

DCA03MM035
MEDICAL RECORDS INFORMATION

The following information was extracted by Dr. Mitchell A. Garber, the Medical Officer for the National Transportation Safety Board, from the records maintained at the office of the Captain's primary care physician and by a pharmacy used by the Captain:

5/21/02 – Physician's note indicates "past medical history" to include: "... status post right mid coronary artery angioplasty and stent placement, February 24, 2000 ... hypertension ... insomnia treated with Elavil [amitriptyline] ... history of prostate cancer with ... prostatectomy, external beam radiation ... normal PSA six months ago, ... hypercholesterolemia ... history of kidney stones" Notes also indicate that "current medications" include "Accupril [quinapril]..., hydrochlorothiazide 25 mg daily, Lipitor [atorvastatin] ..., Tenex [guanfacine] ..., Aspirin" "Plan" includes to "... switch his Lipitor to Zocor [simvastatin]switch his Accupril to Mavik [trandolopril] ... and next year we can go to generic Zestril [lisinopril] ... switch his Tenex to anenolol ..."

8/13/02 – Physician's note indicates "... med list ... recently altered for cost savings..."

9/16/02 – Physician's note indicates "Refill Vasotec [enalapril] 10 mg #180 ..."

10/4/02 – Report of Sestamibi Stress Test indicates, in part: "Impression – Normal nuclear medicine cardiac stress test."

3/5/03 – Physician's note indicates "... prescription for Zocor 80 mg one at bedtime #60" Pharmacy records indicate the prescription was filled the same day at a cost of \$239.39.

The following information was extracted by Dr. Mitchell A. Garber, the Medical Officer for the National Transportation Safety Board, from the report of autopsy performed on the Captain by the Oregon State Medical Examiner:

"Cause of Death" is noted as "Asphyxiation by drowning." Other diagnoses include "Atherosclerotic heart disease," "Resolving subdural hematoma," "Fresh fracture of right ribs #2 and #3," and "Cholelithiasis."

Under "General External Description" is noted "... There is a single abrasion present within the hairline on the right side of the head measuring 1-1/2" by 1/2"."

Under "Cardiovascular System" is noted:

The heart weighs 450 grams. The epicardial coronary arteries arise and are distributed normally. The left anterior descending coronary artery exhibits areas of 50% stenosis in the proximal and middle one-third of the artery without superimposed thrombus. The right coronary artery is

markedly calcified and does demonstrate 90% to 100% stenosis in the proximal and middle one-thirds. The area of 90% to 100% stenosis is approximately 2 cm in length. Serial sectioning through the deep brown myocardium does not reveal an old or new myocardial infarct. The left ventricular wall measures up to 1.5 cm in thickness. The cardiac valves are unremarkable without evidence of stenosis or insufficiency. The aorta and its tributaries are distributed normally and are widely patent. There are calcified, ulcerated intramural atherosclerotic plaques noted in the abdominal portion.

Under "Head" is noted:

The scalp is reflected in the usual manner. There is no hemorrhage in the scalp or over the calvarium. There are no calvarial fractures. The calvarium is removed with transverse saw cuts to reveal a sharply demarcated, very thin encapsulated deep maroon subdural hemorrhage overlying the lateral right parietal skull, measuring 3" in greatest dimension. There is no injury to the underlying brain. There is no evidence of hemorrhage in the brain or cerebral edema. There is no subarachnoid or epidural hemorrhage. No fresh subdural hemorrhages are present. The brain weighs 1300 grams. No focal abnormality is identified on coronal sections of the cerebral hemispheres, cerebellum or brain stem. There is no evidence of fracture at the base of the brain on stripping of the dura.

There is no indication in the autopsy report of microscopic analyses.