



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912



FINAL AUTOPSY REPORT

Name: Ibrahim, Nasef J.

SSAN: N/A

Date of Birth: (b)(6) 1941

Date of Death: (b)(6) 2004

Date of Autopsy: 11 JAN 2004

Date of Report: 18 FEB 2004

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Status Unknown

Place of Death: Abu Ghraib, Iraq

Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Circumstances of Death: Iraqi detainee died while in U.S. custody.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner. IAW 10 USC 1471

Identification: Identification by accompanying paperwork and wristband, both of which include a photograph and identification number (b)(6)

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic Cardiovascular Disease**
 - A. Hemopericardium (650-milliliters)**
 - B. Rupture of the anterior wall of the left ventricle**
 - C. Acute myocardial infarction**
 - D. Atherosclerosis of the coronary arteries, focally severe**
 - E. Arterionephrosclerosis**
 - F. Mild atherosclerosis of the aorta**
- II. Pleural and Pulmonary Adhesions**
- III. Enlarged, Nodular Prostate Gland**
- IV. Toxicology is negative for ethanol, cyanide, and drugs of abuse**

EXTERNAL EXAMINATION

The remains are received clad in a long brown outer garment, a blue vest, a white undershirt, khaki colored pants (outer), a white, pajama type pants. An identification bracelet that includes the decedent's name, photograph, and detainee number is on the left wrist.

The body is that of a well-developed, well-nourished appearing, 67-inches, 180-pounds (estimated) male, whose appearance is consistent with the reported age of 63-years. Lividity is posterior and fixed, except in areas exposed to pressure. Marked facial congestion is present. Rigor is passing. The body temperature is that of the refrigeration unit.

The scalp is covered with gray-black hair with male pattern balding. The corneae are moderately opaque. The irides are hazel and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The earlobes are creased. The nose and maxillae are palpably stable. The teeth are natural and in poor condition, with several teeth partially or totally missing. Facial hair consists of a gray beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Severe dry dermatitis involves both feet. The fingernails are intact. A ½-inch acrochordon is on the posterior right thigh. A 1 ½-inch scar is on the posterior right forearm. No tattoos or other significant identifying marks are present.

MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of the autopsy.

EVIDENCE OF INJURY

There is no evidence of significant recent injury noted at the autopsy.

INTERNAL EXAMINATION

HEAD:

The brain weighs 1450-grams. There is no epidural, subdural, or subarachnoid hemorrhage. Coronal sections demonstrate sharp demarcation between white and gray matter, without mass or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of abnormalities. There are no skull fractures. No evidence of non-traumatic disease processes is noted.

NECK:

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is slightly enlarged, symmetric, and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is no abnormal accumulation of fluid in the pleural or peritoneal cavity. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions. The thickness of the subcutaneous adipose tissue over the abdomen is 1 ¼-inches.

RESPIRATORY SYSTEM:

The right and left lungs weigh 850 and 620-grams, respectively. The external surfaces are deep red-purple with marked anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous, without significant emphysematous changes. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:

The 410-gram heart is contained in an intact pericardial sac. There are 650-milliliters of clotted blood in the pericardial sac. The epicardial surface is smooth, with minimal fat investment. A 1-centimeter in length, slit-like, irregular defect goes through the entire thickness of the anterior wall of the left ventricle, near the interventricular septum. A rim of hemorrhage surrounds this defect. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show near complete occlusion of the mid portion of the left anterior descending coronary artery by atherosclerosis. The other coronary arteries have only mild atherosclerotic narrowing, up to 20%. The myocardium has patchy fibrosis. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.3 and 0.4-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1640-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 12-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 320-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is slightly soft, maroon and congested.

PANCREAS:

The pancreas is and yellow-tan, with the usual lobular architecture and changes of early autolysis. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:

The right and left adrenal glands are symmetric, with yellow cortices, gray medullae, and autolytic changes. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 190 and 175-grams, respectively. The external surfaces are intact with numerous pits, scars, and the characteristic "flea-bitten" appearance associated with poorly controlled hypertension. A 4-centimeter simple cyst is within the cortex of the right kidney. The cut surfaces are red-tan and congested, with blunted corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50-milliliters of dark yellow urine. The prostate gland is moderately enlarged, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 40-milliliters of dark tan fluid and partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL:

No non-traumatic abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer (b)(6)
USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, bile, spleen, liver, lung, brain, kidney, urine, gastric contents, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects and clothing are released to the mortuary personnel

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

AUTOPSY REPORT (b)(6)
Ibrahim, Nasef J.

OPINION

This 63-year-old male (b)(6) died as a result of atherosclerotic cardiovascular disease resulting in cardiac tamponade. The autopsy revealed hemopericardium, with a rupture of the free wall of the left ventricle and focally severe atherosclerosis of the coronary arteries. Toxicologic studies were negative for ethanol, cyanide, and drugs of abuse. The manner of death is natural.

