

MICHAEL SIKIRICA, M.D.
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I, Michael Sikirica , M.D., Forensic Pathologist, certify that the attached twenty-two page report is a true and accurate copy of the original final autopsy report dated July 23, 2010, following the autopsy that I performed on Patrick Penders, on April 27, 2010, at the Albany Medical Center, Albany, NY.



Michael Sikirica, M.D.
Forensic Pathologist
DATED: July 26, 2010

FINAL AUTOPSY REPORT

CASE #: MS-10-172
OCA-10-130 (Albany Medical Center)

DECEDENT: Patrick Penders

DATE OF BIRTH: August 26, 1950

DATE OF DEATH: April 27, 2010

PRONOUNCEMENT TIME: 4:40 AM

DATE OF AUTOPSY: April 27, 2010, 11:00 AM

PLACE OF AUTOPSY: Albany Medical Center, Albany, NY

PROSECTOR: Michael Sikirica M.D.

ASSISTING: Mr. Michael Bourdon and Ms. Sarah Bourdon

CORONER: Mr. Gary Scidmore, Warren County

Cause of Death: Brain injury and hemorrhage due to gunshot wounds of head, torso and extremities

Manner of Death: Homicide



Michael Sikirica, M.D./re

DATE: 7-23-2010

External Description

The body is received in a heavy duty black plastic body pouch. There is a blue lock attached to the pouch #44137 and there is an ID bracelet fastened through the zippers of the pouch listing the decedent's name. The body is that of a 70", 193 pound normally-developed, well nourished adult Caucasian male appearing the reported age of 59 years with slight rigor mortis and posterior unfixed livor mortis. The body temperature is cool to the touch after refrigeration. The general appearance of the body is of good health and hygiene.

The body is received wearing a green nylon vest with military emblems along the chest area, a brown knit Harley Davidson shirt, a gray t-shirt with an "America" and flag design, a brown tooled belt, a pair of blue jeans, a pair of blue undershorts, heavy brown work style boots and blue socks. There is a feminine pad tucked into the front of the undershorts. All of the clothing is damp to the touch. There is a holder along the right aspect of the belt with a folding knife and there is a strap attached to the belt with a white metal clip adjacent to the holder. There is a very large sheath knife and the sheath is tucked into the left front abdominal region of the pants with an additional large knife in a brown sheath tucked into the left lower back of the pants. There is a black brace in place around the right knee. Present in the right front vest pocket is a belt loop cartridge holder containing 7 Winchester .357 Magnum cartridges with (5) empty spaces for cartridges. There is a rectangular dial watch with a black face and black leather band present on the left wrist. There is a yellow metal rectangular bracelet around the right wrist. There is a large white metal ring with a turquoise colored design on the right

middle finger and a large white metal ring with a turquoise colored and gray rectangular setting on the right ring finger. There is a large white metal ring with a tear drop red setting on the left middle finger. Present in the left front pants pocket is a tube of Rite-Aid lip balm and present in the right front pants pocket is 94 cents in change. Present in the left rear pocket is a red handkerchief and a folding knife and present in the right rear pocket is a brown leather wallet and small fragments of glass particles. The wallet contains miscellaneous personal cards and papers, a key, (12) twenty dollar bills and (11) single dollar bills along with a New York State Driver's License for the decedent with a date of birth of 8/26/50.

The scalp hair is gray and somewhat thinning and arranged into a small ponytail with a black band along the posterior scalp. There is a gray mustache and beard. The eyes are open. The irides are blue gray. The right and left pupils each measure 5 mm in diameter. The corneas are clear and the sclerae and conjunctivae are unremarkable. There is muddy material adherent along the nose and around the oral cavity and along the left temporal and forehead region. There is bloody fluid adherent around the face and along the scalp hair. The face is symmetric and the facial bones are intact to palpation. There are no materials in the nose or ears. The teeth are natural and in fair to good condition. There is no injury to the lips, teeth or gums. The neck is free from masses. There are no unusual marks or lesions on the skin of the neck. The larynx is midline and the thyroid not palpable. The chest is of normal contour. The breasts are those of an adult male. The abdomen is flat. The posterior torso shows only abnormalities to be described under "Evidence of Injury". The upper extremities are symmetric, and the fingernails are intact and show no foreign material.

