

MEDICAL EXAMINER, COUNTY OF SUMMIT

Lisa J. Kohler, M.D.

Chief Medical Examiner

85 N. Summit Street Akron, OH 44308-1948

REPORT OF INVESTIGATION

Chapter 313 Ohio Revised Code

DATE EXAMINATION: 26 Mar 2008	CASE No. 50411
OFFICIAL DATE DEATH: 25 Mar 2008	TIME: 2017 Hours
PRONOUNCED BY: S. Friebert, M.D.	PLACE-DEATH: Children's Hospital Medical Center Akron
NAME: <u>Camryn Jakeb Wilson</u>	ADDRESS: [REDACTED]
SSN: [REDACTED]	
OCCUPATION: None	WHERE: N/A
MARITAL STATUS: Single	PHONE: [REDACTED]
NEXT OF KIN: Mother: Crystal Wilson	ADDRESS: [REDACTED]
AGE: 12 Weeks	RACE: White
EYES: Blue/Gray	HAIR: Brown
AUTOPSY: Yes	PHOTOS: Yes
	SEX: Male
	HEIGHT: 22.5"
	WEIGHT: 10.4Lbs./4.7Kgms.

REPORT BY INVESTIGATOR: David Rosa

This Investigator for the Summit County Medical Examiner's Office was notified of the death of Camryn Jakeb Wilson on 25 Mar 2008, at 2155 hours, by Sarah Friebert, M.D., of Children's Hospital Medical Center of Akron.

History obtained from records at Children's Hospital Medical Center of Akron was that according to Crystal M. Wilson, mother of Camryn J. Wilson, was that on the morning of 12 Mar 2008, she took Camryn to his primary care physician for his routine immunization and well baby shots. Crystal Wilson reports that on that same date the report from the physician was that Camryn was doing well and had no health concerns. Crystal reports that Camryn was smiling and interactive at the doctors' office and throughout the day. Crystal reports that on that same date at approximately 1900 hours, she left for an AA meeting, leaving Camryn in the care of his father at home. Crystal reports that she later returned home at approximately 2100 hours, that same date. Crystal reports that upon arriving home she found Camryn in his swing, not breathing right, nor acting right. She picked Camryn up and tried to arouse him but he appeared lifeless and limp. She immediately drove him to the Children's Hospital Medical Center of Akron.

(Continued)

After an examination of all available evidence, I do find that the deceased came to the death by:

STATE OF OHIO { Hypoxic ischemic encephalopathy.
 { Due to: Traumatic brain injury.
 { II: Multiple bilateral rib fractures.
COUNTY OF SUMMIT { HOMICIDE: Infant shaken with probable head impact.

I hereby certify the foregoing to be a true and correct report of said examination to the best of my knowledge and belief: of said body.

jhe
MESC 2 4-98
Final: 05/21/08 jhe

Lisa J. Kohler, M.D.
Chief Medical Examiner

MEDICAL EXAMINER'S REPORT OF INVESTIGATION

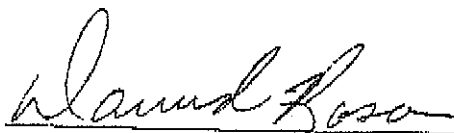
Page: Two
Case #: 50411
Wilson, Camryn Jakob

History given by Sarah Frieibert, M.D., of Children's Hospital Medical Center of Akron, was that Camryn J. Wilson presented to the emergency department in an acute life-threatening event, noted to be pale with no respiratory effort. A chest x-ray revealed multiple old and acute rib fractures. A CT scan of the head revealed an acute subdural hematoma. He was admitted and immediately placed in the intensive care unit. His admitting diagnosis included hypoxemic ischemic brain injury, and respiratory failure due to traumatic brain injury. He remained in the intensive care unit and was later made "Do Not Resuscitate/Comfort Care Only" by his family, due to his poor prognosis.

Camryn Jakob Wilson was pronounced dead on 25 Mar 2008, at 2017 hours, by Sarah Frieibert, M.D., of Children's Hospital Medical Center of Akron.

An autopsy was ordered by Lisa Kohler, M.D., Chief Medical Examiner, and was performed in the Summit County Medical Examiner's Laboratory by her.

The deceased was later released to the Cox Funeral home by Lisa Kohler, M.D., Chief Medical Examiner, at the request of the family of the deceased.