(b)(6)

(b)(6)	Medical Examiner
(b)(6)	



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP: (b)(6)

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

IBRAHIM, NASEF J

SSAN:

Autopsy (b)(6)

Toxicology Accession #: (b)(6)

Report Date: APRIL 6, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
AMENDED REPORT

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2004

Date Received: 1/15/2004

VOLATILES: The **CAVITY BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

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ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB RAKAD, Hassan Hadan

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: BTB (b)(6) 1931

Rank: Iraqi Civilian Detainee

Date of Death: (b)(6) 2005

Place of Death: Abu Ghraib, Iraq

Date/Time of Autopsy: 22 DEC 2005 @ 1200

Place of Autopsy: Port Mortuary,

Date of Report: 20 JUL 2006

Dover AFB, DE

Circumstances of Death: This 74-year-old Iraqi civilian male detainee was hospitalized for a non-reducible right inguinal hernia on 18 NOV 2005. Surgery was performed, and a long hospital course ensued with numerous complications that required ventilator support and blood transfusions. The patient has a remote history of mitral valve replacement with an artificial valve. In the final two days of his hospital course, the patient had a number of cardiac arrests where Advanced Cardiac Life Support protocols were performed. He expired on (b)(6) 2005 at 1820.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification is established based on identification bracelets and ISN. Fingerprints and DNA were taken to compare to exemplars when available.

CAUSE OF DEATH: SEPSIS DUE TO BILATERAL LOBAR PNEUMONIA
 DUE TO RECENT INGUINAL HERNIA SURGERY

MANNER OF DEATH: NATURAL

FINAL AUTOPSY DIAGNOSES:

- I. Complications of Right Inguinal Hernia Repair**
 - A. Bilateral lobar pneumonia
 1. Right lung weight 1,190-grams
 - a. Complete consolidation
 - b. Multiple abscesses in the inferior lower lobe of the right lung
 2. Left lung weight 1,270-grams, completely consolidated
 3. See attached Pulmonary Pathology consultation addendum (1) for complete details
 - B. Multiple punctate abscesses of both kidneys, ranging in size from 0.1-centimeters to 0.4-centimeters
 - C. Anasarca
 - D. Cerebral edema (brain weight 1,460-grams) without evidence of herniation

- II. Other Natural Disease**
 - A. Cardiovascular disease
 1. Cardiomegaly (heart weight 610-grams) with interstitial and patchy replacement fibrosis
 2. Remote history of mitral valve replacement (28-millimeter Medtronic-Hall prosthesis) and associated diffuse pulmonary dendriform ossification
 3. Focal moderate coronary atherosclerosis with calcification
 4. See attached Cardiovascular Pathology consultation addendum (2) for complete details
 - B. Left adrenal adenoma (bright yellow, 5.3 x 3.9-centimeters)
 - C. Right renal cortical cyst (1.5 x 1.2-centimeters)
 - D. Coarsely granular cortex of both kidneys
 - E. Moderate aortic atherosclerosis with focal ulceration in the abdominal aorta
 - F. Cholelithiasis (1.3-centimeter black calculi)

- III. Evidence of Medical Therapy**
 - A. Endotracheal tube (appropriately placed)
 - B. Left nasogastric tube (appropriately placed)
 - C. Right and left chest tubes in the 3rd intercostal spaces, mid-axillary line
 - D. Urinary bladder catheter
 - E. Triple-lumen intravenous line in the right subclavian region
 - F. Recent right inguinal surgical incision (stapled closed, 11.0 x 0.6-centimeters)
 - G. Electrocardiogram electrodes on the anterior torso
 - H. Multiple ecchymoses with central needle-stick marks on the abdomen
 - I. Fracture of the sternum at the level of the anterior 3rd ribs (resuscitation-related)
 - J. Fractures of the 4th through 6th anterior right ribs and the 2nd through 7th anterior left ribs (resuscitation-related)
 - K. Right radial arterial line

IV. Toxicology

- A. The blood and vitreous fluid are tested for ethanol and none is found.
- B. The blood is screened for medications and drugs of abuse, and the following medications are found:
 - 1. The blood contains 0.43 milligrams per liter of Diphenhydramine
 - 2. The blood contains 1.3 milligrams per liter of Ephedrine

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 63-inch, and 174-pound male whose appearance is consistent with the reported age of 74 years. Lividity is fixed and posterior. Rigor is equal in all extremities and the temperature is that of the refrigeration unit.

The scalp is covered with gray-black hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and debris. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric with a well healed, 10 ½-inch, linear midline sternotomy incision. The lower back is remarkable for a 2 ½ x 2 ½-inch decubitus ulcer with a dressing. The abdomen is flat and atraumatic. Multiple ecchymoses with central needle-stick marks are present on the abdomen. There is a recent right inguinal surgical incision, 11.0 x 0.6-centimeters, which is stapled closed and without signs of drainage or infection. The genitalia are those of a normal adult male. The testes are descended and free of masses. A 2 x ¼-inch area of ulceration is present on the posterior scrotum. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing. Anasarca is present. There are three areas of ecchymosis on the posterior left lower extremity that range in size from 2 x 1-inch to 4 ½ x 2-inches. There is a 2-inch linear scar on the medial right leg and a 1-inch puckered scar on the posterior lower left leg.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Hospital gown only

