



**TRAVIS COUNTY OFFICE  
OF THE MEDICAL EXAMINER**

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**J. KEITH PINCKARD, MD, PhD**  
**D-ABP, F-ABMDI**  
Chief Medical Examiner

**MEDICAL EXAMINER REPORT**

**ZACHARY KHABIR ANAM**

**ME17-00131**

The postmortem examination was performed by Satish Chundru, D.O., Deputy Chief Medical Examiner, beginning at 8:00 a.m. on 01/12/2017, at the Travis County Medical Examiner Office, Austin, Texas.

**EXTERNAL EXAMINATION:**

The body is that of a 65 inch, 125 pound male who appears the reported age of 19 years. Rigor mortis is full in the mandible and upper extremities. Lividity is posterior, minimal, and is blanchable. The body is palpably cool and has evidence of organ procurement. The hands are in brown paper bags that are secured by rubber bands around the wrists.

The scalp hair is black, straight to wavy, and of short to medium length. Facial hair is present. The irides are brown, and the corneas have no arcus senilis. The sclerae are white. The conjunctivae are free of petechiae. The ears are normally formed. The nares are patent, and the nasal septum is not perforated. The oral mucosa is moist, tan, and intact. The teeth are natural and are in good repair.

The neck is free of injury.

The chest and abdomen appear symmetric and are free of injury. The abdomen is scaphoid status post organ procurement. Along the midline of the chest and abdomen is a sutured incision.

The upper and lower extremities appear symmetric and are free of injury. The extremities are not edematous. The anterior aspect of the left bicep has a small, ovoid scar. The anterior aspect of the left lower forearm has two, small, linear, oblique scars. The posterior aspect of the left upper forearm has a small, linear scar. The wrists have no linear scars. The posterior aspect of the left hand has multiple, small, linear scars. The posterior aspect of the right hand has a focal, linear, small scar. The right knee has an approximately 2.5 x 1.0 centimeter scar.

The back is free of injury. The left side of the mid back has an approximately 3.5 x 0.5 centimeter scar. The right side of the lower back has two, linear, small scars.

The external genitalia are those of a male and are free of injuries or lesions. The testes are palpably descended. The anus is unremarkable.

The body is identified by tags. Tattoos are on the left side of the upper chest and the right wrist.

**MEDICAL INTERVENTION:**

Electrocardiographic pads are on the body. Adhesives are over the eyes. An intubation tube and a gastric tube are in the oral cavity. Intravenous lines are in the left subclavian, right antecubital fossa, and the anterior aspect of the right lower forearm. Puncture wounds are in the anterolateral aspect of the left wrist. A urinary catheter is in the penile urethra and is not attached to a receptacle. Hospital bands are around the left wrist and left ankle.

**EVIDENCE OF INJURY:**

An entrance-type gunshot wound is on the lateral aspect of the right side of the scalp, centered 5.5 centimeters above and 2.5 centimeters anterior to the center of the right external auditory canal. The entrance wound defect is 1.0 x 0.9 centimeters, has soot deposition along the edges, is covered by scalp hair, has no muzzle imprint, and has stippling that is spread over 4.8 centimeters vertically and 3.0 centimeters horizontally. The skin surrounding the entrance defect has a confluent area of healing stippling) with scattered, healing stippling beyond the confluency. The edges of the wound defect appear to be scabbed.

The projectile perforates the right sphenoid bone/frontal bone, right temporal brain lobe, midbrain, left temporal brain lobe, left temporal bone, and exits the lateral aspect of the left side of the scalp. The exit wound defect is centered 12.5 centimeters above and 3.0 centimeters posterior to the center of the left external auditory canal. The exit wound defect is 1.8 x 0.8 centimeters, is stellate, has no soot, stippling, or abrasion, is covered by scalp hair, reapproximates easily, is stapled, and is healing. No projectile or fragments of projectile are recovered from the wound pathway.

Associated with the wound pathway are subgaleal hemorrhages, calvarial fractures (to include diastatic fractures), inward beveling of the bony entrance wound, outward beveling of the bony exit wound, subdural and subarachnoid hemorrhages, gray and white matter contusions, tonsillar herniations bilaterally, basal skull fractures, purple ecchymoses of the eyelids, purple ecchymoses along the right and left mastoid process areas, blood clot in the left external auditory canal, and confluent hemorrhages of the upper palpebral conjunctivae.

The wound pathway, with the body in the normal anatomic position, is right to left, front to back, and upwards.

**OTHER INJURIES:**

The left side of the forehead has small, healing, brown abrasions. The left upper eyelid has healing, brown abrasions. Lateral to the left eye are healing, brown-red abrasions. The left side of the nose has a healing, brown-red abrasion. The right side of the nose has two, small, healing, brown abrasions.

The lateral aspect of the left bicep has an area of red abrasions. An adhesive is over the right elbow/posterior aspect of the right upper forearm and covers a healing abrasion/superficial laceration. The left elbow has a red-brown abrasion with surrounding light purple contusion. The anterior aspect of the left forearm has a diffuse area of purple-red contusion.

The right side of the upper back has an area of small, healing, brown abrasions.

