CHIPPENHAM HOSPITAL AND JOHNSTON-WILLIS HOSPITALS, INC

7101 Jahnke Road
Richmond, Virginia 23225

1401 Johnston-Willis Dr
Richmond, VA 23235

PATIENT:	FLEMING, CHARLES L	SSN #:	227043695
MR #:	D001369045	ROOM #:	D.CM07
DOB:	10/10/1962	ADM DATE:	06/12/00
BILL:	D00713635259	DIS DATE:	06/14/00
PHYSICIAN:	CHRISTOPHER J. ACKER, M.D. [F]		

DISCHARGE SUMMARY

DATE OF EXPIRATION: June 14, 2000.

DISCHARGE DIAGNOSES:

1. Methanol/toxic ingestion.
2. Metabolic acidosis.
3. Nausea and vomiting.
4. Obtundation with coma.
5. Acute renal failure.
6. Severe hypophosphatemia.
7. Alkalemia.
8. Respiratory failure requiring mechanical ventilation.

FOR DETAILS SURROUNDING ADMISSION TO THE HOSPITAL: Please see the history and physical as dictated.

The patient was admitted with a profound metabolic acidosis and widened osmolar gap. Close querying of family members did not indicate any suspicion for a suicide attempt. However, it was believed that the patient ingested a toxic substance. As a result, therapy with hemodialysis and hemoperfusion was undertaken. Approximately 5 hours after hospital admission, I was notified that the patient's toxicology screen was positive for methanol. After this time, an ethanol drip was instituted. Due to difficulty obtaining adequate ethanol levels, therapy with Antizol was undertaken following contact with the manufacturer.

The patient experienced respiratory failure and was subsequently intubated. As a result of his initial agitation followed by obtundation, he was seen by Dr. Edward Leaton and head CT was obtained with followup scan indicating significant intracranial bleed. Due to his history of nausea and vomiting and the concern for a progressive toxic ingestion, the patient was seen by Dr. Lee McHenry.

As a result of the finding of a methanol level, law enforcement agents were notified, and we were interviewed at the hospital.

The patient was seen in followup by Dr. Edward Leaton after EEG was obtained and physical exam suggested brain death.

I was contacted by nursing regarding family request to discontinue life support after futility was realized, and the order was given at 16:30 hours, and the patient subsequently expired and was pronounced by the house officer.

DISCHARGE SUMMA

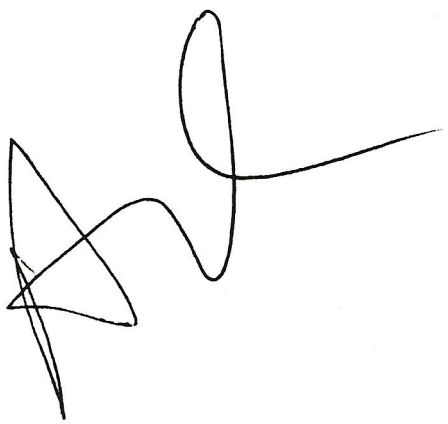
PATIENT: FLEMING, CHARLES L MR #: D001369045

For full details, please see the handwritten medical record.

TR: jbb
DD: 06/26/2000
DT: 07/04/2000
DRPT: 07/04/2000
F/E: F

CHRISTOPHER J. ACKER, M.D. [F]

cc: JOHN W. HYSLOP, M.D. [F]
EDWARD M. LEATON, M.D. [F]
LEE MCHENRY, M.D. [F]
PETER TORRISI, M.D. [F]



CHIPPENHAM AND JOHNSTON-WILLIS HOSPITALS, INC

7101 Jahnke Road
Richmond, VA 23225

1401 Johnston-Willis Dr
Richmond, VA 23235

PATIENT:	FLEMING, CHARLES L		
MR #:	D001369045		
DOB:	10/10/1962	SSN #:	227043695
BILL #:	D00713635259	ROOM #:	D.CM07
DATE OF CONSULT:	06/13/2000		

ATTENDING PHYSICIAN: Acker Christopher G
CONSULTING PHYSICIAN: EDWARD M. LEATON, M.D.[F]

REPORT OF CONSULTATION

REASON FOR CONSULTATION: I appreciate being asked by Dr. Chris Acker to evaluate this 37 year old gentleman, who was admitted to the Emergency Room last night with acute Methanol poisoning of unknown source. I am asked to see him for very poor responsiveness this morning.

HISTORY OF PRESENT ILLNESS: No family was at the bedside when I examined him, but in reviewing the notes on the chart of Drs. Acker, Hyslop, and Torrisi, he has been somewhat short of breath over the last month or so. He was playing basketball and became nauseous and apparently vomited ten times. He was profoundly acidotic in the Emergency Room with a CO2 of 7. Since that time, he has been admitted with dialysis consisting of charcoal, hemoperfusion, and was intubated by Dr. Peter Torrisi this morning. According to the nurses, he appears to be extremely unresponsive, and Diprivan is being given, as he occasionally bucks the ventilator; however, I asked if this could be held if he is still doing that, and it was turned off around 3 p.m. today.

PAST MEDICAL HISTORY: Fairly unremarkable, and he has been quite active. He had a stress echocardiogram that was unremarkable sometime in the last year.

He was given what looks like 2 mg of Ativan intravenously in the Emergency Room last night.

ALLERGIES: None known.

