



Name: Kelemen, Kyron

Case: A24-031

DOB: 03/30/2017

Sex: Male

Age: 6 years

Date of Exam: 01/13/2024

Time of Exam: 08:00

County: Ingham, MI

Pathologist: Michael Markey, M.D.

Autopsy Procedure: Full

Persons in Attendance: Krystin Smith - Autopsy Assistant; Detective Ted Johnson- Eaton County Sheriff's Office

Forensic Postmortem Examination

Postmortem Examination Findings

- I. Blunt Force Injuries
 - A. Acute lacerations of liver, pancreas, and intestinal mesentery
 1. Hemoperitoneum (500 mL)
 - B. Rib fractures
 1. Right rib 4, acute
 2. Right ribs 1 and 4, non-acute with callus formation
 3. See separate forensic anthropology report
 - C. Remote subdural hemorrhage
 1. Hemosiderin within cerebral dura mater
 2. No evidence of acute intracranial hemorrhage
 3. See separate neuropathology evaluation report
 - D. Deep scalp (subscalpular) contusions, multiple
 - E. Multiple contusions of varying colors (ages) involving head, torso, and extremities
 - F. Focal scabbed/crusted lesions of left ear and scalp
 - G. Laceration or ulceration of right lower lip near corner of mouth
- II. Thymic Hemorrhage, Right Lobe
- III. Remote Splenic Infarct, Small (1.5 cm)
 - A. Omentum adhered to splenic surface over infarct
- IV. Fat Necrosis and Fibrosis of Omentum and Mesenteric Fat of Transverse Colon
- V. Rectal Mucosa Erythematous, Etiology Uncertain
 - A. No grossly evident injury (no laceration)
- VI. Terminal Aspiration of Gastric Contents
 - A. Aspirated material consisting of gastric type contents and bacteria in airways and lungs
 - B. Hemorrhagic infiltrates/exudates in lungs
 - C. Postmortem blood culture – positive for Viridans streptococcal bacteria (see comment)
- VII. Chronic Inflammatory Infiltrates in Bronchial Walls
 - A. Respiratory panel negative for respiratory pathogens (nasal swab)

VIII. Blood Toxicology Findings

- A. Naloxone – presumptive positive
 - B. Negative for all other screened substances
-

Cause of Death: Blunt Force Injuries of the Abdomen

Manner of Death: Homicide

Comment: Information regarding the circumstances surrounding the death of Kyron Kelemen is obtained from medical examiner investigator report, report of the responding fire department emergency medical services (EMS) provider, report of and conversations with personnel of the Eaton County Sheriff's Office, and medical records available for review.

In summary, the decedent was a 6 year-old boy who was residing in a motel/hotel with other family members. On the afternoon of January 12, 2024, his step-mother contacted 9-1-1 to report that he was unconscious and not breathing. Fire department emergency medical services (EMS) and law enforcement personnel responded. Resuscitative measures were initiated, and he was transported to a local hospital emergency department. Resuscitative efforts were ultimately unsuccessful, and he was pronounced dead at short time later in the emergency department. He was noted to have multiple bruises on multiple parts of his body. He was reported to have no chronic medical conditions.

Autopsy revealed multiple injuries of varying ages (both acute and non-acute), including bruises of varying colors on multiple body surfaces, multiple deep scalp contusions, one acute and two older/healing rib fractures, and acute injuries (lacerations) of the liver, pancreas, and intestinal mesentery with associated bleeding into the peritoneal (abdominal) cavity (500 mL). The lungs had changes of terminal aspiration of gastric contents.

Toxicology testing of the blood detected only naloxone (medication administer during the resuscitation attempt). A nasal swab respiratory panel detected no respiratory pathogens. A blood culture grew bacteria that are normal colonizers of the oropharynx and upper respiratory tract and likely represent postmortem contamination or overgrowth in the setting of terminal aspiration of gastric contents. Vitreous chemistry panel revealed an unremarkable postmortem pattern.

Based upon all information currently known to me, it is my opinion that Kyron Kelemen died of blunt force injuries of the abdomen. The acute abdominal injuries are consistent with acute blow(s) or impact(s) to the abdomen. The manner of death is classified as homicide.

An autopsy is performed on the body of Kyron Kelemen at Sparrow Hospital on January 13, 2024. The autopsy is conducted under the jurisdiction of the Ingham County Medical Examiner's office.