Investigator

Office of the Medical Examiner, Summit County
85 North Summit Street
Akron, Ohio 44308-1948
330.643.2101

Report of Autopsy

I, Lisa J. Kohler M.D., Chief Medical Examiner of Summit County, Ohio, certify that on the Twenty Sixth day of March 20 08 in accordance with 313.13 of the Ohio Revised Code, a post-mortem examination was performed on the body of Camryn Jakeb Wilson and that the following is a true and correct report of said examination to the best of my knowledge and belief.

Name: Camryn Jakeb Wilson, 12 week old male

Autopsy Number: N-113-08

Date/Time of Death: pronounced March 25, 2008, 20:17 hours

Date/Time of Autopsy: March 26, 2008, commenced at 08:45 hours

Identification Method: Hospital Band

Performed by: Lisa J. Kohler, M.D., Chief Medical Examiner
Performed for: Lisa J. Kohler, M.D., Summit County Medical Examiner

Present at autopsy:
Jason Grom, Investigator, Summit County Medical Examiner's Office

Cause of Death: Hypoxic ischemic encephalopathy.
Due to: Traumatic brain injury.

Contributory conditions: Multiple bilateral rib fractures.

Manner of Death: HOMICIDE: Infant shaken with probable head impact.

Pathologist

Lisa J. Kohler, MD
Chief Medical Examiner 6/16/08

Final Diagnoses:

- I. Closed head injury/traumatic brain injury:
 - A. Bilateral subdural hematoma, small, rust colored.
 - 1) Clinical history of posterior fossa and interhemispheric subdural hematoma upon presentation, acute.
 - B. Subarachnoid hemorrhage.
 - C. Cerebral edema, by history:
 - 1) Radiographic evidence of diffuse axonal injury.
 - D. Bilateral optic nerve sheath hemorrhages, healing.
 - E. Bilateral retinal hemorrhages, healing:
 - 1) Clinical history of diffuse bilateral retinal hemorrhages by ophthalmic examination with evidence of partial resolution during hospitalization.
 - F. Healing hypoxic-ischemic encephalopathy with:
 - 1) Severe cortical atrophy.
 - 2) Cavitation of subcortical white matter.
 - 3) Atrophy of left putamen.
 - G. History of decreased level of consciousness and muscle tone on March 12, 2008 at around 2100 hours with subsequent hospital admission.
- II. Blunt force trauma to the chest:
 - A. Bilateral healing rib fractures:
 - 1) Exuberant fracture calluses.
 - 2) Resolving fracture calluses.
 - B. History of coughing up "bright red phlegm like material" on February 4, 2008.
 - C. History of acute and healing rib fractures on admission, March 12, 2008.
- III. Accessory diagnoses:
 - A. History of full term vaginal birth with vacuum assist and nuchal cord.
 - B. History of 2 month vaccinations received on date of admission (1330 hours).
 - C. Unremarkable prenatal history.
 - D. Minimal acute bronchopneumonia, status post intubation/mechanical ventilation.
 - E. Patent foramen ovale.

Opinion: Camryn Jakeb Wilson died from head injuries inflicted by another person. As a result of this injury, he developed brain swelling and hypoxic ischemic brain injury. No accidental trauma was reported that would explain the observed injuries. The Manner of Death was ruled as homicide.

Additional Studies Performed:**Radiology:**

A complete skeletal survey was performed by Children's Hospital Medical Center of Akron at the request of the Summit County Medical Examiner's Office. A review of the skeletal survey shows evidence of multiple healing rib fractures but no additional bone injuries. Also received are the radiographic studies performed throughout the hospitalization including multiple serial chest X-rays showing progression of the healing of the fractures.

Cultures:

Postmortem cultures are not performed due to the prolonged hospitalization.

Diagrams: Rib diagrams (enclosed).

Pediatric: Report (enclosed).

Evidence Collected:

Not applicable.