No clubbing or cyanosis is noted. The external genitalia are those of a mature male. There is no evidence of injury or abnormal secretions. The buttocks and anus are unremarkable. The skin is white in color and smooth. There are no tattoos discernible. There is a vertical linear surgical scar along the medial right lower abdomen. There is no evidence of acute or chronic intravenous narcotism. Passive motion of the head, neck and extremities reveals no abnormal morbidity or crepitus. There is no unusual odor about the body. The body hygiene is good.

Evidence of Recent Medical Therapy

None

Evidence of Injury

Gunshot Wound #1:

This entrance wound is located along the left temporal parietal scalp. The perforation is centered approximately 6 cm above the center of the left external auditory canal and approximately 8.2 cm beneath the vertex. It is further localized at approximately 1 cm posterior to the center of the canal. The perforation has a slightly irregular outline measuring 15 x 10 mm in size and is surrounded with an area of red irregular abrasion injury measuring 28 x 12 mm in size. There is no evidence of powder tattooing or soot around the wound.

The wound track extends into the left portion of the calvarium along the lower left parietal bone through a nearly circular 15 mm perforation with no evidence of sooty material or residue surrounding it. The wound track extends into the left parietal cortex just above the level of the temporal lobe passing deep into the white matter where a deformed projectile is recovered measuring approximately 16 x 13 x 11 mm in size with a copper jacket. There is minimal associated hemorrhage along the wound track but there is evidence of severe damage to the surrounding brain parenchyma.

Path of projectile: from decedent's left to right, nearly straight and nearly level.

Gunshot Wound #2:

This superficial series of wounds is located along the posterior left scapular region. The entrance site is located along the lateral left scapula approximately 19 cm to the left of midline and approximately 13 ¼" beneath the vertex of the scalp. The perforation has a slightly ovoid appearance measuring 10 x 6 mm in size with the long axis arranged upward and there is a 20 x 10 mm zone of red abrasion injury extending from the perforation laterally with a smaller 12 x 10 mm red abrasion along the medial portion of the perforation. There is no evidence of powder tattooing or soot around the wound.

The wound track extends beneath the decedent's skin through the subcutaneous tissue with an exit out the more medial portion of the left back approximately 10 cm from the entrance site. The exit defect measures 12 x 4 mm in size and is located approximately 7-8 cm to the left of midline and is surrounded by a 4 x 2.5 cm zone of slight pink ecchymosis injury.

No projectile is recovered.

Path of projectile: from decedent's left to right, nearly straight and nearly level.

There is no evidence of significant damage to internal structures or deeper tissues.

Gunshot Wound #3:

The entrance site to this wound is located along the anterior left shoulder area. The perforation itself measures 8 x 6 mm in size with several small specks of shrapnel type marking around the perforation site. The perforation is located approximately 15 cm to the left of midline and approximately 12.5 cm above the level of the nipples. It is further localized at approximately 12 ½" beneath the vertex of the scalp. There is no evidence of significant powder tattooing around the wound.

The wound track extends into the apical portion of the left chest cavity with a large opening and fracturing through the left 2nd and 3rd ribs. There is continuation of the track downward through the upper lobe of the left lung with a large perforation through the upper portion of the aorta with complete transection and corresponding perforation through the esophagus. There is continuation of the wound track into the perispinal tissue along the T7 and T8 vertebrae and extension of the wound track across the midline and into the right perispinal soft tissue where a badly deformed smaller caliber jacketed projectile is recovered measuring approximately 10 x 9 x 9 mm.