EXTERNAL EXAMINATION

The body is received in the supine position, wrapped in/covered in a white sheet/blankets, within a zippered white body bag. The zipper of the body bag is sealed closed by a red plastic lock numbered "5884968". An identification tag bearing the name and hospital designation "Kelemen, Kyron D87212" is attached to the zipper of the body bag. An identification tag bearing the same name and designation is attached to the right great toe. A hospital identification tag bearing the designation "Durian, U D87212" is around the left ankle.

The body is that of a well-developed, well-nourished, Caucasian, male child and appears compatible with the reported age of 6 years. The body weighs 76 pounds and is 49 inches in length.

The body is received nude. A separate white evidence preservation bag covers each hand.

The body is cold; the body has been refrigerated prior to autopsy. Rigor mortis is well-developed and firm. Livor mortis is red, posteriorly distributed, and only slightly blanchable to firm pressure.

The scalp hair is light brown, straight, and short (1/2 inch over the crown). The irides are blue. The pupils are 7 mm in diameter. The corneas are translucent. The sclerae are white and the conjunctivae are clear. No bulbar or palpebral conjunctival petechiae are evident. The nose is symmetrical and stable to palpation. The ears are normally placed and symmetrical. The lips are normally formed. The oral cavity is free of obstruction. The oral mucous membranes are moist and intact. The frenula of the lips and tongue are intact and free of injury. The teeth are natural and in satisfactory condition; the upper central incisors are absent. A few teeth contain identifiable fillings. The neck is symmetrical and stable to manipulation. The thorax is well developed and symmetrical. The abdomen is soft and flat. The back and buttocks are symmetrical. The anus is unremarkable and free of injury; red-bloody feces are in the anal canal. Dried feces are on the perianal and buttock skin. The penis is circumcised. The testes are palpable in the unremarkable scrotum. The upper and lower extremities are well developed and symmetrical and all digits are present. A 1 inch crusted/scarred region is on the posterolateral distal left lower leg near the ankle. The fingernails are short.

No distinctive scars or skin marks are evident.

Evidence of recent medical intervention includes the following:

- Endotracheal tube extending from the mouth
- Orogastric tube extending from the mouth
- Tube stabilization device encircling the head
- Two cardiac defibrillator pads adhered to the body (anterior right chest and shoulder and lateral left chest)
- Five electrocardiograph patches adhered to the body (chest, abdomen, right upper arm) some of which have attached wire leads
- Intravascular (IV) access catheter taped in place in the right antecubital region
- Intravascular (IV) access catheter taped in place in the left antecubital region
- Small needle puncture mark adjacent to IV catheter in left antecubital fossa
- Oxygen saturation sensor over the tip of the left middle finger
- Intraosseous catheter in the proximal anterior right lower leg (tibia)
- Intraosseous catheter in the proximal anterior left lower leg (tibia)

EVIDENCE OF INJURY

HEAD:

A large (3 ¼ x 2 inches), multicolored (red, purple, yellow-brown) contusion surrounds the right eye and extends onto the right temple and cheek. Two, ¼ and 3/8 inch, red-brown contusions are on the right side of the face lateral and inferior to the right corner of the mouth. A 1 ¾ x ½ inch red-brown contusion is on the central to right side submental chin. A 3/16 to 3/8 inch, faint, red-brown contusion is on the lateral left forehead to frontal scalp. A ½

inch red-brown scab is on the posterior-superior aspect of the scalp. A 2 inch cluster of punctate to ¼ inch red-brown scabs are on the scalp over the top of the head (crown). A ½ inch brown scab is on the mid lateral helix of the left ear. A ¼ inch red laceration or ulcer is on the right side of the lower lip near the corner of the mouth.

Multiple, up to 3 inch, deep scalp (subscalpular) contusions are present and range from dark red to red-brown to yellow-green. No skull fractures, acute intracranial hemorrhage, or parenchymal brain injuries are identified.

TORSO:

Several, up to 1 inch, variably colored (red-purple, red-brown, yellow-green) contusions are scattered across the upper chest. A 1 ½ x 1 inch red-purple to yellow contusion is over the right iliac crest. A 1 ½ x 1 inch red-brown to yellow-green contusion is over the left iliac crest. A ½ inch red-brown contusion and two punctate abrasions are on the lateral left flank. A 3 x 2 ½ inch variably colored (red to yellow) contusion is on the left lower (suprapubic) abdomen and bilateral groin to base of penis and upper scrotum. Two separate, 1 ¾ and 2 inch, yellow-brown contusions are on the mid lateral left back and lower right back.

A focus of acute soft tissue hemorrhage is over the mid left clavicle underlying one of the left upper chest contusions. An acute, non-displaced fracture is in the anterolateral aspect of the right 4th rib; an apparent fracture callus is slightly lateral to this acute fracture. 30 mL of bloody fluid is in the right pleural cavity.