MEDICATIONS: He normally is on Vancenase, Tetracycline, and Naprosyn, and I gather some Prevacid, and he just began Creatine. I see Creatine, as well as some bourbon and some other substances are being tested for Methanol. His Methanol level was apparently quite high between 200 mg/liter on the chart to 750 mg/liter tested at MCV, I gather. He has been given an alcohol infusion and is also on Levaquin and Flagyl and Pepcid.

SOCIAL HISTORY: He is married and drinks three shots of bourbon at night. He works at Philip Morris. He does not smoke.

FAMILY HISTORY: Includes a maternal aunt who needed a renal transplant.

REVIEW OF SYSTEMS: Remainder unremarkable.

REPORT OF CONSULTATION

PATIENT: FLEMING, CHARLES L MR #: D001369045

LABORATORY DATA: He has had quite prominent electrolyte abnormalities with very low potassium at 2.3 and creatinine is up a bit at 1.7. White count 13.0 this morning, with 84.2% neutrophils; repeat white count was 4.4. SGOT and SGPT are mildly elevated at 52 and 69 respectively. Magnesium is 1.1. PTT was 155, and was down to 55.3 this morning. Protime 12.7 with 1.2 INR.

Dr. Acker apparently discussed the case with Dr. Phil Davenport in the Emergency Room last night. A CT scan of the head without contrast was unremarkable on admission.

PHYSICAL EXAMINATION: Blood pressure 87/76, temperature 101.7, pulse 87, and he is intubated on the ventilator. He has a central line of his left shoulder. He has an IV running in his left antebrachial region and a right abrasion of his right knee.

Pupils were somewhat dilated at 3-4 mm and very poorly reactive (question of minimal reaction). His corneas appear to be slightly dry despite being given natural tears, and I have also written for Lacri-Lube. Discs were hard to focus on, but appeared grossly to be sharp. Neck was clearly supple. I heard no carotid bruit. I could not elicit corneal reflexes or oculocephalics (examined him again about 15 minutes after the Diprivan was held). I could not get him to withdraw his arms or legs to mild painful stimulation of the nail beds. Reflexes hypoactive and plantar responses appear to be weakly downgoing.

IMPRESSION: Deeply comatose state: I am uncertain how much at present may be related to some sedation (Diprivan), but he has required it for bucking the ventilator (and was given some IV Ativan in the Emergency Room last evening), and how much may be due to other causes, particularly encephalopathy and delayed effects of the Methanol. His CT Scan was read as negative (no obvious necrosis of the putamens were seen, but suspect that if he had CT signs, I would take some time to develop). Delayed effects of Methanol are typically seen in 6 to 30 hours and can include restlessness and delirium, as well as course visual changes and I believe vomiting is quite typical of Methanol ingestion. I will check a portable EEG this afternoon to make sure there is no epileptic activity going on, and have asked the nurses to use the Diprivan only if needed for the bucking, as he certainly does not need it for agitation at this point.

Of course, the prognosis associated with Methanol intoxication would seem to be quite guarded, and we will follow with you.

I appreciate the opportunity to evaluate Mr. Fleming.

TR: pkc
DD: 06/13/2000
DT: 06/13/2000
DRPT: 06/13/2000
F/E: F

EDWARD M. LEATON, M.D. [F] 6/23/00

NAME: FLEMING,CHARLES L JR

ADM DATE: 06/12/00
ATTEND PHYS: Acker,Christopher G
DIS DATE: 06/14/00
DIS DISP: EXPIRED
LOS: : 2
PT CLASS: IN.OTH

ACCT#: D00713635259
FORM:

UNIT#: D001369045
SEX: M
AGE: 37
DOB: 10/10/62
FIN CLASS: 05
ABS STATUS: FINAL

DIAGNOSES

ADMIT	276.2	ACIDOSIS
PRINC	980.1	TOXIC EFF METHYL ALCOHOL
	276.2	ACIDOSIS
	518.81	ACUTE RESPIRATORY FAILURE
	518.82	OTHER PULMONARY INSUFFICIENCY, NEC
	584.9	ACUTE RENAL FAILURE NOS
	787.01	NAUSEA WITH VOMITING
	E980.9	UNDETER POIS-SOL/LIQ NEC
	E849.0	ACCIDENT IN HOME
	307.9	SPECIAL SYMPTOM NEC/NOS
	276.8	HYPOPOTASSEMIA
	275.2	DIS MAGNESIUM METABOLISM

OPERATIONS

DATE	**PROC CODE & NAME**	**SURGEON**	**ANESTHESIOLOGIST**
06/13/00	96.04 INSERT ENDOTRACHEAL TUBE	Torrisi,Peter F	
06/13/00	96.71 CONTINUOUS MECH VENTILATION <9	Torrisi,Peter F	
06/13/00	96.56 BRONCH/TRACH LAVAGE NEC	Torrisi,Peter F	
06/13/00	33.23 OTHER BRONCHOSCOPY	Torrisi,Peter F	
06/13/00	38.93 VENOUS CATHETERIZATION NEC	Torrisi,Peter F	
06/12/00	39.95 HEMODIALYSIS	Ackerman,Christ	

CPT CODES

DRG: 449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC

I have reviewed the narrative descriptions of the diagnosis and procedure codes listed above and agree they accurately reflect the clinical picture of this episode of care.

