

ORANGE COUNTY SHERIFF-CORONER

1071 W. Santa Ana Blvd.

Santa Ana, CA 92703

Coroner Division

DECEDENT: PANG, Danny Zuchen

CASE NUMBER: 09-07408-CO

AGE: 42 Years

DOB: 12/15/1966

SEX: Male

RACE: Asian

PLACE OF DEATH: Hoag Memorial Hospital Presbyterian

DATE/TIME OF DEATH: 09/12/2009 05:12

AUTOPSY DATE/TIME: 09/13/2009 11:39

**PLACE OF AUTOPSY: Sheriff-Coroner Forensic Science Center
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703**

**AUTOPSY ATTENDANTS: Joe Jaing, OCSD
Felicia Gardner, OCSD
Justin Barnett, OCSD
Michael E. Smith, OCCO**

CAUSE OF DEATH: Combined intoxication of oxycodone, oxymorphone, hydrocodone, dihydrocodeine, citalopram, lorazepam & tetrahydrocannabinol carboxy-acid

OTHER CONDITIONS: Hypertensive type cardiomegaly, moderately occlusive coronary atherosclerosis; clinical history of depression, insomnia, anxiety and surgically treated herniated disk

MANNER: Suicide

CERTIFICATE ISSUED: 9/14/2009

AMENDMENT: 12/17/2009

*Official Records of the Coroner's Office
DO NOT REPRODUCE*

*Certified to be a true copy of original report
on file in Orange County Coroner's Office.
BY Sean E. Enloe SHERIFF-CORONER
CUSTODIAN OF RECORDS*



**Sean E. Enloe, M.D.
Forensic Pathologist**

ORANGE COUNTY SHERIFF-CORONER

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CAUSE OF DEATH: Pending Investigation

OTHER CONDITIONS:

MANNER: Pending

CERTIFICATE ISSUED: 9/14/2009

AMENDMENT:



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ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT

PANG, Danny Zuchen

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EXTERNAL EXAMINATION: The body is identified by toe tags and is that of an unembalmed, adult male who appears about the reported age of 42 years. The body weighs 178 pounds, measures 71 inches, and is well-built and well-nourished (B.M.I. – 24.9, waist-to-hip ratio – 0.95). Scars are present on the abdomen and lower back. Slight pinkish bruising localized to the knuckles of the right hand is present. Diffuse pinkness is present on the left hand. The index finger of the left hand has callouses present. The skin is free of significant abrasions, lacerations, or burns. Tattoos are not present. Rigor mortis is partially present. Livor mortis is fixed and pink.

The head is normocephalic and covered by black hair. There is no balding and the hair can be described as short, 2 ½ inches. Mustache and beard are absent. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are clear. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. Other than the presence of an endotracheal tube and an orogastric tube, the oronasal passages are otherwise unobstructed. Upper and lower teeth are present. Bilateral earlobes have slight diagonal creases present. The neck is unremarkable.

There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not otherwise unusual. The genitalia are those of an adult male. The penis has some foreskin present. The external genitalia are without trauma or lesions. The extremities show no edema, joint deformity, abnormal mobility, or needle tracks.

NECK: The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips, or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue, when sectioned, shows no trauma.



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ORANGE COUNTY SHERIFF-CORONER
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CHEST/ABDOMINAL CAVITY: Both pleural cavities contain minimal serosanguineous fluid and are without adhesions. The parietal pleurae are intact. The lungs are voluminous. Soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 2.5 cm. The subcutaneous fat of the chest wall measures 1.5 cm. The organs of the abdominal cavity have a normal arrangement with the appendix absent. The peritoneal cavity is without evidence of peritonitis.

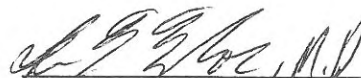
CARDIOVASCULAR SYSTEM: The heart is enlarged (540 grams) with an interventricular septum hypertrophy configuration (right ventricle – 0.5 cm, left ventricle – 1.4 cm, interventricular septum – 2.0 cm). The left anterior descending branch of the left coronary artery has up to 60% occlusion. The remaining coronary arteries have stenosis present, but are without significant occlusion. No significant scarring is identified in the myocardium or papillary muscles.

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. There is no tortuosity or widening of the thoracic segment. The abdominal aorta has lipid atherosclerosis and is without significant calcification. There is no dilation of the lower abdominal segment. No aneurysms are present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid.

