OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
1401 Lucerne Terrace
Orlando, Florida 32806-2014

REPORT OF AUTOPSY

DECEDENT: ALAN REAM-YURKO CASE NUMBER: MEH-1064-97

MANNER OF DEATH: Homicide IDENTIFIED BY: Francine Ream

SCENE EXAMINATION: N/A

PRESENT AT AUTOPSY: Detective Bill Hinkey and Rick Carson, Orange County Sheriff's Office

AGE:	2 months	HEIGHT:	22"
SEX:	Male	WEIGHT:	9#
RACE:	White	DATE OF DEATH:	November 27, 1997

DATE/TIME OF AUTOPSY: November 29, 1997 @ 10:15 AM

PERFORMED BY: Shashi B. Gore, M.D., MPH, Chief Medical Examiner

SIGNATURE:

CAUSE OF DEATH: Subdural hemorrhage, due to
Shaken Baby Syndrome

AUTOPSY FINDINGS

I. Body of a 2 month old white male infant found in respiratory arrest by the father (subject's mother's boyfriend)

II. Subdural hemorrhage, predominantly noted in the right cerebral hemisphere
- A. Contusions, minor, on both temporal areas of the head
- B. Periorbital ecchymosis, right lower eyelid, thin
- C. Subdural hemorrhage, fresh, right and left cerebral hemispheres, predominantly right
- D. Hemorrhage at the base of the brain -
- E. Subarachnoid hemorrhage, thin layer, biparietal areas, minimal
- F. All cranial bones - intact

cont'd...

AUTOPSY FINDINGS cont'd...

G. Subdural hemorrhage, lumbar and lumbothoracic region of the spinal cord
H. Vertebral arteries and dissection of the neck - unremarkable

III. Blunt force injury of the chest
A. Healing contusion, left lateral chest
B. Fractures of left ribs, partially healing, 5, 6, 7, and 10 posteriorly

IV. Lungs - mildly hemorrhagic
A. Air passages - clear

V. Kidneys - very pale

VI. No hemorrhage at the thoracic, lumbar or sacral spine

VII. Buttocks - no superficial or deeper contusions

VIII. Subject - organs donor: heart, liver, spleen and pancreas

TOXICOLOGY ANALYSIS

No toxicology studies performed.

The medicolegal examination of the body of Alan Ream-Yurko was performed by Shashi B. Gore, M.D., MPH, Chief Medical Examiner, Florida District Nine, at the Orange County Medical Examiner Facility, Orlando, Florida, on November 29, 1997 at 10:15 AM, pursuant to Florida Statutes Chapter 406 and 732.9185.

IDENTIFICATION: The body of Alan Ream-Yurko is identified by his mother, Francine Ream of 6507 Stardust Lane, Orlando, FL. The identification is made to Ben Guedes, M.D. on November 27, 1997 at 3:05 PM at Florida Hospital Orlando.

ARTICLES OF CLOTHING AND OTHER PERSONAL EFFECTS: The body is brought in the morgue without any articles of clothing. A religious statue is submitted with the body. The status is sent with the body to the funeral home.

EXTERNAL EXAMINATION

GENERAL STATEMENTS ABOUT THE BODY: The body is that of a 2 month old white male infant and appears to be of that age. The build and nourishment are average. The height of the body is 22 inches. The weight of the body is 9 lbs. The rigor mortis is absent and the postmortem lividity is faint purple, and is present on the posterior surface of the body except on the pressure points.

Prior to the autopsy examination, Translife procured some of the internal organs. As a result of this procedure, there is a 23 cm vertical surgical incision on the chest and abdomen with 13 stitches.

MEDICAL INTERVENTION: There is a nasogastric and oropharyngeal tube in situ. There is an identification band around the right ankle with the subject's name. There is a Foley catheter in situ. There are intravenous puncture wounds in both antecubital fossae, and also on the dorsum of both feet. There is an intraosseous puncture wound on the shin of the left tibia. There are intravenous infusion lines in both veins of the inguinal regions and the left wrist.