◆ End of Section ◆

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished, infant white male, which appears consistent with the stated age of 12 weeks. It measures 22.5 inches in length (25th-50th percentile) and weighs 10.4 pounds (4.7 kilograms) (25th-50th percentile). When examined, the body is cool to the touch and unclothed. The body is received clad only in a clean diaper. Rigor mortis is complete and symmetric; unfixed purple postmortem lividity is present over the dorsal surface of the body, with the exception of pressure points. Scalp hair is brown and shows a normal male distribution. The irides are blue-gray. The pupils are equal, round, and regular measuring 2 mm. in diameter. The cornea are clear. The sclerae are white. The conjunctivae show no hemorrhages. The external auditory canals, oral cavity, and nares are devoid of blood or other abnormal material. Examination of the mouth shows an intact upper and lower frenulum with no evidence of intraoral trauma. The decedent is edentulous (age appropriate). The neck is of normal configuration, and there are no palpable lymph nodes, masses, or injury. The thorax is symmetric and normal in configuration. The abdomen is slightly protuberant and there is no evidence of umbilical hernia and no scars. The external genitalia are of normal configuration, and there are no external lesions. The deceased has an age appropriate escutcheon. The deceased appears circumcised. The testes are palpated in the scrotal sac. The extremities appear normal, and the joints are not deformed. The skin is of normal pliability and texture and is notably pale. There is no icterus. Axillary, inguinal, epitrochlear, and popliteal lymph nodes are not palpably enlarged. The right lower extremity is edematous and significantly larger in diameter than the left with the right calf measurement of 5-7/8 inches in circumference whereas the left calf measurement is 5-1/8 inches.

EVIDENCE OF RECENT INJURY:

Upon reflecting the scalp and opening the calvarium, there is evidence of bilateral subdural hematoma which is greater on the left than right and consists of less than 10 cc. of hemorrhage. The hemorrhage is adherent to the dura, patchy, and rust colored. There is subarachnoid hemorrhage present on the surface of the brain with evidence of leptomeningeal edema. Further examination of the brain is deferred until the brain has been fixed in formalin.

Examination of the globes shows bilateral mild optic nerve sheath hemorrhage. Further examination of the interior of the globes will be performed after fixation.

Multiple fracture calluses are identified bilaterally and are characterized as follows:
Recent fractures with exuberant callus formation:

1. Right #3, 5, and 6.
2. Left #5 (two foci), #6 (three foci), #7 (two foci), #8.

Subacute fractures with smaller callus formation:

1. Right #8, 9.
2. Left #9.

Older fractures with minimal callus formation:

1. Right #4 (two foci), #5, #6 (two foci), #7.
2. Left #5, 6, 7.

EVIDENCE OF RECENT THERAPY:

1. A needle puncture is in the right temporal scalp. Additional needle puncture are present in the right antecubital fossa, right anterior wrist, left antecubital fossa, left anterior wrist, the dorsum of both hands, and in the right anterior shin.
2. Contusions are present in the left groin from prior needle puncture attempts.
3. Identification bands are present on the wrist and ankle.

INTERNAL EXAMINATION:Neck Organs:

There is no evidence of hemorrhage involving the anterior cervical muscles. There is no evidence of a fracture of the thyroid, hyoid, cricoid, laryngeal, epiglottic, or tracheal cartilages. The laryngeal, epiglottic, and tracheal lumens are patent.

Body Cavities:

Chest: There is no abnormal accumulation of fluid or air in either pleural cavity. The contour of the pleural cavities is of normal character. The pleura is smooth and glistening. The lungs are normally expanded.

Pericardial Sac: There is no significant fluid within the pericardial sac. The anterior, superior, and posterior mediastinum are without note. The mediastinum is in normal position, and its contents are anatomically distributed. There are no abnormal masses or lymph nodes present.

Abdomen: The peritoneum is smooth and glistening. The abdominal viscera occupy their normal anatomic positions. The diaphragmatic leafs are normally situated. The liver is below the right costal margin, and the spleen is at the left costal margin. The panniculus measures 4 mm. The appendix is present and unremarkable. The intestinal loops have a normal situs.

Cardiovascular System:

The heart weighs 26.2 grams. The coronary arteries arise normally and have normal anatomic distributions. The epicardium and endocardium are smooth and glistening and show no hemorrhages. The great vessels enter and leave the heart in a normal manner. When the heart is opened, the cardiac chambers have normal configurations. The septae are intact; however, there is a patent foramen ovale in the atrial septum. There are no additional congenital abnormalities. The left and right ventricles measure 0.6 cm. and 2 mm. in thickness, respectively. The heart valves are thin and free of any major pathologic abnormality. The valvular measurements are as follows: aortic 2.3 cm., mitral 3.5 cm., pulmonic 2.5 cm., and the tricuspid 4.5 cm. in circumference. The myocardium is of normal consistency and appearance. Sections of myocardium reveal red-brown unremarkable parenchyma with no evidence of infarction, hemorrhage, or fibrosis.

