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03170253.AUT

POSTMORTEM EXAMINATION

P.M. 03-17-0253
NAME: Anish Sai Narra AGE: 6 SEX: Male RACE: Asian Indian
ADDRESS: 3 Hamilton Road, Apt. D
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DATE OF BIRTH: 06-09-2010
DATE OF PRONOUNCEMENT: 03-23-2017 HOUR: 2000

DATE OF PATHOLOGIST'S EXAMINATION: 03-24-2017 HOUR: 1715
LOCATION: BURLINGTON COUNTY MEDICAL EXAMINERS OFFICE
FORENSIC PATHOLOGIST CERTIFIED: IAN C. HOOD, MB,ChB

CAUSE OF DEATH: **Slash wounds of neck**

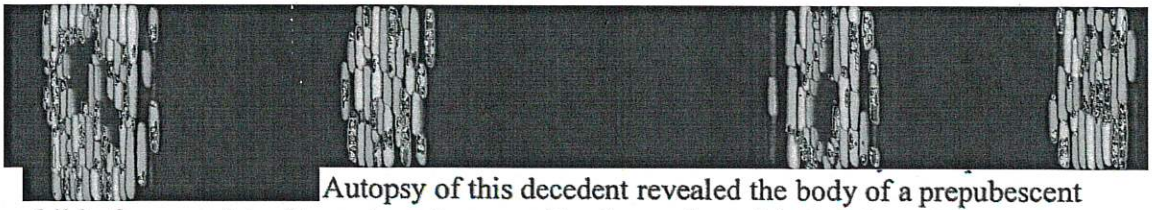
MANNER OF DEATH: **Homicide**

IAN C. HOOD, MB,ChB
MEDICAL EXAMINER

ANATOMIC FINDINGS:

1. Robust prepubescent male child with laceration of left frontotemporal scalp and associated slightly depressed complex of fractures of left parietotemporal skull but no underlying significant intracranial hemorrhage or brain injury.
2. Several shallow intersecting slash wounds of left cheek and over left side of jaw.
3. Intersecting transverse deep slash wounds of neck from left of posterior midline about right side to left anterior neck with transection of larynx just below vocal cords, right carotid sheath and right common carotid artery and into spaces between right lateral processes of 3rd, 4th and 5th cervical vertebrae with incision of right vertebral artery.
4. Slash wound extending from left side of slash wounds of neck over left clavicle and lateral left pectoral region.
5. Several deep "defensive" slash wounds of right hand and small superficial incised wounds and scratches of left hand.
6. Slash wound of posterolateral right shoulder.

SUMMARY:



Autopsy of this decedent revealed the body of a prepubescent child of appropriate dimensions for age with a laceration of the left frontotemporal scalp over a slightly depressed complex of fractures of the left temporoparietal skull with no injury of the dura and only minimal blood staining of the subdural cerebrospinal fluid and a notably swollen soft brain; several slash wounds across the left cheek, left side of the jaw and proximal left lateral neck without perforating the oropharynx or major neurovascular structures; deep gaping intersecting slash wounds from left of the posterior midline about the right side of the neck to 2 inches left of the anterior midline transecting the larynx just below the vocal cords, the right carotid sheath and right common carotid artery and into the facet joints on the right between the 3rd, 4th and 5th cervical vertebrae injuring the right vertebral artery; a slash wound that extended distally from these neck wounds over the low left neck and clavicle and through the lateral left pectoral musculature; a distally undermined slash wound of the posterolateral right shoulder; "defensive" slashes of the right hand and some smaller superficial incisions and scratches of the left hand. No other significant trauma or pathology was noted in or about the body and death is attributed to slash wounds of the neck.

