OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA01-501

KLAUSUTIS, LORI KAYE **28/W/F** **DOB: 08/02/72**
DOD: 07/20/01 (FOUND)

INVESTIGATING AGENCY: **FORT WALTON BEACH POLICE DEPARTMENT**
INVESTIGATING OFFICER: **DETECTIVE DAN SEQUEIRA**
COMPLAINT NUMBER: **01-18498**

REPORT OF THE MEDICAL EXAMINER

Name	Klausutis, Lori Kaye
Case Number	MLA01-501
Age, Race, Sex	28 years White Female
Procedure	Full Autopsy
Date and Time	07/20/01, 1430 hours.

CAUSE OF DEATH: ACUTE SUBDURAL HEMATOMA FROM CLOSED HEAD TRAUMA AS A RESULT OF BLUNT FORCE TRAUMA SUSTAINED IN A FALL WHICH WAS PRECIPITATED BY COMPLICATIONS OF FLOPPY MITRAL VALVE DISEASE.

MANNER OF DEATH: ACCIDENT.

Examination Performed By:

Michael E. Berkland, DO

MICHAEL E. BERKLAND, D.O.
FORENSIC PATHOLOGIST
ASSOCIATE MEDICAL EXAMINER
DISTRICT I, FLORIDA

MEB/ldw
08/24/01

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FINDINGS:

1. MULTIPLE HEAD AND CRANIOCEREBRAL INJURIES TO INCLUDE:

    A. External right frontotemporoparietal abraded contusion.
    B. Right frontotemporoparietal deep scalp hemorrhage involving superior aspect of right temporalis muscle.
    C. Nondisplaced linear skull fracture starting beneath right temporalis muscle and becoming a diastatic fracture of the coronal suture, crossing midline and terminating in the superior aspect of the left parietal bone, with associated deep scalp hemorrhage adjacent to the fracture line.
    D. Small posterior occipital deep scalp contusion.
    E. Acute left subdural hematoma with associated left to right shift, uncal herniation and cerebellar coning.
    F. Contrecoup contusion to the left temporoparietal cerebral cortex with associated subarachnoid hemorrhage.
    G. Small eggshell fractures to the center of the right anterior cranial fossa.

2. CARDIAC ABNORMALITIES TO INCLUDE:

    A. Mitral valve with baggy redundancy of the valve leaflets and thickening of the valve leaflets (floppy mitral valve).
    B. Microscopic confirmation of the mitral valve leaflets to contain an abnormal zona spongiosa.

3. PULMONARY ABNORMALITIES TO INCLUDE:

    A. Acute passive congestion and edema of the pulmonary parenchyma.
    B. Copious froth within the airways and oropharynx.

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COMMENT: In my opinion, Lori Kaye Klausutis died as a result of an acute subdural hematoma which occurred as a result of closed head trauma sustained in a simple fall. The etiology of the unprotected fall appears to be as a result of a cardiac arrhythmia from floppy mitral valve disease. The fall appears unprotected for two related reasons. First, there was no attempt of the person to guard against the fall. For example, sticking the hands or arms outward to brace or guard the head and body against impact with the floor or other objects (in this case, the desk). No injuries of any sort were identified on the hands or arms of Lori Klausutis. Secondly is the significant amount of force that the fall generated, causing the substantial internal head injuries. A conscious person capable of guarding a fall would normally not have hit the side of the desk with such a large amount of force as a near unconscious person free falling with no guarding reflexes. This finding emphasizes that there were no guarding reflexes in place.

There is no doubt that the head injury is as a result of a fall rather than a blow being delivered to the head by a moving object. Lori has a classic "contrecoup" injury or bruise to the brain, meaning that her brain was bruised on the opposite side from where the external force was applied. The left side of Lori's brain was bruised while the external abraded contusion (scratch and bruise) was in the right temple region. The contrecoup contusion results when a freely moving, mobile head strikes an unyielding, firm, fixed object in a fall as in the floor, or, in this case, the desk. This finding is in marked distinction from the "coup" contusion or that injury which results from a moving object (example - a ball bat) that strikes a stationary head. In the coup injury, there is bruising of the brain on the same side as the external injury. There was no coup contusion in Lori Klausutis.

