OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
2350 E. Michigan Street
Orlando, Florida 32806-4939

REPORT OF AUTOPSY

DECEDENT: ANTHONY LAUREANO DISLA **CASE NUMBER:** ME 2016-000933

MANNER OF DEATH: Homicide **IDENTIFIED BY:** Photo ID

AGE: 25 years **SEX:** Male
RACE: White Hispanic **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 @ 9:30 a.m.

PERFORMED BY: Russell Vega, MD, Associate Medical Examiner
(District 12 – providing cross coverage)

REVIEWED BY: Joshua D. Stephany, MD, Chief Medical Examiner 8/8/16

CAUSE OF DEATH: Gunshot wound of the torso

AUTOPSY FINDINGS

I. Gunshot wound of torso (back):
   - A. Perforations of left kidney, spleen, stomach, and liver
   - B. Hemothorax and hemoperitoneum
   - C. Contusions of lungs
   - D. Projectile and fragments recovered

II. Gunshot wound of left thigh:
   - A. Perforation of quadriceps muscle
   - B. Projectile and fragments recovered

III. Gunshot wound, left 4th toe:
   A. Penetrating wound
   B. Projectile fragment recovered

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body and review of the available investigative reports, it is my opinion that the death of Anthony Laureano Disla, a 25-year-old man, is due to a gunshot wound of the torso.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF ANTHONY LAUREANO DISLA

A postmortem examination of the body of a 25-year-old male identified as Anthony Laureano Disla is performed pursuant to Florida statute 406.11 by Russell Vega, MD, Associate Medical Examiner (District 12 – providing cross coverage) at the Orange County Medical Examiner facility, District Nine, Orlando, Florida on June 14, 2016 @ 9:30 a.m.

IDENTIFICATION: The body of Anthony Laureano Disla is identified by comparison to the photograph in Florida Driver's License # L653-012-90-373-0 by FDLE Special Agent Walsh on June 12, 2016 @ 8:21 p.m., at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The clothing includes a dark blue T-shirt with floral embellishments, a brown and tan braided paracord belt, a pair of blue jeans, a pair of blue briefs, low-profile black socks, and black leather shoes. The shirt, blue jeans, and left shoe have perforations, consistent with the gunshot wounds as described in the paragraphs on Evidence of Injury. Specifically, the shirt has a primary perforation and multiple very small satellite perforations consistent with the stippling pattern observed on the body (described below). Also present on the body is a wristwatch with leather band and black and yellow metal face, an orange metal bracelet, a gray metal and black cord necklace, and black metal stud earrings. The wristwatch and bracelet are on the left wrist. Also received separately with the body, are a white cell phone, a single metal key, two cards including a Florida Driver's License with the name Anthony Luis Laureano Disla, two $5 bills, and a tube of ChapStick.

EXTERNAL EXAMINATION

The body is that of a 67 inch in length, 169 pound, well-developed Hispanic appearing man with general appearance consistent with the age of record of 25 years. The body is cold to touch due to refrigeration. Rigor mortis has passed. Lividity appears to be fairly prominent over the face, head and neck, as well as parts of the anterior aspect of the body, but sparing a large portion over the left side of the torso. Very modest early marbling is present, suggesting very early decompositional change.

The scalp hair is brown to black, wavy and approximately ½ inch in maximal length. The hair is fully distributed over the scalp. No distinctive conjunctival

petechiae are present, though the left eye is markedly livid. A moderate amount of blood exudes from the nostrils. The teeth are natural and in a good state of repair. Facial hair consists of a short beard and mustache. The neck has no unusual marks. The chest is symmetrical. The abdomen is flat. The penis is uncircumcised. The testes are descended into the scrotum

The extremities are symmetric. The legs have neither pitting edema nor ulcers. The back and anus have no lesions.

Similar identification bracelets are about both wrists. Each wrist has one bracelet that has the number "23" on it, and a second bracelet that has the number "23", the number "16-933" and the name "Anthony Laureano Disla". Additionally, about the right wrist, is a yellow access-type bracelet.

IDENTIFYING MARKS AND SCARS:
A short scar is over the distal anteromedial aspect of the left thigh. An irregular small scar is just below the right knee anteriorly. A subtle obliquely-oriented apparent hyperpigmented scar is over the distal posterior aspect of the right leg. No other scars are clearly identifiable. A tattoo of a large tribal pattern with an owl is over the upper aspect of the left side of the chest. Over the upper aspect of the left shoulder region is the Roman numeral "XX.XIII.MCMXC".

