



TRAVIS COUNTY
OFFICE OF THE MEDICAL EXAMINER

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MEDICAL EXAMINER REPORT

RIAD ELSOLH HAMAD

ME 08-0964

The postmortem examination was performed by David Dolinak, M.D., Chief Medical Examiner, beginning at 08:00 a.m. on 04/17/2008, at the Travis County Forensic Center, Austin, Texas.

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs and fingerprints are taken. Rigidity is diffuse and weak. Lividity is patchy. The body is cool. The body is in a state of early decomposition characterized by marbling and maroon discoloration of the skin. Bloody purge fluid is on the face. The skin of the hands, fingers, and feet is wrinkled. The body is received clad in a pink short sleeve polo-type shirt, an undershirt, black pants with a belt, briefs, two socks, and two athletic shoes. The clothing is wet and is retained.

The body is received with the wrists loosely bound in front of the body with a tan rubber telephone-type cord. One end of the cord is looped loosely once around the left wrist and arranged in a very loose knot. The cord is looped loosely three times around the right wrist, and then arranged in a very loose knot. The hands are separated by approximately 1½ foot of cord. The cord ligature is easily slipped off of both hands.

The ankles are bound loosely by black rubber speaker-type cord. The cord is looped twice around each ankle. On the right ankle, the cord is looped over the surface of the skin. On the left ankle, the cord is looped over the surface of the pants. The ends of the cord are arranged in a loose knot in front of the left ankle, medially. The loops around the ankles are loose enough to slip off of the body intact. The loops are separated by approximately 6 inches of cord between the ankles.

Gray duct tape is wrapped neatly twice around the head just above the eyes, and leaves a blanched, slightly depressed band of imprint on the skin. The duct tape passes above the eyelids, and does not cover the eyes. The duct tape passes over the ears.

The body is that of a 68 inch 216 pound normally developed well-nourished adult white man who appears about the reported age of 55 years. He has medium length black-gray wavy scalp hair with a receding hairline. The irides are brown, the sclerae are white, and there are no conjunctival petechiae. There are no facial petechiae. No calvarial or facial fractures are palpated. The scalp and face are atraumatic. The dentition is natural and in

good condition. He has very short gray facial stubble. The oral mucosa, neck, and hands are atraumatic. The fingernails are short and atraumatic. The extremities have symmetrical musculature. The chest, abdomen, back, and extremities are atraumatic. The abdomen is corpulent. The penis is uncircumcised and the testicles are scrotal. An identification band with the name "Riad Hamad" and "ME 08-964" is around the right ankle.

IDENTIFYING MARKS AND SCARS:

A 10 inch vertical scar is in the lateral aspect of the right thigh. There are no tattoos.

EVIDENCE OF THERAPY:

None.

EVIDENCE OF INJURY:

None.

EVIDENCE COLLECTED: Clothing, wrist ligature, ankle ligature, duct tape, blood standard, fingernail clippings, hair standard.

INTERNAL EXAMINATION:

ORGAN WEIGHTS:

Brain	1700 grams	Liver	2025 grams
Heart	450 grams	Spleen	225 grams
Right Lung	600 grams	Right Kidney	250 grams
Left Lung	600 grams	Left Kidney	250 grams

BODY CAVITIES:

The organs are normally developed and are in their normal locations. The diaphragms are intact. There is no fluid accumulation in the pleural cavities or the pericardial sac. There is no fluid accumulation in the peritoneal cavity. There are no pleural adhesions or abdominal adhesions.

HEAD:

There is no subscalp blood extravasation. The calvarium is intact. The dura is intact. There is no epidural or subdural blood. The dura lining the calvarium and the base of the skull is stripped and fails to reveal any skull fractures. The leptomeninges are thin and transparent and have no blood or exudate. The cerebral hemispheres have a normal gyral pattern. The brainstem and cerebellum are normally formed. There is no herniation. The cranial nerves and cerebral arteries are normally developed and are unremarkable. There is no fluid in the sphenoid sinus.

On coronal sections, the cortical ribbon is tan, of normal thickness, and has no recent or remote contusions. The gray/white matter junction is distinct. The deep nuclei, hippocampi and mamillary bodies are unremarkable. The ventricles contain no blood. The midbrain has normally pigmented substantia nigra. The pons, medulla, upper cervical spinal cord, and cerebellar hemispheres are unremarkable.

NECK:

The anterior cervical strap muscles are dissected in a step-by-step layer-wise fashion and fail to reveal any areas of blood extravasation. There is no blood extravasation in the tongue. There is no blood extravasation in the pharyngeal tissues or prevertebral fascia. The hyoid bone, thyroid cartilage and cricoid cartilage are intact. The larynx and trachea are lined with tan mucosa and are unobstructed. The esophagus is lined with pink mucosa and has no tears, ulcers or varices. No neck fractures are detected.