Path of projectile: from decedent's left to right, from front to rear and downward.

Gunshot Wound #4:

This wound is located along the left upper abdominal region. The perforation measures 10 x 9 mm in size and is centered approximately 22" beneath the vertex of

the scalp. It is further localized at approximately 10 cm beneath the level of the nipples and approximately 5 cm to the left of midline. There is no evidence of powder tattooing around the wound.

The wound track extends inward into the abdominal cavity passing just beneath the left costal margin. There is continuation of the wound track through the lower edge of the left lobe of the liver through a 2 cm defect and perforation through the lumen of the stomach. The track continues rearward with a large perforation through the spleen and perforation injury along the upper pole of the left kidney. There is continuation of the wound track outward through the soft tissue along the medial lower left back and the exit site through the skin is located approximately 20 ½" beneath the vertex of the scalp and located approximately 6 cm to the left of midline. The defect has a torn jagged and pushed out appearance and measures 12 x 7 mm in total size.

No projectile is recovered.

Path of projectile: nearly straight, from decedent's front to rear and nearly level.

Gunshot Wound #5:

This wound is located slightly inferior to gunshot wound #4 along the left upper abdominal region. The perforation is centered approximately 26" beneath the vertex of the scalp and measures 19 x 9 mm in size with a slight irregular outline. There is no evidence of powder tattooing or soot around the wound.

The wound track extends into the abdominal cavity with perforation through the transverse colon and extension rearward and slightly towards the decedent's right passing outward through the right abdominal cavity beneath the right 12th rib into the

soft tissue along the right lower medial back. A badly deformed very flattened jacketed projectile measuring approximately 25 x 20 x 10 mm in size is recovered from the soft tissue.

Path of projectile: slightly from decedent's left to right, from front to back and nearly level.

Gunshot Wound #6:

This wound is located along the upper dorsal portion of the right forearm. The entrance site is located approximately 6.5 cm beneath the level of the elbow and measures 20 x 18 mm in size. There is no evidence of soot or powder tattooing around the wound. There are two metallic fragments of bullet core material noted in the entrance site with the largest measuring 4 x 3 x 2 mm and the second measuring 3 x 2 x 2. There is continuation of the wound track beneath the skin and into the soft tissue of the right dorsal forearm where there is a very large open exit site through the skin and soft tissue measuring 13 x 5 cm in size with exposure of a fractured ulna with shredding of the musculature of the forearm. There is an additional slit shaped wound along the medial dorsal portion of the right hand consistent with a shrapnel type wound measuring 15 x 4 mm in size.

Path of projectile: from the proximal to distal portion of the decedent's right forearm.

Gunshot Wound #7:

This jagged wound is located along the ventral medial portion of the left hand. The defect is very shredded and open appearing measuring approximately 13 x 3 mm in size and extends from the wrist area down into the interspace between the left 4th and

5th fingers with fracturing of the left proximal phalanges. There is no evidence of powder tattooing or soot around the wound and the exact directionality of the wound cannot be determined.

Gunshot Wound #8:

The entrance site to this wound is located along the dorsal lateral portion of the proximal left foot. The perforation itself measures 15 x 10 mm in size and is surrounded with a 2.5 cm zone of pink contusion injury. There is perforation of the wound track through the boney and soft tissues of the foot and a jacketed partially deformed projectile is recovered from beneath the skin along the medial portion of the posterior left foot approximately 8 cm above the level of the heel. There is associated small partial exit site measuring 9 x 4 mm in size. The jacketed projectile measures 14 x 14 x 11 mm in size.

Path of projectile: from decedent's left to right, slightly from front to rear and slightly downward.

Additional Injuries:

There is a 15 x 8 mm red abrasion along the upper dorsal portion of the left forearm with approximately 3 small punctate abrasions located adjacent to it along the forearm and extending down toward the wrist and all of the marks are consistent with shrapnel type injury. There is no evidence of significant perforation into the muscular tissue of the forearm.