MEDICAL INTERVENTION

- Endotracheal tube (appropriately placed)
- Left nasogastric tube (appropriately placed)

- Right and left chest tubes in the 3rd intercostal spaces, mid-axillary line
- Urinary bladder catheter
- Triple-lumen intravenous line in the right subclavian region
- Right radial arterial line
- Recent right inguinal surgical incision (stapled closed, 11.0 x 0.6-centimeters)
- Electrocardiogram electrodes on the anterior torso
- Multiple ecchymoses with central needle-stick mark on the abdomen
- Fracture of the sternum at the level of the anterior 3rd ribs (resuscitation-related)
- Fractures of the 4th through 6th anterior right ribs and the 2nd through 7th anterior left ribs (resuscitation-related)

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No long bone fractures are noted
- No metallic foreign bodies are noted (except medical devices)
- Anterior rib and sternal fractures (resuscitation-related)
- Sternal wires (remote sternotomy)
- Gallstone
- Pneumoperitoneum (secondary to recent surgery)
- Prosthetic mitral valve (remote repair)

EVIDENCE OF INJURY

There is no evidence of significant recent injury.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1,460-gram brain, which has slightly widened gyri and narrowed sulci, without evidence of uncal or tonsillar notching. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The vertebral bodies are visibly and palpably intact. The sternum is fractured at the level of the 3rd ribs, and has a remote midline sternotomy, with wires in place. The 4th through 6th anterior right ribs and the 2nd through 7th anterior left ribs are fractured. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1,190 and 1,270-grams, respectively. The external surfaces are rough and deep red-purple. The pulmonary parenchyma is congested and edematous with diffuse calcifications. The right lung is consolidated, and multiple abscesses are noted in the inferior portion of the lower lobe. The left lung is completely consolidated. Representative microscopic sections are submitted for Pulmonary Pathology consultation (see Addendum 1 for complete details).

CARDIOVASCULAR SYSTEM:

The heart and pericardial sac weigh 610-grams and are entirely submitted for Cardiovascular Pathology consultation (see Addendum 2 for complete details). The aorta has moderate atherosclerosis with focal ulceration and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1,660-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and a single 13-millimeter black-green gallstone. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 420-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right adrenal gland is autolyzed, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified. The left adrenal gland contains a 5.3 x 3.9-centimeter, well-circumscribed, bright yellow mass.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 and 170-grams, respectively. The external surfaces are intact and coarsely pitted bilaterally. There are multiple, soft, yellow, punctate abscesses on the cortical surfaces of both kidneys which range in size from 0.1-

centimeters to 0.4-centimeters. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The right kidney contains a 1.5 x 1.2-centimeter, smooth-walled simple cyst. The pelves are unremarkable and the ureters are normal in course and caliber. Pink-grey bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains no fluid; the gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELTAL SYSTEM:

There are no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

MICROSCOPIC EXAMINATION

Portions of organs are retained in formalin, with preparation of selected histological slides.

LUNGS:

See the attached Pulmonary Pathology consultation Addendum (1) for complete details

HEART:

See the attached Cardiovascular Pathology consultation Addendum (2) for complete details.

SPLEEN:

No pathologic diagnosis.

LIVER:

Passive congestion is present, without hepatocyte necrosis.

SPERMATIC CORD:

Fibrosis and edema are noted. The vas deferens is normal.

SCROTAL SKIN:

Skin with granulation tissue is present; no abscess is noted.

LEFT ADRENAL GLAND:

A uniform population of benign-appearing cells is present, consistent with adrenal adenoma.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by AFMES staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: peripheral blood, vitreous fluid, gastric contents, bile, spleen, liver, lung, kidney, brain, adipose tissue, and psoas muscle
- The body is sutured closed without embalming, and the dissected organs are forwarded with the body
- No personal effects are present
- The following identifying body marks are present: Midline sternotomy scar (well-healed, 10 ½-inches), scar on the posterior left leg (puckered, 1-inch), scar on the anterior right leg (well-healed, 2-inches)

OPINION

This 74-year-old male, (BTB) (b)(6) died of sepsis due to bilateral lobar pneumonia due to recent inguinal hernia surgery. There was significant pre-existing cardiovascular disease to include a prior mitral valve replacement, moderate coronary artery disease and left ventricular hypertrophy due to hypertension. There was also pre-existing diffuse pulmonary dendriform ossification of both lungs, which was due to the prosthetic mitral valve. These pre-existing conditions likely contributed to the decedent's death. Toxicological testing was negative for ethanol and drugs of abuse. Ephedrine (a sympathetic stimulant) and Diphenhydramine (an antihistamine) were present in the blood at therapeutic levels. The manner of death is natural.