500 mL of liquid blood is free within the peritoneal cavity. The falciform ligament is hemorrhagic. Two lacerations, one 2 ½ inches long and one 3 inches long, are in the anterior to anterolateral aspects of the right lobe of the liver and extend up to 1 inch deep into the hepatic parenchyma. The root of the intestinal mesentery and the mesentery of the transverse colon are widely lacerated. The proximal pancreas (junction of proximal and middle thirds) is lacerated (posterior surface partial thickness).

UPPER EXTREMITIES:

A 1 x 3/8 inch brown contusion is on the lateral distal right upper arm near the elbow. A 1 x 1 inch red-brown to brown-yellow contusion is on the posterior right forearm (medal side). A ¾ inch cluster of yellow-brown contusions is on the mid to distal posterior right forearm.

Two, ¾ and ½ inch, primarily yellow-green contusions are on the lateral and posterolateral left upper arm. A ½ inch red contusion is on the left elbow. A 3/8 inch brown contusion is on the proximal lateral side of the left forearm. A ¾ inch red-brown contusion is on the medial side of the proximal left forearm near the elbow. A 7/8 inch long, curvilinear/arched series of punctate scabs is on the anterior left forearm. Two, 1 x 3/8 inch and 1 x ½ inch, variably colored (red-yellow-brown and yellow-green) contusions are on the dorsal left hand and wrist.

LOWER EXTREMITIES:

A ¼ inch, circular, yellow-brown contusion is on the mid anterior right thigh. A 1 ½ x 1 ¼ inch red-brown and yellow contusion is on the anterior right knee.

Two, ¼ and 3/8 inch, brown contusions are on the distal, medial left thigh. Two, ¼ to ½ inch, yellow-green contusions are on the lateral left thigh. Several, up to 1 ¼ inch, variably colored (purple, red, yellow-brown-green) contusions are on and around the left knee. A ½ inch red contusion is on the proximal anterior left lower leg (tibial plateau/shin).

INTERNAL EXAMINATION

Injuries are described in the EVIDENCE OF INJURY section above. Though some injuries may be referenced in the organ system sections below, not all injuries may be referenced, and those referenced will not be described in detail.

BODY CAVITIES: Blood is in the peritoneal cavity as noted in the injury section. Bloody fluid is in the right pleural cavity as noted in the injury section. No abnormal fluid collection is present in the left pleural cavity. No adhesions are in the pleural or peritoneal cavities. The body organs are in normal and anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The scalp is intact but contains multiple deep (subscalpular) contusions as noted in the injury section. The skull is intact and free of fractures. The brain weighs 1,130 grams. The dura mater and falx cerebri are intact and the leptomeninges are thin and delicate. No acute epidural, subdural, or subarachnoid hemorrhage is present. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. **The brain is retained and fixed in formalin prior to examination by a forensic neuropathologist. See the separate neuropathology evaluation report for a description of the findings.**

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and laryngeal cartilages are intact and free of injury.

CARDIOVASCULAR SYSTEM: The heart weighs 150 grams. The pericardial sac is free of significant fluid and adhesions. The epicardial surfaces are smooth, glistening, and unremarkable. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no structural abnormalities. The cardiac chambers are of the usual size, shape and configuration. The cardiac valves are unremarkable. The myocardium is dark red-brown, firm, and unremarkable. The atrial and ventricular septa are intact. The left ventricle measures 9 mm in thickness and the right ventricle measures 2 mm in thickness. The aorta and its major branches arise normally and follow the usual course with no structural abnormalities. The venae cavae and pulmonary veins return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The larynx, trachea, and mainstem bronchi are patent; the mucosal surfaces are smooth. The right and left lungs weigh 210 and 300 grams, respectively. The pleural surfaces are smooth and glistening. The pulmonary parenchyma ranges from pink-red in the right lung to pink-red and maroon in the left lung. The pulmonary arteries are normally developed and patent. Patchy atelectatic changes are present in both lungs. No pulmonary thromboembolus is identified.

LIVER AND BILIARY SYSTEM: The liver weighs 830 grams. Liver injuries are present as noted in the injury section. The hepatic capsule is smooth and glistening. The hepatic parenchyma is uniformly brown. The gallbladder contains yellow bile and is free of gallstones.