CAUSE OF DEATH: **Slash wounds of neck**

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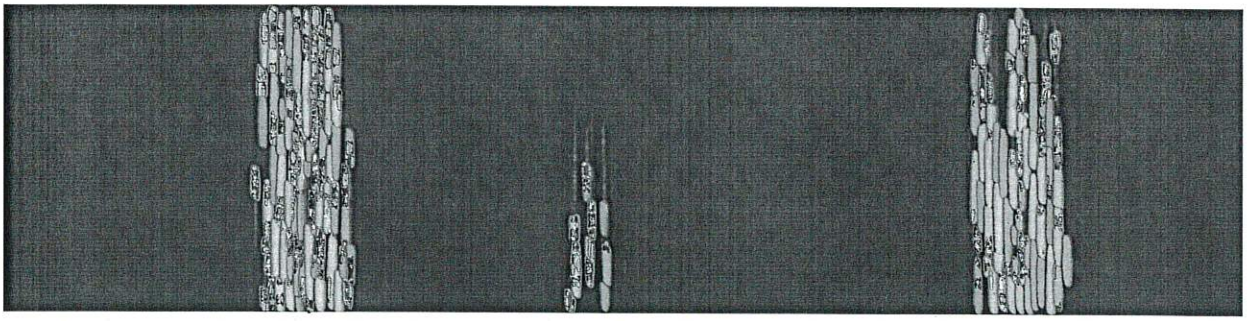

EXTERNAL EXAMINATION

General Characteristics: The body is that of a robust male child appearing consistent with the seventh year of life. The body length approximates 4 feet 6 inches and the weight about 70 lbs.

Head and neck: The scalp bears a full head of black hair up to 1½ inches in length. The eyes are brown with clear sclerae. The jaws contain a nearly full set of natural teeth in good condition and there is no trauma of the lips or oral mucosa. The nose is palpably intact and symmetrical with an intact undeviated septum and no trauma and the pinnae of the ears are of normal structure and location with a small superficial incision 8 millimeters in length over the middle of the concha of the left ear. There is an incised wound of the left frontotemporal scalp that is described in more detail below as are slash wounds across the lateral left cheek, a perforating slash wound that passes from the left angle of the jaw and out of the left side of the chin and several incised wounds that form part of a large complex of deep slash wounds across the right side of the neck under the right side of the mandible. No other significant pre-existing injuries or scars are noted about the face or head which is not unduly suffused and there are no petechiae of the conjunctivae, eyelids or fine facial skin. The neck has been slender, normally formed and symmetrical but there is now a vast ragged series of intersecting slash wounds across the right side and back of the neck with at least four separate notches at the upper border and anterior end and an isolated strip of skin and soft tissue up to 2 cm. in width over the right proximal neck and at least two overlapping slash wounds have left a single gaping irregular wound up to 3½ inches in length centered over the left angle of the jaw including the wound that has penetrated beneath the skin and exited the left side of the chin. The complex of deep slash wounds over the right side of the proximal neck and posterior neck communicate with a further irregular ragged deep slash wound across the anterior neck that has passed across the top of the larynx and into the space between the lateral processes of the right 4th and 5th cervical vertebrae and which is described in more detail below. No other significant pre-existing injuries, scars, tattoos or other distinguishing features are noted about the neck.

Trunk: The chest is slender, normally formed and symmetrical and generally normally resonant with an irregular incised wound that passes from the inferior left lateral end of the most distal slash wound across the neck over the medial left clavicle and onto the left anterior upper chest isolating an irregular island of skin and soft tissue measuring approximately 2¾ by 1¼ inches and including the epidermis, dermis and some of the underlying subcutaneous tissue. No other significant pre-existing injuries or scars are

noted about the chest. The abdomen is slightly rounded with a pannus of about 3/4 inch depth and no grossly evident old surgical scars or trauma.

Upper limbs: The arms are normally formed and symmetrical and orthopedically intact but there is an irregular 2 inch arcuate (convex rostrally) incised wound of the posterolateral right shoulder involving only subcutaneous adipose tissue and which is described in more detail below. No other significant injuries or scars or distinguishing features are noted about either arm. The hands are normally formed and symmetrical but there is a very deep ragged slash wound through the thenar web of the right hand that pierces into the joint space of the 1st metatarsal and its adjacent tarsal bones and the ulnar end of this deep slash wound passes more superficially across the palmar base of the right hand. Other short but deep slash wounds affect the palmar surfaces of the right index, middle and ring fingers and there is a penetrating incised wound in the dorsal web between the right ring and little fingers. A further deep 1 inch slash wound passes across the base of the hypothenar eminence of the right hand. The left hand has a short superficial incised wound of the proximal dorsal phalanx of the left middle finger and a ¼ inch abrasion of the proximal dorsal left thumb but there are no injuries of its palmar surfaces. All of the fingers and thumbs are present, otherwise intact and tipped by short even nails over pale nail beds.