(b)(6)

(b)(6) ~~Medical Examiner~~

(b)(6)

(b)(6) ~~Medical Examiner~~

ADDENDUM 1

Pulmonary Pathology Consultation:

USE INK OR BALL-POINT PEN ONLY 11 H&E SLIDES, 11 BLOBS (b)(6)

CONSULTATIONS		AFIP ACCESSION NUMBER: (b)(6)
THIS IS A PERMANENT PART OF THE RECORD AND IS NOT TO BE REMOVED FROM THE FOLDER		
PLEASE CIRCULATE AMONG THE FOLLOWING OFFICERS ----- AND THEN RETURN TO THE REVIEWING OFFICER -----		<i>[Signature]</i>
MEMO FROM REVIEWING OFFICER: PLEASE SEE ATTACHED PAD 74 y male with long hospital course, espn's, pneumonia and MOSE. Lung sections show DAD and dystrophic calc. Please send and comment 15MAY06 (b)(6)		↓ DAME
(DATE)	(REVIEWING OFFICER)	
<p>22 May 06</p> <ul style="list-style-type: none"> - Acute and organizing diffuse alveolar damage - Acute bronchopneumonia & alveolar formation - Pulmonary infarcts & thrombus formation - Dendryform (racemose) ossification. <p>There is acute and organizing DAD, which can have a multitude of causes such as; shock, drug inhalation, drug infection etc. The broncho-pneumonia is probably 2° as are the infarctions. Dendryformossification is usually seen in older men and is associated to fibrosis, emphysema, amyloidosis etc as is likely in this case, to mitral stenosis.</p> <p>(b)(6)</p>		

ADDENDUM 2

Cardiovascular Pathology Consultation:

PATIENT IDENTIFICATION

CAP (b)(6)
BTB (b)(6)
ME (b)(6) (b)(6)
May 1, 2006

REPLY TO
ATTENTION OF

(b)(6)

1413 Research Blvd. Bldg. 102
Rockville, MD 20850

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6) **Heart, post mortem examination:**

1. **Cardiomegaly (610 grams) with interstitial and patchy replacement fibrosis, left ventricle**
2. **Focal moderate coronary atherosclerosis with calcification**
3. **Status post 28 mm Medtronic-Hall mitral valve prosthesis**

History: 74-year-old Iraqi civilian male detainee hospitalized for a non-reducible right inguinal hernia, status post surgical repair with protracted hospital course and numerous complications including pneumonia; remote history of mitral valve replacement; subject expired secondary to sepsis; (b)(6) 2005.

Heart: 610 grams; dense epicardial adhesions; closed foramen ovale, with adjacent sutures; oversewn right atrial appendage; concentric left ventricular hypertrophy: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 17 mm, ventricular septum thickness 16 mm, right ventricle thickness 5 mm; 28 mm diameter Medtronic-Hall tilting disc mechanical prosthetic valve in mitral position, sutures intact, disc moves freely, no vegetations, leaks or other grossly evident structural defects; other valves and endocardium grossly unremarkable; no myocardial necrosis; posterior wall left ventricle shows focal scar; histologic sections show myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis and patchy replacement fibrosis, lateral and posterior walls of left ventricle

Coronary arteries: Normal ostia; right dominance; moderate coronary atherosclerosis with calcification
Left anterior descending artery (LAD): 60% narrowing of mid LAD by fibrocalcific plaque
Right coronary artery (RCA): 40% narrowing of proximal RCA by fibrocalcific plaque

(b)(6)

Staff pathologist

Blocks made: 7 (5 heart, 2 coronary arteries)
Slides made: 9 (7H&E, 2 Movat)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (nom et prénoms) BTB Rakad, Hassan, Hadan		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1931
		SOCIAL SECURITY NUMBER Numéro de Sécurité Sociale (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS Stat Civil	
CAUCASOID Caucasienne		SINGLE Célibataire	
NEGROID Négresse		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Days
Sepsis due to bilateral lobar pneumonia due to recent inguinal hernia repair			
MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause sous-jacente		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Mode de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Non accidentelle	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
SUICIDE Suicide	(b)(6)		
HOMICIDE Homicide	(b)(6)	DATE Date 22 December 2005	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH Date du décès	(b)(6)	2005	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
(b)(6)		TITLE OR DESIGNATION Titre ou diplôme Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date 22 December 2005	(b)(6)		

DD FORM 1 APR 77 2064

MEDCOM 0215

ACLU Detainee Death II ARMY MEDCOM 215

(REMOVE REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: (BTB) AL-ZUBAYDI, Muhammed Hamza	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No. (b)(6)
Date of Birth: (BTB)(b)(6) 1938	Rank: Civilian Detainee
Date of Death: (b)(6) 2005	Place of Death: Abu Ghraib, Iraq
Date/Time of Autopsy: 09 DEC 2005 @ 1200	Place of Autopsy: Port Mortuary
Date of Report: 23 JUN 2006	Dover AFB, DE

Circumstances of Death: This 67-year-old Iraqi civilian detainee was admitted to the hospital on 20 NOV 2005 with chest pain and in respiratory distress. He was by report in heart failure, and on (b)(6) 2005 suffered a cardiac arrest. Advanced Cardiac Life Support was provided to no avail.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification is established by comparison of antemortem records and identification bands. A complete postmortem fingerprint examination was conducted and can be used to establish positive identification should exemplars become available.