The chambers are without mural thrombosis. The valves are thin, leafy, and competent. Circumference of the valve rings are: tricuspid valve – 14.1 cm; pulmonic valve – 8.3 cm; aortic valve – 6.2 cm; mitral valve – 11.3 cm. There is no endocardial hemorrhage.

The great vessels enter and leave in a normal fashion. The coronary ostia are widely patent. There is a normal pattern of coronary artery distribution. The blood within the heart and large vessels is partially clotted.

RESPIRATORY SYSTEM: A moderate amount of gliary fluid is present in the lower bronchial passages. The mucosa is intact and pale. The lungs are



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subcrepitant. The left lung weighs 900 grams. The right lung weighs 1100 grams. The visceral pleurae are smooth and intact. The parenchyma is congested and edematous. Direct pressure on the parenchyma exudes some tan gliary fluid. The pulmonary vasculature is without thromboemboli.

GASTROINTESTINAL SYSTEM: The esophagus is intact throughout. The stomach is distended. It contains 680 grams of thick, dark gray-brown fluid. The gastric mucosa is unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The external and in situ appearance of the small intestine and colon are remarkable only for the absence of the appendix.

HEPATOBIILIARY SYSTEM: The liver weighs 1910 grams and is brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. The gallbladder is present. The wall is thin and pliable. It contains 40 cc of bile, and no calculi. The periportal lymph nodes are not enlarged.

URINARY SYSTEM: The left kidney weighs 170 grams. The right kidney weighs 190 grams. The kidneys are normally situated and the capsules strip easily, revealing a surface that is unremarkable. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The perirenal fat measures 1.0 cm. The ureters are without obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains no urine. A urinary catheter is present. The catheter bag contains 100 cc of clear yellow urine.

GENITAL SYSTEM: The prostate is without enlargement or nodularity. Both testes are in the scrotum, and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM: The spleen weighs 180 grams. The capsule is intact and wrinkled. The parenchyma is dark red and mushy. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The density of the bone is not remarkable. The bone marrow of the rib is unremarkable.



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ENDOCRINE SYSTEM: The thyroid, parathyroids, and adrenals are all unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM: There is congestion present, but no frank subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There are no epidural, subdural, or subarachnoid hemorrhages.

The brain weighs 1630 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system is unremarkable without dilatation or distortion. Pons, medulla, and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cerebral arteries are without arteriosclerosis. The cranial nerves are intact, symmetrical, and normal in size, location, and course.