The body has no injuries except those described below.

EVIDENCE OF INJURY

The body has three gunshot wounds. A single gunshot wound of the back perforates the kidney, spleen, liver, and stomach, resulting in marked right hemothorax and hemoperitoneum. This wound has associated stippling, and is best classified as an intermediate range wound. A projectile and some fragments are recovered. A fragmented projectile causes a gunshot injury to the anterior left thigh, injuring the muscle, and resulting in multiple fragments recovered. A gunshot wound of the left 4th toe results in a projectile fragment being recovered.

The above summarized injuries are herein described in detail.

Gunshot Wound of Back:

1) The entrance wound is located over the mid left side of the back, 45¼ inches superior to the sole of the left foot and 4¼ inches to the left side of the midline. The wound comprises a 1/8th inch in diameter circular perforation with a well-defined 1/16th inch circumferential abrasion margin. The wound has no surrounding soot fouling; however, a distinct pattern of stippling surrounds the wound. The stippling comprises multiple fine red punctate abrasions and superficially penetrating injuries, all smaller than 1 mm. These cover a 2 x 1 3/8 inch pattern that disperses medial from the perforation toward the midline of the spine. Small dark gray or black fragments are recovered from two of these punctate wounds; these are photographed and retained as evidence for law enforcement.

2) The wound track has no exit.

3) The wound track traverses the skin of the left lower back, penetrating the latissimus dorsi and lateral erector spinae muscles, and subsequently entering the left pleural cavity at the base of the lateral pleural recess. The wound track then immediately perforates the posterolateral insertions of the left hemidiaphragm, entering the retroperitoneal soft tissues on the left side. The wound track then broadly perforates the upper pole of the left kidney, and then perforates the spleen and the stomach. The wound track then perforates the liver, then broadly perforates the anterior right hemi-diaphragm, the anterior right 7th rib, and ends in the subcutaneous tissues of the right anterior chest wall.

4) Recovered from the end of the wound track is a small caliber, moderately-deformed, apparently fragmented and jacketed projectile. This is cleaned, photographed and retained as evidence for law enforcement. Additionally recovered from the stomach are a jacketing fragment and a lead projectile fragment. These also are cleaned, photographed, and retained as evidence for law enforcement.

5) Associated with the wound track are modest soiling of the peritoneal cavity by gastric contents, along with hemoperitoneum and right hemothorax. The peritoneum has 500 mL of liquid blood. The right pleural cavity has 1050 mL of dark red liquid blood. The left pleural cavity contains a very small amount of blood, with a total of 100 mL of essentially serosanguineous fluid in the cavity. The right lung has moderate contusion of the lower lobe without direct

perforation. The left lung has very focal contusion of the basilar aspect of the left lower lobe.

6) The wound track is, with reference to the standard anatomic position, from left to right, from posterior to anterior, and slightly from inferior to superior.

Gunshot Wound of Left Thigh:

1) Clustered over the distal left thigh, are multiple irregular perforations and scattered small punctate pink and red abrasions. The perforations include a ¼ inch roughly circular perforation, a ½ inch somewhat irregular perforation, a ¾ x 3/8 inch more ovoid perforation, and a 1½ x 1 inch dome-shaped perforation. The dome-shaped perforation overlies a large defect in the underlying distal quadriceps muscle. Other defects are associated with small non-trackable penetrating projectile fragments (evident by post-mortem radiograph in tandem with dissection). A single larger jacketing fragment and two somewhat larger lead fragments are identified deep to the dome-shaped perforation. Additional smaller fragments are recovered from the smaller penetrating wound tracks. All of these fragments, including lead and jacketing fragments, are cleaned, photographed, and retained as evidence for law enforcement. In addition to the clear projectile fragments, two additional foreign bodies are identified deep and imbedded within the tissues, not as surface debris. These include a small fragment of concrete, and a small clearly-shaped and formed gray metal fragment that appears to be a piece of some type of electronics or machinery. These also are cleaned, photographed, and retained, along with the remaining projectile fragments, as evidence for law enforcement.

2) The wound track is, with reference to the standard anatomic position, generally downward, slightly from anterior to posterior, and probably slightly from left to right. (Comment: The overall appearance of the wound is one of a single projectile that ricocheted or had as an intermediate target some foreign body that included concrete.)

