

FOR OFFICIAL USE ONLY - PERSONAL DATA - PRIVACY ACT OF 1974

NAVAL MEDICAL CENTER LABORATORY DEPARTMENT  
AUTOPSY PATHOLOGY  
San Diego, CA 92134-5000  
(619) 532-9340

Patient: SOMMER, TODD M

Autopsy #: A02-13

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 200 ml of dark brown liquid type material. The small and large bowel were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules were smooth and thin, semitransparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex was sharply delineated from the medullary pyramids, which were red-purple to tan and unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder contained 20 ml of dark yellow urine; the mucosa was gray-tan and wrinkled. The testes, prostate gland and seminal vesicles were without note. The right kidney weighed 200 grams; the left kidney weighed 250 grams.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen had a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 550 grams.

**ENDOCRINE SYSTEM:**

The thyroid and adrenal glands were unremarkable.

**MUSCULOSKELETAL SYSTEM:**

Muscle development was normal. No bone or joint abnormalities were noted.

**MICROSCOPIC EXAMINATION**

1. HEART, LEFT ANTERIOR DESCENDING ARTERY (slide 1): Arterial tunneling with surrounding normal myocardium.
2. HEART, INTERVENTRICULAR SEPTUM, LEFT VENTRICULAR ANTERIOR AND POSTERIOR WALLS (slides 2, 4, 5): No significant microscopic abnormality.
3. HEART, LEFT VENTRICULAR LATERAL WALL, AND RIGHT VENTRICLE (slides 3,6): Focal lymphocytic aggregates without associated myocyte injury.

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Page 14

A02-13

Continued on Next Page

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4. LUNGS (slides 7-10): Pulmonary alveolar congestion and patchy pulmonary edema.
5. LIVER (slide 11): No significant microscopic abnormality.
6. KIDNEYS (slides 12,13): No significant microscopic abnormality.
7. SPLEEN (slide 14): No significant microscopic abnormality.
8. THYROID (slide 15): No significant microscopic abnormality.
9. COLON (slide 16): Autolysis.
10. SMALL INTESTINE (slide 17): Autolysis; reactive lymphoid hyperplasia; putrefactive changes.

MICROSCOPIC BRAIN EXAMINATION

Slide 18: Right frontal cortex  
Slide 19: Right superior parietal lobule  
Slide 20: Right superior and middle temporal gyri  
Slide 21: Right calcarine cortex  
Slide 22: Right Hippocampal gyrus  
Slide 23: Corpus callusom and cingulate gyri  
Slide 24: Left thalamus and mamillary body  
Slide 25: Markedly softened left basal ganglia  
Slide 26: Right caudate nucleus and internal capsule  
Slide 27: Midbrain  
Slide 28: Pons  
Slide 29: Medulla oblongata  
Slide 30: Dentate nucleus  
Slide 31: Cerebellum

Microscopic examination of the brain revealed an incidental focal area of calcification within the right temporal cortex (slide 20) with no associated tissue response. Additionally, bacterial colonization was identified within the deep cortical gray matter (slide 25) compatible with postmortem putrefaction; otherwise, microscopic examination of the remainder of the brain and leptomeninges revealed no significant microscopic abnormality.

OTHER PROCEDURES

1. Blood, bile, vitreous, gastric contents and tissue samples were submitted for toxicological analysis.

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Page 15

A02-13

Continued on Next Page.

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2. Tissue was retained for histological examination and possible DNA identification.

3. Documentary photographs were taken.  
MAF/slr