Examination of the Decedent's Clothing:

Upon examination of the clothing items there is no evidence of powder tattooing or soot around any of the perforation sites. There are two perforations along

the left frontal portion of the vest with a small perforation along the left upper shoulder region. There are several additional perforations along the rear of the vest. There is a small 3 mm perforation in the left shoulder region of the brown Harley Davidson shirt and 5 perforations along the midline of the lower frontal portion of the shirt. There are two perforations along the left lateral portion of the shirt and a perforation in the left medial back portion of the shirt. There is an additional small perforation in the left lower rear region of the shirt. There are 3 perforations into the front of the decedent's t-shirt with one along the left shoulder region and two along the more midline portion of the front of the shirt. There is a jagged series of perforations along the left rear of the shirt with one along the left medial portion of the lower shirt. There is perforation into the decedent's left boot with perforation through the 5th islet from the bottom along the lateral portion of the boot and there is a corresponding perforation in the lateral aspect of the frontal portion of the decedent's left sock.

There is no other evidence of significant antemortem injury.

Note: Numbering of the wounds is done for the purpose of organization only and may or may not reflect the order of occurrence.

Procedure and Specimens

The organs are exposed utilizing the standard Y-shaped thoracoabdominal and posterior scalp incisions. Blood from the left chest cavity, vitreous fluid, bile, gastric contents and urine are taken for toxicologic evaluation and submitted to the Forensic

Toxicology Laboratory at the Albany Medical Center. An additional lavender top blood sample tube is retained at Albany Medical Center for further testing if needed and a second tube is transferred to the officers present from the New York State Police. Representative portions of the major viscera are retained in formalin and appropriate sections are processed for microscopic slides. Pertinent findings at autopsy are recorded by digital photographs by Investigators Eric Smith and Daniel Stevens of the New York State Police who are present along with Investigator Mo Aldrich of the Warren County Sheriff's Office. The autopsy is assisted by Autopsy Assistants Mr. Michael Bourdon and Ms. Sarah Bourdon. All of the decedent's clothing items and personal effects are retained by the officers present. Authorization for autopsy is received with decedent from Coroner Scidmore of Warren County. Multiple x-rays are obtained and evaluated. Finger and palm prints are obtained by the officers upon completion of the autopsy. All the projectiles recovered are transferred to the officers present. A small plastic bag containing small tissue fragments is received from the officers and evaluated. There are small portions of soft tissue including muscle and subcutaneous tissue which are placed with the remainder of the decedent's internal organs at the completion of the autopsy.

Internal Examination

Thoracoabdominal incision reveals approximately 3 cm of normal appearing abdominal panniculus. The thoracic and abdominal viscera have normal anatomic relationships with evidence of trauma as described.

Body Cavities

There are approximately 800-1000 ml of blood and blood clot in the left pleural cavity. There are no significant right pleural fluid accumulations. There are several hundred ml of bloody fluid in the abdominal cavity. There are adhesions along the right lower quadrant of the abdomen.

Musculoskeletal System

The skeletal muscles are firm and normally developed. There are no fractures noted but there is a small nick in the lower aspect of the left 12th rib associated with the gunshot wound to the left upper abdominal area.

Neck Organs

The larynx and thyroid gland are unremarkable. The thyroid is homogeneously tan/brown without nodularity. The laryngeal cartilages and hyoid bone are intact. There are no laryngeal hemorrhages or hemorrhages in the soft tissues of the neck. The carotid arteries and jugular veins are intact. The cervical spine is intact.

Respiratory System

The right lung weighs 680 grams, the left 300 grams. The pleural surfaces are smooth and glistening. There is a very large perforation through the upper lobe of the left lung and partial collapse of the left lung. There is mild anthracotic pigment deposition bilaterally. Except of the perforation injury, upon sectioning, there are no focal lesions. The tracheobronchial tree contains a small amount of bloody fluid. The arterial trees are unremarkable. No aspirated material or thromboemboli are found.