Lower limbs: The legs are normally formed and symmetrical with no significant injuries and only a few tiny nondescript scars of the knees and shins. The feet are normally formed and symmetrical with no significant injuries or scars and reasonable hair growth to the tops of the toes, all of which are present, unwebbed, intact and tipped by short even nails.

Back of the body: The back is normally formed and symmetrical with no significant injuries, scars or distinguishing features.

External genitalia: The external genitalia are those of an uncircumcised prepubescent male child with bilaterally descended testes and no trauma.

No other significant scars, tattoos, needle "tracks" or other distinguishing features are noted about the body which is received clad in a sweater with incisions about the collar, underpants, sweatpants and socks.

INJURIES

Laceration of left temporal region – There is an arcuate (convex rostrally and undermined distally) 1½ inch laceration of the left frontotemporal scalp centered about 4 inches above and 2½ inches in front of the left ear canal with some drying and irregularity of its edges but no obvious "bridging" of vessels or nerves in its depths. However, at its posterior end this laceration is associated with a complex of sinuous fractures that are slightly depressed and measure up to 2½ inches across extending distally as far as the proximal lateral wall of the left middle fossa. The underlying dura is intact and there is minimal at best associated blood staining of the subdural cerebrospinal fluid. Some fine focal subarachnoid hemorrhages are sparsely scattered over all surfaces of the brain but slightly more prominent beneath the complex of fractures in the left temporoparietal region. The brain is soft and swollen but has no other focal lesions.

Slash wounds of pinna of left ear – The distal tip of the left earlobe has been excised and there is a very fine superficial 1/2 inch incision of only the epidermis that passes anteriorly from the upper anterior attachment of the left earlobe and a similar superficial wound over the middle of the concha of the pinna of the left ear. A shallow 1/4 inch incised wound passes across the back of the upper portion of the pinna of the left ear at its outer margin.

Slash wounds of left cheek and jaw – There is a transverse 3 inch shallow slash wound across the proximal lateral left cheek extending from about 1/2 inch in front of the upper anterior attachment of the pinna of the left ear to 3/4 inch behind the left corner of the mouth and this wound has pierced only into underlying subcutaneous adipose tissue. A ragged gaping zigzag 3½ inch wound mostly transverse incised wound is centered over the left angle of the jaw and appears to have been made by at least two separate sawing motions of the responsible blade with a wound tract directed from its anterior end beneath a 1 inch bridge of skin to a 3/4 inch wound of the left side of the chin centered approximately 1/2 inch behind and 1/2 inch distal to the left corner of the mouth.

Blunt trauma of face – There is a faint irregular 1½ inch bruise of the medial right forehead extending laterally from the midline and a further more discrete 1 by 1/2 inch bruise is noted over the lateral inferior right orbital margin.

Deep slash wounds of right side, back and front of neck – There is a massive gaping complex of mostly transverse deep slash wounds causing a vast ragged complex defect extending from the right side of the jaw about the right side of the proximal neck and around the back of the neck to 1 inch left of the posterior midline and at the posterior end further slash wounds pass back anteriorly across the front of the neck to a point 1½ inches left of the anterior midline and there appear to have been multiple slashing movements made with the responsible blade resulting in multiple ragged notches of the borders of this large complex of deep slash wounds. One of these notches passes over the right clavicle and has a 1/2 inch bridge of skin to a shallow 3/4 inch incised wound just distal to the medial right clavicle. A much longer and deeper and mostly axial 4 inch slash wound continues from the lateral end of the vast gaping complex of transverse wounds across the anterior base of the neck over the left clavicle onto the medial left anterior upper chest. In the middle of this vast complex of deep slash wounds an irregular ragged island of isolated skin and underlying subcutaneous tissue has been completely separated but remains adherent to the vast neck wound. At its midpoint this wound has passed entirely through the larynx just below the attachments of the vocal cords and most of the proximal esophagus at its junction with the posterior hypopharynx but a small bridge of intact mucosa and submucosal musculature remains over the anterior vertebral bodies. The left sternocleidomastoid muscle has been incised but the left carotid sheath has remained intact as has its contents. The right carotid sheath has been transected as have all of the vessels and vagus nerve within it and the proximal end of the right common carotid artery has retracted back to a point just medial to the right angle

