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

REPORT OF AUTOPSY

DECEDENT: BRENDA MCCOOL **CASE NUMBER:** ME 2016-000940

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

AGE: 49 years **SEX:** Female
RACE: White **DATE OF DEATH:** June 12, 2016

DATE/TIME OF AUTOPSY: June 14, 2016 at 2:15 pm

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

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

CAUSE OF DEATH: Multiple gunshot wounds of the torso

AUTOPSY FINDINGS

I. Gunshot wounds of torso:
   - A. Six separate gunshot tracks, four penetrating and one perforating
   - B. Extensive soft tissue damage
   - C. Multiple fractures of ribs, spine, right femoral neck, and pelvis
   - D. Perforation of right and left lungs, aorta, liver, right kidney, and spinal cord
   - E. Right hemothoraces and hemoperitoneum
   - F. Five projectiles and associated fragments recovered

continued...

II. Gunshot wounds of extremities:
   A. Four tracks through left upper extremity, bilateral thighs, and left leg
   B. Fractures of left radius and humerus
   C. Projectile fragments recovered from arm wound
   D. A separate loose projectile fragment recovered from pants

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 records, it is my opinion that the death of Brenda McCool, a 49 year old woman, is due to multiple gunshot wounds of the torso.

The manner of death is homicide.

POSTMORTEM EXAMINATION
OF THE BODY OF BRENDA MCCOOL

A postmortem examination of the body of a white woman identified as Brenda McCool is performed pursuant to Florida Statute 406.11 by Russell Vega, MD, Associate Medical Examiner, (District 12 providing cross coverage), District Nine at the Orange County Medical Examiner facility, Orlando, Florida on June 14, 2016 at 2:15 pm.

IDENTIFICATION: The body of Brenda McCool is identified by her Florida Driver's License #M240-72-675-61-0. The positive identification is made by Florida Department of Law Enforcement Special Agent Walsh on June 12, 2016 at 9:55 pm, at the Orange County Medical Examiner facility.

CLOTHING AND VALUABLES: The clothing comprises a black tank top, a white camisole type tank top, a white bra, white jeans, white underpants, white ankle socks, and white shoes. A black and white print purse has its strap slung over the left shoulder, and the purse is hanging over the right side of the body. The contents of the purse have been removed and are received separately from the body in a bag. The purse has a single gunshot perforation that correlates well with the gunshot wound of the right flank (described below) with the purse in its originally observed position on the right side of the body. Also on the body is a yellow metal watch over the left wrist, a metal stud earring and a small metal hoop earring in the right ear, and a metal stud earring and two small hoop earrings in the left ear. Within the separately received bag are $27 in US currency, a pack of Orbit chewing gum, a container of EOS lip balm, and two large metal hoop earrings. The clothing has extensive blood staining and has perforations that appear to correlate with gunshot wounds on the body.

EXTERNAL EXAMINATION

The body is that of a 68 inch in length, 234 pound, normally developed white woman with general appearance consistent with age record of 49 years. The body is cold to touch due to refrigeration. Rigor mortis has passed. Lividity is mild, affects the head and neck, and the posterior aspect of the body. NOTE: The head and neck has early changes of decomposition, including some red-brown discoloration and early marbling. Additionally, some areas of contusion on the right side of the abdomen and flank also have some green discoloration suggestive of early decompositional change.

The scalp hair is blonde, straight, 2 inches in maximal length, and fully distributed over the scalp. The irides are brown. The conjunctivae are livid and have some decompositional artifact. The corneas are cloudy. The teeth are natural and in good repair. The neck has no unusual marks.

The chest is symmetric. The breasts have no masses.

The abdomen is slightly protuberant. The external genitalia are atraumatic and otherwise unremarkable.

The extremities are symmetric, with the exception of injuries that are described below. The legs have no changes of vascular insufficiency or edema.

The anus is remarkable for uncomplicated hemorrhoids. The back is remarkable for injuries as described below.

The toenails have dark blue polish. The fingernails have dark blue polish with crystal embellishments.

An orange access type bracelet is about the right wrist. Also about the right wrist are two identifying bracelets; one with the number 30, and the other with the number 30, the number 16-0940, and the name Brenda McCool. Two similarly labeled identification bracelets are over the left wrist.

IDENTIFYING MARKS AND SCARS: The body has multiple professionally executed tattoos, including the following: over the lateral aspect of the left shoulder is a crown with the word "New Yorican"; over the lateral aspect of the right shoulder is a red and blue S emblem with the words 'My son is my hero', along with a small tribal pattern; over the volar aspect of the left wrist is the word 'Sisters' with a floral embellishment; over the posterior aspect of the right shoulder is a child angel with the word "Mommy"; and over the upper aspect of the back is a heart, with stars and a tribal pattern.

Roughly symmetric, medium length, vertically oriented scars are over the anterior aspect of each thigh. No other scars are evident, nor are there additional identifying marks.

EVIDENCE OF INJURY

The body has no injuries except those described.

WOUND SUMMARY:

The body has at least ten gunshot wound injury tracks representing at least nine separate paths of unique projectiles. These comprise six wounds of the torso, including one wound of the back, one wound of the right flank, one of the anterior abdominal wall, two wounds of the right buttock, and one wound of the right hip and pelvis. Also present are four wounds of the extremities.