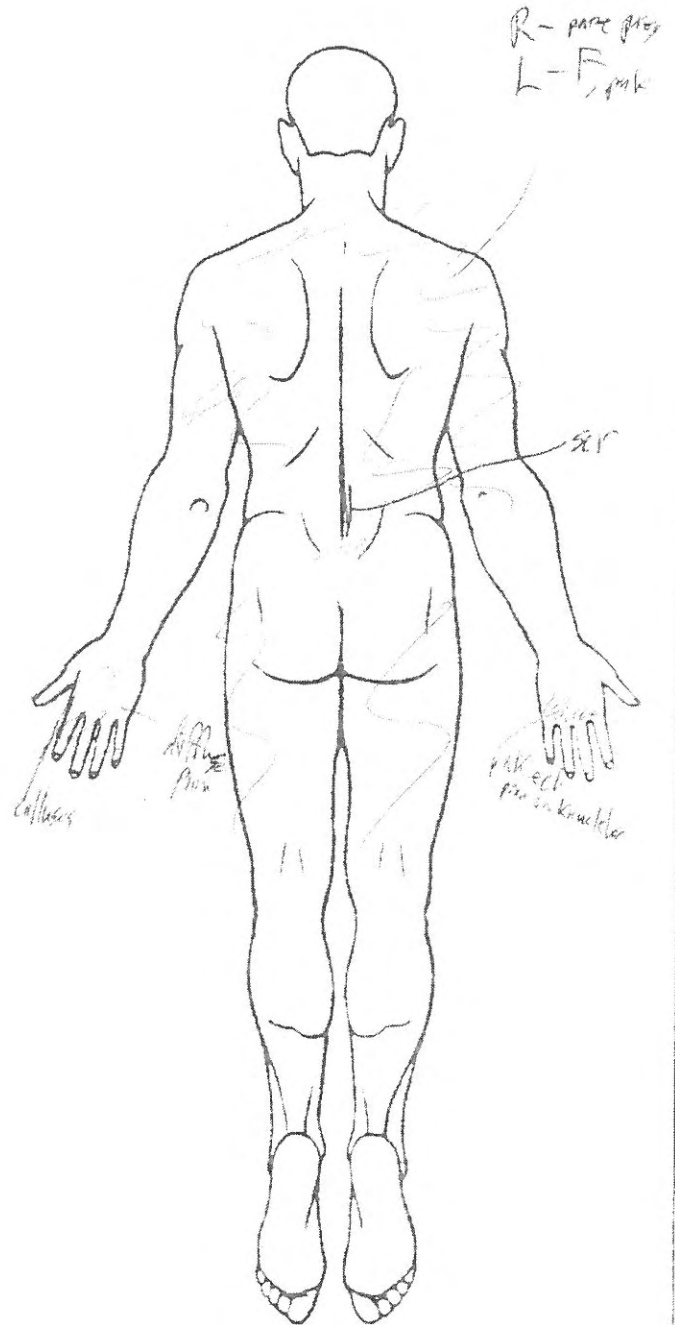
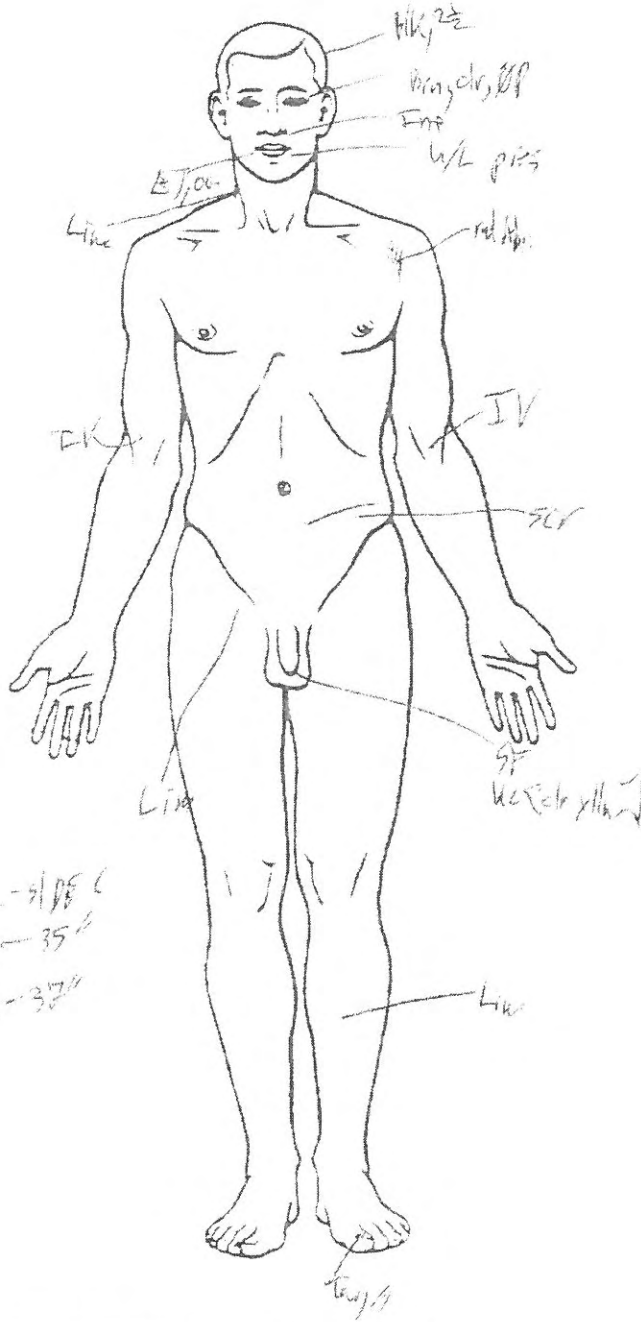
AUTOPSY RECORD



09-07408-CO

PANG, JR., Danny Zuchen

42 Years
Male



EL - 51 1/2"
W - 35"
Hc - 37 1/2"

[Signature]
M.D.



OC CRIME LAB
County Executive Office - District Attorney - Sheriff



R382850
09-52128
PMTox
Original



TOXICOLOGICAL EXAMINATION REPORT

FR NUMBER: 09-52128 **CORONER CASE NUMBER:** 09-07408CO
NAME OF DECEASED: PANG, Danny
INVESTIGATOR: COLLAZO / ENLOE **AGE:** 42 Year(s) **SEX:** Male

SPECIMENS SUBMITTED: Postmortem Blood Brain Stomach Contents Urine
 Antemortem Samples Liver Vitreous Humor Peripheral Blood

Other Specimens:

BLOOD RECEIVED BY: Dalie **FROM:** Smith
TISSUE RECEIVED BY: Veach **FROM:** Savino

A sample was removed for testing from each matrix listed.