The color of the head hair is light brown which is sparse. The average length of the head hair is about 1.5-1.9 cm. The color of the eyes is hazel, and the pupils are circular, bilaterally symmetrical with a diameter of about 5 and 6 mm. There are no subconjunctival petechiae or any hemorrhages. The external

auditory meatus, nasal bones and nostrils are unremarkable. The lips, gums and tongue are unremarkable. The oral cavity does not contain any extraneous material or foreign bodies other than the therapy tubes in the nostrils and oral cavity. The jaws are edentulous.

The neck does not show any irregularities or swelling, and the general skeleton of the body does not show any evidence of congenital skeletal deformity.

The cervical, axillary and inguinal lymph nodes are not enlarged. The penis is circumcised and the testes are palpable in the scrotal sac. The anus and perianal region are unremarkable and are free of trauma.

There are no scars on the head, neck, torso, upper or lower extremities. The fingernails and toenails are unremarkable.

DESCRIPTION OF INJURIES

INJURIES OF THE HEAD AND NECK REGION:

On the lower eyelid of the right eye there is a thin rim of periorbital ecchymosis, which is pinkish in color and measures 1 x 0.2 cm. On the left temporal area of the head, slightly above and in front of the tragus of the left ear, there is a very pale area of contusion measuring 12 x 16 mm. Its edges are irregular and appear diffuse. There is no change in coloration from pink to green to yellow, etc. The color in general appears a very pale pink. On the right temporal area there is a very pale contusion, of a similar appearance, measuring 10 x 9 mm. The auricle of the right ear also shows similar pale appearance, which is diffuse, and measures 15 x 4 mm. Its distribution is more towards the posterior surface of the middle portion of the right auricle. On the parieto-occipital regions of the head bilaterally, the scalp shows a slightly pinkish discoloration of the skin. On the right side there appears to be a small impression mark from some medical monitoring device.

On the left lateral surface of the chest there is a very very pale, slightly pinkish, ovoid, healing type contusion measuring 10 x 8 mm. It is located in the region of rib #7. Palpation of the chest does not reveal any evidence of subcutaneous emphysema.

INTERNAL EXAMINATION

The body is opened with the Y-shaped incision, and this incision is incorporated in the incision made by Translife for organ procurement. When the chest and abdominal cavities are opened it is noted that the heart, liver with gallbladder, spleen, pancreas, mesenteric lymph nodes and parts of the small intestine are surgically absent as a result of organ harvesting.

On the left side of the chest, the following ribs showed irregular swelling, probably resulting from healed fractures: left rib #5, 6, 7 and 10. The fractures are located on the posterior and posterolateral surfaces of these ribs. X-rays are taken and confirm the presence and positions of these healing fractures. Multiple sections are taken for histopathological study.

The pleural and peritoneal cavities are unremarkable. There are no adhesions or excessive fluid in these cavities. The domes of the diaphragm have been incised during the procurement of the organs by Translife. Both lungs appear congested and show irregular areas of hemorrhagic appearance.

EXAMINATION OF THE NECK ORGANS: Externally the neck does not show any contusions or abrasions. Superficial neck veins on both sides appear slightly engorged. The neck is dissected in layers. The skin is reflected upwards and downwards to expose the inner soft tissues of the neck. The soft tissues of the neck, including the strap muscles do not show any evidence of hemorrhages. The carotid sheaths are unremarkable, and the major branches from the arch of the aorta leading up to the neck and head arise in the normal anatomical fashion.

The hyoid bone, cricoid and thyroid cartilages are intact. The lumina of the larynx and trachea are patent. The mucous membrane covering the epiglottis, the trachea and the larynx show minimal congestion. There is no evidence of aspiration of any foreign material into the upper respiratory tract.

The tongue shows normal appearance on its dorsal as well as ventral surfaces. There are no scars or ulcers seen on the lateral or dorsal surfaces of the tongue. Serial cut sections of the tongue do not show any evidence of old scars in its musculature.

The thyroid gland shows its normal bilobed appearance, and on serial cut section the thyroid gland shows normal architecture.

The neck appears supple. The movement of the head over the cervical spine has normal range.

Dissection of the cervical spine and portions of the cervical vertebra are examined and it is noted that there is no hemorrhage at the base of the skull, and the vertebral arteries are intact. There is no hemorrhage anterior or posterior of the cervical spine.

SPECIAL PROCEDURES: Body fluids could not be collected. A specimen of blood obtained by Translife at the time of harvesting of organs is saved for further studies if required. Representative sections of the various internal viscera are saved for histopathological study.