Gunshot Wound of Left Fourth Toe:

1) The entrance wound is located on the dorsal, medial aspect of the left 4th toe. It comprises an irregular 3/8 inch in greatest dimension perforation with ragged margins. Imbedded within the entrance wound is a medium-sized projectile fragment.

2) The underside of the left 4th toe has an exit type perforation that is 3/8 inches in its greatest dimension, and comprises essentially a transverse irregular slit-type perforation. This appears to represent a partial exit.

3) Neither of the above perforations has soot fouling, stippling, or other associated injuries. The distal phalanx appears perforated. Adjacent to the exit perforation is a small irregular tear of the skin of the plantar aspect of the foot adjacent to the toe. (Comment: This may or may not be associated with the gunshot wound).

4) The gunshot fragment is retrieved from the entrance perforation, is cleaned, photographed, and retained as evidence for law enforcement.

5) The wound track is, with reference to the standard anatomic position, from superior to inferior (dorsal to plantar). No other deviation is appreciable.

INTERNAL EXAMINATION

BODY CAVITIES: The pneumothorax test is negative bilaterally. The pleural, pericardial and peritoneal cavities are remarkable only as described, and have no adhesions. The body organs are normally situated, minimally congested, and have no unusual odors.

CARDIOVASCULAR SYSTEM: The great vessels and chambers of the heart are moderately underfilled containing liquid and clotted dark red blood. The great vessels arise normally, follow their usual courses, and have neither thrombi nor emboli evident. The aorta has no atherosclerosis, aneurysm, or dissection.

The heart weighs 300 grams. The epicardial and pericardial surfaces are smooth. The coronary arteries arise normally and follow a right dominant distribution, having no atherosclerosis or obstructions. The myocardial cut surfaces are brown, somewhat soft, and have no focal lesions. The chambers do not appear dilated or hypertrophied. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets. The coronary ostia are normally situated and are patent.

RESPIRATORY SYSTEM: The right lung weighs 350 grams; the left weighs 260 grams. The parenchyma is dark pink-red, and remarkable for injuries as described above. No emphysematous changes or tumor nodules are present.

The pulmonary arterial branches have no thromboemboli. The tracheobronchial tree is patent, with lesions or obstructions.

HEPATOBILIARY SYSTEM: The liver weighs 1320 grams. The capsule is smooth and thin. The cut surfaces are brown, and remarkable for gunshot wound changes as described in the paragraphs on Evidence of Injury. There is no cirrhosis and there are no tumor nodules. The gallbladder contains liquid bile without stones. The pancreas has tan parenchyma without nodules, hemorrhage, or fibrosis.

ENDOCRINE SYSTEM: The pituitary gland does not appear enlarged. The thyroid gland has brown parenchyma without cysts or nodules evident. The adrenal glands have yellow cortices and tan-red medullae without nodules.

DIGESTIVE SYSTEM: The stomach contains scant mucoid tan-brown material with a few small unspecified partially digested food fragments. The gastrointestinal tract has no focal lesions or evidence of obstruction, but is remarkable for gunshot wound changes as described.

GENITOURINARY SYSTEM: The right kidney weighs 120 grams; the left weighs 130 grams. The capsules strip with ease from the underlying smooth cortical surfaces. The cut surfaces are tan-brown and have the usual corticomedullary architecture without nodules, scars or cysts. Note that the left kidney is remarkable for injury as described above. The urinary collecting system has no stones, nor is it dilated. The bladder contains a moderate volume of clear pale urine and is lined by smooth mucosa.

The prostate gland is not enlarged and has tan cut surfaces. The testes have no nodules or hemorrhage and have stringy tan parenchyma.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 80 grams. It is remarkable for gunshot wounds as described in the paragraphs on Evidence of Injury. It has no nodules. The lymph nodes appear inconspicuous throughout. The exposed bone marrow is red. The thymus is unremarkable.

MUSCULOSKELETAL SYSTEM: The ribs are remarkable as described above. The spine, clavicles, and pelvis have no appreciable fractures. The supporting musculature and soft tissues are only remarkable as described.

NECK: The cervical spine, laryngeal cartilages, and hyoid bone have no fractures. The soft tissues of the neck, including the strap muscles, have no evident injuries. The upper airways are lined by thin mucosa without lesions or obstructions. The tongue has no injuries.