of the mandible. Some of the slash wounds forming part of this complex have passed into the junctions of the right lateral processes of the 3rd and 4th cervical vertebrae and also the 4th and 5th cervical vertebrae with incision of the included right vertebral artery. The axial slash wound that passes distally over the left anterior upper chest from the lateral end of the large complex of slash wounds across the neck continues distally and laterally into the pectoralis musculature almost as far as the distal medial wall of the left axilla but has not pierced the chest cavity.

Incised wound of posterior right shoulder – There is a gaping arcuate (convex rostrally) 2 inch incised wound of the posterolateral right shoulder centered approximately 2 inches distal to the tip of the shoulder and undermined slightly distally penetrating as far as underlying fascia but no further.

"Defensive" incised wounds of right hand – There is a vast gaping ragged 3 inch incised wound of the thenar web of the right hand that has passed completely through it and into the palmar aspect of the joint between the 1st metatarsal and its adjacent tarsal bone and this wound has continued across the palm to the ulnar side of the hand where it is much more superficial. A further 1/2 inch shallow incised wound involves the ulnar palmar aspect of the right hand leaving a 1/8 inch bridge of skin between the ulnar end of the deep wound through the thenar web and this wound involves only subcutaneous adipose tissue. A series of three slightly gaping transverse but somewhat irregular 1/2 inch incised wounds pass up the distal center of the palm of the right hand about 1/2 inch apart from each other and appear to involve only underlying subcutaneous adipose tissue and fascia. An axial 1/2 inch shallow incised wound pierces skin and subcutaneous adipose tissue just proximal to the palmar base of the right ring finger. There is a distally undermined 1/2 inch incised wound across the distal middle phalanx of the right ring finger on its palmar aspect and a similar but deeper incised wound passes across the distal proximal phalanx of the right ring finger on its palmar aspect and has pierced into the proximal interphalangeal joint. Shallow transverse 1/2 inch incised wounds also affect this distal radial palmar aspect of the right middle finger and the distal radial palmar aspects of the middle phalanx of the right middle finger. A deep 1/2 inch incised wound of the radial palmar aspect of the distal right index finger has passed into the distal interphalangeal joint on the radial side of that finger. A 1/2 inch stab wound has passed through the web between the right ring and little fingers as far back as the junction between the metatarsal heads of those fingers. A transverse 1 inch laceration over the base of the hypothenar eminence of the right hand extends down to underlying fascia.

"Defensive" wounds of left hand – There is a shallow transverse 1/2 inch incised wound of the dorsal aspect of the proximal phalanx of the left middle finger and an adjacent 1/4 inch very superficial incised wound of the distal ulnar aspect of the proximal phalanx of the left index finger. A 1 cm superficial scratch crosses the ulnar dorsal metatarsal phalangeal knuckle of the left thumb and there is a 1/2 inch superficial axial scratch over the 1st metatarsal at the base of the left thumb.

INTERNAL EXAMINATION

The body is opened with a biparietal scalp incision and "Y"- shaped thoraco-abdominal incision to disclose the above noted injuries and no other pre-existing trauma or pathology in thoracic or abdominal walls. There is no abnormal collection of blood or other fluid in any of the major body cavities and all of the major organs are present in their usual locations and relations to one another.