SYSTEMIC EXAMINATION OF THE BODY

EXAMINATION OF THE HEAD AND CENTRAL NERVOUS SYSTEM:

The head is normocephalic. The circumference of the head is 22 cm. The anterior fontanelle is palpable and does not show any irregularities. The scalp is reflected anteriorly and posteriorly, and it is noted that there is no evidence of subgaleal hemorrhage or contusions of the deeper layers of the scalp. Multiple 35 mm photographs are taken.

All the cranial bones are intact. When the cranial cavity is opened, subdural hemorrhage, prominently seen on the right cerebral hemisphere, is noted. This hemorrhage is in liquid as well as clotted form, total weight is about 10 grams. There is subdural hemorrhage on the left cerebral hemisphere posteriorly. This hemorrhage is relatively less prominent as compared to the right. The dura mater of the cortex of the cerebral hemispheres shows thickened and slightly clotted blood adherent to the dura mater. At places the thickness of this clotted material is between 2-3 mm. The entire inner surface of the dura mater appears wet, and as mentioned previously there is liquid and clotted blood.

The brain is edematous, shiny and symmetrical. There are minor areas of subarachnoid hemorrhage seen on the cerebral hemispheres. One area of hemorrhage is located on the medial aspect of the parietal lobe measuring 3 x 2 cm. A similar small area of subarachnoid hemorrhage is also seen on the right cerebral hemisphere on the posterior parietal lobe.

The weight of the brain is 575 grams. The brain and its parts, brainstem, pons, cerebellum and a small portion of the cervical cord are saved for further evaluation. The entire dura mater at the top and base of the brain is also saved for further evaluation.

The brain and spinal cord are evaluated on 12-19-97 with Gary Pearl, M.D., Neuropathologist. The brain appears very edematous, shiny and fluffy. There are areas of subdural hemorrhage which appear relatively fresh. There are minor areas of subarachnoid hemorrhage on the left parietal lobe. Serial cut sections of the brain do not show any internal hemorrhage in the brain parenchyma grossly. Cerebral edema is confirmed. Differentiation of the cortex and medulla appears poor. The ventricles are slightly reduced in size and the cerebrospinal fluid appears clear. The eyeballs are examined and these are also sectioned for confirming the presence of retinal hemorrhages. Multiple sections are taken for hematoxylin-eosin stain.

Dissection of the cervical spine posteriorly from the back does not show any evidence of hemorrhage or fractures of the cervical spine. There is no evidence of tears or lacerations of the vertebral arteries. When the spinal cord is traced downward through the lumbar and sacral regions it is noted that there is a small quantity of hemorrhage in the subdural space of the spinal cord representing the areas of the lower thoracic, lumbar and sacral regions. At the base of the brain on the right side middle cranial fossa and the major part of the posterior cranial fossa on the right side contain a small quantity of blood. On the left side a very small portion of the left middle cranial fossa and the posterior cranial fossa show presence of blood. There is no hemorrhage in the foramen magnum or vertebral canal of the neck and thoracic region. Several sections and photographs are taken.

The basal cerebral arteries, the circle of Willis and its branches pursue normal anatomical course and are patent. There is no evidence of vascular anomaly of the basal cerebral blood vessels. There is no aneurysm of the major blood vessels at the base of the brain.

EXAMINATION OF ORGANS OF THE THORACIC CAVITY:

RESPIRATORY SYSTEM: The weight of the right lung is 32 grams and the weight of the left lung is 28 grams. Both lungs are congested

The lower respiratory tract is patent and free of aspirated material. Externally, the lobes of the lungs show evidence of hemorrhages. The lungs are slightly firm to feel. On serial cut section both lungs show irregular areas of hemorrhages. There is no evidence of gross pneumonia.

The tracheobronchial lymph nodes are are not enlarged.

EXAMINATION OF ORGANS OF THE ABDOMINAL CAVITY:

UROGENITAL SYSTEM: The weight of the kidneys is 16 grams each. The kidneys show fetal lobulations, and on serial cut section appear very pale. The cortex and medulla could be differentiated and they appear normal. The ureters, urinary bladder, urethra and prostate are unremarkable.