Cardiovascular System

The pericardial sac is intact and contains a few cc of normal serous fluid. The heart weighs 370 grams and has a normal external configuration with a glistening epicardial surface and a normal amount of epicardial fat. The myocardium is firm and red/brown and shows no focal lesions. The cardiac chambers are of normal size and contain clotted blood. The right ventricle measures 3 mm and the left ventricle 13 mm in maximum thickness. The cardiac valves are normally formed and appear in good functional condition with thin pliable valve leaflets and thin discrete tendineae chordae. The mitral valve measures 9 cm, the tricuspid 11.5 cm, the pulmonary 6.5 cm and the aortic 7 cm in circumference. The endocardium is smooth and glistening without fibrosis or petechiae. The coronary arteries arise normally through unobstructed ostia and pursue their usual anatomic course. Serial cross sections at 2 mm intervals reveal no greater than 10-20% focal atheromatous occlusion. The atria and appendages are normal. The aorta is of normal caliber and branching distribution with mild atherosclerosis along the distal portion. There is complete jagged transection through the upper thoracic portion of the aorta due to the gunshot wound of the left anterior shoulder. The vena cavae is intact and unremarkable.

Liver and Biliary Tree

The liver weighs 1550 grams and has a smooth capsule and normal brown lobular architecture. There is no evidence of fibrosis or cirrhosis. There is a 2-3 cm perforation along the lower edge of the left lobe but no other focal lesions. The gallbladder is intact and contains 20-30 ml of green/brown bile without stones. The extrahepatic biliary system is unremarkable.

Spleen

The spleen weighs 120 grams and has a smooth thin capsule with severe perforation injury to the capsule and parenchyma. The parenchyma is purple in color with indistinct white pulp.

Pancreas

Firm lobulated tan parenchyma

Adrenals

Thin bright yellow/orange cortical ribbons and tan medullae

Genitourinary System

The right kidney weighs 140 grams, the left 180 grams. There is perforation injury through the upper pole of the left kidney but the capsules strip easily to reveal smooth purple cortical surfaces. Except for the perforation injury, there are no focal lesions. The ureters are patent into the bladder, which contains approximately 300 ml of nearly clear urine. The prostate gland is not enlarged. Both testes are palpable in the scrotal sac and are removed and show no evidence of injury.

Gastrointestinal System

The esophagus is perforated along the distal ½. There is perforation injury extending through the anterior and posterior portions of the stomach and the stomach contains approximately 100 ml of milky light brown to pink colored fluid without identifiable digestate. There are no recognizable fragments of tablets or capsules. The mucosa and rugae are unremarkable. The small and large intestines have a normal configuration and the appendix is not identified. As noted, there is perforation through the transverse colon.

Brain

The scalp is retracted by an intermastoidal incision. There is very slight subgaleal hemorrhage around the perforation site into the left lower parietal aspect of the calvarium. Except for the perforation injury, the bones of the calvarium and base of the skull are intact. The fresh brain weighs 1510 grams. The cerebral hemispheres are symmetric with a normally developed gyral pattern. The meninges are clear. The cerebral vasculature is intact with no significant atherosclerosis or vascular anomalies. Serial coronal sections through the cerebrum, cerebellum and brainstem reveal a 2-3 cm perforation track extending into the left posterior frontal and anterior parietal cortex but no other focal lesions. Stripping the dura reveals no additional fractures. The pituitary gland is not enlarged.