Torso: Of the torso wounds, five are penetrating wounds, and these correlate with roughly five somewhat-intact projectiles and additional recovered projectile fragments. The torso wounds cause extensive soft tissue damage, including large cavitary subcutaneous fat injuries in the right buttock and right flank areas. Multiple ribs are fractured, on both left and right sides, and there are bilateral hemothoraces. The spine has an essentially transecting blast perforation with transection of the mid-thoracic spinal cord. The lungs both have perforations, and the liver has near pulping perforation. The aorta has blast laceration without transection, and the right kidney also has perforation. The neck of the right femur and the pelvis have fractures. An additional wound on the torso may represent a partially shored fragment exit, or could represent an additional penetrating injury.

Extremities: Four wounds also involve the extremities, including large defects over the right upper extremity, the posterior right thigh and posterior left leg. These wounds result in small fragments recovered but no major projectiles recovered. Associated are fractures of the left humerus and left radius. Note that two of these tracks through the body (involving the right and left thighs) are easily made co-linear and thus were likely sustained as a result of a single continuing projectile path.

None of the wounds have range of fire effect, nor is any evident on the clothing.

The above summarized injuries are herein described in detail. The wounds are described in essentially random order, with no intended association to the severity of the wounds or the order in which wounds may have been sustained.

GUNSHOT WOUND OF THE UPPER ABDOMEN:

1. The entrance wound, designated in diagrams as letter "B", is located over the right upper abdominal wall, 44 inches superior to the soul of the right foot and 4 ½ inches to the right side of the midline. The wound comprises a ½ inch in greatest dimension, roughly circular perforation with a well-defined, ½ inch in greatest dimension, roughly flame shaped marginal abrasion that is at its maximal width over the 8 o'clock margin. The wound has no surrounding soot fouling or stippling. It has minimal appreciable underlying tissue deficit.

2. The exit wound, designated in diagrams as letter "A", is located over the left upper quadrant of the abdomen, 45 ½ inches superior to the sole of the left foot, and 1 ½ inches to the left side of the midline. The wound comprises a ¼ inch in greatest dimension, roughly circular perforation without appreciable tissue deficit. The wound has two irregular zones of abrasion margin, each ¼ inch in greatest dimension, located at the 2 o'clock and 7 o'clock margins. The wound has no associated soot fouling of stippling.

3. The wound track traverses the previously described entrance wound, traversing the subcutaneous fat of the anterior abdominal wall, avoiding the peritoneal cavity, and exiting through the previously described cutaneous exit wound.

4. No projectile or fragments are recovered from the wound track.

5. There are no associated injuries.

6. The wound track is, with reference to the standard anatomic position, from right to left, slightly from inferior to superior, and without significant anterior or posterior deviation.

GUNSHOT WOUND OF RIGHT FLANK:

1. The entrance wound, designated in diagrams as letter "D," is located over the right flank, 42 inches superior to the sole of the right foot and 1 inch anterior to the posterior body wall as the body lies on a table, essentially in the posterior axillary line. The wound comprises a roughly 3/8 inch in greatest dimension somewhat irregular perforation with a 1 inch zone of irregular abrasion and focal tearing at the 5 o'clock margin. The wound has no soot fouling or stippling. The wound has modest underlying soft tissue deficit.

2. The wound track has no exit.

3. The wound track traverses the skin of the right flank, penetrating the underlying subcutaneous fat and subsequently perforating the ninth rib laterally. The wound track then continues through the right pleural cavity briefly, perforating the lateral right hemi-diaphragm and subsequently entering the peritoneal cavity. The wound track then perforates and essentially pulpifies the liver. The major portion of the wound track appears to progress into the pleural cavity, perforating the right lower lobe of lung and there ending. A secondary wound track continues partially into the retroperitoneum where it perforates the upper pole of the right kidney. The wound track also appears to focally perforate the stomach. These secondary tracks may be due to fragments of projectile, impelled bone fragments, or both.

4. Recovered from the end of the wound track in the right lung tissue is a small, moderately deformed, copper jacketed projectile. Other small lead projectile fragments are also identified. These are cleaned, photographed, and retained as evidence for law enforcement. No fragments are recovered from the peritoneal cavity or abdominal organs.

5. Associated with the above described wound track are right hemothorax and hemoperitoneum. These blood accumulations are relatively minor, with 150 mL of liquid blood in the right pleural space, and an unquantifiable but small volume of blood in the peritoneal cavity.

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

7. A small, minimally abraded perforation, designated in diagrams as "C", is located over the right upper quadrant of the abdomen and lower chest wall anterolaterally. This is 46 ½ inches superior to the sole of the right foot and 5 inches from the right side of the midline. It is a 1/16 inch in diameter perforation. It is surrounded by a zone of blue-purple to green contusion that envelopes both this wound and the previously described entrance wound. The overall appearance is one suggestive of a partial projectile fragment or, possibly, a bone fragment causing a partial exit. A secondary small penetrating wound cannot be excluded, though no associated internal projectile or fragment was clearly identified.

GUNSHOT WOUND OF BACK:

1. The entrance wound is located over the mid aspect of the back, and is designated in diagrams as "E". It is located 46 inches superior to the soul of the right foot and 1 inch to the right side of the midline. It comprises a circular, ¼ inch in diameter perforation with modest surrounding marginal abrasion, 1/16 inch in width. About the superior aspect of the perforation is a roughly 3 inch zone of blue-purple contusion; a very subtle green cast is also present. The skin and surrounding tissues have no soot fouling or stippling.