CARDIOVASCULAR SYSTEM:

The right dominant heart has normally located coronary artery ostiae and a normal coronary artery distribution. The coronary arteries are up to 20% stenosed by atherosclerotic plaque and there are no coronary artery thromboses. The myocardium is brown and has no areas of fibrosis or blood extravasation. The left ventricular free wall is 1.4 cm thick. The cardiac valves, chordae tendinae, and papillary muscles are unremarkable. The aorta has mild atherosclerosis and a normal distribution without tears or aneurysm.

RESPIRATORY SYSTEM:

The lungs are overinflated and have normal lobation. The visceral pleura is red and maroon, dusky, and has no adhesions. The pulmonary parenchyma is soft, maroon, crepitant, and oozes abundant blood watery fluid. There are no focal areas of consolidation and no tumors, nodules, or granulomas. The pulmonary arteries have no atherosclerosis or thromboemboli. The pulmonary veins are unremarkable. The bronchi contain bloody watery fluid.

HEPATOBIILIARY SYSTEM:

The liver has a smooth intact brown surface and brown parenchyma that is of normal consistency. There are no nodules, tumors or granulomas. The gallbladder is lined with olive mucosa and contains an estimated 10 ml of bile. There are no gallstones.

LYMPHORETICULAR SYSTEM:

The spleen has an intact maroon capsule and soft maroon parenchyma that is of normal consistency. There are no nodules, tumors or granulomas. There is no lymphadenopathy.

GENITOURINARY SYSTEM:

The kidneys have smooth intact maroon-red cortical surfaces without nodules or cysts. The corticomedullary junction is distinct. The medullae are maroon. There is no hydropepelvis or hydroureter. The urinary bladder is lined with tan mucosa and contains an estimated 150 ml of yellow urine. The prostate gland has tan rubbery parenchyma. The testicles have soft tan stingy parenchyma.

GASTROINTESTINAL SYSTEM:

The stomach is lined with tan mucosa thrown into normal rugal folds. The stomach contains an estimated 200 ml of tan food and tan liquid. There are no ulcers, tumors, or any other lesions. The duodenum is lined with tan mucosa and is unremarkable. The small and large intestine is unremarkable. The appendix is identified and is unremarkable.

ENDOCRINE SYSTEM:

The thyroid gland has brown parenchyma without nodules or cysts. The pancreas has tan lobulated parenchyma without nodules or cysts. The adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

No fractures of the clavicles, sternum, ribs, vertebrae, pelvis or extremities are detected. The skeletal muscle is red and of normal consistency. The skin, subcutaneous tissue, and skeletal muscle of the medial aspect of the wrists (ulnar side) and the lateral aspect of the ankles is incised and fails to reveal any areas of blood extravasation or any other evidence of injury.

MICROSCOPIC EXAM:

Heart: Increased interstitial fibrous tissue.

Lungs: Edema, congestion.

Liver: No significant pathology.

Kidneys: No significant pathology.

Hippocampus: No significant pathology.

FINDINGS:

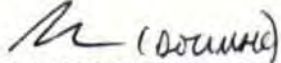
- I. Drowning.
 - A. Overinflated lungs.
 - B. Pulmonary edema/congestion (right lung 600 grams, left lung 600 grams).
 - C. Bloody watery fluid in bronchi.
 - D. History that the deceased was found unresponsive in a lake.
 - E. Wrinkled skin of fingers and hands.
- II. Hypertensive-type heart disease.
 - A. Cardiomegaly (heart weight 450 grams).
 - B. Left ventricular hypertrophy (1.4 cm thick).
- III. Loose ligatures around wrists and ankles.
- IV. Duct tape wrapped around upper head just above eyes.
- V. No evidence of traumatic injury.
- VI. History of recent depression and stress.

CONCLUSION:

Based upon the history and autopsy findings, it is my opinion that RIAD ELSOLH HAMAD, a 55-year old man, died as the result of drowning.

MANNER:

Suicide.


DAVID DOLINAK, M.D.
Chief Medical Examiner

DATE SIGNED: 5/14/08

DD:mj



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Travis County
Toxicology Report

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ME 08-00964

Hamad, Riad Elsolh

Pathologist : Dr. David Dolinak

Date Completed : 4/29/2008

<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
ACID/NEUTRAL DRUGS				
Blood, femoral		ND		GC/MS
ALKALINE DRUGS				
Blood, femoral		ND		GC/MS
ETHANOL/VOLATILES				
Blood, femoral		ND		Headspace GC/FID
IMMUNOASSAY				
Blood, femoral	Amphetamine	ND		ELISA
Blood, femoral	Barbiturate	ND		ELISA
Blood, femoral	Benzodiazepine	ND		ELISA
Blood, femoral	Cocaine Metabolite	ND		ELISA
Blood, femoral	Fentanyl	ND		ELISA
Blood, femoral	Opiate	ND		ELISA
Blood, femoral	Oxycodone	ND		ELISA
Blood, femoral	Cannabinoid	ND		ELISA

ND = None Detected

UFA = Unsuitable for Analysis

Comment:

Approved by: *(Signature)* 5/5/08