COMMENT (CONTINUED):
There are only about three entities that generally cause one to drop in mid sentence or in mid stride. First is a pulmonary embolus (a blood clot that typically forms in the leg veins and breaks loose and travels up to the heart and blocks the circulation of blood to the lungs). Lori had no evidence grossly or microscopically of a pulmonary embolus. Second is a significant intracranial hemorrhage (catastrophic event) inside the brain itself or from a ruptured aneurysm. Lori only had the external bruise to the surface of her brain. There was no intraparenchymal brain hemorrhage or ruptured aneurysm to have rendered Lori unconscious. Third and most common is a sudden cardiac arrhythmia.

Floppy mitral valve patients can have several complications of their disease to include sudden cardiac arrhythmias. In some patients with floppy mitral valve who have died suddenly, monitoring revealed ventricular tachycardia degenerating to ventricular fibrillation. Neither of these rhythms will typically sustain an adequate blood pressure to maintain consciousness in the individual with these rhythms. Persons with floppy mitral valve also have an increased incidence of ventricular and atrial ectopy (abnormal extra and skipped heartbeats) which may precede either the ventricular tachycardia or ventricular fibrillation.

There are two independent corroborative witness statements that indicate Lori was not feeling well the day of her demise. One witness talked with her personally and she indicated that she was "anxious and did not feel quite right." These feelings could easily be those associated with extra or skipped heartbeats.

Unfortunately, an autopsy cannot identify a cardiac arrhythmia. This is an electrical event of the heart that requires a live

COMMENT (CONTINUED):
patient. An autopsy can, however, identify those known cardiac conditions, grossly and microscopically, that are associated with cardiac arrhythmias that present themselves during life. A thorough forensic autopsy allows exclusion of other entities known to cause sudden death.

In this case, Lori Klausutis did not have a pulmonary embolus or an intraparenchymal brain hemorrhage or ruptured aneurysm. Her drug screen was unremarkable with no drugs in her system to cause her to suddenly become unconscious. These facts leave only a cardiac arrhythmia as the reason to go unconscious and subsequently fall and strike the desk in an unprotected fashion. If Lori's heart was normal, it would be problematic to postulate a plausible reason for a cardiac arrhythmia in such a young person. However, her heart was not normal. The heart contained an abnormality (floppy mitral valve) that is known to result in cardiac ectopy and dangerous cardiac arrhythmias.

Floppy mitral valve reportedly occurs in around 5% of the general population, being found in teenagers, young adults, and the elderly. Survival curves of populations with floppy mitral valve are indistinguishable from survival curves of the general population. Therefore, the incidence of sudden death in this disorder is low. However, the population with the condition is extremely large. Accordingly, deaths due to the floppy mitral valve are not rare in a busy medical examiners practice.

In summary, Lori Klausutis died as a result of the injury sustained when she struck the desk in an unprotected fashion. However, the etiology of the fall was most likely as a result of a sudden cardiac arrhythmia from her undiagnosed floppy mitral valve disease. In that all other reasonable causes of sudden death and injuries to cause fatalities have been excluded by autopsy and toxicologic studies, this leaves only the logical

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COMMENT (CONTINUED):
conclusion that the floppy mitral valve is the only viable remaining etiology that would have caused Lori Klausutis to, in essence, drop in mid stride. The manner of death is thus ruled as accidental. The above findings are rendered within a reasonable degree of medical certainty.

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DATE AND TIME OF EXAMINATION: Under the provisions of Chapter 406, Section 11 of the Florida State Statutes, an autopsy is performed at the Okaloosa Medical Examiner's Office on Friday, July 20, 2001, beginning at 1430 hours. In attendance were Janet Huter of the Medical Examiner's Office, Kenneth (Dusty) Rhodes and Detective Dan Sequeira of the Fort Walton Beach Police Department.