**CAUSE OF DEATH: HYPERTENSIVE ATHERSCLEROTIC
 CARDIOVASCULAR DISEASE**

MANNER OF DEATH: NATURAL

FINAL AUTOPSY DIAGNOSES

- I. Hypertensive Atherosclerotic Cardiovascular Disease**
 - A. Cardiomegaly (heart weight 560-grams: 358-grams to 438-grams expected for a body weight of 199-pounds) with biventricular dilated hypertrophy
 - B. Remote coronary artery bypass surgery with patent mammary artery graft to mid left anterior descending coronary artery
 - C. Severe aortic atherosclerosis with focally heavy calcification and ulceration
 - D. Severe coronary atherosclerosis with calcification, three vessel disease
 - E. Healed transmural infarction, posterior and septal left ventricle
 - F. Tricuspid regurgitation
 - G. Renal pitting and petechiae with arteriolosclerosis bilaterally

- II. Other Natural Disease**
 - A. Congestion of the lungs bilaterally (right lung weight 1040-grams, left lung weight 600-grams)
 - B. Bilateral pleural adhesions
 - C. Bilateral pleural effusions (right 400-milliliters, left 525-milliliters)
 - D. Microscopic evidence of pulmonary hypertension, including thickened pulmonary vasculature and interstitial fibrosis
 - E. Diffuse alveolar damage
 - F. Enlarged prostate gland with associated muscular hypertrophy of the bladder
 - G. Incidental nephrogenic rest
 - H. Passive central congestion of the liver with associated mild portal inflammation
 - I. Right adrenal myelolipoma
 - J. Smooth muscle tumor of uncertain malignant potential of the stomach

- III. Other findings:**
 - A. No internal or external evidence of recent trauma to head, trunk or extremities identified by complete autopsy and total body x-ray studies
 - B. No injuries of the neck identified (layer-by layer dissection of the neck performed)

- IV. Early Changes of Decomposition**

- V. Evidence of Medical Therapy**
 - A. Properly located endotracheal tube
 - B. Left nasogastric tube is in place
 - C. Triple-lumen balloon-tip catheter is in the left jugular vein
 - D. Right radial arterial line
 - E. Needle-stick marks are in the antecubital fosse bilaterally and in the right neck
 - F. Defibrillator abrasion is on the anterior right torso

- IV. Toxicology**
 - A. The blood and vitreous fluid are tested for ethanol and none is found

- B. The blood is tested for carbon monoxide and the level is less than 1%
- C. The blood is tested for cyanide and none is found
- D. The blood is screened for drugs of abuse and none are found

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 69 ½-inches, 199-pound obese white male whose appearance is consistent with the reported age of 67 years. Lividity is posterior and fixed. Rigor is equal in all extremities, and the temperature of the body is that of the refrigeration unit.

The scalp is covered with short gray hair, in a male-pattern baldness distribution. The irides are hazel, and the pupils are round and equal in diameter. There are no conjunctival petechiae. The external auditory canals are patent and clear. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There is a 7 ½-inch midline sternotomy scar. The abdomen is flat. There is a 13-inch surgical scar in the left inguinal region. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing. Generalized edema and focal ecchymoses that are associated with medical therapy are present. Early changes of decomposition are present and evidenced by skin slippage on the lower back, posterior right arm and the scalp on the back of the head.

CLOTHING AND PERSONAL EFFECTS

The body is received nude, and no person effects accompany the remains.

MEDICAL INTERVENTION

- G. There is a properly located endotracheal tube
- H. A left nasogastric tube is in place
- I. A triple-lumen balloon-tip catheter is in the left jugular vein
- J. There is a right radial arterial line
- K. Needle-stick marks are in the antecubital fosse bilaterally and in the right neck
- L. A defibrillator abrasion is on the anterior right torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No skeletal trauma is identified

- No metallic foreign bodies are identified.

EVIDENCE OF INJURY

There is no evidence of recent trauma.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1,340-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage, as demonstrated by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pericardial or peritoneal cavities. The right pleural cavity contains 400-milliliters of serosanguinous fluid and the left pleural cavity contains 525-milliliters of serosanguinous fluid. There are pleural adhesions bilaterally. The pericardium is intact and is tightly adhered to the heart. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1,040 and 600-grams, respectively. The external surfaces are roughened and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. The lower lobe of the left lung is consolidated. No mass lesions are identified in either lung.

CARDIOVASCULAR SYSTEM:

The 730-gram heart is contained in an intact pericardial sac. There is evidence of remote cardiac surgery, and the heart is submitted for Cardiovascular Pathology consultation (Addendum 1).

The aorta gives rise to three intact and patent arch vessels. Severe atherosclerosis with heavy calcification and ulceration is present along the entire length of the aorta. Atherosclerosis is also present in the renal and mesenteric vessels.