Microscopic Examination (slides 1-16)

Portions of the major internal organs are examined microscopically including sections of brain, heart, lungs, liver, spleen, kidneys and additional tissues and organs as required. A section of pancreas displays only postmortem autolytic type changes and a portion of spleen is unremarkable. A section of liver displays moderate macrovesicular steatosis. Sections of the lungs reveal focal areas of atelectasis and areas of extensive acute intraalveolar hemorrhage. Portions of the kidneys are unremarkable and no crystals are demonstrated in the parenchyma under polarized light examination. Sections of the myocardium reveal patchy myocyte nuclear and cytoplasmic hypertrophy. There are a few scattered areas of delicate interstitial fibrosis.

Sections of the brain reveal hemorrhage in the Virchow Robin spaces but no significant natural or pathologic abnormalities.

Anatomic Diagnoses

- I. Gunshot wound to the head with penetration through the left parietal scalp and skull and penetration into the left parietal cortex
 - a. Large caliber jacketed projectile recovered
- II. Multiple gunshot wounds to the torso
 - a. Superficial gunshot wound to the posterior left scapular region
 - b. Penetrating gunshot wound to the anterior left shoulder with perforation of left lung, aorta and esophagus
 - i. Projectile recovered from the soft tissue of the medial right back
 - c. Perforating gunshot wound to the left upper abdominal area with penetration through the lower edge of the left lobe of the liver, stomach, spleen and left kidney
 - i. Exit site along the left lower back with no projectile recovered
 - d. Penetrating gunshot wound to the left lower abdominal area with penetration through the transverse colon
 - i. Large caliber projectile recovered from the soft tissue along the right medial lower back
- III. Gunshot wounds of the extremities

- a. Large gunshot wound along the dorsal right forearm with fracturing of ulna
 - i. Small projectile fragments recovered along the entrance site
- b. Large gunshot wound of the medial portion of the left hand
 - i. No projectile recovered
- c. Penetrating gunshot wound to the left foot
 - i. Large caliber projectile recovered
- IV. Additional superficial shrapnel type injuries of the left dorsal forearm
- V. Multiple defects in the decedent's clothing items and left boot consistent with gunshot wound
- VI. Additional findings:
 - a. Ethanol intoxication
 - i. Postmortem blood ethanol level of 0.19% w/v
 - ii. Vitreous fluid ethanol level of 0.21% w/v
 - iii. Urine ethanol level of 0.25% w/v
 - b. Elevated level of tramadol detected in postmortem blood
 - c. Meclizine detected in postmortem blood at non-toxic level
 - d. Microscopic evidence of moderate macrovesicular steatosis of the liver
 - e. Mild myocardial interstitial fibrosis and myocyte nuclear and cytoplasmic hypertrophy (microscopic)
- VII. No evidence of other significant antemortem injury or significant natural disease

FORENSIC TOXICOLOGY LABORATORY
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 ALBANY, NEW YORK 12208-3478 (518) 262-3523
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 ACCREDITED BY THE AMERICAN BOARD OF FORENSIC TOXICOLOGY

CERTIFYING TOXICOLOGISTS

Thomas G. Rosano PhD, DABFT (Director)

Thomas A. Swift PhD (Associate Director)

SUBJECT NAME: **PENDERS, PATRICK**
 COUNTY/REQUESTING AGENCY: **WARREN**
 COUNTY AUTOPSY NUMBER: **MS-10-172**

LABORATORY CASE NUMBER: **14912**
 SPECIMEN COLLECTION DATE: **4/27/2010**
 REPORT DATE: **06/28/2010**

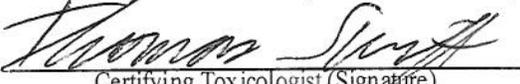
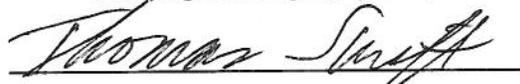
PATHOLOGIST:
 DR. MICHAEL SIKIRICA
 FORENSIC MEDICAL SERVICES, PC
 50 BROAD STREET
 WATERFORD, NEW YORK 12188