Drug	Matrix	Method	Results and Interpretations	Scientist
<i>Findings</i>				
Citalopram	Postmortem Blood	GC/NPD-GC/MS	Detected	AKF/JLC
Dihydrocodeine	Postmortem Blood	GC/NPD-GC/MS	Detected	AKF/JLC
Hydrocodone	Postmortem Blood	GC/NPD-GC/MS	Detected	AKF/JLC
Oxycodone (Free)	Postmortem Blood	GC/NPD-GC/MS	Detected	AKF/JLC
Tetrahydrocannabinol Carboxy-Acid	Postmortem Blood	GC/MS	Detected	DCM
Lorazepam	Postmortem Blood	LCMSMS	Detected	MJS/BJH
Oxymorphone (Free)	Postmortem Blood	LCMSMS	> 0.50 mg/L	MJS
Oxycodone (Free)	Postmortem Blood	LCMSMS	> 25 mg/L	MJS
Hydrocodone	Postmortem Blood	LCMSMS	2.7 mg/L	MJS
Oxycodone (Total), Oxymorphone(Total)	Postmortem Blood	GC/MS	Detected	TLB
Hydrocodone/Dihydrocodeine	Postmortem Blood	GC/MS	Detected	TLB
Oxymorphone (Free)	Antemortem Blood	LCMSMS	> 0.20 mg/L	MJS
Oxycodone (Free)	Antemortem Blood	LCMSMS	> 10 mg/L	MJS
Hydrocodone	Antemortem Blood	LCMSMS	1.3 mg/L	MJS
Oxymorphone (Free)	Peripheral Blood	LCMSMS	> 0.50 mg/L	MJS
Oxycodone (Free)	Peripheral Blood	LCMSMS	> 25 mg/L	MJS
Hydrocodone	Peripheral Blood	LCMSMS	2.1 mg/L	MJS
Oxymorphone (Free)	Liver	LCMSMS	> 0.50 mg/kg	MJS
Oxycodone (Free)	Liver	LCMSMS	> 25 mg/kg	MJS
Hydrocodone	Liver	LCMSMS	4.4 mg/kg	MJS
Oxycodone (Free)	Stomach Contents	LCMSMS	> 330 mg	MJS
Hydrocodone	Stomach Contents	LCMSMS	33 mg	MJS

Examinations

Ethanol/Volatiles	Postmortem Blood	Headspace/GC	None Detected	KSP/BJH
Ethanol/Volatiles	Antemortem Blood	Headspace/GC	None Detected	DTE/HTL
Cocaine and/or Metabolite	Postmortem Blood	Immunoassay	Negative	JLC
Phenethylamines	Postmortem Blood	Immunoassay	Negative	JLC
Opiates	Postmortem Blood	Immunoassay	See Findings	JLC

LIMS _____ TR 11-23-09 AR 11-24-09 **Forensic Scientist:** COLLISON Nov 19 2009

Rev (2.6)

An ASCLD/LAB-International accredited laboratory



JBCollison



TOXICOLOGICAL EXAMINATION REPORT

FR NUMBER: 09-52128 CORONER CASE NUMBER: 09-07408CO
NAME OF DECEASED: PANG, Danny
INVESTIGATOR: COLLAZO / ENLOE AGE: 42 Year(s) SEX: Male

SPECIMENS SUBMITTED: [X] Postmortem Blood [X] Brain [X] Stomach Contents [X] Urine
[X] Antemortem Samples [X] Liver [X] Vitreous Humor [X] Peripheral Blood
Other Specimens:

BLOOD RECEIVED BY: Dalie FROM: Smith
TISSUE RECEIVED BY: Veach FROM: Savino

A sample was removed for testing from each matrix listed.

Table with 5 columns: Drug, Matrix, Method, Results and Interpretations, Scientist. Lists various drug tests such as Cannabinoids, Alkaline Drugs, etc., with their respective matrices and methods.

Remarks

Acetaminophen was indicated but no second analysis was performed to confirm its presence.
The ante-mortem blood vial used for analysis was labeled 09-11-09 (Typed) 2055 (Handwritten).

Handwritten signature of J. B. Collins