PRESENTATION OF THE BODY: The body was first viewed fully clothed, wrapped in a clean white sheet. A detailed description of the clothing and personal effects will be itemized below.

CLOTHING AND PERSONAL EFFECTS: The deceased is clad in an olive green pullover shirt with underlying white brassiere. The deceased is wearing a pair of tan khaki slacks with an underlying white thong. The deceased is also wearing a pair of tan socks and brown "Aigner" loafers. Located within each earlobe is a studded gold seashell. Located around the neck is a gold-colored metallic chain with a single gold colored boxcar with the inscription "Lori". Located on the left wrist is a gold-colored Seiko watch with a brown leather band. The time is correct. Located on the left fourth ring finger is a gold-colored wedding set comprised of a single gold-colored metallic band and a gold-colored ring containing a single clear stone. Also accompanying the body was a black purse and satchel. Identified in the purse are miscellaneous personal items, papers, credit cards, checkbook, gold-colored earrings and car keys. There is $19.69 in cash and change within the purse. Located within the briefcase are miscellaneous papers and a date book. No other clothing or personal effects accompanied the body.

EXTERNAL EXAMINATION: The body is that of a normally developed, normally nourished, young adult white female appearing the listed age of 28 years. The body measures approximately 67 inches and

EXTERNAL EXAMINATION (CONTINUED):
weighs 149 pounds. There is near fixed posterior dependent lividity with blanching over the scapular and buttock regions. Rigor mortis is fully developed within the small and large joints. The scalp is focally traumatic and will be further described under "Evidence of Injury". The scalp is covered with 7 inch red hair. No excessive facial hair is present. The corneas are clear. There are contact lenses in place. The irides are green and each pupil measures 0.5 cm in maximum diameter. The sclerae and conjunctivae appear anicteric and are free of petechial hemorrhages. The ears are unremarkable and free of drainage from the external auditory canals. The nares and oropharynx are remarkable for copious amounts of white froth protruding from the lumens. The face in general has a moderate amount of acne present. The neck is unremarkable with no evidence of injury to include fingernail abrasions, contusions or other significant injuries. The chest is symmetric and contains small, flat breasts which are free of palpable masses. The abdomen is flat and unremarkable. The back is unremarkable. The upper extremities are free of edema or evidence of acute injury. The hands and fingers appear unremarkable. The fingernails are medium length and unremarkable. There is no blood or tissue identified underneath the fingernails. Examination of the external genitalia reveals a shaved genital region with no evidence of acute injury. The lower extremities are free of edema or evidence of acute injury. The ankles and feet are remarkable for the toes being pointed in a marked plantar flexed position. The toenails are short and unremarkable.

DISTINGUISHING MARKS OR TATTOOS: None.

EVIDENCE OF MEDICAL OR SURGICAL THERAPY: None.

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EVIDENCE OF INJURY: The injuries consist of those associated with a blunt force closed head injury to the right fronto-temporoparietal region with underlying deep scalp hemorrhage, diastatic skull fracture, acute left subdural hematoma formation, and left temporoparietal contrecoup contusion formation of the brain.

Located within the right upper lateral forehead region, just within the hairline, is a superficial 1 ½ x 1 inch abrasion with light purple discoloration. Subsequent reflection of the scalp reveals modest amounts of recent bright red hemorrhage within the top of the right temporalis musculature. Reflection of the musculature off of the underlying cranium reveals the start of a fracture line which immediately enters the coronal suture, crossing the midline after 4 ½ inches of length and extending posteriorly within the anterior portion of the left parietal bone for a length of 2 3/4 inches. The diastatic fracture shows mild suture separation and the non-diastatic portions of the fracture are linear hairline fractures and are nondisplaced. Located within the scalp overlying the diastatic fracture is a 6 x 4 inch band of deep scalp hemorrhage which is centered immediately over the underlying diastatic fracture. Located within the posterior occipital region is a small deep scalp hemorrhage with no underlying fracture. Within the cranial vault there is no evidence of epidural blood accumulation. There is an acute subdural hematoma with a volume of approximately 75 to 80 cc located overlying the left cerebral cortex. The blood clot is non-organized with no adherence to the underlying brain or overlying dura. There are moderate amounts of associated subarachnoid hemorrhage present within the left temporoparietal cortical region. There is a large contrecoup contusion associated with this subarachnoid hemorrhage within the left temporoparietal region. The brain is removed in the usual manner and weighs 1290 grams. There is a mild left to right shift identified upon brain removal. The dura mater is thin,

