

Kris Sperry, M.D.
Forensic Pathologist

Certified by the American Board of Pathology in:
Anatomic Pathology
Clinical Pathology
Forensic Pathology

July 12, 2018

ROY ALEXANDER HERNANDEZ RODRIGUEZ

PRELIMINARY AUTOPSY REPORT

A second autopsy examination was performed on the body of Roy ("Roxsanna") Alexander Hernandez Rodriguez, at the Riverside Funeral Home in Albuquerque, New Mexico, on June 8, 2018, commencing at 1315 hours.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished appearing adult Caucasian (Hispanic) genetic male, who appears of a slim build, is approximately 130 pounds in weight, and appears approximately 64 to 65 inches in height.

The body is unembalmed, and has undergone a previous autopsy examination. The typical Y-shaped incision involves the front of the abdomen and chest, is closed with sewn string, and the scalp has likewise been incised along the coronal plane and also is closed with sewn string.

The body is received unclad, and is cool to touch. Rigor is faintly present in the upper and lower extremities. Violet livor extends over the posterior, dependent surfaces of the body, except in areas exposed to pressure.

The head is normally formed. The scalp hair is straight, light brown, and measures 43-45 cm in length over the crown. The irides are obscured by cloudiness of the overlying corneas. The globes of the eyes are slightly collapsed, due to apparent vitreous fluid removal during the first autopsy. The eyelids are unremarkable. The nose and ears are normal; the left ear has a piercing orifice and two healed torn piercing lacerations, whereas the right ear has a large scarred lacerated piercing orifice. The teeth are natural; the lips and gums are unremarkable. The neck is flat, as the neck organs were removed during the first autopsy.

Sperry Forensic Pathology Consultants
302 Watermark Drive
Peachtree City, Georgia 30269
Telephone: (770) 486-5380
e-mail Dr. Sperry: stiffdoc@bellsouth.net

The chest is flat and the sternum with attached ribs is beneath the sutured skin. The penis is uncircumcised and appears to have no surgical alterations. The scrotum is very edematous, and incision into the scrotal wall reveals no injuries. The testes have been removed during the first autopsy. The anus and perineum are unremarkable; close inspection reveals no evidence of either recent or remote injury.

The upper extremities exhibit significant edema, and the hands are quite swollen, to the level of the mid forearms. Remnants of red nail polish are on the fingernails. Fingerprint ink is on the fingers and palms.

The lower extremities exhibit severe proximal edema, including edema about the knees, with a lesser extent of soft tissue swelling on involving the feet. The remnants of glitter rose colored nail polish are on the toenails.

Five identification and hospital bands encircle the left wrist, variously bearing hospital information, and the decedent's name, as "Jeffrey Hernandez" and "Roy Alexander Rodriguez."

No significant identifying marks or scars are readily apparent.

EVIDENCE OF INJURY:

HEAD AND NECK:

None.

THORAX AND ABDOMEN:

During the course of the initial autopsy, the skin and subcutaneous tissues of the anterior and anterior-lateral thorax were reflected in the characteristic fashion, to expose the lateral ribs and intercostal musculature. This dissection is carried out more extensively and more posteriorly, and then the skin and subcutaneous tissues of the back were incised and dissected, to expose the following traumatic injuries:

Dr. Kris L. Sperry

10/30/2018

Page 3 of 6

A region of deep muscular hemorrhage is exposed on the left lateral chest, extending over the regions of ribs 7 through 9, and measuring within dimensions of 8 X 5 cm.

There is no evidence of cutaneous bruising on the skin surface.

A region of deep muscular and soft tissue hemorrhage is exposed on the right lateral chest, overlying ribs 4 through 10. This hemorrhage measures 15 X 5 X 1-1.5 cm, and there is no overlying contusions visible on the external skin.

On the posterior thorax, on the left mid posterior thorax below the scapula, is a linear aggregate of deep soft tissue hemorrhages confined within dimensions of 4 X 4 X 1 cm. There is no evidence of contusion on the external skin in this region.

On the right posterior thorax is a group of deep soft tissue hemorrhages, one of which is distinctly linear in appearance, and all are confined within a region measuring 6 X 1.8 X 0.5 cm. There is no externally visible contusion on the overlying skin. This region of deep soft tissue hemorrhage is directly contiguous with the very large deep soft tissue hemorrhages on the right lateral thoracic wall.

UPPER EXTREMITIES:

On the lateral left wrist is a subcutaneous hemorrhage that extends into the musculature, which measures 3.5 X 1 X 1 cm. There is no visible external contusion.

