

DIVISION OF FORENSIC MEDICINE 42-50 PARRAMATTA ROAD GLEBE

29th November, 1989

 $\underline{\texttt{MEDICO-LEGAL}} \ \ \underline{\texttt{CASE}} \ \ \underline{-} \ \ \underline{\texttt{Re}} \ \ \underline{\texttt{death}} \ \ \underline{\texttt{of}} \ \ \underline{\texttt{Graham}} \ \ \underline{\texttt{William}} \ \ \underline{\texttt{PAYNTER}}$

I, Christopher Hamilton LAWRENCE,

hereby certify as follows:

- (1) I am a legally qualified Medical Practitioner. My scientific qualifications are Bachelor of Medicine and Bachelor of Surgery of the University of Sydney and Fellow of the Royal College of Pathologists of Australasia.
- I made a macroscopic and a microscopic examination of the following articles received from Const. J. Young of the Crime Scene Unit on the twentieth day of October, 1989.

One jar containing tissues:

Portions of: Organs for histology

From the body of Graham William PAYNTER

Signature of the G.M.O. - Dr. Oakley

(3) As a result of such examination I find as follows:

Macroscopic Report:

Received in formalin a horizontal slice of left and right ventricle $95 \times 70 \times 16$ mm. The left ventricle measures 16 mm in thickness. The right ventricle 5 mm in thickness. The myocardium shows a little patchy pallor. The section shows a distal coronary with only mild atherosclerosis.

A wedge of liver 40 x 40 x 12 mm showing mild lobular pattern.

A wedge of kidney 50 x 20 x 18 mm with a cystic area 18 mm in diameter.

Microscopic examination:

Heart:

There is fibre hypertrophy and patchy fibrosis. In the centre the fibres are less well fixed and show eosinophilia and fragmentation. Cardiac special stains show areas of fuchsinophil. Give the macroscopic description of the heart and coronary vessels this may represent an area of early infarction.

Liver:

Steatosis and focal individual necrosis consistent with alcoholic hepatitis. There is a mild increase in centrilobular and portal fibrosis but there is no established cirrhosis.

Kidney:

A focal multilobular cyst in the corticomedullary junction. The lining is cuboidal and looks benign. The rest of the kidney shows no cystic change and there is no evidence of dysplasia.

GIVEN under my hand at SYDNEY,

this twenty-ninth day of November, 1989.

C. Lawrence Pathologist

THE COMMISSIONER OF POLICE.