HEAD AND CENTRAL NERVOUS SYSTEM: The scalp has no injuries. The skull has no fractures. No epidural or subdural blood accumulations are evident. The leptomeninges are thin and delicate, without hemorrhage or exudate. The cranial nerves and cerebral arteries appear unremarkable. The brain is slightly soft and discolored gray-brown from very early decompositional change. It weighs 1550 grams. The external and cut surfaces have no evidence of natural disease or injury.

RV/jw

Wuesthoff REFERENCE LABORATORY

Wuesthoff Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Julie Bell, M.D., Laboratory Director

Patient: LAUREANO DISLA, ANTHONY Age: **25** Sex: **M**
Client Patient ID: 9-16-933 Account#: VX83009
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501206 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	**0.150**	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0
Analysis by Gas Chromatography (GC) Headspace Injection			
BLOOD DRUG SCREEN - BDSME			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
GC/MS			
METHAMPHETAMINE, COCAINE METABOLITE, CAFFEINE			
LC/MS/MS			
METHAMPHETAMINE, COCAINE, COCAINE METABOLITES, CAFFEINE			
BLOOD IMMUNOASSAY SCREEN			
AMPHETAMINES	**POSITIVE**	mg/L	0.100
BARBITURATES	NEGATIVE	mg/L	0.100
BENZODIAZEPINES	NEGATIVE	mg/L	0.050
BUPRENORPHINE	NEGATIVE	mg/L	0.001
CANNABINOIDS	NEGATIVE	mg/L	0.050
COCAINE METABOLITE		mg/L	0.100
Screening result suggests the need for further testing			
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0

7/19/16

Wuesthoff REFERENCE LABORATORY

Wuesthoff Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Julie Bell, M.D., Laboratory Director

Patient: LAUREANO DISLA, ANTHONY Age: **25** Sex: **M**
Client Patient ID: 9-16-933 Account#: VX83009
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661900704 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL, VITREOUS - VOLPV			
SPECIMEN TYPE			
VITREOUS			
ETHANOL	**0.142**	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection

7/21/16

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

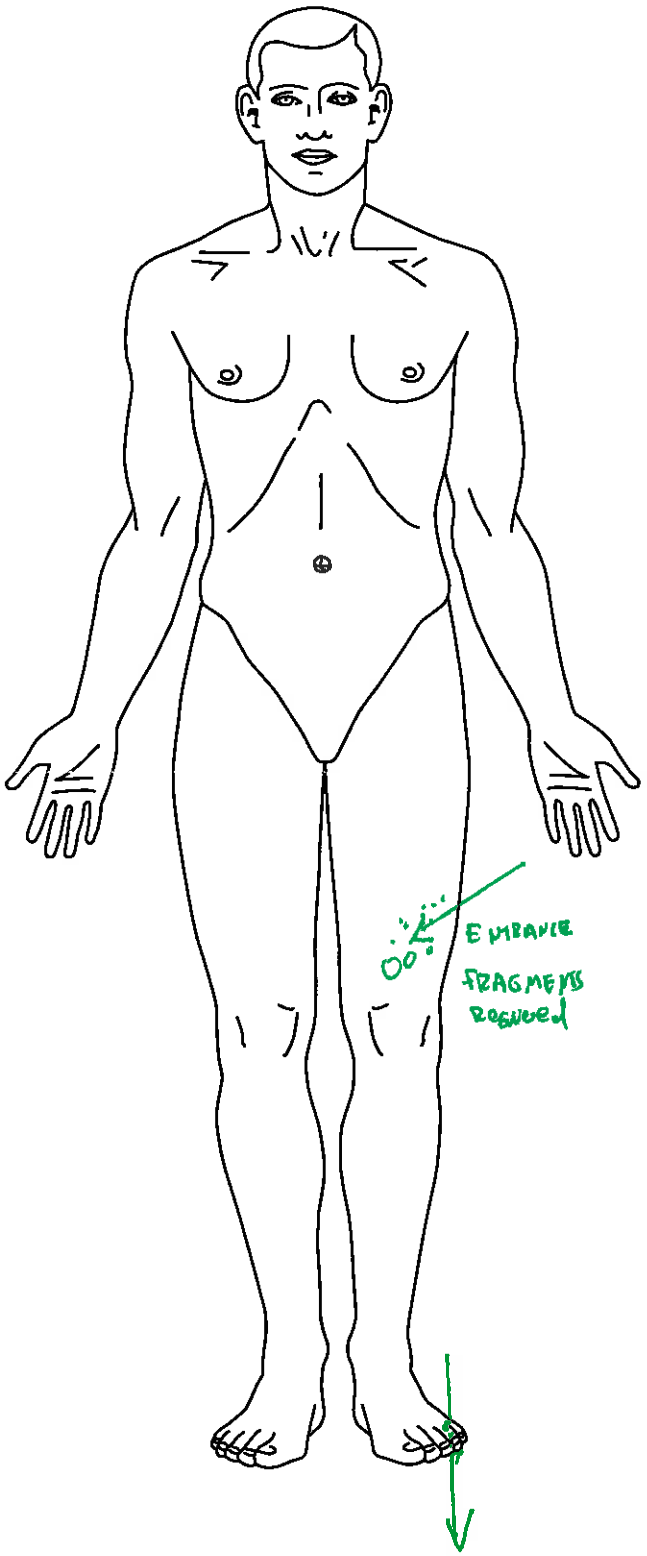
Reviewed by: [signature] Date: 7/20/16

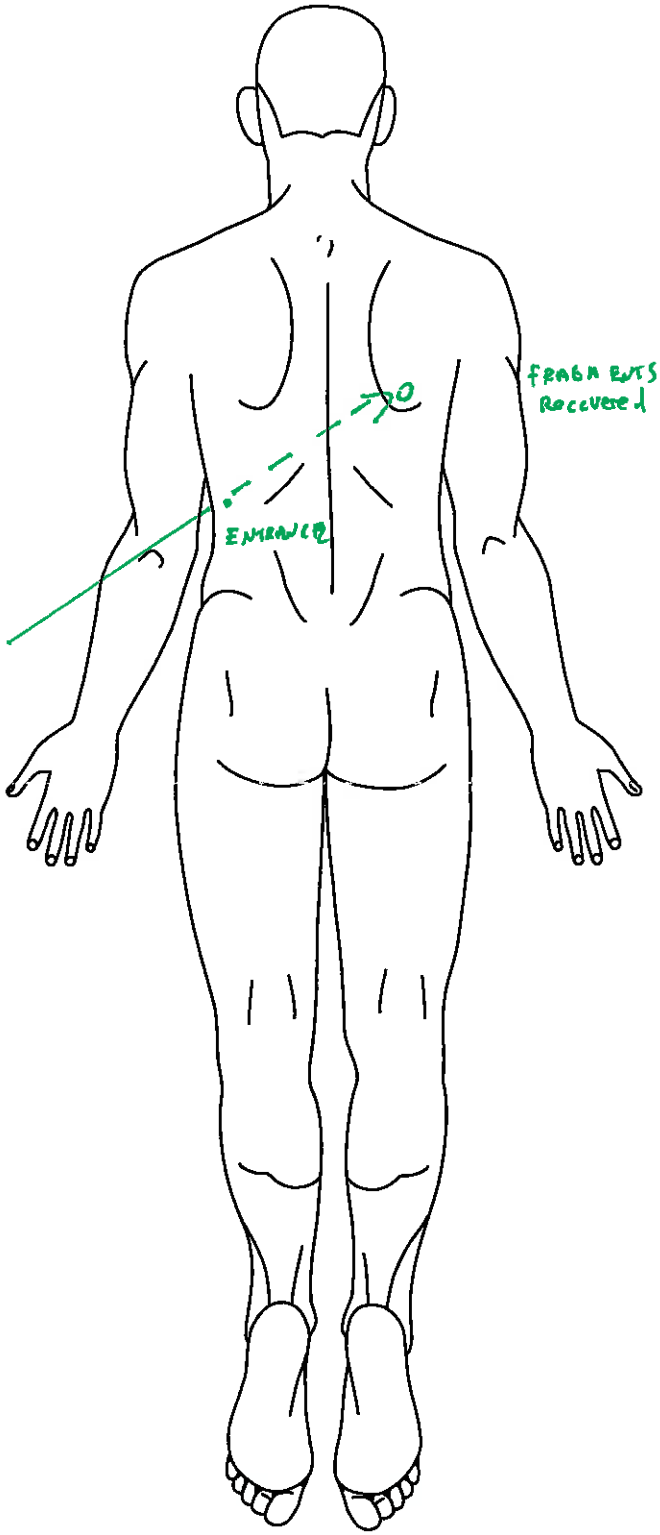
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

ME16-00933

Laureano Disla, Anthony

ME Case Number: _____ 25 Years - M 6/12/2016 _____





15-225 (8/11)

CLASSIFICATION DIAGRAM