REQUESTING AGENCY/AGENT:
 GARY SCIDMORE
 WARREN COUNTY CORONER
 6970 STATE ROUTE 8
 BRANDT LAKE, NEW YORK 12815

SPECIMEN	TEST	RESULT	POSITIVE THRESHOLD/UNITS	METHODOLOGY
Blood	Amphetamines	NEG	Threshold 250 ng/ml	Immunoassay
	Barbiturates	NEG	Threshold 250 ng/ml	GC/MS
	Benzodiazepines	NEG	Threshold 150 ng/ml	Immunoassay
	Benzoylcegonine	NEG	Threshold 150 ng/ml	Immunoassay
	Methadone	NEG	Threshold 150 ng/ml	GC/MS
	Opiates	NEG	Threshold 150 ng/ml	Immunoassay
	Phencyclidine	NEG	Threshold 50 ng/ml	GC/MS
	Propoxyphene	NEG	Threshold 150 ng/ml	GC/MS
	Cannabinoids	NEG	Threshold 50 ng/ml	Immunoassay
	Tricyclic Antidepressants	NEG	Threshold 100 ng/ml	GC/MS
	Salicylate	NEG	Threshold 10 mg/dl	Colorimetric
	Acetaminophen	NEG	Threshold 10 mg/L	Immunoassay
	Ethanol	0.19	% w/v	Gas Chromatography
	Acetone	NEG	Threshold 0.010% w/v	Gas Chromatography
	Isopropanol	NEG	Threshold 0.010% w/v	Gas Chromatography
	Methanol	NEG	Threshold 0.015% w/v	Gas Chromatography
Diphenhydramine	84	ng/ml	GC/MS	

General drug screen by mass spectrometry: diphenhydramine, tramadol and meclizine detected.
 See additional report from NMS LABS for meclizine and tramadol.

I certify that the specimen identified by the name and I.D. number above has been examined upon receipt, handled and analyzed in accordance with New York State Health Department regulations, and that the results set forth are for that specimen. Chain of custody and confidentiality was maintained throughout collection, testing, and reporting, unless otherwise noted. Positive specimens are retained for a minimum of one year and all other specimens for a minimum of one month, unless otherwise requested.

Thomas A. Swift PhD Certifying Toxicologist (Print)	 Certifying Toxicologist (Signature)	6-28-10 Date
Thomas A. Swift PhD Laboratory Director (Print)	 Laboratory Director (Signature)	6-28-10 Date

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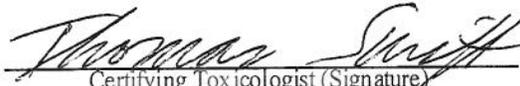
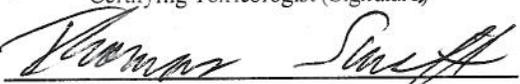
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PATHOLOGIST:
 DR. MICHAEL SIKIRICA
 FORENSIC MEDICAL SERVICES, PC
 50 BROAD STREET
 WATERFORD, NEW YORK 12188

REQUESTING AGENCY/AGENT:
 GARY SCIDMORE
 WARREN COUNTY CORONER
 6970 STATE ROUTE 8
 BRANDT LAKE, NEW YORK 12815

SPECIMEN	TEST	RESULT	POSITIVE THRESHOLD/UNITS	METHODOLOGY
Urine	Ethanol	0.25	% w/v	Gas Chromatography
	Acetone	NEG	Threshold 0.010% w/v	Gas Chromatography
	Isopropanol	NEG	Threshold 0.010% w/v	Gas Chromatography
	Methanol	NEG	Threshold 0.015% w/v	Gas Chromatography

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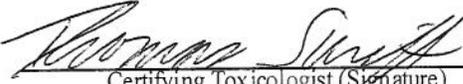
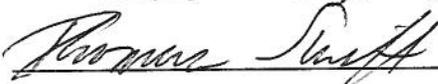
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 BRANDT LAKE, NEW YORK 12815

SPECIMEN	TEST	RESULT	POSITIVE THRESHOLD/UNITS	METHODOLOGY
Eye	Ethanol	0.21	% w/v	Gas Chromatography
	Acetone	NEG	Threshold 0.010% w/v	Gas Chromatography
	Isopropanol	NEG	Threshold 0.010% w/v	Gas Chromatography
	Methanol	NEG	Threshold 0.015% w/v	Gas Chromatography

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Thomas A. Swift PhD _____ Laboratory Director (Print)	 _____ Laboratory Director (Signature)	6-28-10 _____ Date

6/5
3/5
ok
D.S.