On the right wrist, within the subcutaneous tissues, is an oblique hemorrhage which extends deeply into the musculature, involving the ventral lateral wrist, within 2.5 X 1 X 1 cm. This is contiguous with deep hemorrhage on the back of the right hand which is 3 to 5 cm above the wrist, and to the ventral 5th finger, within dimensions of 8 X 1-2 cm. There is no external contusion visible.

On the lateral right wrist, in the deep subcutaneous tissues, is a 2.5 X 1.5 X 1 cm area of hemorrhage.

LOWER EXTREMITIES:

None

INTERNAL EXAMINATION:

The internal organs have been removed and dissected during the course of the first autopsy, and are contained within two plastic bags within the body cavities. There are no rib fractures. The calvarium has been removed in the conventional fashion, the brain removed, and the dura stripped. No skull fractures are present. The organs are removed, examined, and are as follows:

The brain has been serially sectioned, and grossly appears normal, with no evidence of infarction, hemorrhage, or other abnormality.

The heart is normally sized, and has been sectioned. The coronary arteries are completely normal. The myocardium is red-brown, and there is no evidence of fibrosis, infarction, or other abnormality. The ventricular walls are normal in thickness. The valves are unremarkable.

The lungs have been serially sectioned, and are heavy. The pulmonary parenchyma is very congested and stiff, with extensive grossly evident pulmonary edema. No grossly identifiable areas of obvious pneumonitis or abscess formation, or necrosis, are evident. The larynx and hyoid bone are normal and exhibit no evidence of injury.

The liver has been serially sectioned, and appears to be of a normal size. The parenchyma is not congested, and appears brown and normal. There is no evidence of cirrhosis or other abnormality.

The stomach has been opened, and appears normal. The esophagus has been sectioned. The small and large bowels have been opened in their entirety, and grossly do not appear to be abnormal; there is no evidence of proctitis or mucosal inflammation.

The kidneys have been sectioned, and appear normal grossly. The urinary bladder and prostate are normal. The testes are normal in appearance, without evidence of injury.

The spleen is enlarged and the parenchyma is soft and fluctuant.

PATHOLOGIC DIAGNOSES (GROSS ONLY):

- I.* History of HIV infection, with no known history of active AIDS.
- II.* History of severe gastrointestinal illness, with vomiting and diarrhea, eventually necessitating emergent hospitalization for probable dehydration and complications of dehydration.

- III. Probable opportunistic infection or infections (awaiting medical record review, and cultures and histopathology from first autopsy).
- IV. Blunt force trauma of lateral thoracic walls and posterior thorax, indicative of blows, and/or kicks, and possible strikes with blunt object.
- V. Extensive deep hemorrhages, right and left wrists and hands, typical of handcuff injuries.
- VI. Normal heart, grossly.
- VII. Heavy and congested lungs, grossly.
- VIII. Enlarged and softened spleen, grossly.
- IX. No gross evidence of bowel mucosal inflammation.
- X. No rib fractures, or other fractures identified.
- XI. No evidence of acute, chronic or healed sexual abuse (penis, scrotum, testes, anus, or perineum).

OPINION:

A second autopsy was conducted on the body of a 33 year old genetically male, Roy ("Roxsanna") Alexander Hernandez Rodriguez, who is reported to identify as a transgender female. According to historical information, she was taken into custody after a border crossing in California, and was ultimately transferred to a facility in Grants County, New Mexico ("Cibola"), which was designated for transgender individuals. She developed severe diarrhea and vomiting over the course of several days, and finally was emergently hospitalized, then transported to Lovelace Medical Center in Albuquerque, New Mexico, where she remained critically ill until her death.

At the time of this preliminary report, the full medical records have not been received and reviewed, nor have the culture and histopathologic results of the first autopsy become available for review.

The second autopsy disclosed evidence of physical abuse, with deep bruising (not evident externally) on the lateral right and left thoracic walls, more extensive on the right than on the left, with deep contusions extending on to the back, also more extensive on the right than on the left. The wrists also exhibited extensive regions of deep soft tissue and musculature hemorrhage, again not externally visible, which are typical of handcuff injuries. There was no evidence of sexual abuse.

The cause of death is, at this writing, most probably severe complications of dehydration superimposed upon HIV infection, with the probable presence of one or more opportunistic infections. As the consequence of her immunocompromised condi-

Dr. Kris L. Sperry

10/30/2018

Page 6 of 6

tion, Ms. Hernandez Rodriguez was susceptible to the physiologic effects of untreated dehydration, initiated by severe diarrhea and vomiting. According to observations of other detainees who were with Ms. Hernandez Rodriguez, the diarrhea and vomiting episodes persisted over multiple days with no medical evaluation or treatment, until she was gravely ill.

Kris Sperry, M. D.