LIVER & BILIARY SYSTEM:

The 2.250-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 210-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The left adrenal gland has a bright yellow cortices and grey medullae. The right adrenal gland is enlarged (2.0 x 2.0-centimeters), and is yellow and had yellow cut surfaces. No areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 220 and 220-grams, respectively. The external surfaces are intact and pitted with scattered petechiae bilaterally. The cut surfaces are red-tan and congested, with uniformly thin cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa that is focally hemorrhagic overlies an intact bladder wall. The bladder contains approximately 10-milliliters of yellow urine. The prostate is enlarged in size, with nodular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 10-milliliters of tan fluid. The gastric wall is intact, and a 1.0 x 1.0 x 1.0-centimeter mass arises from the stomach wall. The duodenum, loops of small bowel and colon are unremarkable. The appendix is absent.

MICROSCOPIC EXAMINATION

Cardiovascular System: See the Cardiovascular Pathology consultation (Addendum 1) for complete details.

Respiratory System: Sections of the lung demonstrate evidence of pulmonary hypertension, including thickened pulmonary vasculature (mild to moderated medial hypertrophy) and interstitial fibrosis. Anthracotic pigment and hemosiderin are present in

Genitourinary System: There is marked arteriosclerosis with focal glomerulosclerosis in both kidneys. An incidental nephrogenic rest is noted.

Hepatobiliary System: Passive central congestion of the liver and associated mild portal inflammation is present.

Endocrine System: Myelolipoma of the right adrenal.

Gastrointestinal System: Smooth muscle tumor of uncertain malignant potential of the stomach.

Spleen: Parenchymal congestion, otherwise unremarkable.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by AFMES photographers
- Specimens retained for toxicological testing and/or DNA identification are: vitreous fluid, heart blood, urine, gastric fluid, bile, spleen, liver, brain, lung, kidney, adipose tissue and psoas muscle
- The dissected organs are forwarded with the body and the body is sutured closed without embalming
- The following identifying body marks are present: Midline sternotomy incision (well-healed, 7 1/2-inches), left lateral abdomen/groin incision (well-healed, 13-inches)

OPINION

This 67-year-old white male, (BTB) (b)(6) died as a result of hypertensive atherosclerotic cardiovascular disease. Cardiomegaly, severe three-vessel coronary artery disease, a history of bypass-grafting surgery, aortic atherosclerosis and a healed transmural myocardial infarction are all components of this diagnosis. Also, microscopic sections of the kidneys show arteriolosclerosis in the kidneys that is a histological manifestation of systemic hypertension. Pulmonary interstitial fibrosis and the microscopic evidence of pulmonary hypertension are directly related. Incidental findings at autopsy of the right adrenal myelolipoma and smooth muscle tumor of the stomach did not contribute to the cause of death. Toxicological testing for ethanol, drugs of abuse, carbon monoxide and cyanide was negative. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6) *11 Feb 06*

ADDENDUM 1

Cardiovascular Pathology Consultation

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6)

1. Severe coronary atherosclerosis with calcification, three vessel disease
2. Patent mammary artery graft to mid left anterior descending artery
3. Healed transmural infarction, posterior and septal left ventricle
4. Cardiomegaly with biventricular hypertrophy
5. Tricuspid regurgitation

History: 67 year old male Iraqi detainee admitted to hospital on 11/20/05 with chest pain and respiratory distress; subject developed heart failure and suffered a cardiac arrest on (b)(6) 05 and could not be resuscitated

Heart: 560 grams after removal of adherent pericardium and mediastinal soft tissues; diffuse fibrous pericardial adhesions; oversewn right atrial appendage; closed foramen ovale; dilated right atrium and right ventricle; left ventricular hypertrophy: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 16 mm, ventricular septum thickness 18 mm, right ventricle thickness 6 mm; tricuspid regurgitation: thickened and redundant tricuspid valve leaflets, with dilated right atrium and right ventricle, and endocardial thickening under septal leaflet of valve; mild thickening of mitral valve leaflets along lines of closure; other valves unremarkable; endocardial thickening in left ventricular septum overlying healed transmural infarction that extends to anterior and posterior walls toward the apex; histologic sections show biventricular myocyte hypertrophy with subendocardial and perivascular interstitial fibrosis and patchy replacement fibrosis: transmural replacement fibrosis, posterior and septal left ventricle; basophilic degeneration of myocytes

Coronary arteries: Normal ostia; right dominance; severe calcific coronary atherosclerosis:

Left main coronary artery: 30% luminal narrowing with nodular calcification

Left anterior descending artery (LAD): 50% narrowing of proximal LAD and 90% narrowing of mid LAD by fibrocalcific plaque; mammary artery graft to mid LAD, patent anastomosis with mild intimal thickening and 30% luminal narrowing in run-off vessel; 80% narrowing of first diagonal artery by fibrocalcific plaque

Left circumflex artery (LCA): 60% narrowing of proximal LCA with nodular calcification and 70% narrowing of mid LCA by fibrocalcific plaque

Right coronary artery (RCA): 80% narrowing of proximal and distal RCA, and 75% narrowing of mid RCA by fibrocalcific plaque

(b)(6)

Staff Pathologist

Blocks made: 18 (5 heart, 13 coronary arteries)