_____
Physician's signature Date

This form will be maintained as a permanent part of the medical record

D.HIM.KJB

CHART

CO0720

Admissions

CO-0720 02/99 (RC# 100722)

☐ Checked CBS for existing account

Hospitalized within the last 60 days?	Most Recent Admit Date	Discharge Date
Where		

Patient No.	Room/Location	Admit Date	Admit Time	Admit Status	Type	FC	Smoke	Date Prev. Admit	Medical Records No.

Patient Name and Address	S.S. Number	Maiden Name	Age	Date of Birth	Sex	Marital Status
FLEMING,CHARLES L JR 15101 FOX BRANCH LANE MIDLOTHIAN,VA 23112						
	Phone	Spouse's Name	Race	Dept.	Pre-Admit No.	Admit By

Physician No.	Physician Name	Religion	Church	Source of Admission

Patient's Employer	Phone	Spouse's Employer	Phone
PHILIP MORRIS PO BOX 26603 RICHMOND,VA 23261	(804)274-2000	UEMP SAME AS PATIENT 0	

Next of Kin	Relation	Nature of Accident	Cnty
FLEMING,~~CHARLES~~ Diane 15101 FOX BRANCH LANE MIDLOTHIAN,VA 23112	M1 (H)(804)639-3509		
		Where	Date / Time

Guarantor Name and Address	Relation	Guarantor Employer	Phone
FLEMING,CHARLES L JR 15101 FOX BRANCH LANE MIDLOTHIAN,VA 23112	SA	PHILIP MORRIS PO BOX 26603 RICHMOND,VA 23261	(804)274-2000

Carrier No.	Name	Insured	Birth Mo./Day	Relation	Effective Date	Group No.	Cert No.	Policy HIB	Benefit Code
79601	PRUDENTIAL	FLEMING,CHARLES L JR		SA		00102	22704369501		

Admission Diagnosis

Admission Orders

Comments

Pre Certification No. [redacted] DRG

Principal Diagnosis — Code

Toxic ingestion - MeOH
tx'd c Hemodialysis, HO, Antizol - ETOH dep.

Secondary Diagnosis/Complications/Adverse Drug Reactions — Code

met acidosis
Nausea/vomiting
obtundation
ARF, mild
bplus
alkalemia
Coma

Principal Operation/Procedure — Code

HO CT head/pelvis EEG

Secondary Operations/Procedures

Discharge Date	Consult
Discharge Time	

DISCHARGE CONDITION

☐ Home ☐ AMA ☐ Short Term Acute Hosp. ☐ SNF
☐ Home Health Care Facility ☐ Expired ☐ Autopsy
☐ Home Health Care Service ☐ ICF ☐ Psych. Facility
☐ Rehab. Facility ☐ Other _____

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Signature of Attending Physician — Date

A. Patient Information: Date of Death: 6·14·00 Time of Death: 1905 Hospital Operator Notified: 1905

Patient's Full Name: Fleming, Charles L Jr. Address: 15101 Fox Branch Lane Midlothian, VA 23112

Admitting Diagnosis: Methanol Ingestion

Age: 37 Sex: M Race: W Marital Status: M

Name of Attending Physician Notified: ~~Peter Cordro~~

Name of Family Notified: Diane Fleming Relationship: Wife Phone Number: Present on unit CTOD

Date/Time: 6·14·00 1930 Itemization of Valuables: none

Valuables Released To: ~~Family~~ Signature:

Valuables to Hospital Safe: Date/Time:

B. Organ Donation:

Call to LifeNet Coordinator: 771-9282 (24 hours/day) Old Dominion Eye Bank 644-6332

Coordinator Notified By: Medical Examiner / MOlesenberg RN Name of Coordinator: Matt Burton Date/Time: Present time of death

Unacceptable donor: **(STOP IF UNACCEPTABLE, DO NOT APPROACH FAMILY. PROCESS COMPLETED)**

Acceptable Donor: Organ ✓ Tissue ✓ Eyes ✓

C. Presenting the option to family/next of kin: (YOU WILL BE INSTRUCTED ON HOW AND WHEN TO APPROACH THE FAMILY

Family Member Name: by Lifenet Coordinator

Informed of donation program by: Matt Burton Family's Decision: Yes ✓ No ___ Date/Time 6·14·00 1840

Donation process completed by: Coordinator Matt Burton Date/Time 6·14·00 1840

D. DISPOSITION:

Medical Examiner Case: N/A ___ Accepted ✓ Denied ___ Name of Medical Examiner: Investigator Monson

Autopsy: Yes ___ No ✓ Refused ___ Consent for Autopsy Signed: N/A ✓ Yes ___ No ___ Date

Death Certificate on Unit: Signed with body to morgue:

Infectious Diseases to be reported to Funeral Directors:

___ HIV Positive ___ Hepatitis B Virus ___ Non-A Non-B Hepatitis ✓ None

___ Infectious Syphilis ___ Creutzfeldt-Jakob ___ Hepatitis-C

Acknowledgment of receipt of body and notification of infectious diseases:

Funeral Home: Bliley's Hull St. City/State:

Signature of Removal Service: Date:

Personnel Releasing Body: Date/Time:

Form Completed By: MOlesenberg RN Date:

CHIPPENHAM MEDICAL CENTER
FLEMING, CHARLES L JR
S PLEASE GET PATIENTS FULL NAME 37Y
MR-0001369345 IN 06/12/00
DR-ACKER, CHRISTOPHER G
AR-0007136352 59 LUT
DO-10/10/62 FC-05

Richmond Division

DEATH REPORT

MOY.MKT.NUR.11/97.008 Item # c738

WHITE–Medical Record YELLOW–Nursing Supervisor PINK–Morgue

DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER
400 EAST JACKSON STREET
RICHMOND, VIRGINIA 23219

NOV 2000

Autopsy No. 368-00
Date/Day 6/15/00 - Thursday
Time 1400 hours

REPORT OF AUTOPSY

DECEDENT Charles L. Fleming, Jr.

