




Alexis Lynn Arguello  
Larimer County Coroner, Colorado  
Case Number 25-0337



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OBTAINED BY OPERATION RESCUE

**MEDICOLEGAL INVESTIGATION**

**CIRCUMSTANCES OF DEATH:**

The decedent was pregnant at 21 weeks 6 days gestation and had a D&E performed (G1P0010). The procedure was reportedly completed without complication. She was in the recovery area when she became tachycardic and hypotensive without signs of excessive vaginal bleeding. She was transported to the hospital. Treatment in the hospital included examination under anesthesia, suction D&C, and an emergency exploratory laparotomy. She was in DIC and was transfused multiple blood products. She experienced refractory shock and multiorgan failure and died. For further details, please see the investigating agency.

**AUTHORIZATION FOR AUTOPSY:**

Larimer County Coroner, State of Colorado.

**IDENTIFICATION:**

Larimer County Coroner, and an ID band on the right wrist. A hospital ID band is on the right wrist as well. Photographs are taken.

**POSTMORTEM EXAMINATION**

An autopsy is performed on the body of Alexis Lynn Arguello at the Forensic Sciences Center, Ft. Collins, Colorado, on the 7th day of February 2025, beginning at 0900 hours.

**EXTERNAL EXAMINATION**

The body is received in a body bag without seal. The body is that of a well-developed, well-nourished, young adult Caucasian female. The body is clad in a hospital gown. Please see the case file for a complete inventory. The body weighs 113 pounds, is 60 inches in length (BMI= 22.2 kg/m<sup>2</sup>) and appears compatible with the reported age of 18 years. The skin is light colored with marked plethora of the torso, neck, and head with pronounced pale coloration of the fingers and toes. Petechiae are also noted on the face, neck, and upper chest. There is no evidence of decomposition. The body is cold with full rigor and posterior lividity.

The scalp hair is brown, measuring 35 cm in length. The irides are brown. The pupils are dilated. The corneas are clear. The conjunctivae are unremarkable. The sclerae are white. The earlobes are pierced and not creased. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in fair to good condition. The neck is unremarkable.

The thorax and breasts are unremarkable. No evidence of injury of the ribs or sternum is evident externally. The posterior torso is without note. There is no evidence of recent injury. The abdomen is notable only for a stapled vertical laparotomy incision measuring 14 cm. The abdomen is otherwise soft and unremarkable. The upper extremities show normal development and are symmetrical. The fingernails are intact. No needle tracks are seen. The lower extremities are free of edema and are unremarkable. All digits are present. The external genitalia are those of a normal adult female.

**IDENTIFYING MARKS AND SCARS:**

None are readily apparent.

EVIDENCE OF MEDICAL THERAPY:

An endotracheal tube and an orogastric tube are in the mouth. There is vascular access in the right side of the neck, right and left antecubital fossa, left wrist, and there is a needle puncture mark covered by tape and gauze on the back of the left hand. The stapled laparotomy incision has been previously noted. A Foley catheter is in the urethra and the drain bag contains 500 ml dark urine. Another similar-appearing inflatable catheter is in the cervix and contains blood measuring 700 ml. Surgical packing is present in the vagina.

EVIDENCE OF INJURY:

None.

**INTERNAL EXAMINATION**

BODY CAVITIES:

The body is opened by the usual thoracoabdominal incision, and the chest plate is removed. No adhesions are present in any of the body cavities. Straw colored fluid is in the chest cavities, 400 ml in the left chest, and 550 ml in the right chest. The abdomen contains blood-tinged fluid measuring 350 ml. The diaphragms are intact. The lungs are not hyperexpanded or collapsed. All body organs are present in their normal anatomic position. The uterus is enlarged and red-purple in color. The subcutaneous fat layer of the abdominal wall is approximately 2 cm thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. There is no subgaleal or subscalp hemorrhage. The calvarium of the skull is intact and is removed via standard methods. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The dura lining the skull is stripped and fails to reveal any fractures or lesions. The cerebral hemispheres are symmetrical and have a normal pattern of gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal a normal pattern of grey and white matter without evidence of hemorrhage or neoplasia. The ventricles contain no blood. The midbrain has a normally pigmented substantia nigra. The pons and medulla are grossly unremarkable. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1100 grams.

NECK:

The anterior cervical strap muscles are dissected and fail to reveal any areas of blood extravasation. There is no blood extravasation in the pharyngeal tissues or prevertebral fascia. The hyoid bone, thyroid cartilage, and cricoid cartilage are intact. The larynx and trachea are lined with tan mucosa and are unobstructed. The esophagus is lined with pink mucosa and has no tears, ulcers, or varices. No neck fractures are detected.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening, and unremarkable; the pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm,

and unremarkable. The atrial and ventricular septa are intact. The left ventricular free wall is of normal thickness. The aorta and its major branches arise normally and follow the usual course. Atherosclerosis, tears, aneurysms, or other abnormalities are not present. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 180 grams.

**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material and contains a moderate to large amount of foamy fluid. The mucosal surfaces are smooth, yellow-tan, and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is pink, exuding large amounts of clear frothy fluid. No focal lesions are noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus. The right lung weighs 625 grams; the left lung 630 grams.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 1480 grams. The hepatic capsule is intact, covering dark red-brown parenchyma. No focal lesions are noted. The gallbladder contains 10 ml of green-brown bile; the mucosa is velvety and unremarkable. The wall of the gallbladder is edematous and thickened.

**ALIMENTARY TRACT:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 20 ml of dark green watery fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and unremarkable.

**GENITOURINARY SYSTEM:**

The right kidney weighs 170 grams; the left 170 grams. The renal capsules are thin and strip with ease from the underlying smooth cortical surface. The cortex is normal thickness, and there is normal cortical and medullary architecture. The collecting system and ureters are unremarkable. The urinary bladder contains no urine. The Foley catheter drain bag contains 500 ml of urine. The mucosa is smooth.

The nongravid uterus is enlarged and red-purple and congested appearing. The muscle has poor tone. The serosa is carefully examined and there are no defects or lacerations. The myometrium is thickened and has no masses. The endometrium is hemorrhagic. No residual placenta is identified. The tissue is sectioned and there is an area near the fundus of more friable appearing endometrial and myometrial interface. Several sections are taken from this area to evaluate. The ovaries are congested and enlarged but are considered normal for pregnancy. The fallopian tubes are unremarkable. The cervix has a small laceration at the 12 o'clock position measuring 1 cm. The vagina shows no abnormalities.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 160 grams.

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ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

SPECIMENS:

Multiple tubes of blood are received from the hospital and are submitted with urine and vitreous to NMS for toxicologic studies. Additional tests are requested from ARUP.

SCANS:

No scans are performed.

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**MICROSCOPIC EXAMINATION:**

Liver: No significant histopathologic abnormalities.

Kidney: There are microthrombi seen within the vessels of the glomeruli. No other abnormalities are noted.

Lungs: A total of 12 sections of lung tissue are examined on 6 blocks. The sections show vascular congestion. There is no inflammation. The small blood vessels show rare microthrombi and no fetal squamous cells.

Heart: No significant histopathologic abnormalities.

Brain: No significant histopathologic abnormalities.

Epiglottis: There is a mild lymphocytic subepithelial infiltrate. No edema is noted.

Uterus: Multiple sections of the uterus are examined on six slides. The tissue has features of a gravid uterus with hypertrophic muscle fibers and enlarged and engorged blood vessels. There is no evidence of placental attachment abnormalities such as placenta increta. No evidence of infection is seen.

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