There is no hemorrhage or exudate in the pelvic cavity surrounding the urinary bladder. There is no hemorrhage in the thoracolumbar and lumbosacral and the sacropelvic regions of the articulations.

Incisions are made on both the buttocks and it is noted that there is no subcutaneous hemorrhage. There is no hemorrhage in the soft tissues or muscles in that area. There is no hemorrhage in the paravertebral regions of the spine.

The esophagus is unremarkable. The stomach has a normal shape and size and contains 3 ml of greenish bilious material. There are no tablets or capsules in the gastric contents. A part of the duodenum also contains a similar material. As previously mentioned, the major portion of the small intestine has been procured by Translife. The portion of colon that remains, appears unremarkable. Part of the mesentery is also normal. The mesenteric lymph nodes are absent.

MUSCULOSKELETAL SYSTEM: The skin does not show any jaundice, cyanosis, or petechiae. The skin also does not show any subcutaneous contusions on the buttocks, chest or abdomen. A few very pale contusions are noted on the bitemporal regions of the head. A very very faint contusion is also noted on the left lateral side of the chest. All skeletal muscles show normal development. The long bones and the joints of the extremities are intact. The cranial bones, vertebrae, and pelvic bones are intact. As previously described, the left 5th, 6th, 7th and 10th ribs show old healing or partially healed fracture sites. These fracture sites appear as globular masses of cartilaginous tissue. Cut sections of these healing fractures show normal appearance of the cartilage.

ENDOCRINE SYSTEM: The adrenal glands are unremarkable. The thyroid gland shows normal architecture on cut sections. The pituitary is normal, and the testes are palpated and appear normal in the scrotal sacs.

There is no generalized lymphadenopathy of the body.

MICROSCOPIC EXAMINATION

HEART: The myocardium shows no evidence of inflammation, interstitial or replacement type fibrosis. There is no necrosis of myocytes and no evidence of ischemic change. The microvasculature shows no areas of thickening or perivascular fibrosis. There are no atypical changes present. No inflammation is noted.

LUNGS: The alveolar sacs are uniformly inflated with evidence of a few red blood cells and clumps of inflammatory cells. The inflammatory cell infiltrates are scattered throughout one section. There is no evidence of bronchopneumonia or lobar pneumonia. This picture appears to be similar to somewhat interstitial pneumonitis.

KIDNEYS: The glomeruli are normally formed with no thickening of the basement membranes. The tubules show minimal vacuolization of the cells, consistent with an early degenerative change but no acute tubular necrosis is noted. The supply vessels show no thickening or evidence of hyalinization. There is no inflammation or areas of atypia.

BRAIN: Several sections of brain are studied. Most of the sections show normal parenchyma of the brain. There is no evidence of inflammatory cellular infiltration. The two sections which are stained with H & E stain show presence of very minute parenchymal hemorrhages.

The cerebellum shows normal appearance. One section shows evidence of shearing type injury with multiple foci of minute hemorrhages.

Sections of the eyeballs - the right eyeball shows definite evidence of minute retinal hemorrhage. The left eyeball does not show presence of any retinal hemorrhage. This confirms the clinical evidence and diagnosis of right-sided retinal hemorrhage.

Minute epidural hemorrhages are seen on the cord at C5 and C6 corresponding area.

CONCLUSION: This 2 month old black male infant died as a result of Shaken Baby Syndrome. There are old healing fractures of the left ribs. Subdural hemorrhage is recent.