Slides made: 31 (18 H&E, 13 Movat)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Al-Zubaydi, Muhammed, Hamza		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1938
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négride		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier) <input checked="" type="checkbox"/>	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. Hypertensive Atherosclerotic Cardiovascular Disease			Years
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 9 December 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date	SIGNATURE Signature		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3866, 1 JAN 72 AND DA FORM 3866-R(PA5), 28 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0225

ACLU Detainee Death II ARMY MEDCOM 225

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: ALUBAYDI, Tariq Sadig Abdul Jussain	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1940	Rank: Iraqi Civilian Detainee
Date of Death: (b)(6) 2005	Place of Death: Bucca, Iraq
Date/Time of Autopsy: 12 NOV 2005 @ 1100	Place of Autopsy: Port Mortuary
Date of Report: 30 MAR 2005	Dover AFB, DE

Circumstances of Death: This 65-year-old Iraqi male complained of chest pain and shortness of breath. He was transported to the Special Army Security Hospital Emergency Room where he suffered cardiopulmonary arrest. A full Advanced Cardiopulmonary Life Support protocol was conducted to no avail. A review of medical records reveals a myocardial infarction approximately 3 years ago and a history of asthma.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Identification bands establish presumptive identification. A full set of fingerprints is taken if exemplars become available for comparison.

CAUSE OF DEATH: HYPERTENSIVE ATHEROSCLEROTIC
CARDIOVASCULAR DISEASE COMPLICATED BY
ACUTE ASTHMA WITH MUCOUS PLUGGING

MANNER OF DEATH: NATURAL

FINAL AUTOPSY DIAGNOSES:

- I. Hypertensive Atherosclerotic Cardiovascular Disease**
 - A. Cardiomegaly with biventricular dilatation (heart weight 500 grams)
 - B. Left ventricular hypertrophy (left ventricular free wall 1.6 centimeters)
 - C. Coronary artery disease with focal calcification (luminal obstruction of all three major coronary arteries 50-75% by atherosclerotic plaque)
 - D. Moderate calcific atherosclerosis of the abdominal aorta
 - E. Evidence of heart failure by hemosiderin-laden macrophages in lung tissue

- II. Acute Asthma**
 - A. Partial obstruction of the right and left main stem bronchi by secretions
 - B. Luminal obstruction of smaller bronchi by secretions and eosinophilic infiltration into bronchial walls

- III. Nodular prostatic hypertrophy with associated hypertrophy and trabeculation of the bladder wall**

- IV. Evidence of Medical Therapy**
 - A. An endotracheal tube is in the proper position
 - B. An intravenous line is in the right antecubital fosse
 - C. Needle stick marks are in the left antecubital fosse

- V. No evidence of physical abuse or recent trauma is present**

- VI. Toxicology**
 - A. The blood and vitreous fluid are tested for ethanol and none is found.
 - B. The urine is screened for drugs of abuse and none are found.
 - C. The blood is tested for carboxyhemoglobin and cyanide and none are found.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 71-inch tall, 150-pound male whose appearance is consistent with the reported age of 65-years. Lividity is posterior, red and fixed. Rigor is equal in all extremities, and the temperature is that of the refrigeration unit.

The scalp is shaven, but the hair appears to have a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in poor condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Yellow pants
- Yellow shirt
- White underpants
- Black and white scarf
- Red and green blanket

MEDICAL INTERVENTION

- An endotracheal tube is in the proper position.
- An intravenous line is in the right antecubital fosse.
- Needle stick marks are in the left antecubital fosse.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No skeletal trauma is identified.
- No metallic foreign bodies are identified.

EVIDENCE OF INJURY

- There is no evidence of recent injury.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1,240-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 900 and 670-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. Copious amounts of mucoid secretions are present in the mainstem bronchi and on the cut surfaces of the smaller bronchi.

CARDIOVASCULAR SYSTEM:

The 500-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a left-dominant pattern. Cross sections of the vessels show 50-75% luminal narrowing and focal calcifications. The myocardium is red-brown and firm with areas of fibrosis noted on the left ventricular free wall. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.6 and 0.5-centimeters thick, respectively. Biventricular dilatation is present. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels, and moderate calcific atherosclerosis is present. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1,700-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 140-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 150 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall that is remarkable for a trabeculated pattern. The bladder contains approximately 60-milliliters of yellow urine. The prostate is enlarged, with lobular, yellow-tan parenchyma in a nodular pattern. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 500-milliliters of tan-yellow fluid with food particles. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. There are no skeletal abnormalities noted.

MICROSCOPIC EXAMINATION

Kidney: Sections demonstrate moderately diffuse arteriosclerosis and focal segmental as well as global glomerulosclerosis.

Heart: Sections of the myocardium demonstrate patchy fibrosis with areas of confluence and enlarged myocytes. A section of one of the left papillary muscles demonstrates scarring.

Coronary Arteries: Multiple sections of the coronary arteries show luminal narrowing ranging from 40 – 75% with focal calcifications.