The 120 gram heart is of normal size, shape, structure, symmetry and resilience with no focal lesion detected about its epicardial surfaces or within the firm red tan myocardium on sectioning. All four major valves are of normal size, structure, competence and patency with flexible cusps that have no vegetations and unremarkable chordae tendineae and papillary muscles. The coronary arteries arise normally and follow their usual course and are flexible and normally patent. The aorta and major systemic arteries arise normally and follow their usual course and are flexible and normally patent with the already noted transection of the right common carotid artery and right vertebral artery but smooth intimal surfaces and no significant stenosis, aneurysm formation or any other pathology as is true of the main and major pulmonary arteries, which have no contained thromboemboli. The venae cavae and major systemic veins follow their usual course and are grossly unremarkable as are the main systemic veins with the exception of the transected right internal jugular vein.

Both lungs (130 grams each) are of normal lobar structure, pink and normally crepitant with no focal lesion detected about the pleural surfaces or cut sections of either lung. A little bloody frothy fluid can be expressed from cut surfaces of both lungs and lines the major bronchi, trachea and larynx where there has been complete transection through the larynx just below the level of the vocal cords as noted above.

The esophagus has been almost transected at its attachment to the posterior hypopharynx but there is no other gross abnormality of esophagus, stomach, duodenum or the serosal aspects of small or large bowel including the vermiform appendix. The stomach contains approximately 25 cc. of a pale tan thin mucoid slurry atop an unremarkable and normally rugous gastric mucosa with no grossly evident intact pills or fragments thereof and no distinctive odor. The tongue is not enlarged and has no hemorrhages. The 570 gram liver is intact and of normal size, shape, structure and texture with a smooth capsular surface and tan color. It is not grossly cirrhotic or bile stained or notably steatotic and no focal lesions are detected about or within it. The gallbladder is present and contains approximately 5 cc. of liquid golden brown bile without stones. The pancreas is of normal size and structure with no focal lesion detected about or within it.

Both kidneys (60 grams each) are present, pale and of normal size, shape and structure with smooth subcapsular surfaces and cortices of normal thickness. Each kidney presents unremarkable corticomedullary internal structure and is drained by a single normal ureter in turn emptying into a grossly unremarkable urinary bladder containing approximately 65 cc. of clear urine atop a small soft uniform 1.6 cm. prostate.

The 60 gram spleen is intact and of normal size, shape and structure with a smooth capsular surface and no focal lesion detected about or within it. There is an age appropriate degree of soft uniform lymphadenopathy scattered throughout the neck and trunk and especially in the bowel mesentery and the faucial tonsils measure 2.2 cm. in maximal dimension. A 70 gram pale fleshy thymus fills the anterior superior mediastinum.

There is no gross abnormality of pituitary, thyroid or adrenal glands.

Dissection of the neck discloses the massive complex of deep slash wounds already noted and no other significant trauma or pathology in soft tissues, strap muscles, laryngeal structures, hyoid bone or cervical spine and the atlanto-occipital joint is intact and stable.

The head is opened with a biparietal scalp incision and removal of the skull cap to disclose the slightly depressed complex of fractures over the left parieto temporal region extending as far distally as the proximal lateral wall of the left middle fossa but no further and the underlying dura is intact with minimal blood staining of the subdural cerebrospinal fluid. Some very faint fine subarachnoid hemorrhages are scattered over all surfaces of the brain and slightly more prominent over the left parietotemporal region. The 1,620 gram brain is considerably swollen and soft and notably congested and somewhat "dusky" in appearance but it is of normal structure and symmetry with bilateral uncal impressions and a moderate cerebellar "cone" and no other herniation of any of its parts. There is a normal gyral pattern of both cerebral hemispheres with some meningeal vascular congestion and flattening of gyri but no focal lesions about the cortical surfaces, base of the brain, midbrain, pons, cerebellum or medulla. Consecutive coronal sections disclose the usually grossly visible internal structures and no focal lesions in cortex, white matter or deep grey matter. The ventricular system is of normal size, structure and content. The vessels about the base of the brain follow their usual course and are flexible and normally patent.

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MEDICAL EXAMINER