### **INTERNAL EXAMINATION:**

The chest and abdominal wall musculature is free of hemorrhage. The following organs have been procured: heart, portions of aorta, right lung, liver/gallbladder, adrenal glands/kidneys/ureters, spleen, and pancreas. The remaining organs have no neoplasm. The ribs and clavicles are intact. The right and left chest cavities contain serosanguinous fluids and no adhesions. The abdominal cavity contains serosanguinous fluids and no adhesions. Thymic tissue is not visible. The strap muscles of the neck are free of hemorrhages or injuries. The body cavities have no aromatic odor.

The thoracic aorta is present and is unremarkable.

The left lung is 375 grams. The pleural surfaces are purple to pink-red and have mild anthracotic pigmentation. The parenchyma is tan to pink-red to brown to purple, spongy to mildly firm, and has no nodules or neoplasm; the right lower lung lobe has brown, granular, raised areas. There is no edema. The tracheobronchial tree arborizes in a normal pattern and contains semi-thick, green-yellow exudate particularly in the lower lung lobe. The pulmonary vasculature has no thromboemboli or atherosclerosis. The larynx and trachea are lined by smooth, tan mucosa without lesions or injuries and contains semi-thick, green-yellow exudate. The hyoid bone and the thyroid and cricoid cartilages are palpably intact.

The tongue has no bite marks, hemorrhages, or neoplasm. The esophagus is patent and has a white mucosa without tears, ulcers, strictures, or neoplasm. The stomach contains approximately 25 cubic centimeters of semi-thick, green fluid without particulate matter. The stomach serosa is smooth and the mucosa has no neoplasm; the stomach mucosa has patchy erosions that are ovoid. The small and large intestines have smooth serosas and are free of palpable neoplasm, diverticula, or ischemic changes. The appendix is normal. The rectum is filled with green, semi-thick, liquid stool.

The thyroid gland is not enlarged and has a homogenous, brown parenchyma without neoplasm, nodules, cysts, fibrosis, or necrosis.

The urinary bladder is lined by white-tan, smooth mucosa without neoplasm or hemorrhages and contains no urine.

The prostate gland is not enlarged and has a homogenous, white-tan parenchyma without neoplasm, nodules, or necrosis; the periprostatic veins have antemortem blood clots.

The scalp and calvarium are as previously described. The brain is 1500 grams and is edematous. The uninjured gyri are normally formed. The leptomeninges are congested. No hemorrhage is in the epidural space. Subdural and subarachnoid hemorrhages are as previously described. The cerebral hemispheres are asymmetric. The gray and white matters have injuries as previously described. The ventricles are not dilated and have normal choroid plexuses. The deep nuclei that are visible appear normally formed. The hippocampi and mammillary bodies are not injured. The substantia nigra is normally pigmented. The medulla and upper cervical cord are free of injuries. The cerebellum is normally formed, has normal folia and dentate nuclei, and has tonsillar herniations as previously described. The vessels of the circle of Willis are patent and have no

atherosclerotic disease or other gross abnormality. The basal skull has fractures as previously described. The pituitary gland appears unremarkable within the sella turcica. The vertebral column is not injured.

**FINDINGS:**

- 1. Intermediate range perforating gunshot wound of the head; no projectile recovered.**
- 2. Status post organ procurement.**

**CONCLUSION:**

Based upon the history and autopsy findings, it is my opinion that the decedent died as the result of a **gunshot wound of the head.**

**MANNER:**

**Suicide.**



**Satish Chundru, D.O.**  
**Deputy Chief Medical Examiner**

**DATE SIGNED:** 3/8/17

**SC:**



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CHIEF MEDICAL EXAMINER

**Toxicology Report**

ME 17-00131

Anam, Zachary Khabir

Pathologist : Dr. Satish Chundru

Date Completed : 3/7/2017

<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
<b>ACID/NEUTRAL DRUGS</b>				
Blood, cavity		ND		GC/MS
<b>ALKALINE DRUGS</b>				
Blood, cavity		ND		GC/MS
<b>AMPHETAMINES</b>				
Blood, hospital	Methamphetamine	0.28	mg/L	LC/MS/MS
Blood, hospital	Amphetamine	0.062	mg/L	LC/MS/MS
<b>CANNABINOIDS</b>				
Blood, hospital	Tetrahydrocannabinol	<2.0	ng/mL	LC/MS/MS
Blood, hospital	9-Carboxy-THC	<10	ng/mL	LC/MS/MS
<b>ETHANOL/VOLATILES</b>				
Blood, hospital		ND		Headspace GC/FID
<b>IMMUNOASSAY</b>				
Blood, hospital	Amphetamine	Detected		ELISA
Blood, hospital	Barbiturate	ND		ELISA
Blood, hospital	Benzodiazepine	ND		ELISA
Blood, hospital	Cocaine Metabolite	ND		ELISA
Blood, hospital	Fentanyl	ND		ELISA
Blood, hospital	Opiate	ND		ELISA
Blood, hospital	Oxycodone	ND		ELISA
Blood, hospital	Cannabinoid	Detected		ELISA

ND = None Detected UFA = Unsuitable for Analysis

Comment:

Brad J. Hall, Ph.D., F-ABFT, Chief Forensic Toxicologist

Medical Examiner