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CONFIDENTIAL

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Toxicology Report

Report Issued 06/15/2010 09:00

Patient Name PENDERS, PATRICK
Patient ID MS-10-172 14912 B6
Chain 11134473
Age Not Given
Gender Not Given
Workorder 10133257

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To: 30037

Albany Medical Center
Forensic Toxicology Lab
43 New Scotland/M.C. 22
Albany, NY 12208

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Meclizine (120 ng/mL, Chest Blood), Tramadol (1000 ng/mL, Chest Blood), and O-Desmethyltramadol (33 ng/mL, Chest Blood).

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Rows include 2590B (Meclizine, Blood) and 4531B (Tramadol and Metabolite, Blood).

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Row includes 001 Gray Vial, 5 mL, Not Given, Chest Blood, LEFT CHEST BLOOD.

All sample volumes/weights are approximations.

Specimens received on 06/10/2010.

Handwritten initials: KIS, H/S

Handwritten initials: RAS



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Meclizine	120	ng/mL	1.0	001 - Chest Blood	GC
Tramadol	1000	ng/mL	20	001 - Chest Blood	LC-MS/MS
O-Desmethyltramadol	33	ng/mL	20	001 - Chest Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

- Meclizine (Antivert®) - Chest Blood:
Meclizine is an antihistamine used in the treatment of nausea, vomiting and vertigo associated with motion sickness. Adverse effects with meclizine include drowsiness, fatigue and dry mouth. Pharmacologic and toxicokinetic data concerning meclizine are not readily available.

One report indicates that in one person, a single 25 mg oral dose of meclizine resulted in a peak plasma concentration of approximately 80 ng/mL at four hours, declining to 25 ng/mL by eight hours and 5 ng/mL by 24 hours.
- O-Desmethyltramadol (Tramadol Metabolite) - Chest Blood:
Peak plasma concentration for O-Desmethyltramadol following a single 100 mg oral dose: 35 - 75 ng/mL. Steady-state plasma concentration following a 100 mg 4 times daily regimen: 80 - 140 ng/mL.
- Tramadol (Ultram®; Ultrax®) - Chest Blood:
Tramadol is a synthetic opioid receptor agonist used for the management of moderate to moderately severe pain. Peak plasma levels of tramadol following a single 100 mg oral dose range from 230 - 380 ng/mL and peak levels of the active metabolite, O-desmethyltramadol, range from 35 - 75 ng/mL. Steady-state plasma levels following an oral dosage regimen of 100 mg of tramadol administered 4 times a day range from 420 - 770 ng/mL. The elimination half-lives of tramadol and O-desmethyltramadol are 5 to 8 hours and 6 to 9 hours, respectively.

Common adverse reactions to tramadol include sedation, dizziness, headache, and constipation. Higher doses may elicit agitation, tachycardia, hypertension and seizures. The mean postmortem femoral blood concentration of tramadol in 5 individuals who died due to tramadol overdose was reported as 6100 ng/mL.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

Acode 2590B - Meclizine, Blood - Chest Blood

-Analysis by Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Meclizine	1.0 ng/mL		

Acode 4531B - Tramadol and Metabolite, Blood - Chest Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
O-Desmethyltramadol	20 ng/mL	Tramadol	20 ng/mL

Handwritten signature and initials: *MS/MS*
ok 2-17