EVIDENCE OF INJURY (CONTINUED):
tough and pliable. The leptomeninges are smooth and glistening in areas distant from the subarachnoid hemorrhage and cortical contusions. The cerebrospinal fluid is serosanguinous. The gyri and sulci demonstrate their usual orientation and configuration throughout the asymmetric cerebral hemispheres. The brainstem and cerebellum are remarkable for mild cerebellar coning. There is bilateral uncal herniation present with more prominence identified on the left side. The vessels at the base of the brain, including the Circle of Willis, are normally positioned and no anomalies are identified. No aneurysms are present. The vessels contain no appreciable amounts of atherosclerotic plaque formation. The brain is retained for optimal fixation and subsequent examination. The dura is stripped from the cranial vault and there is a small ½ inch circular area of comminuted eggshell fractures to the center of the right anterior cranial fossa. No other basilar fractures are identified. The pituitary fossa is unremarkable. The foramen magnum demonstrates the normal orientation and the first portion of the spinal cord, at the level of transection viewed through the foramen magnum, is unremarkable. Following fixation, subsequent serial sectioning of the brain reveals no evidence of infection, neoplasm or remote trauma. The usual anatomic landmarks of the cerebrum, midbrain, cerebellum, pons, and medulla demonstrate no abnormalities other than the contrecoup cortical contusions which are primarily confined to the gray matter of the left temporoparietal cerebral cortex. No other abnormalities are identified.

INTERNAL EXAMINATION

HEAD: Previously described under "Evidence of Injury".

NECK: The neck muscles appear unremarkable and are without evidence of trauma. A layered dissection of the neck reveals no evidence of hemorrhage within either the superficial or deep

NECK (CONTINUED):
musculature. The hyoid bone and the thyroid and cricoid cartilages are calcifying and intact without evidence of injury. The usual anatomic relationships are preserved. The cervical spine is intact and free of fractures. There is no evidence of infection or neoplasm. The tongue is removed and is free of bite marks or evidence of injury.

BODY CAVITIES: The body cavities are opened in the usual manner. The internal viscera have their normal positions and anatomic relationships. The left and right pleural cavities are moist and contain no significant fluid accumulations. The pleural surfaces are smooth and glistening and free of fibrous adhesions. The pericardial cavity is moist and has no significant fluid accumulation. No pericardial adhesions are identified. The leaves of the diaphragm are intact and without evidence of injury. The peritoneal cavity is moist with no significant fluid accumulation. The peritoneal surfaces are smooth and glistening and are free of fibrous adhesion formation. No evidence of infection or neoplasm is present.

CARDIOVASCULAR SYSTEM: The heart is normal in size and weighs 265 grams. The epicardial surface is glistening and free of petechial hemorrhages. The chambers demonstrate their usual size, shape, and configuration with no gross dilatation. The coronary arteries have a right-sided dominance and serial sectioning reveals widely patent coronary arteries with no significant atherosclerotic plaque formation. No hemorrhagic plaques or thrombi are identified. Cut sections of the ventricular myocardium reveal a beefy red homogeneous parenchyma with no thickening or scarring being identified. The cardiac valves are primarily thin and delicate and are free of vegetations or thickening of the chordae tendineae with the exception of the mitral valve. The mitral valve is remarkable for prominent parachuting hooding of both valve leaflets. There

CARDIOVASCULAR SYSTEM (CONTINUED):
is multifocal thickening of both leaflets with white-tan plaques identified within multiple regions of the valves. There is thickening of the valve cusps. No vegetations are identified on the valve cusp. The atria are of normal size and the endocardial surfaces are free of mural thrombi. The aorta follows its usual course and the origins of the major vessels are normally placed and unremarkable. The aorta contains an occasional yellow atheromatous streak. There is no evidence of aneurysm formation.