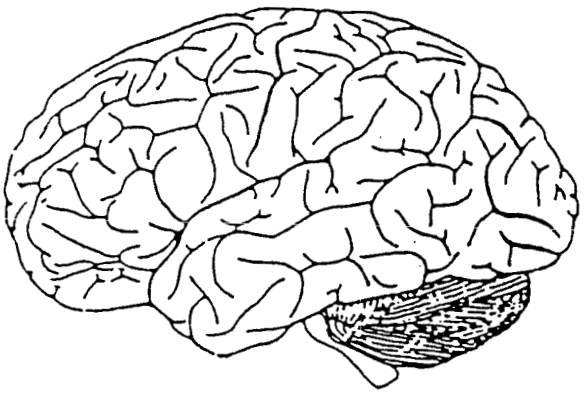
SBG/lmc

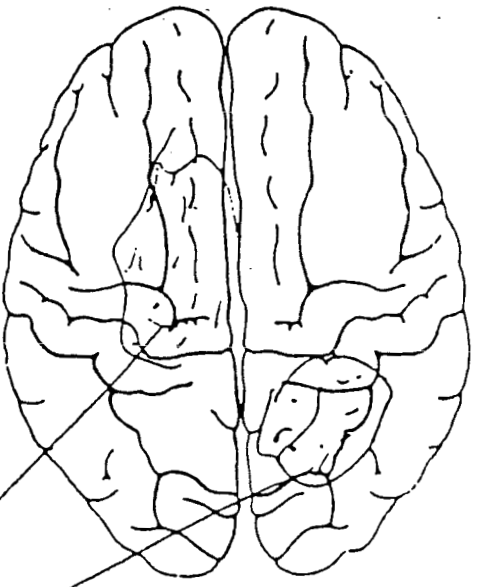
YURKO
ALAN
H-97-1064 11/27/97
CASE NO. —— 2 /M W/ M

MD ID

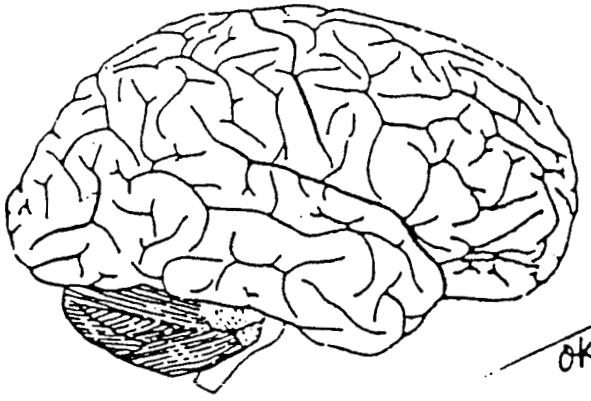
ME Report

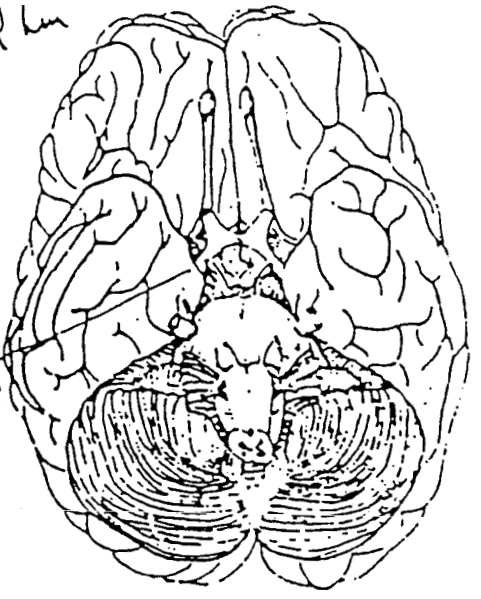
LEA





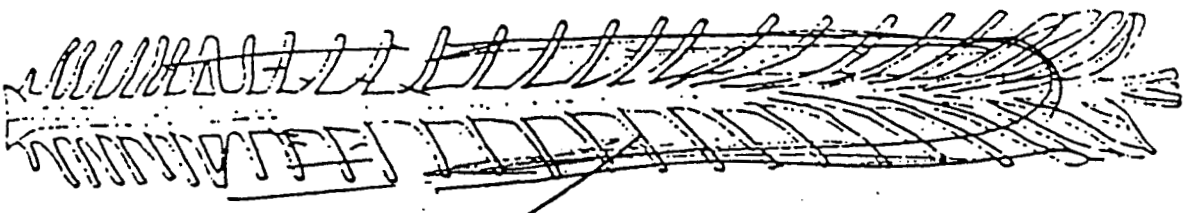
small area of sub-dural bm





OK

Cervical spine – ok
vertebral arteries – ok no laceration



Hem in sub-dural space

h/o Holding baby by feet and ramming [illegible] region

FORM I

Minute epidural hemorrhages are seen on the cord at C5 and C6 corresponding area.

CONCLUSION: This 2 month old white male infant died as a result of Shaken Baby Syndrome. There are old healing fractures of the left ribs. Subdural hemorrhage is recent.

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[Note: Altered page appeared later]