Autopsy Authorized by: Dr. Marcella F. Fierro, M.D., M.E. for Virginia.

BODY IDENTIFIED BY:
Hospital toe tags.

PERSONS PRESENT AT AUTOPSY:
D. Holmes, J. Shelar

Rigor: jaw, neck Livor: purple Distribution: posterior
Age: 37 Race: white Sex: male Length: 71" Weight: 170 lbs. Eyes: corneas are absent and eye caps are in-place
Hair: brown Mustache: no Beard: no Circumcised: yes Body Heat: refrigerated

CLOTHING, PERSONAL EFFECTS, EXTERNAL WOUNDS, SCARS, TATTOOS, OTHER IDENTIFYING FEATURES:

CLOTHING & PERSONAL EFFECTS: None.
MARKS OF THERAPY AND DONATION: Dressings over eye caps, abrasion on angle of right mouth (tube placement), central line in left supraclavicular region, bone donation incisions (right and left upper arms), long bone donation incisions (right and left legs), indwelling catheter in place, multiple punctures covered by a Band-Aid of right volar wrist, skin donation site (posterior aspect of left leg), and punctures in the dorsum of the right hand. Received with the body is a box labeled "LifeNet" and the name of the decedent containing three labeled gray top tubes, one purple top tube, and one speckled red top tube.
EXTERNAL EXAMINATION: Otherwise the head, neck, chest, back, abdomen and extremities are within normal limits.
RECEIVED FROM INVESTIGATING OFFICERS: Received from Chris C. Sepic, Chesterfield County Police Department, medications consisting of Prevacid 30 mg from 6/8/00, #27/30 remain, sumycin tetracycline 250 mg from 4/21/00, #16/60 remain, naproxen 500 mg from 1/17/00, #42/60 remain, multivitamin with iron, #47/100 remain, Vancenase AQ 84 mcg one-half bottle of fluid remains.
RECEIVED FROM CHESTERFIELD POLICE DEPARTMENT (Officer Elizabeth R. Baker): A bag with two gray tops and one clear top tubes of blood and serum labeled "6/13/00 0810" and "6/13/00 1500 hours", water bottle wrapped in a white towel, and a copy of driver's license, the latter returned to the investigating officer, a towel containing a plastic bottle of Creatine Phosphagen EAS Dietary Supplement 25.18 oz (1.57 lbs.), creatine monohydrate, an opened bottle of Jack Daniels Whiskey 1.75 liter wrapped in a towel, and an opened bottle of Distiller's Pride Whiskey (bourbon) wrapped in a towel.
RECEIVED FROM CHIPPENHAM HOSPITAL: Specimens 0612:C605, 0612:C570 (two tubes), 0612:H414, 0612:DA13 (urine from drug screen and tube with serum from drug screen).
HISTORY: Of a previously well athletic man who for the month prior to death complained of some shortness of breath. History of intermittent nausea, continuing shortness of breath, and severe nausea the day prior to death. History of admission to hospital with profound metabolic acidosis, large anion gap and osmolar gap. History of blood methanol 750 mg/L. History of admission 6/12/00 1845 hours and death 6/14/00 1905 hours.

PATHOLOGICAL DIAGNOSES:

Acute methanol poisoning.
Blood methanol on 6/12 750 mg/L.
OCME testing of hospital serum of 6/12 methanol 0.06% (W/V).
OCME testing of hospital blood of 6/13 methanol 0.01% (W/V) and ethanol 0.01 (W/V).

(CONTINUED on Page 2)

Cause of Death: Acute methanol poisoning.
Provisional Report: 6/15/00 Final Report 11-08-00

The facts stated herein are true and correct to the best of my knowledge and belief.

6/20/00 Date Signed
Richmond City Place of Autopsy

Signature of Pathologist
Marcella F. Fierro, M.D.
Office of the Chief Medical Examiner
400 East Jackson Street
Richmond, Virginia, 23219

Autopsy No. 368-00
Date/Day 6/15/00 - Thursday
Time 1400 hours

DECEDENT Charles L. Fleming. Jr.

PATHOLOGICAL DIAGNOSES (Continued):

Necrosis and hemorrhage of bilateral basal ganglia with rupture into the lateral ventricles.*
Encephalomalacia (1.470 grams) with softening and flattening of gyri.
Pulmonary congestion and edema (left lung 562 grams. right lung 554 grams).
Cardiomegaly 680 gm with biventricular hypertrophy. etiology undetermined.*

Accessory Diagnoses:

Status post intubation with focal hemorrhages of epiglottis. infraglottic trachea. and trachea.

Postmortem Toxicology:

Hospital Blood: Ethanol 0.01% (W/V)
Methanol 0.01% (W/V)
Propylene Glycol present. less than 200 mg/L.
Isopropanol. Acetone. and Propylene Glycol not detected.

Hospital Serum: Methanol 0.06% (W/V)
Ethanol. Isopropanol. and Acetone not detected.

Marcella F. Fierro. M.D.

Autopsy #368-00

GROSS DESCRIPTION

SKIN: Clean and dry except for marks of therapy and marks of donation.

