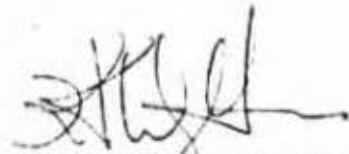


OFFICE OF THE MEDICAL EXAMINER, Dade County

NAME OF DECEASED ~~CARLOS PRIO~~ April 5, 1977 2:00 p.m. CASE No. 77-892
aka CARLOS PRIOR SOCARRAS

CAUSE OF DEATH:

Contact gunshot wound of chest



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Deputy Chief Medical Examiner

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EXTERNAL EXAMINATION:

This is the body of a white male appearing younger than the stated age of 74 with a height of 5 feet 8 inches and a weight of 174 pounds.

There is gray hair over the head with slight frontal thinning. The irides are brown and the pupils are equally dilated. There is a mustache present. The natural teeth are in extremely good repair with extensive dental work. No evidence of trauma to the face is noted. Examination of the neck reveals no external evidence of abnormality. The chest is normally symmetric. The abdomen is slightly protuberant. There is a right upper quadrant healing incision. The genitalia are those of an uncircumcised adult male with bilaterally descended testes. No evidence of trauma is seen on the legs. There is a left subclavian, a right subclavian and a right jugular intravenous catheter in place. There is a left 4th intercostal thoracotomy incision in place. There are two left thoracotomy tube wounds present. There is a mid laparotomy incision.

GUNSHOT WOUND:

There is a contact entrance gunshot wound of the left chest. It is located 2-1/2 inches to the left of the midline and 11 inches below the left shoulder. The wound has been incised during the course of resuscitation. Reapproximating the wound reveals it to have a slightly lacerated border and there is dark soot material within the wound. No stippling is identifiable. Examination of the underlying pectoral muscle and the 7th and 6th ribs reveal there to be soot deposition within the depths of the wound. Associated with the wound is a track which proceeds through the skin and musculature over the 7th intercostal space,

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through the anterior pericardial sac, through and through the right ventricular wall producing a 2 inch gaping wound which has been sutured closed extending from the interventricular septum laterally and upward, through the diaphragmatic surface of the pericardial sac, through the diaphragm, through the suprarenal fat, through the left psoas muscle just below the 12th rib and thence exiting the body at a point 16 inches below the left shoulder, 2-1/2 inches to the left of the midline. The exit wound is slightly abraded, is lacerated has no soot or smoke deposition about it and measures 1/2 inch in diameter. No missile or missile fragments are recovered.

The heart weighs 350 grams. Examination of the coronary arteries reveals no calcific areas. The most significant atherosclerosis is in the left circumflex coronary artery where at a point 1.5 cm from the origin and the vessel there is 40% occlusion by relatively firm plaque. The right coronary artery gives rise to the posterior descending. Both coronary arteries arise from the aorta in a normal fashion. Serial section of the myocardium shows hemorrhage associated with the gunshot wound and no other evidence of acute or pre-existing disease. The aorta and its major named branches are normal and free of significant atherosclerosis.

Examination of the internal neck structures reveals no abnormality. The trachea and bronchi are unobstructed. The pulmonary arteries are free of thrombi. The right lung weighs 300 grams and the left lung weighs 290 grams. At the time of autopsy 1.2 liters of partially clotted blood is found within the right chest cavity and 600 ml is found within the left chest cavity. Serial section of the lung reveals a scant amount of anthracotic pigmentation with no greenish mottling secondary to cigarette smoking. There is no fibrosis or emphysema noted. There is

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no evidence of infiltration. No adhesions are encountered between the lungs and the pleural surface of the pleural cavity.

Examination of the gastrointestinal tract reveals 60 ml of yellow fluid consistent with orange juice within the stomach. The small intestine is devoid of contents. The colon has a normal amount of fecal material and there is feces within the rectal vault. No significant diverticuli are noted within the colon. No abnormalities of the small intestine is noted. No ulceration or fibrosis of the duodenum or stomach is seen. The mucosal surface of the stomach is normal. The esophagus is unremarkable.

The liver weighs 1650 grams. There are numerous adhesions encountered about the bed of the gallbladder with omentum adherent to the underside of the previously mentioned incised wound. The gallbladder is absent. The common bile duct is of normal diameter and is not obstructed. The liver itself is of normal color and serial section reveals no fibrosis, tumor or inflammation.

The spleen weighs 140 grams and is of normal color, consistency and shape.

The pancreas shows a slight amount of fat infiltration and the pancreatic duct is of normal size throughout the length. No calcification or fibrosis is noted within the pancreas.

The right kidney weighs 110 and the left 130 grams. The capsule strips with ease from a smooth surface although there is a large cyst. With the exception of this retention cyst the kidneys are absolutely normal. Examination of the ureters reveals no abnormalities. The renal arteries are of normal size and show no significant atherosclerosis. The bladder contains some 1 ml of urine. The mucosal surface is smooth and free of tumor. Prostate is of normal size.

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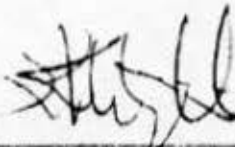
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The adrenal glands show no abnormalities or does the thyroid, parathyroid or pituitary.

The brain is exposed in a standard fashion and no subgaleal, subdural or epidural bleeding is encountered. The brain itself weighs 1380 grams and shows slight flattening of gyri and narrowing of sulci. Serial section fails to reveal the presence of abnormality. Blood vessels are free of significant atherosclerosis.

AUTOPSY FINDINGS:

1. Contact gunshot wound of chest with perforation of heart



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