The aorta and its major branches: The aorta and its primary branches are patent throughout. There is no evidence of coarctation. The ductus arteriosum is closed, and there is no atherosclerosis.

The vena cava and its major tributaries: The superior and inferior vena cava and their major tributaries are patent throughout. There are no significant areas of extrinsic or intrinsic stenosis.

Blood is drawn from the central vessels under the direction of Lisa J. Kohler, M.D., Chief Medical Examiner, County of Summit.

Respiratory System:

The right lung weighs 57.1 grams, and the left lung weighs 42.6 grams. The right and left lungs have normal lobar configurations. The visceral pleura is smooth and glistening. There are no subpleural emphysematous bullae. The lungs are moderately firm in consistency. The pulmonary arteries are free of emboli and thrombi. Sections of lung parenchyma reveal pink to medium red parenchyma which is firm and appears consolidated. Upon compression of the parenchyma, material exudes from small bronchioles.

The trachea and major bronchi are free of obstruction. They have normal calibers.

The laryngeal airway is unobstructed. No intrinsic lesions are identified.

Abdominal Cavity:

Liver: The liver weighs 239.2 grams. Its capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections reveal red-brown, semi-firm parenchyma with normal lobular patterns. The intrahepatic bile ducts and blood vessels at the porta hepatis are without note.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin, and the mucosa is bile stained. The viscus contains a normal amount of green-brown bile and no stones. The extrahepatic bile ducts are patent and free of calculi and other intrinsic lesions.

Pancreas: The pancreas is of a usual size and in a normal location. It is of firm consistency and normally lobulated. No intrinsic lesions are discovered on multiple cross sections.

Gastrointestinal Tract: The tongue is atraumatic. The esophagus is free of lesions. The stomach is of normal configuration. Its serosa is smooth and glistening. The wall is of normal thickness, and the mucosa is thrown into rugal folds. There are no acute ulcerations. The lumen contains less than 1 cc. of green-tan mucoid material. The duodenum is free of ulceration and other intrinsic lesions. The jejunum and ileum are normal in appearance. The colon and rectum are unremarkable. The appendix is normal. The anus is normal.

Spleen: The spleen weighs 36.7 grams. Its configuration is normal, and its capsule is purple and smooth without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. Malpighian corpuscles are present.

Lymph Nodes: No abnormal lymph nodes are encountered in the cervical, mediastinal, peribronchial, gastric, mesenteric, retroperitoneal, axillary, or inguinal lymph node collections.

Bone Marrow: The costal bone marrow presents with a normal appearance.

Genitourinary System:

Kidneys: The right kidney weighs 20.0 grams, and the left kidney weighs 21.9 grams. The right and left kidneys are of normal size and configuration. The capsules strip with ease to reveal smooth subcapsular surfaces with retained fetal lobulation. On the right kidney, there is a 6 mm. area of pallor on the cortex and upon sectioning, the underlying medulla is white. The renal arteries and veins are patent and free of stenotic lesions. On section, the renal cortices are a uniform thickness, and the corticomedullary demarcations are distinct. The medullae are otherwise unremarkable. The pelvocalyceal systems are normal in appearance. The ureters are unremarkable.

Urinary Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions.

Reproductive System:

The prostate gland and seminal vesicles: The prostate gland is infantile and unremarkable.

Endocrine System:

Adrenal Glands: The adrenals are of normal configuration. On section, the cortices are golden yellow in color and of normal thickness. The medullae are unremarkable.

Thyroid Gland: Multiple cross sections of the lateral lobes and isthmus reveal no parenchymatous nodules or other lesions.

Pituitary Gland: The pituitary is unremarkable.

Musculoskeletal System:

There are multiple grossly visible fracture callus on the right and left ribs as described in the injury section and as demonstrated on the radiographs.

Incising the back, arms, and legs did not demonstrate evidence of deep soft tissue hemorrhage at any of these sites.

The remainder of the axial and appendicular skeleton are unremarkable. The exposed musculature is unremarkable.