RESPIRATORY SYSTEM: The larynx and trachea show no abnormalities other than containing marked amounts of white froth which extend from the distal airways up out of the oropharynx. The right lung weighs 780 grams. The left lung weighs 670 grams. The lungs have their normal lobations. The cut surfaces of the lungs reveal a markedly congested red parenchyma with some accentuation within the posterior basilar segments. Serosanguinous fluid is easily exuded from the cut surface. There are no consolidations or nodules identified. No evidence of infection or neoplasm is present. The proximal pulmonary arteries are opened and are free of thromboemboli.

HEPATOBILIARY SYSTEM: The liver weighs 1430 grams and has a smooth, intact, pink, glistening capsule. There are normal lobations with no areas of nodularity. Cut sections reveal a homogeneous red-brown parenchyma with normal anatomic landmarks. Blood does not ooze from the cut section. No infection or neoplasm is identified. The gallbladder is non-distended and contains approximately 15 cc of watery green bile. No gallstones are identified. The biliary tree is normally developed and otherwise unremarkable.

LYMPHORETICULAR SYSTEM: The spleen weighs 130 grams and has a wrinkled, intact, red-purple, non-taut capsule. Cut section reveals the usual anatomic landmarks with an unremarkable

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LYMPHORETICULAR SYSTEM (CONTINUED):
parenchyma. There is no evidence of infection or neoplasm. The thymus is involuting and is being replaced by fat. Numerous lymph nodes are identified in the chest and abdominal cavities and appear unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is unremarkable with no abnormalities identified. No erosions are identified. The posterior oropharynx contains the white froth previously identified within the respiratory system. The stomach lies in a normal position and contains approximately 300 cc of fruity salad material. No pills or pill fragments are identified. The mucosal lining appears intact and is continuous into a normal duodenum and small bowel. The proximal small bowel appears unremarkable. The appendix is present in a retrocecal position. The large bowel is unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 120 grams and the left kidney weighs 125 grams. The capsules strip with ease to reveal a smooth red cortical surface. Bivalving of the kidneys reveals a sharp corticomedullary architecture. The pelvocalyceal system appears unremarkable and is continuous into normal appearing ureters. There is no evidence of infection or neoplasm. The ureters course normally into the urinary bladder and are free of obstruction. The urinary bladder contains approximately 30 cc of yellow urine. The bladder mucosa is white-tan and appears unremarkable. The uterus with attached fallopian tubes and ovaries is present and is normal in size. Serial sectioning of the endomyometrium at 0.5 cm intervals reveal an unremarkable tan-white endometrial lining with no evidence of intra-uterine pregnancy. No myometrial nodularity is identified. The ovaries appear normal with no abnormalities. The fallopian tubes appear unremarkable. No further prosection is performed.

ENDOCRINE SYSTEM: The thyroid gland, adrenal glands, and pancreas show the usual anatomic features without evidence of natural disease or injury.

MUSCULOSKELETAL SYSTEM: The hairline skull fracture has previously been identified. No other fractures are present. The skeletal muscle demonstrates the normal beefy red appearance. The bone marrow where visualized is firm, dark red and otherwise unremarkable.

PROCEDURES:

1. *Identification photograph taken.*
2. *Injury photographs taken.*
3. *Small tissue specimens are retained in 10% formalin.*
4. Peripheral blood, urine, vitreous, and bile are retained for toxicologic analysis.
5. Oral, vaginal, and anal swabs are taken by myself and slides prepared by myself with the evidence being retained.
6. Fingernail clippings, head hair standards and blood are retained.
7. Clothing is retained as evidence by Kenneth Rhodes of the Fort Walton Beach Police Department.
8. Fingerprints are taken and retained as evidence by Kenneth Rhodes of the Fort Walton Beach Police Department.