[redacted]EURA: No adhesions. Within normal limits.

PERITONEUM: Within normal limits.

PERICARDIUM: Opened surgically.

HEART: Surgically absent. The heart, after valve donation, weighs 610 gm with globoid biventricular hypertrophy, predominantly left-sided. The left ventricle measures 16 mm of the free wall; the septum 19 mm, and the right ventricle shows moderate to severe hypertrophy at 7 cm. The coronary arteries show no significant atherosclerosis. No gross scars. (Upper normal weight for 220 lb man is 560 gm).

AORTA: Within normal limits.

NECK ORGANS: Hyoid, thyroid, and strap muscles are within normal limits except for focal epiglottic infraglottic and tracheal mucosal hemorrhages.

LUNGS: Right - 554 grams, left - 562 grams. There is a small amount of exudate in major bronchi. Both lungs show dependent congestion and posterior petechial hemorrhages. On section the lungs are boggy but show no discrete lesions.

LYMPH NODES: Within normal limits.

LIVER: 1,942 grams. Soft, tan.

GALLBLADDER: Distended by 45 ml of amber bile without any stones. The gallbladder wall is within normal limits.

SPLEEN: 200+ grams, large.

PANCREAS: Mild autolytic change.

[redacted]DRENAL GLANDS: Mild autolytic change.

[redacted]GI TRACT: The esophagus shows edema of the mucosa. The stomach contains 10 ml of red liquid and shows some tube ulcers. The small and large bowel are within normal limits.

KIDNEYS: Right - 190 grams, left - 204 grams. Soft with normal cortical surfaces and thicknesses. The ureters are unobstructed.

BLADDER: No residual urine. The bladder wall is within normal limits.

GENITALIA: Male prostate soft, small, and symmetrical.

BRAIN & MENINGES: 1,479 grams. The brain is very soft and shows diffuse swelling. A preliminary cut shows bilateral intercerebral hemorrhages. The fixed brain shows fresh hemorrhage and necrosis involving both basal ganglia and adjacent thalamus. The caudate nuclei show no lesions. The ventricles contain blood clot.

SKULL: No fractures nor galeal hemorrhages.

RIBS: The left fourth anterior rib and the right second fourth, fifth, and sixth anterior ribs show excision of segments. The sternum has been split.

VERTEBRAE & PELVIS: No fractures.

EXTREMITIES: No defense or scrimmage injuries.

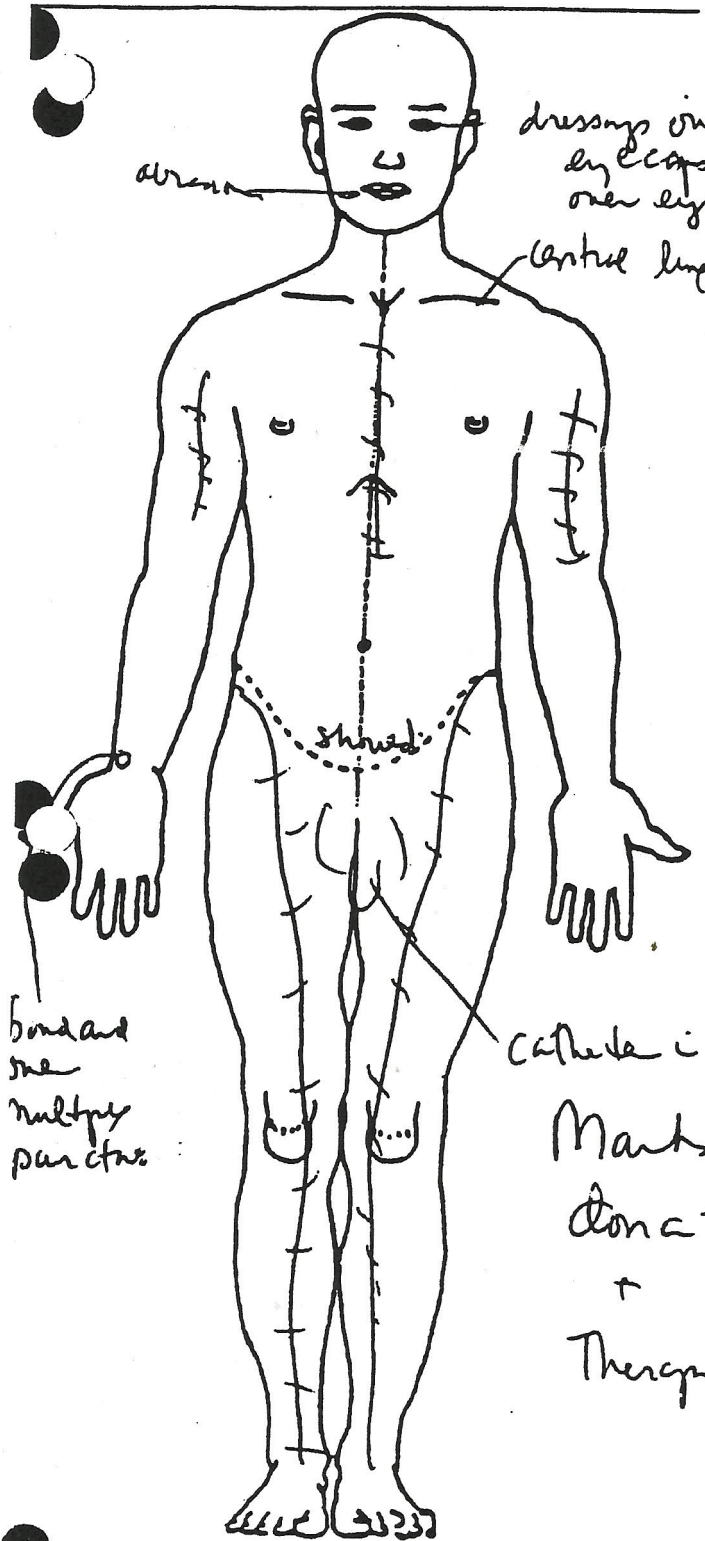
MICROSCOPIC SECTIONS: Lung, liver, kidney, heart, brain.