The Head:

The cranial cavity is entered through a bitemporal scalp incision with reflection of the scalp and removal of the calvarium. There is no evidence of fresh or organizing hematoma in the scalp. There are no hemorrhages present in the epidural space. The subdural space contains adherent organizing subdural hemorrhage and there is multifocal subarachnoid hemorrhage. There are no fractures of the calvarium nor at the base of the skull. The dura and venous sinuses are without note. The brain is covered by delicate leptomeninges which are edematous but transparent. The blood vessels at the base of the brain are not examined in the fresh state due to the friability of the edematous brain. The brain weighs 600 grams. The cerebrum presents with a normal convolutional pattern. However, herniation will not be assessed until the brain is examined in the fixed state.

The brain is fixed in formalin and will be examined later along with the spinal cord. Additionally, the globes are retained and will be examined at a later date.

The fixed brain was examined on May 6, 2008. It weighed 400 grams.

The surface of the brain revealed normal gyral structures with areas of softening and discoloration involving the left occipital lobe and right parietal vertex. The anterior brain stem was flat. The blood vessels revealed no pathology. Subarachnoid hemorrhage was not present. Confusion was not present. The dura revealed the presence of adherent dark red to rust colored hemorrhage.

Serial coronal sections of the cerebral hemispheres showed thinned cortical ribbons and large areas of cavitation in the subcortical white matter. The basal ganglia and diencephalon showed atrophy of the left putamen.

Serial cross sections through the brain stem and sagittal sections through the cerebellum failed to show any gross lesions or abnormalities.

Serial 1 cm. cross sections of the spinal cord and cauda equina showed no gross abnormalities.

Sections of the right and left eyes showed optic nerve sheath hemorrhage and occasional retinal hemorrhages.

MICROSCOPIC EXAMINATION:

Heart (Slides A-D):

Unremarkable contractile and conducting myocardium. No evidence of inflammation or fibrosis.

Thymus Gland (Slide A):

Good corticomedullary demarcation.

Lungs (Slides E and F):

Minimal acute bronchopneumonia. Mild interstitial widening by chronic inflammation not associated with lymphoid nodules.

Liver (Slide G):

Sinusoid congestion.

Spleen (Slide G):
Congestion.

Kidneys (Slide H):
Distended, fluid filled cortical tubules and occasional foci of mild chronic interstitial inflammation.

Adrenal Gland (Slide I):
Unremarkable tissue.

Gastrointestinal (Slides AKA and L):
No pathologic diagnosis.

Pancreas (Slide K):
Unremarkable islets and acini.

Thyroid Gland (Slide J):
Unremarkable gland and adjacent tissues.

Dura (Slide F):
Dense fibrous tissue (dura) with adjacent layer of intact red blood cells and layers of fibroblasts and neo-vessels (organizing hematoma). Iron staining shows frequent iron positive intracellular deposits within the fibroblast layer adjacent to the dura, within the layer of hemorrhage and within the fibroblast layer on the opposite side of the hemorrhage. Scattered iron positive cells are on the epidural surface as well. Trichrome stain shows a multilayered fibroblast proliferation along the subdural surface and areas of fibroblasts within and on the opposite side of the hemorrhage.

Brain (Slides M-O, Q-S):

M (left temporal lobe) – neuronal loss replaced with reparative tissues in Sommer's sector of the hippocampus. Cortical and superficial white matter injury with preservation of the external surface of the cortex along the gyri and sulci showing infiltration of neovascularity and macrophages. Frequent perineuronal vacuoles.

N (pons) – frequent reactive astrocytes.

O (cerebellum) – reactive/reparative changes within multiple foci of the cerebellar folia.

Q (right frontal lobe) – thickened, edematous leptomeninges. Extensive, severe, reparative changes of large segments of gray/white matter.

R&S (left putamen, left thalamus) – multifocal areas with reparative changes.

Spinal Cord (Slide T):

No parenchymal hemorrhage.

Right Eye:

Examination of the H&E stained section shows no fresh hemorrhage; however, rare pigmented macrophages are identified within the retina. The sections of optic nerve demonstrate intact red blood cells and rare pigmented macrophages in the subdural space and perineural tissues. Iron stain shows rare iron positive material within intraretinal macrophages at the periphery and centrally. Iron positive intracellular deposits are seen in and along the dura, within the subdural space and in the perineural sheath in an intermittent distribution greater than what is seen in the retina.

