

Ms. Fish,

Again, I want to express to you my condolences again but also my thanks for including me in Cynthia's memorial.

I'm sorry I won't be able to attend as we have a baby and young child at home that keep me anchored in West LA on the weekends.

But I did just get the final autopsy result from PC Kaiser and it is a true surprise but also fits with what was happening.

I will give you my interpretation and have included the report below. I underlined a section and made the text red on the main diagnosis. I believe when Cynthia was still in the hospital that I told you that I had never seen an endocarditis (heart infection) with all three leaflets of the aortic valve involved. That I wondered if this were something else like an autoimmune disease, but we reviewed the workup and nothing beared that diagnosis out.

But this autopsy report reveals that Cynthia had cancer, a cancer which spread from another part of her body to her heart and aortic valve. The pieces flicking off the valve seem to be pieces of tumor. That explains why the antibiotics did not stabilize the process and also why she had so many strokes. It also probably explains why Cynthia wanted to get home so badly because she probably knew that she didn't have much time left.

I will be passing this information on to the residents and fellows that were involved in her case because it is a lesson for all of us on what we can do medically but also what we should do when patient's requests don't fit with what we would want but know we should do.

I'm am glad that Cynthia made it home to enjoy her beautiful home, her wonderful family and her loving dogs.

Sincerely,

Townson Tsai

- Collected: 3/21/2009 Case #: PANA09-1
- AUTOPSY REPORT
- Authorized By: Fish, Lorenz
- Relationship to Patient: Brother
- Reason for Autopsy: Clinician Request
- Autopsy Restrictions: Restricted: See Authorization
- HEART ONLY
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- FINAL AUTOPSY DIAGNOSIS
- AUTOPSY IS LIMITED TO EXAMINATION OF HEART ONLY
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- 1. LARGE FUNGATING AORTIC VALVE VEGETATIONS, ON ALL LEAFLETS, CONSISTENT WITH MARANTIC/NON BACTERIAL THROMBOTIC ENDOCARDITIS (NBTE).
- 2. MYOCARDIAL INFARCTION OLD AND RECENT, ANTERIOR LATERAL AND SEPTAL WALL OF LEFT VENTRICLE ASSOCIATED WITH EXTENSIVE MYOCARDIAL ISCHEMIA.
- 3. METASTATIC CARCINOMA, LYMPHANGITIC SPREAD, OVER THE EPICARDIUM EXTENDING TO MYOCARDIUM. PRIMARY SITE PROBABLY LUNG, PANCREAS OR BREAST. SEE MICROSCOPIC.
- 4. FIBRINOUS PERICARDITIS.
- 5. CORONARY ARTERIES CALCIFICATION WITH ABOUT 30% NARROWING OF THE LUMENS.
- 6. CARDIOMEGALY, 595 GRAMS, WITH DILATED AND FLABBY CHAMBERS.
- 7. PERICARDIAL EFFUSIONS, ABOUT 70 ML.
- 8. MORBID OBESITY.
- 9. HISTORY OF CVA/STROKE, DIABETES, RENAL FAILURE, ETC. REFER TO KPHC CHART FOR DETAIL CLINICAL DIAGNOSES AND HISTORY.
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- NAYEREH K KHANKHANIAN M.D.
- nkk/4/2/2009 Report Electronically Signed by NKK
- Clinical Pathologic Correlation
- This 50 year old obese female with history of CVA due to cardiac valve/Aortic Valve vegetations, which probably is due to Disseminated Carcinomatosis. The possible primary site of carcinoma are Pancreas, lung and breast. Since a full autopsy was not authorized, and the examination was limited to the heart only, the primary site can not be determined. The Immunostains are non contributory.
- Past Medical History OBESITY (BMI 50 OR GREATER) DM 2, CONTROLLED HYPERLIPIDEMIA DM 2 W DIABETIC NEPHROPATHY MICROALBUMINURIA CHRONIC KIDNEY DISEASE, STAGE 3, MOD DECREASED GFR HEMATURIA ACUTE EMBOLIC STROKE ACUTE ENDOCARDITIS NEPHROTIC SYNDROME AORTIC VALVE DISORDER
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- Gross Description
- THE AUTOPSY IS LIMITED TO EXAMINATION OF THE HEART ONLY
- The autopsy is performed on 24 March 09, approximately four days after death.
- External Examination:
- The body is that of an obese white female, who weighs approximately 160 kilograms and is about 173 cm in length. The head is covered with gray hair. The irides are brown/gray and cloudy. The nostril and mouth contain some. There is full set of teeth . The external genitalia are those of normal female.
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- Internal Organs and Body Cavities:
- The chest is opened through the Y-shaped incision. There is about 70 ml fluid in the pericardial sac. The heart is removed for further dissection.
- HEART:
- The heart weighs 595 grams. There is a diffuse opaque reddish fine granularity of pericardium consistent with fibrinous pericarditis. The heart is flabby and the

- cardiac chambers are dilated. The myocardium is hypertrophied. The left ventricle
- is up to 2.5 cm and right ventricle up to 1 cm in thickness. There are large
- fungating vegetations on all aortic valve leaflets over the line of closure, about
- 0.8 cm each. The mitral is dilated and shows some thickening at the line of
- closure. The pulmonary artery leaflets show small nodules on the center of the
- leaflets at the line of closure. Upon sectioning, large areas of myocardial
- ischemia and also areas of old and some recent myocardial infarction of the
- anterior and lateral and septal walls of left ventricle seen. Cross sections of
- the coronary arteries show some calcification with about 30% narrowing of the
- lumens. Some clots are present in the atrium and ventricles.
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- nkk/3/24/2009 NAYEREH K KHANKHANIAN M.D.
- Microscopic Description
- THE AUTOPSY IS LIMITED TO EXAMINATION OF THE HEART ONLY
- HEART:
- The sections of the Aortic Valve Vegetations show mass of fibrin material and
- organized thrombus, but no significant inflammation nor organisms identified. This
- is consistent with a **MARANTIC/NON BACTERIAL THROMBOTIC ENDOCARDITIS**
- **(NBTE) which**
- **is often seen in debilitating patients, associated with Cancer.**
- There are numerous solid nest and islands of large cells poorly differentiated
- CARCINOMA, over the pericardium with a lymphangitic spread, some of which extend
- into myocardium. The primary site of this carcinoma may be a LUNG, PANCREAS or
- BREAST. The Immunostains show Positive CK7, Negative CK20, TTF-1 , ER, and PR,
- which do not help to further distinguish them.
- There are large patches of myocardial fibrosis, the site of old myocardial
- infarction.
- Also areas of recent Myocardial Infarction with inflammatory cells and hemosiderin
- laden histiocytes.
- The cross sections of the coronary artery branches show marked thickening and
- atherosclerosis, calcification of the wall with narrowing of the lumen.
- There is fresh organizing clot, from cardiac chambers.
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- Clinical Summary
- 50 year old Obese female with history of CVA due to cardiac valve/Aortic Valve
- vegetation, on IV antibiotics.
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- Patient Name: FISH, CYNTHIA M
- Med. Rec #: 000005522551 DOB/Age: 5/19/1958 (Age: 50) Sex: F
- Facility: Kaiser Southern Cal
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- Panorama City Medical Center
- 13652 Cantara Street
- Panorama City, CA 91402
- Tel: 818 375-2594 Fax: 818 375-3054
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