LAX08LA272
MEDICAL RECORDS INFORMATION

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from medical records maintained on the pilot by the FAA Aerospace Medical Certification Division:

2/3/1999 – An application for 3rd class Airman Medical Certificate notes the use of only allopurinol for gout and lisinopril for high blood pressure. Under "Comments on History and Findings" is noted, in part, "He had some asthma during childhood, but not as adult. He takes allopurinol because of gout in the past; no attacks of gout for several years. No noted side effects with allopurinol. Father dead age 75 with MI. …" Laboratory report notes total cholesterol of 223 mg/dL, triglyceride of 201 mg/dL, HDL cholesterol of 34 mg/dL, and LDL cholesterol (calculated) of 149 mg/dL. An EKG tracing is attached.

9/29/2007 – A letter from the pilot's physician notes:

> I am writing a diabetes progress report on my patient, [the pilot], whom I have been treating for diabetes for many years. [The pilot] has Type 2 diabetes mellitus, well controlled on metformin, 850 mg twice a day. His glycated hemoglobin has been acceptable and stable on this medication, since he started it in 4/05. I am enclosing his most recent glycated hemoglobin, which was 6.4 on 9/24/07.
>
> [The pilot] is in good health. He has no evidence of end-organ complications of diabetes. Specifically, there is no evidence o cardiac, renal, ophthalmic, neurological impairments or peripheral vascular disease. He has had no problems on the metformin, which he tolerates well.

10/17/2007 – The pilot's most recent application for 3rd class Airman Medical Certificate indicates "Yes" in response to "Do You Currently Use Any Medication," and notes the use of allopurinol, lisinopril, nifedipine, atorvastatin, losartan, metformin, and aspirin. The application notes "Yes" in response to "Hay fever or allergy," "Asthma or lung disease," "High or low blood pressure," Diabetes," and "Other illness, disability, or surgery." The application notes "No" to all other items under "Medical History," including specifically "Heart or vascular trouble." The application notes visits to physicians for gout, hypertension, cholesterol, and diabetes, including a diabetic eye exam. Height is noted as 67 inches and weight as 236 pounds. "Total Pilot Time" is noted as 988.4 hours "To date" and 0 hours in the "Past 6 months."

11/30/2007 – A letter from the pilot's physician notes:

> [The pilot] has been under my care of hypertension since I first started seeing him in 8/98. In the context of diabetes mellitus, his current medication regimen for blood pressure includes nifedipine 90 mg per day

and lisinopril 30 mg per day. In 3/06, losartan was added to his regimen to help with mild microalbuminuria. He has had an excellent response to the addition of losartan and continues on 50 mg per day.

He has had no adverse side effects on these medications. His most recent potassium was 4.4 in 9/07, with a normal BUN and creatinine at that time.

Recorded blood pressures over the past 12 months:
1/30/07 = 118/68
6/28/07 = 130/64
7/18/07 = 122/60
10/18/07 = 126/76

The patient's blood pressure continues to be well-controlled on his medications. If I can provide any further information, please contact me.

There are no other measurements of cholesterol and no additional screening or evaluation for possible cardiac disease noted in the FAA medical records.

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from the report of autopsy performed on the pilot at the Santa Clara County (California) Medical Examiner's Office:

Under "Cardiovascular System" is noted:

The heart weighs 470 grams. Injuries to the pericardial sac have been identified and described. The pericardial sac is free of adhesions. The inner pericardial surfaces are smooth and glistening.

The coronary arteries arise normally and follow the distribution of a right dominant pattern. Marked calcified atherosclerotic lesions are noted involving the proximal one-third of all major vessels. On sectioning, the proximal one-third of the right coronary artery and the left anterior descending coronary artery both show focal pinpoint lumens.

The left circumflex coronary artery is calcified. The degree of stenosis is not easily determined on sectioning. The chambers and valves bear the usual size/position relationship, and are morphologically normal. The valves are free of vegetations.

The myocardium is red-brown, moderately soft, and unremarkable; the atrial and ventricular septae are intact and the septum and free walls are free of muscular bulges. There is no focal or regional fibrosis, erythema, pallor or softening. The left ventricle measures 1.2 cm and the right ventricle measures 0.3 cm in thickness as measured 1 cm below the

respective atrioventricular valve annulus. The interventricular septum measures 1.2 cm in thickness.

Injuries to the aorta have been identified and described. The aorta and its major branches arise normally and follow the usual anatomic course. The intimal surface of the aorta shows moderate atherosclerosis with patchy calcific atherosclerotic plaques. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

Under "Pathologic Findings" is noted, in part:

Atherosclerotic cardiovascular disease.
A. Coronary artery disease, marked.
l. Pinpoint lumen of:
a. Proximal right coronary artery.
b. Proximal left anterior descending coronary artery.
B. Atherosclerosis aorta, moderate.
Cholesterolosis, gallbladder

"Cause of Death" is noted as "Multiple blunt force injuries with transection of brainstem (ponto-medullary junction)."

No other pre-existing disease is noted on the autopsy report.