Left Eye:

Examination of the H&E stained section shows multiple small foci of red blood cell collections within and behind the retina. Several pigmented macrophages are identified within the retina also. There are perineural and subdural collections of red blood cells in the optic nerve sections that are frequently associated with pigmented macrophages. Iron staining shows multiple intracellular iron deposits in nearly every high power field of the retina. Iron positive intracellular deposits are seen frequently in the optic nerve sections within the dura, in the subdural space and within the perineural tissues.

R3 - (Right 3rd Rib):

Gross examination of the slide reveals a moderate sized fracture callus that is characterized microscopically by subperiosteal new bone formation, focal residual fracture cleft, and fibrous replacement of the marrow cavity. At the costochondral junction, there are collections of red blood cells in the marrow in a subperiosteal location of undetermined significance.

R4 - (Right 4th Rib):

Gross examination of the slide reveals a focal, well demarcated thickening of the cortical bone extending into the marrow cavity from one side of the bone that is characterized microscopically by a residual apparent fracture cleft and dense woven bone.

R4PS (Right Paraspinal 4th Rib):

There is microscopic evidence of a healing fracture with fibrosis of the marrow cavity and outward proliferation of the epiphysis with a linear cleft extending into the epiphysis.

R5 - (Right 5th Rib):

Gross examination of the slide shows angulation of the bone shaft with an obvious fracture callus that is characterized microscopically by subperiosteal new bone formation and a narrow band of marrow cavity fibrosis crossing the short axis of the bone.

R5CC - (Right 5th Rib, Costochondral Junction):

At the costochondral junction, there are collections of red blood cells in the marrow in a subperiosteal location of undetermined significance.

R5PS (Right 5th Rib Paraspinal):

There is microscopic evidence of a healing fracture with fibrosis of the marrow and linear fracture cleft with adjacent bone degeneration and remodeling.

R6 (Right 6th Rib):

Gross examination of the slide shows an outward bulge at the costochondral junction on one edge that corresponds microscopically with fibrosis of the marrow cavity and an angled linear defect extending from the cortex into the epiphysis associated with bone remodeling. Also, along the shaft of the rib is a grossly evident fracture callus that corresponds microscopically with subperiosteal new bone growth and a band of fibrosis extending across the short axis of the bone.

R6PS - (Right 6th Paraspinal Rib):

Gross examination of the slide shows a slight bulge of the contour of the posterior rib margin at its junction with the spine that is characterized microscopically by subperiosteal new bone formation and fibrosis of the marrow cavity with focal collections of intact red blood cells.

R7 (Right 7th Rib):

At the costochondral junction, there is subperiosteal new bone formation extending along the outer margin of the epiphysis onto the cartilaginous margin of the bone associated with disrupted trabeculae at the epiphysis and red blood cell collections in the marrow cavity. A cleft extends up into the epiphysis also.

R8 - (Right 8th Rib):

At the costochondral junction, there is subperiosteal new bone formation extending along the outer margin of the epiphysis onto the cartilaginous margin of the bone associated with disrupted trabeculae at the epiphysis and red blood cell collections in the marrow cavity.

R9 - (Right 9th Rib):

Gross examination of the slide demonstrates a small fracture callus along the shaft that is characterized microscopically by subperiosteal new bone formation, residual fracture cleft with red blood cells, and fibrosis of the marrow cavity in a broad band extending across the short axis of the bone. The costochondral junction is unremarkable.

L3 (Left 3rd Rib):

No clear evidence of healing or fresh fracture.

L4 (Left 4th Rib):

No clear evidence of healing or fresh fracture.

L5 (Left 5th Rib):

Along one rib edge is a broad area of subperiosteal new bone formation with bony trabeculae oriented along the short axis of the bone and associated with fibrosis.

L5P - (Left 5th Rib Posterior):

Gross examination of the slide reveals a large fracture callus along the shaft that is characterized microscopically by subperiosteal new bone formation and a band of fibrosis extending diagonally across the short axis of the bone through the marrow cavity. At one edge is an area of apparent residual fracture cleft.

L5PS - (Left 5th Paraspinous Rib):

At the epiphysis is a slight bulge of the periosteum with focal adjacent fibrosis of the marrow cavity and dilated vascular spaces with occasional extravascular collections of red blood cells. Further down the shaft are two grossly visible fracture callus bulges connected diagonally by a band of fibrosis across the marrow cavity. Microscopically the callus is characterized by subperiosteal new bone formation and a partial fracture cleft is still visible extending into the fibrous marrow cavity.

