

AUTOPSY FINDINGS

1. Traumatic injuries of the neck, chest and abdomen

POSTMORTEM EXAMINATION UPON THE BODY OF

DALIA SAUCEDO

On November 20, 1979 at approximately 10:00 A.M. an autopsy was performed by Dr. Joseph C. Rupp, Nueces County Medical Examiner upon the body of Dalia Saucedo in the autopsy room at Memorial Medical Center. The body is identified after having been viewed at the scene.

When first viewed in the Memorial Medical Center autopsy room, the body is nude and there is no jewelry upon the body. The body is that of a well developed, well nourished, adult white female, measuring 62" in length, weighing an estimated 105 pounds, and appearing younger than the recorded age of 27 years. Body hair is of normal distribution. The hair of the head is black and of medium length. The eyes are brown. The pupils are round, regular and equal. The teeth are natural and in a good state of hygiene. There are no prominent scars or identifying marks upon the body. There are no needle tracks in the arms. There are no old wrist scars. There are no defense wounds of the hands. The fingernails are short and none of the fingernails are broken. There is dirt underneath the fingernails but no evidence of tissue or foreign material. There are abrasions of the knees. There is a deep laceration in the web of the left little toe. This is a deep laceration approximately 1" in length with part of the laceration extending across the ventral surface at the base of the left toe. There is a small laceration through the skin in the left gluteal area measuring approximately 1" in length. There are four small round bruises in the left clavicular area, each measures approximately 1/2" in diameter. There is a contused area 2" in diameter on the tip of the left shoulder. There is a roughly circular faint abraded and contused area to the right of the midline at the lower edge of the rib cage measuring 2" in diameter. There are multiple abrasions over the tip of the right shoulder, posteriorly. There is a small ecchymosis at the lateral aspect of the left upper eyelid. There is a contusion with swelling over the right malar eminence but no palpable underlying fracture. There are a few superficial abrasions to the right of the midline of the neck at the level of the larynx. These occupy an area of approximately 1" in diameter. There is a bite mark which is faint in the posterior axillary line over the left hip area. There is a small laceration of the buccal mucosa of the right side of the upper lip which measures approximately 3/8" in length, and there are several contusions of the buccal mucosa.

On the back there is a thin linear abrasion in the form of a large X. The abrasion begins at the tip of the left shoulder, angles across the back to end in the right gluteal area where it is interrupted and then continued as a horizontal abrasion across the right buttock 5" in length. The other part of the X begins at the tip of the right shoulder, angles across the back to end in the left gluteal area and then is continued as a curvilinear abrasion 6" in length across the left buttock in the 7 to 10 o'clock direction.

The appendicular skeleton is intact to inspection and palpation.

Upon opening the body cavities, there are adhesions of the right lung which yield to blunt dissection. There are adhesions over the superior surface of the liver. There is a hemoperitoneum of approximately 300 cc's of liquid

and clotted blood. The left lung is atelectatic when viewed in situ and all of the viscera have their normal anatomic positions.

**HEART:** The heart weighs 180 grams. The great vessels to and from the heart arise and distribute in the normal manner. The coronary circulation is physiologic. The heart valves are competent. The myocardium is dark red, moderately firm and homogeneous showing no evidence of fibrous scarring or recent infarct.

**LUNGS:** The lungs have a combined weight of 500 grams. There are no petechial hemorrhages noted on the surface of the lungs. The left lung is atelectatic when viewed in situ. The pulmonary vasculature is unremarkable. The respiratory tree contains blood streaked mucoid material. The lung parenchyma is generally light and feathery with no significant amount of hyperemia or edema. There is a modest amount of underlying anthracotic staining. The thoracic cavity shows a fracture of ribs 2, 3, and 4 on the left in the mid clavicular line.

**LIVER:** The liver is of average size. The gallbladder and biliary tree are normal. The capsule of the liver is not intact. The parenchyma of the liver is dark reddish brown, moderately firm and homogeneous showing no evidence of fatty change or fibrosis. There is a large laceration of the liver deep in the parenchyma at the falciform ligament involving the point of juncture of the right and left lobes of the liver.

**SPLEEN:** The spleen weighs 60 grams. The capsule is intact, smooth, glistening and not tense. The parenchyma of the spleen is soft, dark red and homogeneous.

**PANCREAS:** The pancreas weighs an estimated 70 grams. It has the usual tan, lobular parenchyma and is normal in its gross appearance.

**ADRENAL GLANDS:** The adrenal glands each weigh an estimated 6 grams. They have the usual yellow lobular cortex and thin pearly gray medullary zone.

**KIDNEYS:** The kidneys have a combined weight estimated at 250 grams. The capsules strip with ease revealing smooth, dark red cortical surfaces. Upon section, the cortex has the usual thickness. There is a moderately prominent line of demarcation at the cortico-medullary junction. The ureters are unobstructed. The urinary bladder contains a small quantity of urine. The external genitalia and perineal region are unremarkable to inspection. There is no injury to the external genitalia or vaginal canal. There is a small amount of dried fluid visible in the perineal region.

**AORTA AND GREAT VESSELS:** The aorta and great vessels have their normal origin and distribution and show no significant atherosclerotic change.

**GASTROINTESTINAL TRACT:** The esophageal, gastric and duodenal mucosa are intact. The stomach contains only a very small quantity of thick, mucoid material. The small and large intestine show hemorrhage into the mesentery and the serosal surface of the bowel with a lot of retroperitoneal hemorrhage around both kidneys and around the points of attachment of the large intestine at the fecal area. Detailed inspection indicates a laceration of the vena-cava as well as traumatic injury of the mesentery.

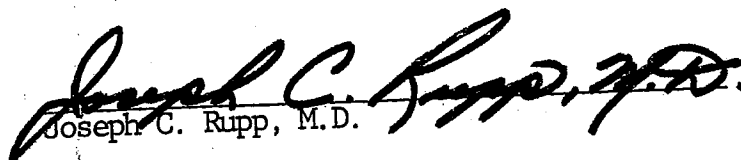
Examination of the rectal area reveals no evidence of injury. The rectum is filled with soft, dark fecal material.

NECK ORGANS: There is hemorrhage into the strap muscles of the neck and the tissues surrounding the right lobe of the thyroid gland. The distribution of the hemorrhage is more to the right of the midline in proximity with the underlying abrasion of the skin of the neck. The cornu of the thyroid cartilage and hyoid bone are intact. The vocal cords show no significant evidence of edema and the airway is patent. There are multiple hemorrhages on the internal surface of the larynx. The trachea and larynx contain blood streaked mucoid material. The thyroid gland is small and symmetrical and normal in its gross appearance.

HEAD: The scalp is intact. Upon reflection of the scalp there are a few small bruises in the scalp which are quite superficial. The vault of the skull is intact to inspection and palpation.

TOXICOLOGY: Swab taken from vaginal area is positive for acid phosphatase.

Blood alcohol - Negative

  
Joseph C. Rupp, M.D.