GASTROINTESTINAL TRACT: The tongue is unremarkable. The esophagus is lined by unremarkable tan mucosa. The gastric mucosa is arranged in the usual rugal folds and is free of gross abnormalities. The gastric contents consist of approximately 50 mL of tan liquid with a few soft gray clumps. The small intestine and colon are intact, and the mucosal surfaces are unremarkable. The rectal mucosal surfaces are intact but erythematous and focally hemorrhagic; no mucosal lacerations/tears are present. The appendix is present and unremarkable. The pancreas is of normal size and shape; the parenchyma is tan and lobulated. The pancreas is injured as noted in the injury section. The mesentery and omentum in the region of the transverse colon are focally indurated. Acute mesenteric injuries are as noted in the injury section.

GENITOURINARY TRACT: The right and left kidneys each weigh 60 grams. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and sharply demarcated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains no urine; the bladder mucosa is unremarkable. The prostate and testes are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 40 grams. The splenic capsule is smooth and intact; the omentum is focally adhered to the capsular surface of the mid spleen. The splenic parenchyma is dark red with a peripheral 1.5 cm yellow remote infarct underlying the adherent omentum. The thymus weighs 60 grams. The right thymic lobe is asymmetrically enlarged, and the parenchyma is hemorrhagic and subtotally replaced by a blood filled cavity posteriorly. The visible lymph nodes are unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: Except for injuries noted in the injury section, the visible bony framework, musculature, and soft tissues are not unusual.

SPECIMENS

Blood (heart) and vitreous fluid are retained for potential toxicology and/or other laboratory testing. Representative tissues are retained in formalin.

The brain is retained to facilitate optimal examination. The brain will be held for a minimum of 90 days following the release of this report. If the legal next-of-kin desire the organ be returned to them, it should be coordinated through the funeral director. If no request is made by the family to obtain the organ, a disposition will be made sometime after the 90 day period.

EVIDENCE

The following items obtained at autopsy are retained by this office:

- Fingerprints (scanned image of the inked impressions)
- Digital autopsy photographs
- Blood spot (DNA) card
- Right ribs 1 and 4 (submitted to forensic anthropology for trauma analysis)

The following items obtained at autopsy are released to Detective Ted Johnson of the Eaton County Sheriff's Office:

- Fingerprints (inked impressions)
- Blood spot (DNA) card
- Digital autopsy photographs
- Swabs of oral cavity and anal canal
- Slides prepared from swabs of oral cavity and anal canal

MICROSCOPIC EXAMINATION

Cardiovascular System: Heart sections display no significant abnormalities.

Respiratory System: Bronchial cross sections display mild to moderate chronic inflammatory cell infiltrates in the submucosa. Bilateral lung sections display aspirated gastric type contents and associated bacterial clusters/aggregates in many bronchial and bronchiolar lumens and in scattered foci throughout the parenchyma; in some lung sections this is associated with intra-alveolar hemorrhagic exudates. One right lung section contains a localized focus of hemorrhage with surrounding granulation tissue/granulomatous type rim. Small, clear, round spaces/vacuoles, consistent with fat emboli, are scattered within the pulmonary microvasculature.

Central Nervous System: Brain and dural slides are reviewed; see the separate neuropathology evaluation report for description.

Hepatobiliary System: Liver sections display foci of parenchymal disruption with some associated intraparenchymal hemorrhage, consistent with the grossly evident lacerations; no other significant abnormality is evident.

Genitourinary System: Bilateral kidney sections display no significant abnormalities.

Endocrine System: Bilateral adrenal sections display unremarkable parenchyma; extravasated erythrocytes (hemorrhage) are in the right periadrenal adipose tissue. Pituitary and thyroid sections are unremarkable.

Reticuloendothelial System: Spleen section displays a non-acute parenchymal infarct; fibroadipose tissue is adhered to the capsular surface overlying the infarct. Thymus section displays normal architecture of cortex and medulla; mild acute intraparenchymal hemorrhage is along one edge.

Gastrointestinal System: Pancreas sections display relatively well preserved parenchyma with focal, generally interstitial/perivascular located, acute hemorrhage; fibrotic changes of the peripancreatic adipose tissue are focally present. Indurated colonic mesenteric and omental adipose tissue sections display features of fat necrosis and cellular fibrous connective tissue response (fibrosis); focal acute hemorrhage is in the omental fat section.

Scalp: Sections of several of the deep scalp (subscalpular) contusions show abundant hemorrhage (extravasated erythrocytes) in the adipose tissue and fibrous connective tissue of the deep scalp.