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MICROSCOPIC EXAMINATION:

HEART: Representative sections of the left and right ventricular myocardium reveal a similar histology characterized by normal appearing myocytes. No fibrosis, acute inflammatory cell infiltrates, granulomas or other significant pathologic abnormalities are identified. Multiple sections of the abnormal mitral valve reveal a marked involvement of the zona spongiosa with mucinous degenerative changes. These changes extend on into the zona fibrosa of the valve.

CORONARY ARTERIES: Sections of the coronary arteries reveal no significant histopathologic features.

AORTA: Representative section reveals no significant histopathologic features.

LUNGS: Sections from all lung lobes disclose a similar histology characterized by generalized congestion of the alveolar capillaries by intact erythrocytes. There is focal spillage of the intact erythrocytes out into the alveolar spaces. In these same areas of extravasated erythrocytes are areas of pink-staining fluid consistent with pulmonary edema fluid. No acute inflammatory cell infiltrates, granulomas, or carcinoma is identified.

LIVER: Representative section reveals no significant histopathologic features.

SPLEEN: Representative section reveals no significant histopathologic features.

KIDNEYS: Representative sections reveal mild acute passive congestion with no significant histopathologic features.

ADRENAL GLANDS: Representative sections reveal no significant histopathologic features.

THYROID GLAND: Representative sections reveal no significant histopathologic features.

STOMACH: Representative sections reveal no significant histopathologic features.

APPENDIX: Representative sections reveal no significant histopathologic features.

GALLBLADDER: Representative section reveals moderate postmortem autolysis with no significant histopathologic features.

UTERUS: Representative section reveals an unremarkable endometrial lining and myometrial wall with no significant histopathologic features.

OVARIES: Representative section reveals no significant histopathologic features.

THYMUS: Representative section reveals moderate involutional changes with no significant histopathologic features.

SKELETAL MUSCLE: Representative section of the right temporalis muscle reveals acute hemorrhage with intact erythrocytes located outside of vascular channels between the myofibers.

BONE MARROW: Representative section of the thoracic bone marrow reveals normal erythroid, myeloid, and platelet precursors. No granulomas or carcinoma is identified.

BRAIN: Representative section of the left contrecoup contusion reveals multiple punctate hemorrhages within the gray matter with no associated acute inflammation. No other acute inflammatory

BRAIN (CONTINUED):
cell infiltrates, carcinoma or granulomas are identified.

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TOXICOLOGIC ANALYSIS:

Volatiles (blood and urine): Negative.

Comprehensive Drug Screen (blood): Negative.

Comprehensive Drug Screen (urine): Salicylic acid positive.

University of Florida Diagnostic Referral Laboratories
Department of Pathology, Immunology and Laboratory Medicine
2310 SW 13th Street
Gainesville, FL 32608
352-846-1600

Forensic Toxicology Laboratory

REF LAB NO: 21278-01-R

NAME: Klausutis, Lori

M.E. CASE NO: 01-501

RECEIPT DATE: 07/24/2001

RECEIVED: Materials from Dr. Michael E. Berkland, District One (Okaloosa), Medical Examiners Office, 206 Staff Drive, Ft. Walton Beach, FL 32548 (850)-651-7771

SPECIMEN(S) SUBMITTED: blood, urine, bile, vitreous humor and stomach contents

RESULT:

Volatiles (blood): negative
Volatiles (urine): negative

Comprehensive Drug Screen (blood): negative
Comprehensive Drug Screen (urine): Salicylic Acid positive

RESULT CERTIFICATION:

Results Certified by: Bruce A. Goldberger

Bruce A. Goldberger, Ph.D., DABFT
Director of Toxicology & Clinical Associate Professor
BG/BG 8/3/01 [0223][0226]

NA/CC/DWJ
01205R21278

MEB