2. The wound track has no exit.

3. The wound track traverses the previously described entrance wound, progressing through the vertebral bodies of the 6, 7, and 8 levels, but predominantly the 7th level, of the thoracic spine. The wound track then continues through the left pleural cavity, perforating the left upper lobe of lung, and fragmenting into multiple additional tracks. These generally progress upward and to the left and anteriorly, causing multiple exits from the left pleural cavity, including a dominant one. These are in the regions of the second and third ribs. These thoracic exit perforations also include a fracture/perforation of the left third rib. The predominant wound track continues, passing just superior to or through the head of the clavicle at the acromioclavicular joint. The wound track there ends.

4. Recovered from the end of the wound track is a moderately deformed small caliber, copper jacketed bullet. This is cleaned, photographed, and retained as evidence for law enforcement. Additionally, other fragments are recovered from the left lung and these also are cleaned, photographed, and submitted as evidence.

5. The passage of the track through the 7th vertebra causes extensive blast damage to the spine, and essentially transects the spine with dislocation. Associated damage is transection of the spinal cord and a blast laceration of the overlying aorta. Left hemothorax is present, with 100 mL of liquid blood in the pleural space.

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

GUNSHOT WOUND OF RIGHT HIP:

1. The entrance wound, designated in diagrams as "J", is located over the lateral right hip region, 32 inches superior to the soul of the right foot, and 1 inch anterior to the posterior body wall margin. The wound comprises a 3/16 inch in diameter circular perforation with a circumferential 1/16 inch in width abrasion margin. The wound has no stippling or soot fouling associated. Well-defined central tissue deficit is present. Surrounding the perforation is a 2 ½ inch by1 ½ inch zone of pink purple contusion.

2. The wound track has no exit.

3. The wound track traverses the subcutaneous fat and the lateral tibial track musculature and fascial tissue. The wound track then perforates the right femoral neck, and then perforates the acetabular region of the pelvis. The wound track ends there.

4. Associated with the wound track is comminuted femoral neck fracture along with some hemorrhage into the adjacent pelvic and lateral hip soft tissues.

5. Recovered from the end of the wound track is a small caliber, moderately deformed, copper jacketed projectile. It is cleaned, photographed, and retained as evidence of law enforcement.

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

GUNSHOT WOUND OF RIGHT BUTTOCK – SUPEROLATERAL:

1. The entrance wound, designated in diagrams as "F", is located 33 ½ inches superior to the sole of the right foot and 8 inches to the right side of the midline. The wound comprises a circular perforation, 3/16 inch in diameter, with a uniform 1/16 inch in width circumferential abrasion margin. The wound track has no stippling or soot fouling. The wound has well-defined central tissue deficit.

2. The wound track has no exit.

3. The wound track traverses the skin of the right buttock, subsequently perforating the subcutaneous fat and gluteal musculature of the right buttock.

The wound track continues superiorly, traversing the subcutaneous fat of the lower flank and back region, and continuing through the lateral back musculature to end in the soft tissues adjacent to the mid lateral chest wall on the right side.

4. Recovered in the region of the end of the wound track is a moderately deformed, small caliber, copper jacketed bullet. It is cleaned, photographed, and retained as evidence for law enforcement (see also the projectile description in *Gunshot Wound of Right Buttock, Inferomedial*, immediately below).

5. Associated with the wound track are blast related fractures of the 7th through 10th ribs on the right side. These fractures are posterolateral. There is extensive hemorrhage into the soft tissues, and pulpifaction and maceration of a large volume of fatty tissue in the lower flank and buttock area. The result is a very large soft tissue, fat, and blood filled wound cavity.

6. The wound track, with reference to the standard anatomic position, from inferior to superior, and somewhat from posterior to anterior. Right to left deviation is not determinable but probably minimal.

GUNSHOT WOUND OF RIGHT BUTTOCK, INFEROMEDIAL:

1. The entrance wound, designated in diagrams and photographs as "G", is located over the right buttock, 32 ¼ inches superior to the sole of the right foot and 5 ½ inches to the right side of the midline. The wound comprises a circular perforation, 3/16 inch in diameter, with a uniform, 1 1/6 inch in width abrasion margin. The entrance perforation has well-defined tissue deficit, but does not have soot fouling or stippling associated.

2. The wound track has no exit.

3. The wound track essentially takes a course identical to that described in the other gunshot wound of the buttock, described immediately above. The two wound tracks are essentially inseparable. The end of this wound track, thus, is not separable from the *Gunshot Wound of Right Buttock, Superolateral*, described immediately above. Recovered at the end of this wound track is an additional copper jacketed small caliber deformed projectile that is cleaned, photographed, and retained as evidence for law enforcement. (COMMENT: Note that the two projectiles are submitted together as located from the right lateral chest soft tissue. Which projectile was associated with which entrance wound cannot be determined).

4. The associated injuries are those as described in *Gunshot Wound of Right Buttock, Superolateral*, described immediately above.

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

GUNSHOT WOUND OF LEFT UPPER EXTREMITY:

1. The entrance wound, designated in diagrams as "H," is located over the posterior left forearm, 21 inches inferior to the vertex of the scalp, 14 inches inferior to the point of the shoulder, and 3 inches distal to the elbow, just lateral to the coronal midline of the forearm. The wound comprises a ¾ x ½ inch, relative stellate perforation without abrasion margins. Just adjacent and medial to this is a ¾ inch in length skin split with a surrounding zone of pink contusion. The wound has no stippling or soot fouling associated.