Block List:

1. Thymus, trachea
2. Right lung and right bronchus
3. Right lung
4. Left lung and left bronchus
5. Left lung
6. Heart (RV, LV, IVS)
7. Right adrenal, right kidney, liver, thyroid, pituitary
8. Left adrenal, left kidney, spleen
9. Transverse colon with indurated fat
10. Omental indurated fat
11. Liver with laceration
12. Liver with laceration
13. Pancreas with laceration
14. Scalp

RADIOLOGY

Postmortem total body radiographs and computed tomography (CT) scans of the head, neck, chest, abdomen, pelvis, and lower extremities are performed.

TOXICOLOGY

Toxicology testing is performed on heart blood collected at autopsy.

Blood toxicology screen, comprehensive drug panel:

- Naloxone – presumptive positive

OTHER LABORATORY TESTS

Vitreous chemistry panel:

- Sodium – 142 mmol/L
- Chloride – 126 mmol/L
- Potassium – 10 mmol/L
- Urea nitrogen – 15 mg/dL
- Creatinine – 0.7 mg/dL
- Glucose – 17 mg/dL

Blood culture:

- Viridans streptococcus group, two strains

Nasal swab respiratory panel:

- Negative for all organism in testing panel
- See separate laboratory report for microorganisms included in testing panel

Electronically Signed by **Michael Markey, M.D. Medical Examiner/Forensic Pathologist** on 03/08/2024 at 10:18

Michael Markey MD

Laboratory Case Number: 3289920	Subject's Name: KELEMEN, KYRON
Client Account: 17839 / spho01 Report To: Sparrow Hospital-Forensic Path ATTN: EMR 1215 East Michigan Avenue Lansing, MI 48909-7980 FX: 855-300-7312	Agency Case #: A24-031 Date of Death: 01/13/2024 Investigator: AMANDA WALLACE Date Received: 01/18/2024 Date Reported: 01/22/2024

Laboratory Specimen No: 41153872	Date Collected: 01/13/2024 09:30
Container(s): 01:GRT Blood,HEART	Test(s): 70510 Comprehensive Drug Panel, Blood

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
VOLATILES	Negative					
Methanol	Negative					
Ethanol	Negative					
Acetone	Negative					
Isopropanol	Negative					
AMPHETAMINES	Negative					
ANALGESICS	Negative					
ANESTHETICS	Negative					
ANTICHOLINERGICS	Negative					
ANTICONVULSANTS	Negative					
ANTIDEPRESSANTS	Negative					
ANTIDIABETICS	Negative					
ANTIFUNGALS	Negative					
ANTI HISTAMINES	Negative					
ANTIPSYCHOTICS	Negative					
BARBITURATES	Negative					
BENZODIAZEPINES	Negative					
CANNABINOIDS	Negative					
CARDIOVASCULARS	Negative					
GASTROINTESTINALS	Negative					
HALLUCINOGENS	Negative					

KELEMEN, KYRON

Laboratory Case #: 3289920

Printed Date/Time: 01/22/2024, 07:36

Laboratory Specimen No: 41153872

Continued..

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
MISCELLANEOUS	Negative					
MUSCLE RELAXANTS	Negative					
OPIOID ANALGESICS	POSITIVE					
Naloxone	POSITIVE					
Analyte is qualitatively POSITIVE, but has not been confirmed by an alternate analytical method.						
SEDATIVE/HYPNOTICS	Negative					
STIMULANTS	Negative					
UROLOGICALS	Negative					

Specimens will be kept for at least one year from the date of initial report.

Laboratory Specimen No: 41153878	Date Collected: 01/13/2024 12:20
Container(s): 01:CTT Vitreous,EYE	Test(s): 32400 Electrolyte Panel, Vitreous 49901 Volatiles Not Performed

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
Sodium		142			mmol/L	
Potassium		10			mmol/L	
Chloride		126			mmol/L	
Glucose		17			mg/dL	
Urea Nitrogen		15			mg/dL	
Creatinine		0.7			mg/dL	
< Volatile Testing Not Performed >						

Due to negative blood, tissue, and/or urine volatile (Acetone, Ethanol, Isopropanol, and Methanol) results, volatile testing was not performed on the vitreous specimen.

Laboratory Specimen No: 41153880	Date Collected: 01/13/2024 09:30
Container(s): 01:GRT Blood,HEART	Test(s): 49900 Not Tested

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
< No Testing Performed	>					

Laboratory Specimen No: 41153881	Date Collected: 01/13/2024 09:30
Container(s): 01:GRT Blood,HEART	Test(s): 49900 Not Tested

Analyte Name	Qualitative Result	Quantitative Result	Reporting Limit	Reference Range	Units	Note
< No Testing Performed	>					

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director

George S. Behonick, Ph.D., F-ABFT

KELEMEN, KYRON

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Case Reviewer