OTHER LAB PROCEDURES: TOX X PHOTO X DENTAL FINGERPRINTS MICRO X X-RAY HEPATITIS HIV
SER (GROUP) PERK GSR ACCELERANTS BACTERIOLOGY VIROLOGY OTHER

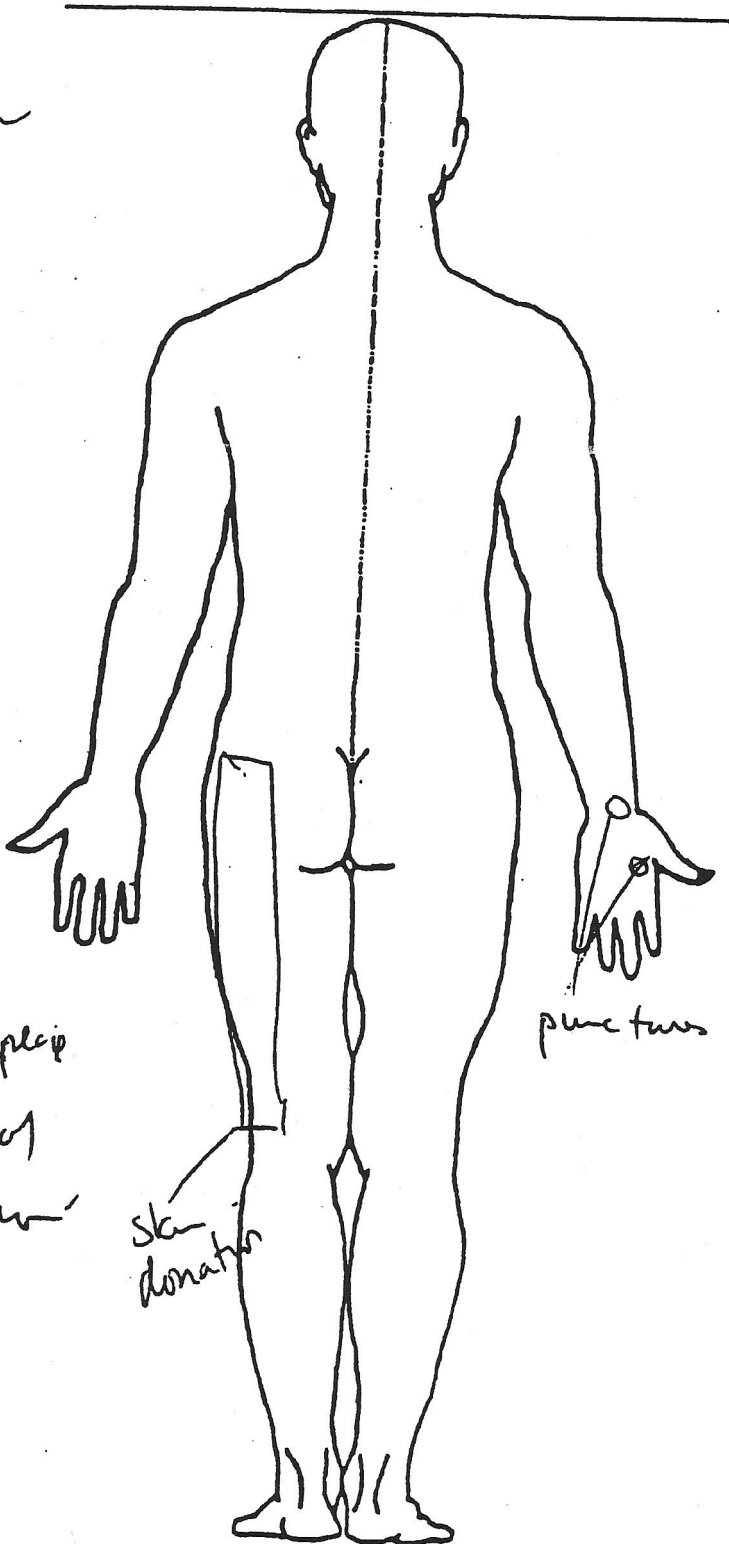
[redacted]ISPOSITION OF EVIDENCE:
TOXICOLOGY (retained) - Gastric contents, liver, brain, small bowel contents, kidney, blood, and bile (STAT).
Items receipted as listed on front sheet.
OCME - DNA card.