2. The exit wound, designated in diagrams as "I," is located over the anterior aspect of the right upper extremity. It is a broad perforation, 8 x 3 inches in its greatest dimension. This wound is centered just above the crease of the elbow, but extends from below the elbow to 6 inches proximal to the elbow and over the anterolateral aspect of the arm. The appearance is one of a broad stellate perforation that is a blast-type exit originating near the crease of the elbow, just proximal to it. The wound has dried skin pedicle edges but no distinct abrasion margins. The wound has no associated soot fouling or stippling.

3. The wound track traverses the skin of the left forearm, subsequently penetrating the extensor musculature of the forearm and the biceps musculature of the arm. The wound track then exits the previously described exit wound.

4. Recovered from within the wound and wound track are small projectile fragments that are cleaned, photographed, and retained as evidence for law enforcement.

5. Associated with the wound track are fractures of the proximal left radius and the mid shaft of the left humerus.

6. The wound track is, with reference to the standard anatomic position, from posterior to anterior, and, probably, slightly, from medial to lateral. The wound track is from inferior to superior. (COMMENT: The overall configuration

of the wound suggests that the elbow was likely flexed at the time the wound was sustained).

GUNSHOT WOUND OF RIGHT THIGH:

1. The entrance wound, designated in diagrams as "K," is located over the medial aspect of the right knee, 19 inches superior to the sole of the right foot and essentially within the coronal midline of the knee, 2 ½ inches anterior to the posterior body wall margin as the extremity lies on the table. The wound comprises a 5/16 x 3/16 inch slightly irregular perforation with a 1/16 inch circumferential abrasion margin. Additionally, the abrasion margin is up to 1/8 inch at the 2 o'clock to 3 o'clock margin. The wound has no associated soot fouling or stippling. The wound has modest central tissue deficit.

2. The exit wound, designated in diagrams as "N," is located over the proximal posterior aspect of the right thigh, centered 20 ½ inches superior to the sole of the right foot, and essentially within the posterior midline of the thigh. The wound comprises a broad stellate irregular perforation, 6 x 4 ½ inches in its greatest dimension. The wound includes extensive fatty tissue injury and focal penetration into the underlying hamstring musculature. The wound has no soot fouling, stippling, or marginal abrasion associated.

3. No projectile is recovered from the wound track.

4. The wound track traverses the entrance wound, causing a broad blast-associated defect of the subcutaneous fat and distal hamstring musculature. The wound track then exits the thigh.

5. There are no other associated injuries.

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

GUNSHOT WOUND OF LEFT THIGH:

1. The entrance wound, designated in diagrams as "L," is located over the posteromedial aspect of the left thigh, 21 ½ inches superior to the sole of the left foot and 2 ½ inches medial to the posterior midline of the femur. The wound comprises a somewhat irregular but horizontally oriented, 1 x 3/8 inch

perforation without appreciable abrasion margin. The wound has some central tissue deficit evident. The wound has no associated soot fouling or stippling.

2. The exit wound, designated in diagrams as "M" is located over the posterolateral aspect of the left thigh, 21 inches superior to the sole of the left foot, and 2 ½ inches lateral to the posterior midline of the left femur. The wound comprises a somewhat irregular, 1 3/8 x 5/8 inch irregular perforation without central tissue deficit or abrasion margin. The wound has no soot fouling or stippling. The wound is C-shaped, with the convex portion pointing laterally.

3. The wound track traverses the subcutaneous fat of the posterior left thigh, without causing additional deeper injury.

4. No projectile is recovered from the wound track.

5. The wound track is, with reference to the standard anatomic position, from right to left, and without significant infrasuperior or anteroposterior deviation. (COMMENT: the wound path is essentially co-lineal, requiring minimal adjustment of the positions of the extremities, with the wound track of *Gunshot Wound of Right Thigh*, described immediately above. It thus appears likely that these two wounds were sustained from the same projectile track.

GUNSHOT WOUND OF LEFT LEG:

1. The entrance wound, designated in diagrams as "P", is located over the lower medial aspect of the left leg, 6 inches superior to the sole of the left foot, and essentially within the coronal midline of the leg. The wound comprises a 3/8 x ¼ inch irregular perforation with a somewhat irregular abrasion margin at the 3 o'clock to 4 o'clock zone, roughly 1/8 inch in greatest dimension. The wound has no associated soot fouling or stippling. The wound has well-defined central tissue deficit.

2. The exit wound, designated in diagrams as "O," is located over the posterior aspect of the left leg, essentially within the posterior midline, 7 inches superior to the sole of the left foot. The wound comprises a 3 x 1 ½ inch, irregular stellate perforation without marginal abrasion, soot fouling, or stippling.

3. The wound track traverses the skin of the leg, perforating the distal extensor musculature of the leg, and subsequently exiting through the previously described exit wound.

4. No projectile or fragments are recovered from the wound track.

5. The wound track has no additional associated injuries.

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

ADDITIONAL PROJECTILE:

1. Also identified, loose within the pants of the decedent, is a moderately deformed small caliber copper jacketed projectile. This is cleaned, photographed, and retained as evidence for law enforcement.

ADDITIONAL INJURIES:

1. A subtle, pink-red, linear small obliquely oriented abrasion is over the proximal anteromedial aspect of the right forearm.

2. A small soft tissue contusion involves the soft tissues of the forehead within the midline. No overlying injury is evident. There is no deeper injury associated.

INTERNAL EXAMINATION

HEAD: 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 are unremarkable. The brain weighs 1220 grams. The cerebral surfaces have the usual gyral pattern. The external and cut surfaces of the brain have no evidence of injury or natural disease.

NECK: The cervical spine, larynx, hyoid bone, and strap muscles of the neck have no injuries. The upper airways are lined by thin mucosa, without lesions or obstructions. The tongue has no injuries.

BODY CAVITIES: The body cavities are remarkable for injury changes as described above. No adhesions are present. No other fluid accumulations are present. The body organs are normally situated, somewhat pale, and have no unusual odors.

CARDIOVASCULAR SYSTEM: The great vessels of the heart are markedly underfilled, containing only small amounts of dark-red liquid blood. The great vessels arise normally, follow the usual courses, and have no thrombi or emboli. The aorta has injuries described above, without atherosclerosis or aneurysm.

The heart weighs 240 grams. The epicardial and pericardial surfaces are smooth. The coronary arteries arise normally and follow a right dominant distribution; they have no atherosclerosis, thrombosis, or other cause of luminal compromise. The myocardial cut surfaces are brown, without evidence of recent or remote infarction or other focal changes. The endocardium is thin. The cardiac valves are normally formed with thin and compliant cusps and leaflets that have no lesions. The coronary ostia are normally situated and are patent.

LUNGS: The right lung weighs 300 grams; the left lung weighs 220 grams. Both lungs are remarkable for injury as described above, and have no anthracosis, nor have they emphysematous changes or tumor nodules. The pulmonary arterial branches have no thromboemboli. The tracheobronchial tree is patent without lesions or obstruction.

LIVER, PANCREAS, GALLBLADDER: The liver weighs 1110 grams. The liver is largely pulpified, as described; however, cirrhosis and tumor nodules are not clearly evident. The gallbladder is not identifiable. The pancreas has tan parenchyma without nodules, hemorrhage, or fibrosis.

HEMIC AND LYMPHATIC: The spleen weighs 110 grams. The capsule is smooth and thin. The cut surfaces are red without nodules. The lymph nodes appear inconspicuous. The exposed bone marrow is red. The thymus is hemorrhagic and fatty.

DIGESTIVE: The stomach contains approximately 10 mL of tan mucoid liquid without medicaments identified. The gastrointestinal track is remarkable for injuries described, but has no evident tumors, obstructions, or ulcers.

GENITOURINARY: The right kidney weighs 90 grams, as does the left kidney. The right kidney is remarkable for injuries described. The kidneys have no cysts

or nodules. The urinary collection system is not dilated. No stones are present. The bladder contains scant cloudy urine and is lined smooth mucosa. The vaginal mucosa is unremarkable. The remainder of the internal genitalia is not easily identified.

ENDOCRINE: The pituitary gland does not appear to be enlarged. The thyroid gland has brown parenchyma without cysts or nodules. The adrenal glands have yellow cortices and brown medullae without nodules.

MUSCULOSKELETAL: The skeleton and supporting musculature and soft tissues are remarkable for injuries as described above.

RSV/crg

Wuesthoff REFERENCE LABORATORY

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

Patient: MCCOOL, BRENDA Age: **49** Sex: **F**
Client Patient ID: 9-16-940 Account#: VX83014
Physician: VEGA, RUSSELL Client: DISTRICT 9 MEDICAL EXAMINER MISC

TOXICOLOGY

Specimen Collected :06/14/2016 Lab Order No: 661501212 Reg Date: 06/15/16

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
ETHANOL	NONE DETECTED	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			
RIGHT CHEST BLOOD			
GC/MS			
CAFFEINE			
LC/MS/MS			
CAFFEINE, CAFFEINE METABOLITE			
BLOOD IMMUNOASSAY SCREEN			
SPECIMEN TYPE			
PERIPHERAL BLOOD			
AMPHETAMINES	NEGATIVE	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	NEGATIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES	NEGATIVE	mg/L	0.050
SALICYLATES	NEGATIVE	mg/L	50.0

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

Reviewed by: _____ Date: 7/18/16

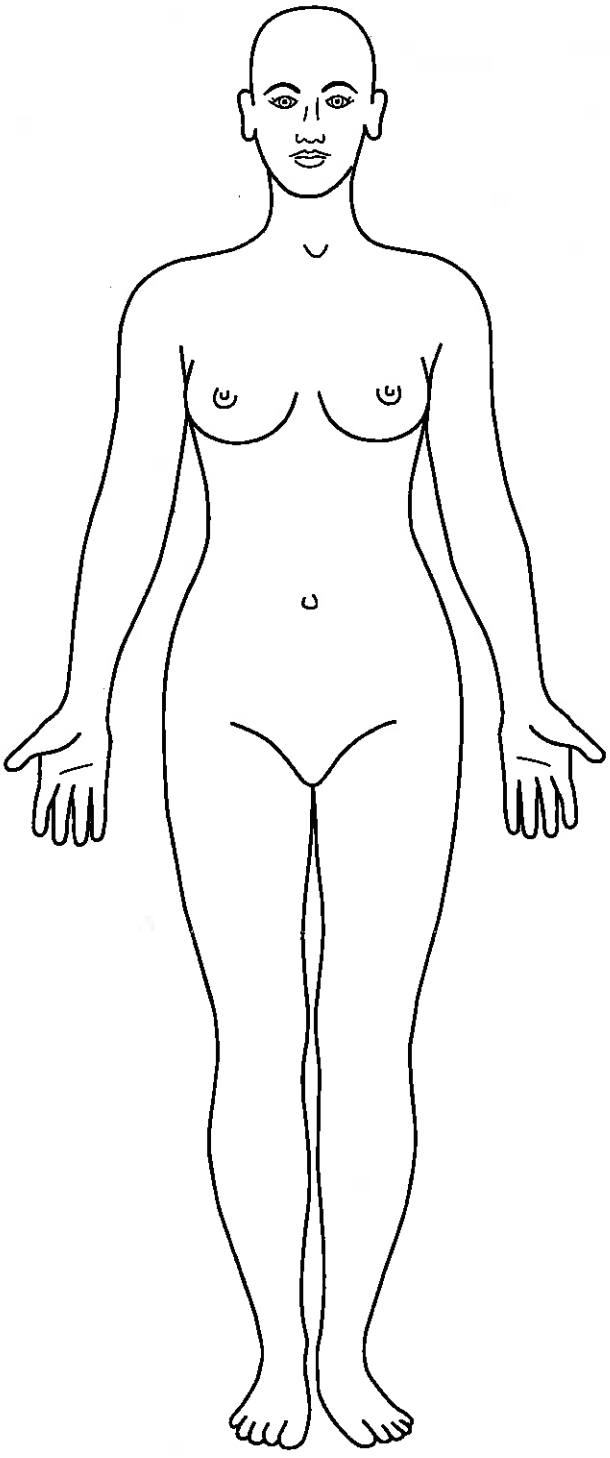
FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

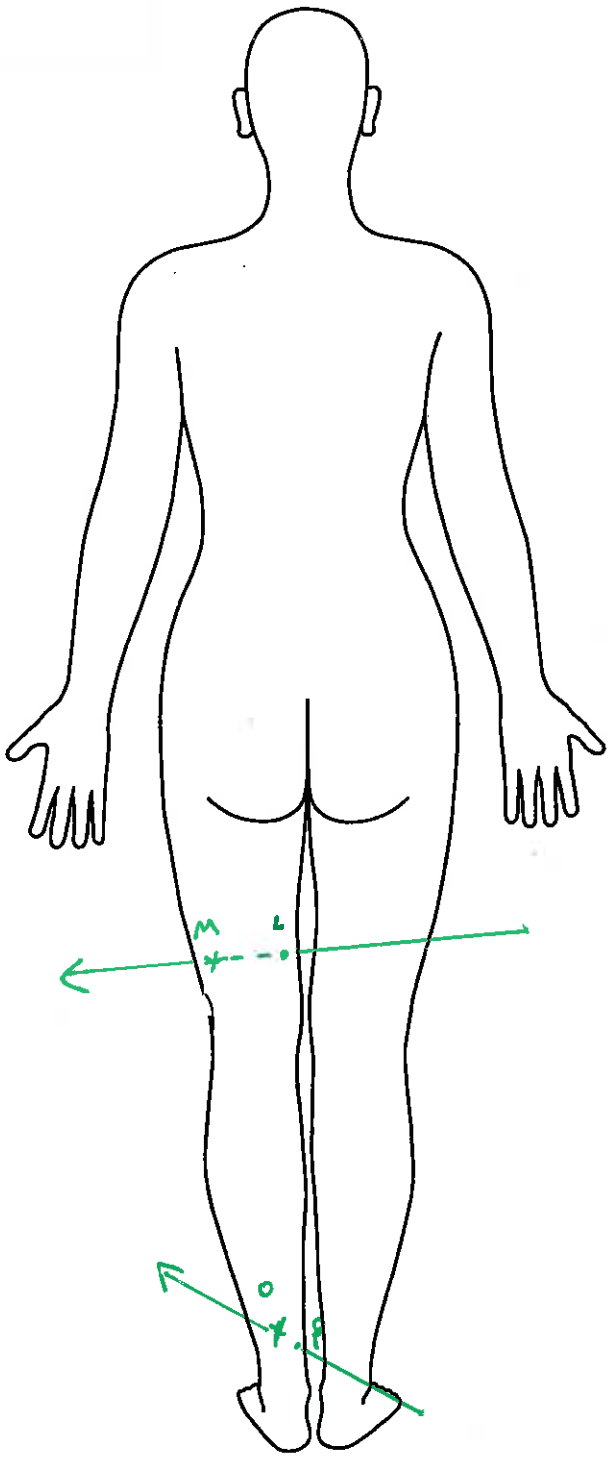
7/18/16

ME16-00940

McCool, Brenda

49 Years - F 6/12/2016



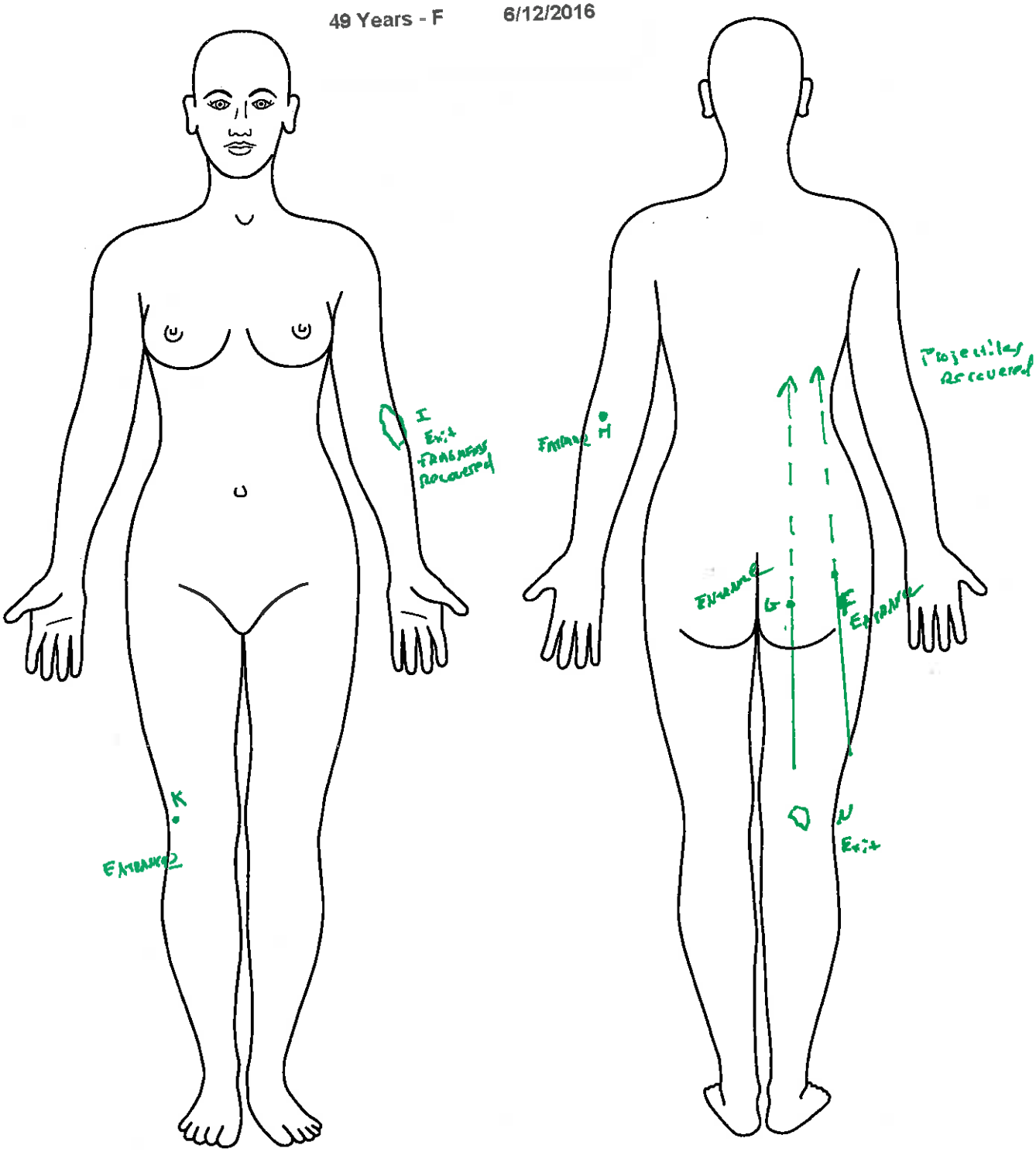


CLARIFICATION DIAGRAMS

ME16-00940

McCool, Brenda

49 Years - F 6/12/2016

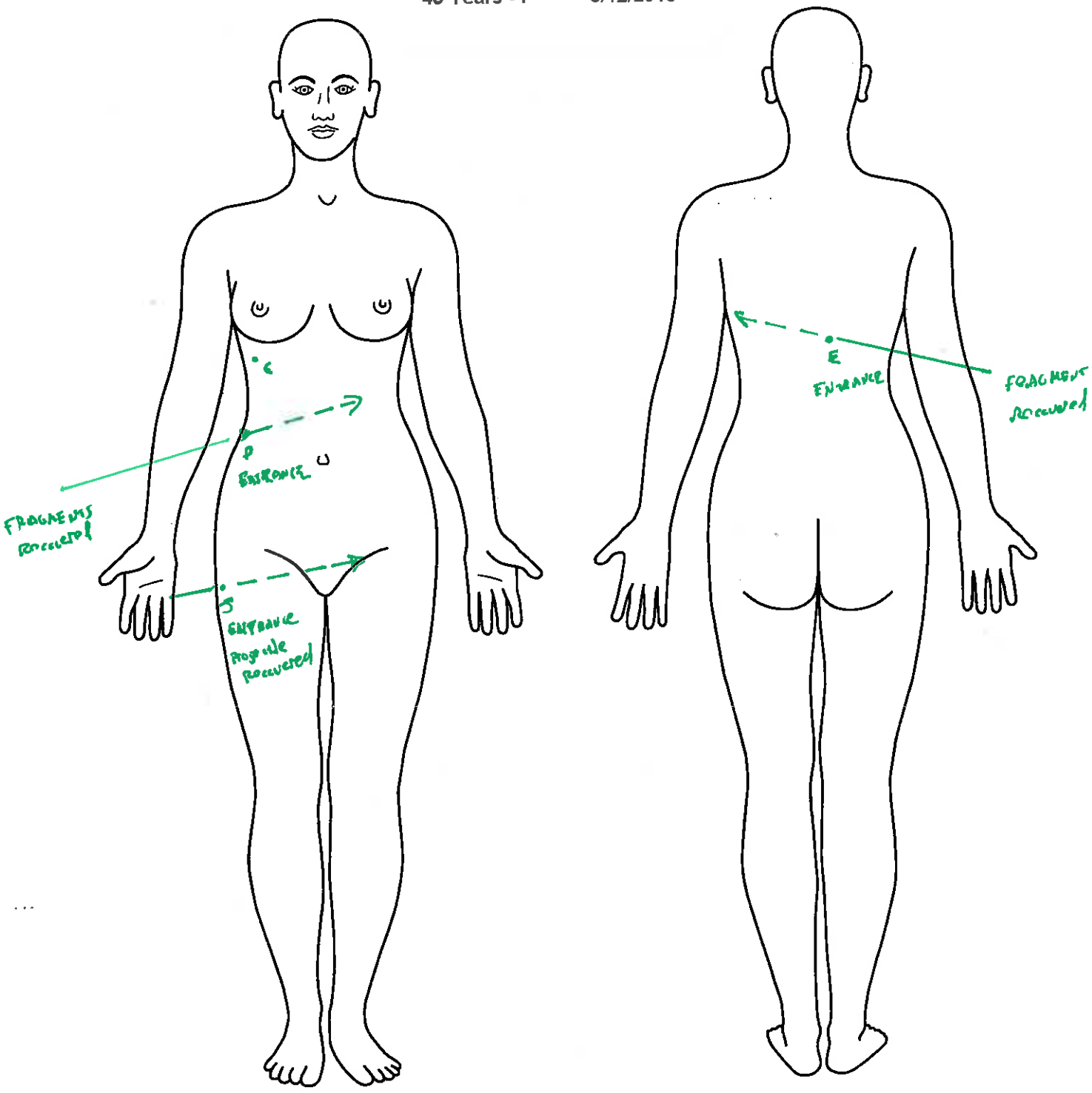


CLARIFICATION DIAGRAM

ME16-00940

McCool, Brenda