L6 (Left 6th Rib):

At the costochondral junction is a triangle of fibrosis in the marrow cavity with a residual fracture cleft. A grossly visible fracture callus with subperiosteal new bone formation and fibrosis of the marrow cavity that traverses the short axis of the bone by microscopic examination.

L6P (Left 6th Rib Posterior):

There is a grossly evident fracture callus characterized by subperiosteal new bone formation and fibrosis of the marrow cavity.

L6PS (Left 6th Rib Paraspinal):

There are two grossly visible calluses characterized microscopically by subperiosteal new bone formation and fibrosis of the marrow cavity.

L7 (Left 7th Rib):

At the costochondral junction is a triangular area of marrow fibrosis without clear evidence of healing fracture.

L7P (Left 7th Rib Posterior):

There are three healing fractures, two with grossly visible calluses. All three show subperiosteal new bone formation and fibrosis of the marrow cavity.

L8 (Left 8th Rib):

There is one small grossly visible fracture callus that shows subperiosteal new bone formation and fibrosis of the marrow cavity.

L9 (Left 9th Rib):

There is one small grossly visible fracture callus that shows subperiosteal new bone formation and fibrosis of the marrow cavity.

L10 (Left 10th Rib):

Along the shaft of the bone is an area of marginal new bone growth strongly suggestive of an area of remodeling related to a healing fracture.

End of Report

LJK/vk/vk/vk/vk
06/13/08

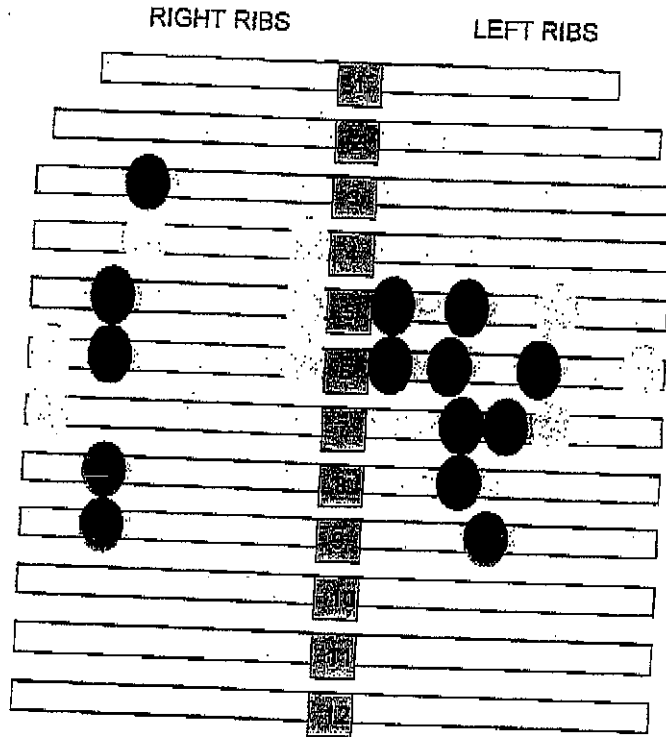
Summit County Medical Examiner's Office

Supplemental Diagram



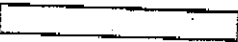


Camryn Wilson

Case #50411

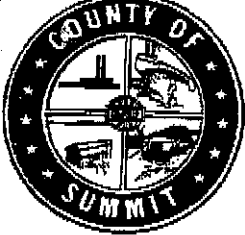
Autopsy Date: March 26, 2008



LEGEND

 = vertebral body	 = Recent fractures
 = rib	 = Subacute fractures
	 = Older fractures

Lisa J. Kohler, MD
Lisa J. Kohler, MD
Chief Medical Examiner



SHERRI BEVAN WALSH

Prosecuting Attorney

County of Summit

FAX COVER SHEET

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PAGES: 15 **DATE:** 6-17-08 **FAX:** 330-376-9307
(including cover sheet)

TO: Atty: Jonathon Sinn
FROM: Ros Jennie Shuki

OUR FAX # (330) 643-8277

IF NOT COMPLETE, CALL (330) 643-2788

COMMENTS: