigh, there is a pink-tan linear abrasion, 4.0 cm in length.

7. On the posterior right lower extremity, there are a few red-brown, crusted, healing abrasions, 0.1 to 0.3 cm in greatest dimension.

INTERNAL EXAMINATION

BODY CAVITIES: The body is entered by a Y-shaped incision. All organs are present in their usual anatomic positions and present their usual anatomic relationships. No excess fluid is present in any body cavity.

TONGUE AND NECK ORGANS: An anterior neck dissection reveals no evidence of muscular hemorrhage. The cartilages of the larynx and epiglottis display no abnormalities. The hyoid bone is intact. Examination of the tongue reveals no evidence of injury.

RESPIRATORY SYSTEM: The right lung weighs 730 grams. The left lung weighs 640 grams. The lungs are red-purple and soft. No thromboemboli are present in the pulmonary arteries. The trachea and bronchial tree are without special note. On cut section, the pulmonary parenchyma diffusely shows mild edema; and congestion in the posterior dependent portions, compatible with postmortem body positioning.

CARDIOVASCULAR SYSTEM: The heart weighs 520 grams. The coronary arteries pursue their usual anatomic course and are serially sectioned to display evidence of minimal atherosclerosis. The proximal left anterior descending coronary artery displays multiple thin fatty streaks. The mid right coronary artery focally displays a thin fatty streak. The left circumflex coronary artery displays no evidence of atherosclerosis or thrombosis. Serial sections of the myocardium reveal left ventricular myocardial hypertrophy. The right ventricle measures 0.3 cm, the interventricular septum measures 1.2 cm, and the left ventricle measures 1.4 to 1.5 cm. The valves of the heart are without special note. The aorta and its major branches arise normally and follow their usual course. The descending aorta displays mild atherosclerosis with widespread thin fatty streaks.

HEPATOBILIARY SYSTEM: The liver weighs 3290 grams. The liver is red-tan with smooth surfaces and sharp margins. On cut section, the hepatic parenchyma is red-tan, soft, and smooth. The gallbladder and biliary tract pursue their usual anatomic course and display no abnormalities.

HEMOLYMPHATIC SYSTEM: The spleen weighs 440 grams. The spleen is red-purple and soft with smooth surfaces. On cut section, the splenic parenchyma is dark red-brown with the usual follicular pattern. No abnormal lymphadenopathy is noted.

GASTROINTESTINAL SYSTEM: The proximal and mid esophagus is without special note. The distal esophagus displays multiple pink-tan superficial mucosal erosions without evidence of perforation, compatible with reflux esophagitis. The stomach contains 600 cc of tan fluid admixed with partially digested food contents. There are no whole pills or pill fragments identified. The external surfaces of the small and large intestines are without special note. The appendix is present.

GENITOURINARY SYSTEM: The right kidney weighs 165 grams. The left kidney weighs 180 grams. The renal capsules strip with ease. The kidneys are dark red with smooth surfaces. On cut section, the renal parenchyma is without special note. The renal pelves, ureters, and urinary bladder display no abnormalities. The urinary bladder contains 60 cc of yellow-clear urine. The prostate gland and testes are without special note.

ENDOCRINE SYSTEM: The pancreas is soft with a red-tan cut surface, consistent with postmortem autolysis. The pituitary gland, thyroid gland, and adrenal glands are without special note.

MUSCULOSKELETAL SYSTEM: The ribs, long bones, and vertebrae are intact to palpation. The musculature is without special note.

CENTRAL NERVOUS SYSTEM: The scalp displays no lacerations or hematomas. On reflecting the scalp, there is no subgaleal hemorrhage. The skull is intact. On entering the cranial cavity, there is no evidence of intracranial hemorrhage. The leptomeninges are without special note. The brain weighs 1510 grams. The brain displays moderate cerebral edema manifested by flattening of the cortical convolutions and narrowing of the sulci. Serial coronal sections of the brain reveal no focal areas of pathologic change. The cranial nerves are intact. The arteries at the base of the brain display no abnormalities. Fluid blood is present in the dural sinuses. The base of the skull is intact.

SPECIMENS

EVIDENCE: A deoxyribonucleic acid (DNA) blood card is retained.

SAMPLES: Samples of peripheral blood are submitted to the toxicology laboratory for analysis. Samples of vitreous humour, peripheral blood, and urine are retained.

STOCK: Samples of organs are collected and retained in formalin.

HISTOLOGY: Three paraffin blocks are submitted as follows:
A. Heart, right lung
B. Left lung
C. Liver, kidney

MICROSCOPIC EXAMINATION

HEART: few scattered hypertrophic cardiac myocytes

LUNGS: vascular congestion; widespread alveolar hemorrhage; perivascular and peribronchiolar anthracotic pigment deposition and small lymphoid aggregates; peribronchiolar and alveolar macrophages, some pigment-laden; few scattered polarizable foreign debris with Maltese cross-like configuration (right lung); focal bronchiole with intraluminal polarizable foreign debris (left lung); postmortem bacterial growth

LIVER: severe steatosis; foci of portal tracts with moderate chronic inflammation

KIDNEY: no significant glomerular pathologic change; focal mild arteriosclerosis; clusters of interstitial chronic inflammation in the subcapsular region and corticomedullary junction; tubular autolysis

-END OF REPORT-