49 Years - F 6/12/2016

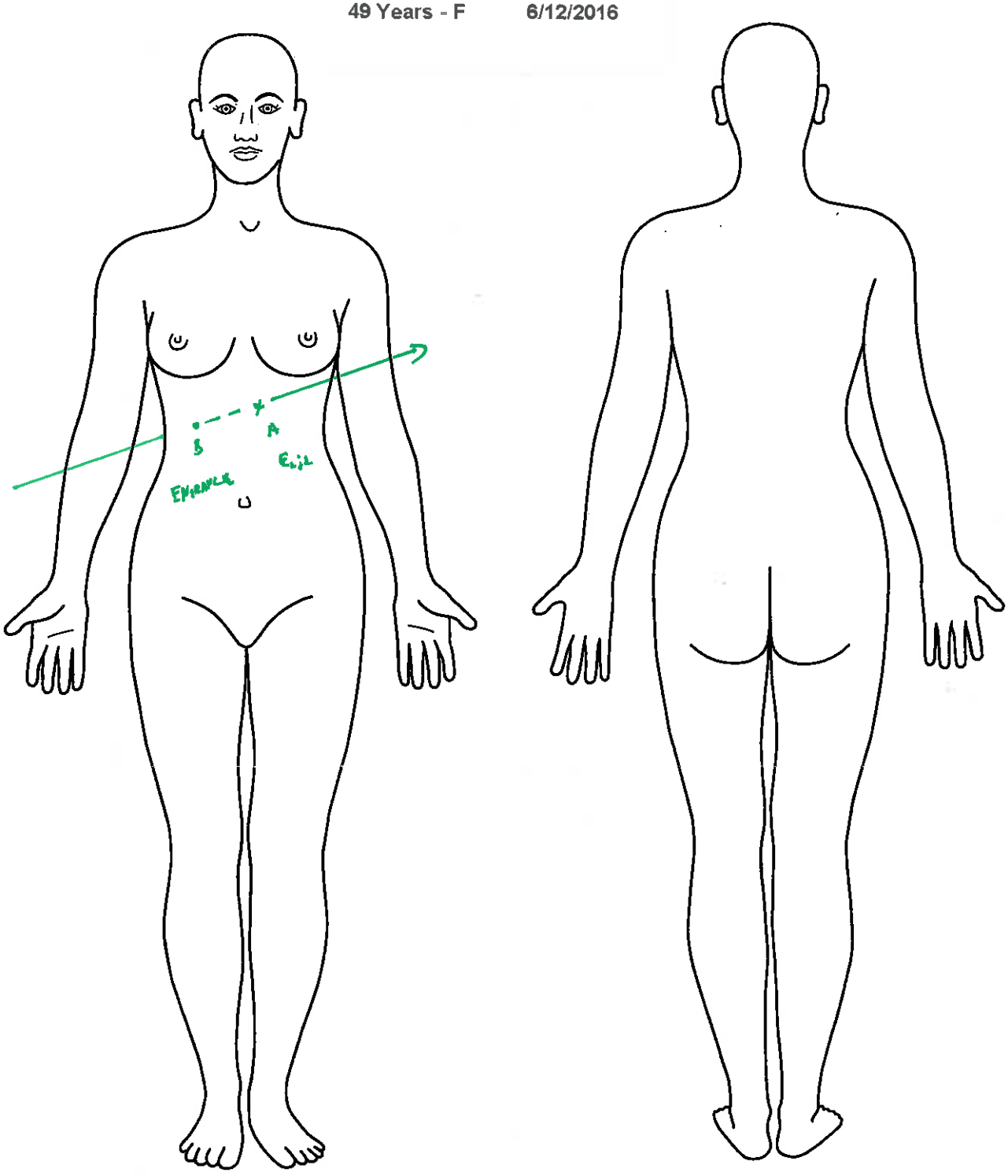


CLASSIFICATION DIAGRAM

ME16-00940

McCool, Brenda

49 Years - F 6/12/2016



CONFIRMATION DIAGRAM