



Patient: James Chasse
Date of Service: 11-24-06

Procedure: Scans are done with the 64-detector scanner, 0.5 mm slice thickness. The body is scanned in its entirety and the previously removed sternum and chest plate anteriorly is scanned separately. These are further studied with multiple high-resolution reconstructions in varying scan planes including 3-D surface rendering.

Findings: The thoracic and abdominal viscera have been removed, as has the brain. There is a fair amount of postmortem gas present within soft tissues, so there is not much soft tissue information available and I will confine my comments primarily to bone. Here, too, there is considerable intraosseous gas present, particularly within the thoracic cage.

The reconstructions from the iliac crests through the soles of the feet demonstrate no sign of recent fracture. There is a deformity of the proximal left tibia which appears to be due to a healed fracture. This particular set of images also includes the hands and wrists. I do not see any fractures or other major abnormalities of the bones of the hands or wrists. There is a metallic foreign body on the dorsum of the right hand superficially located over the base of the third metacarpal.

The right shoulder girdle shows no traumatic deformities, degenerative features nor other abnormalities. The left shoulder girdle shows a distal clavicular fracture which is comminuted and about 3 cm from the end. The AC joint is not displaced and the scapula is intact, as is the humerus.

The sternum and anterior ribs were scanned separately and are appropriately reconstructed. These images demonstrate fractures of virtually all the ribs included in the specimen second through seventh on the left, first through fifth on the right. For the most part these are in or near the costochondral junctions and are variably displaced. There is also a transverse fracture of the sternum in the upper gladiolus which is minimally displaced.

The axial scans of his thorax without the breast plate demonstrate multiple mildly displaced fractures in the left hemithorax. The left first rib is fractured posteriorly. The second rib is fractured near the mid axillary line laterally. The third rib shows no definite fracture. The fourth rib shows a posterior fracture 2 cm from the transverse process of the fourth dorsal vertebra. There is also a questionable fourth rib fracture anteriorly in the anterior axillary line. The left fifth rib shows a nondisplaced fracture 1.5 cm from the transverse process and out anteriorly there is an additional fracture of this fifth rib comminuted and displaced. The sixth rib shows two nondisplaced fractures, one by the transverse process, one 2 cm lateral to that, and it also demonstrates comminuted fracture anteriorly just at the point where the breast plate was removed. I do not know if this relates to the removal or if this was indeed a fracture at that point. The seventh rib shows a displaced fracture next to the transverse process of T7 and also shows a fracture out near the site where the breast plate was removed. The eighth rib demonstrates a minimal fracture 2 cm from the transverse process, nondisplaced, the rib normal beyond this point. The ninth rib shows a fracture 3 cm from the transverse process, minimally displaced, the rib normal distally. The tenth rib shows a nondisplaced fracture 2 cm from the transverse process, again normal distally. The eleventh rib shows a displaced fracture 1 cm from the transverse process, normal distally. The twelfth rib shows a proximal fracture 1 cm from the transverse process as well, normal distally. In the right hemithorax, the first, second and third ribs are intact. There is a little deformity of the fourth rib 2 cm lateral to the transverse process where a faint radiolucency is seen coupled with sclerotic changes. I believe this is due to a healing rib fracture of months to years duration. The fifth rib shows a slight irregularity 3 cm lateral to the transverse process, possibly post-traumatic, not for sure abnormal. The sixth rib quite proximally, actually half way out the transverse process of T6 shows, again, what appears to be healing fracture of

503.253.1105

800.300.6259

epicimaging.com

233 NE 102nd Ave., Portland, OR 97220

fax: 503.535.8398

info@epicimaging.com

months to years duration. I do not see any right-sided fractures in the residual thoracic cage that I believe were of recent origin.

The calvarial cap has been removed and was not scanned. I identify no abnormalities in the skull, the brain obviously removed as well. There are no abnormalities identified in the cervical spine. The larynx and hyoid have been removed.

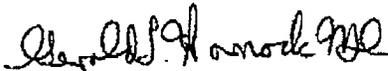
IMPRESSION

I identify no abnormalities in the skull, spine, pelvis or bones of the extremities save for an old healed fracture of the left proximal tibia. There is a little metallic foreign body subcutaneously near the base of the third metacarpal of the right hand. There is a transverse fracture of the upper sternum. There are multiple anterior rib fractures bilaterally with varying degrees of displacement generally within a few centimeters of the costochondral junctions.

There are multiple posterior fractures in the left ribs generally about 2.0 cm from the transverse processes of the vertebrae. The third rib is spared, all others involved. There are old healed or healing rib fractures in the right hemithorax posteriorly, nothing that looks fresh. There is a fracture of the left clavicle laterally which is moderately displaced.

I see nothing to suggest any abnormal bone density or osseous fragility. Presence of gas within the vertebral bodies and other osseous structures, a byproduct of decomposition would render formal bone density scanning invalid.

Interpreted by,



Gerald L. Warnock, M.D.
GLW/pm

Gerald L Warnock, M.D.

EPIC IMAGING

233 ne 102 ND St

Portland, Or 97220

I am a board certified radiologist. On November 26, 2006, I performed a CT scan on the body of James Chasse. My findings are contained in the attached report.

In my opinion, the fractures to the left posterior thorax are consistent with blunt force trauma to the back, and not a fall on the chest. The fracture to the left clavicle was also probably caused by a direct blow, rather than a fall. These opinions are based upon my years of experience in evaluating injuries. The other fractures in the left thorax are also consistent with blunt force trauma to these areas. I saw no evidence of bone disease, such as osteoporosis, or other bone mineralization diseases which would make the bones more fragile.

I have attached a copy of my CV, schedule of customary charges, and cases where I have testified, by deposition or trial, in the last 4 years.

/s/


23 August 2009



233 NE 102nd Avenue • Portland, Oregon 97220 • www.epicimaging.com
Phone: 503.253.1105 • Toll Free: 800.300.6259 • Fax: 503.535.8398

PATIENT NAME	ACCOUNT NO	ACCESSION NO	OUTSIDE NO
CHASSE, JAMES	2038289	11002010231562	N/A
AT THE REQUEST OF	DATE OF BIRTH	AGE / SEX	DATE OF SERVICE
THOMAS STEENSON, ATTY AT LAW			11/04/2009
500 YAMHILL PLAZA BLDG			
815 SW SECOND AVE			
PORTLAND OR 97204			

After further review of the images on November 4, 2009, I have come to the conclusion that there is a discernible fracture in the left third rib. The cortex posteriorly is wrinkled slightly very near the origin and I believe this does represent a third rib fracture. This is in addition to the other fractures previously described. Aside from that, I have no further additions.

Sincerely,

Gerald L. Warnock, M.D.
GLW/lc

Electronically signed by Gerald Warnock, MD 11/16/2009 14:22:33