BODY DIAGRAM

Front



Back



Decedent's
Height 70 inches

Weight 170 pounds

Name: Charles Fleming

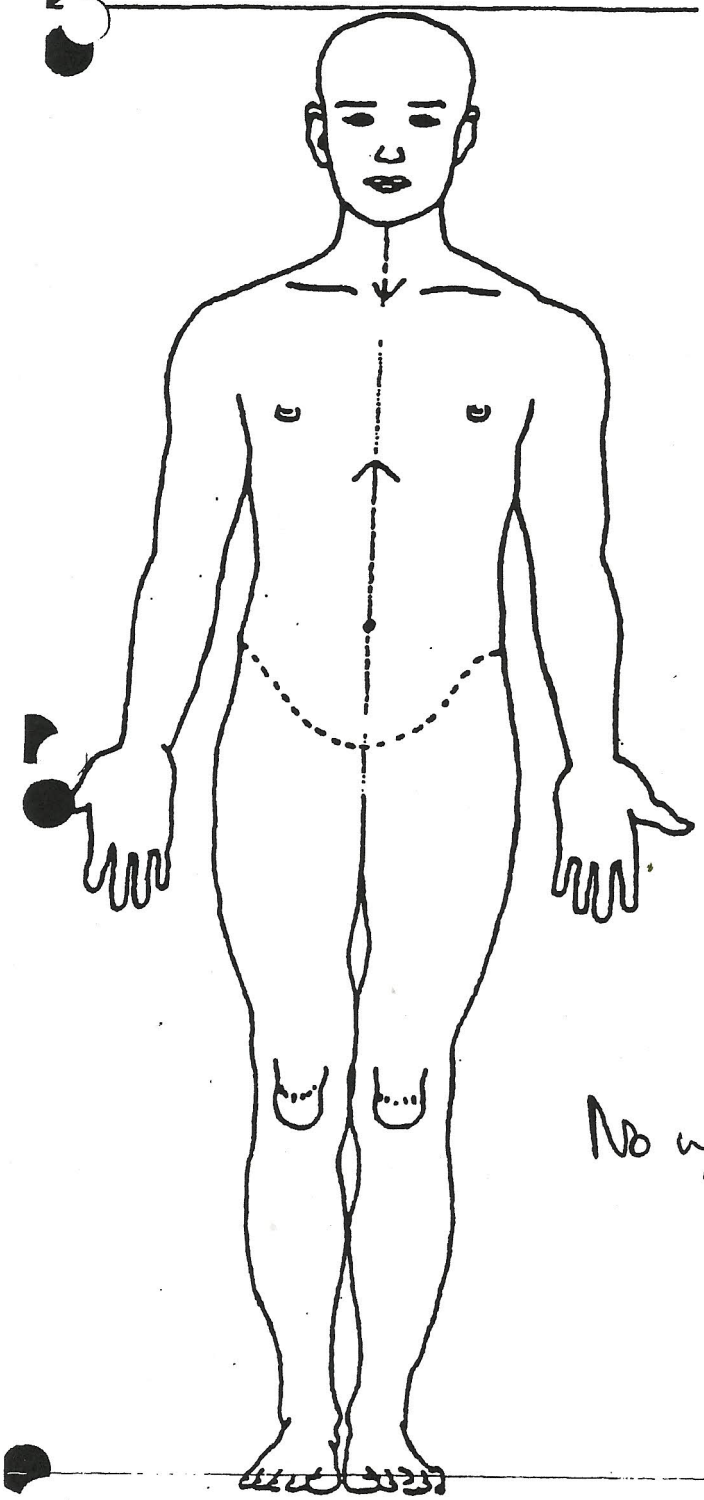
Examined By: [illegible] Date: 12/15/11

Autopsy #: 368-11

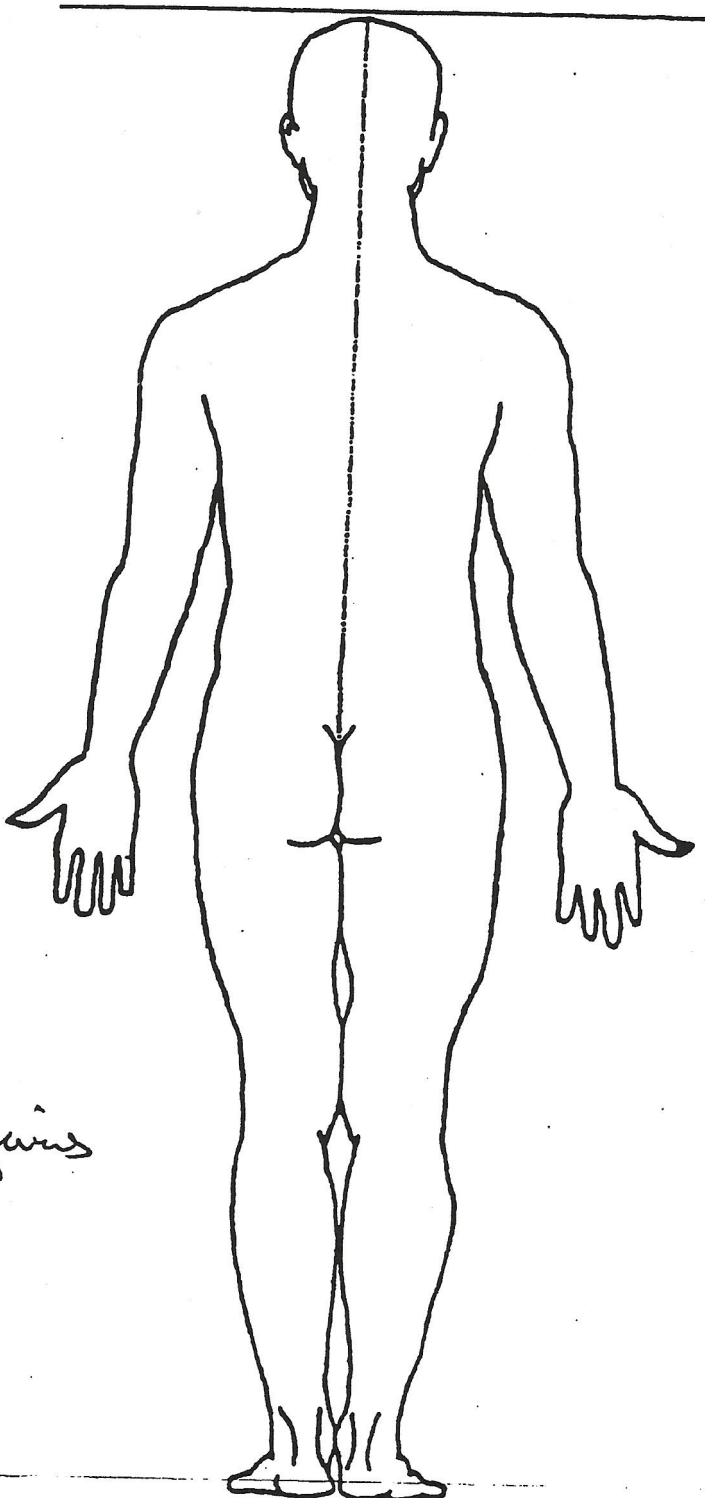
COMMONWEALTH OF VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER

BODY DIAGRAM

Front



Back



No injuries

Decedent's Height 70 inches

Weight 170 pounds

Name: CHARLES FLEMING JR

Examined By: [signature] Date: 6·15 00

Autopsy #: 368·00

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globoid biventricular hypertrophy, predominantly left-sided. The left ventricle measures 16 mm of the free wall: the septum 19 mm. and the right ventricle show moderate to severe hypertrophy at 7 cm. The coronary arteries show no significant atherosclerosis. No gross scars. (Upper normal weight for 220 lb man is 560 gm).

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ADRENAL GLANDS:	Mild autolytic change.
GI TRACT:	The esophagus shows edema of the mucosa. The stomach contains 10 ml of

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preliminary cut shows bilateral intercerebral hemorrhages. The fixed brain shows fresh hemorrhage and necrosis involving both basal ganglia and adjacent thalamus. The ccaudate nuclei show no lesions. The ventricles contain blood clot.

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anterior ribs show excision of segments. The sternum has been split.

VERTEBRAE & PELVIS:	No fractures.
EXTREMITIES:	No defense or scrimmage injuries.
MICROSCOPIC SECTIONS:	Lung, liver kidney, heart, brain.

OTHER LAB PROCEDURES: TOX X PHOTO X FINGERPRINTS __ MICRO X X-RAY __ HEPATITIS __ HIV ____
SER (GROUP) __ PERK __ GSR __ ACCELERANTS __ BACTERIOLOGY __ VIROLOGY __ OTHER _____

DISPOSITION OF EVIDENCE:
TOXICOLOGY (retained) - Gastric contents. liver, brain, small bowel contents, kidney, blood. and bile (STAT).
Items receipted as listed on front sheet.

OCHE -DNA card.

MICROSCOPIC DESCRIPTION AND CASE SUMMARY on AUTOPSY #368-00

LUNG:	Within normal limits.
KIDNEY:	Necrosis of convoluted tubule lining cells.
LIVER:	Mild fatty change: congestion.
HEART:	Myofibrils are wide and show nuclear enlargement. There are occasional contraction bands
	And patchy ischemic change. There is focal cell necrosis.
BRAIN:	Sections from multiple areas of the brain are examined. The basal ganglia show fresh Hemorrhage and necrosis in the absence of vascular changes or malformation.

SUMMARY:

This 37- year-old maintenance supervisor presented to the hospital after several episodes of vomiting at home. He also complained of increasing shortness of breath. Physical exam did not elucidate the etioloty of hissymptoms, but blood chemistries disclosed profound metabolic acidosis with pH of 7.15. He was dialyzed andhemoperfused. He developed respiratory failure and a CT disclosed intracranial bleeding. Five hours afteradmission, toxicology on blood disclosed methanol at 750 mg/L. He went progressively downhill and died on6/14/2000 at 1630 hours, 2 days after admission.

Past medical history was significant for intermittent complaints of heartburn and loss of endurance over the month prior to death. Cardiac work-up was negative. He was treated symptomatically. He had a history of illness associated with a basketball tournament. His terminal illness also occurred after a tournament. Occupational exposure was excluded by investigation.

Autopsy disclosed an adult man who showed no external evidence of injury. Repeat testing of hospital blood samples also disclosed methanol as evidence of acute methanol poisoning. The brain showed encephalomalacia and the clinically noted intracranial hemorrhages as necrosis and hemorrhage of the bilateral basal ganglia with rupture into the lateral ventricles consistent with methanol poisoning. He had an enlarged heart of undetermined etiology in the absence of coronary artery disease or evidence of past scarring. The history, laboratory studies, and pathology are consistent with a death due to profound metabolic acidosis due to acute and likely chronic methanol poisoning.

CAUSE OF DEATH:

Acute methanol poisoning due to ingestion of methanol.

PATHOLOGIST: Marcella F. Fierro, M.D. DECEDENT: Charles Fleming Jr.