Lung: Multiple sections of lung parenchyma show pulmonary congestion and hemosiderin-laden macrophages. There is mucous plugging of the bronchi with submucosal plasma cell and eosinophil infiltration.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The body is sutured closed without embalming and the dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives
- Identifying body marks are not present

OPINION

This 65-year-old male, (b)(6) died as a result of hypertensive atherosclerotic cardiovascular disease complicated by acute asthma with mucous plugging. The medical history and circumstances support these diagnoses, as well as the gross and microscopic examinations at autopsy. Toxicology is negative for alcohol, drugs of abuse, carboxyhemoglobin and cyanide. There is no evidence of recent injury.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP- (b)(6)

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

ALUBAYDI, TARIG SADIG ABDUL

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: November 17, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2005

Date Received: 11/15/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED - Nom du défunt ALIBAYDI, TARIQ		CRUISE - Date	BRANCH OF SERVICE - Armée	SOCIAL SECURITY NUMBER - Numéro de l'Assurance Sociale (b)(6)
IDENTIFICATION - Dénomination DETAINEE (b)(6)		NATIONALITY - Nationalité Pays	DATE OF BIRTH - Date de naissance 1941 (b)(6)	SEX - Sexe <input checked="" type="checkbox"/> MALE - Masculin <input type="checkbox"/> FEMALE - Féminin
RACE - Race		MARITAL STATUS - État Civil		RELIGION - Culture
<input type="checkbox"/> CAUCASIAN - Caucasique		<input type="checkbox"/> SINGLE - Célibataire		<input type="checkbox"/> PROTESTANT - Protestant
<input type="checkbox"/> NEGROID - Négricide		<input type="checkbox"/> DIVORCED - Divorcé		<input type="checkbox"/> OTHER (Specify) - Autre (Spécifier)
<input type="checkbox"/> OTHER (Specify) - Autre (Spécifier)		<input type="checkbox"/> MARRIED - Marié		<input type="checkbox"/> CATHOLIC - Catholique
		<input type="checkbox"/> WIDOWED - Veuf		<input type="checkbox"/> JEWISH - Juif
NAME OF NEXT OF KIN - Nom du plus proche parent		RELATIONSHIP TO DECEASED - Parenté du défunt avec la suite		
STREET ADDRESS - Domicile à (rue)		CITY OR TOWN AND STATE - (Include ZIP Code) - Ville (Code postal compris)		

MEDICAL STATEMENT - Déclaration médicale	
CAUSE OF DEATH (Enter only one cause per entry) Cause du décès (Indiquer qu'une cause par ligne)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès 30 MINUTES
ANTECEDENT CAUSE Symptômes précurseurs de la mort NEXUS CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition sous-jacente, s'il y a lieu, tenant à la cause primaire UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives	

MANNER OF DEATH - Cause de décès <input type="checkbox"/> NATURAL - Mort naturelle <input type="checkbox"/> ACCIDENT - Mort accidentelle <input type="checkbox"/> SUICIDE - Suicide <input type="checkbox"/> HOMICIDE - Homicide	AUTOPSY PERFORMED - Autopsie effectuée <input type="checkbox"/> YES - OUI <input type="checkbox"/> NO - NON MAJOR FINDINGS OF AUTOPSY - Conclusions particulières de l'autopsie NAME OF PATHOLOGIST - Nom du pathologiste SIGNATURE - Signature DATE - Date	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures AVIATION ACCIDENT - Accident à Avion <input type="checkbox"/> YES - OUI <input type="checkbox"/> NO - NON
--	---	---

DATE OF DEATH (Show day month year) **(b)(6)** 05 PLACE OF DEATH - Lieu du décès **CAMP BUCCA**

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
 J'ai examiné les restes mortels du défunt et je conclus qu'il est décédé au moment et au lieu indiqués et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER - Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE - Titre ou diplôme
STATION - Station (b)(6)	INSTALLATION OR ADDRESS - Installation ou adresse CAMP BUCCA (b)(6)
STATE - État (b)(6) 05	

* State disease, injury or complication when applicable.
 * Spécifier la maladie, la blessure ou la complication quand applicable.
 * Precise the nature of the disease, the illness or the complication when applicable, with an exact date of onset, with an exact date of death, etc.
 * Préciser la nature de la maladie, de la blessure ou de la complication quand applicable, avec la date exacte de l'apparition de la maladie, la date exacte du décès, etc.

AGLU Detainee Death II ARMY MEDCOM 235

TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER

INTERMENT SERIAL NUMBER

FROM:

TO:

(b)(6)

NAME (Last, first, MI) ALIBAYDI, Tariq GRADE SERVICE NUMBER

NATIONALITY POWER SERVED PLACE OF CAPTURE/INTERMENT AND DATE

PLACE OF BIRTH DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN FIRST NAME OF FATHER

PLACE OF DEATH Camp Bucca Iraq DATE OF DEATH (b)(6) 05 CAUSE OF DEATH probable acute MI

PLACE OF BURIAL DATE OF BURIAL

IDENTIFICATION OF GRAVE

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER FORWARDED WITH DEATH CERTIFICATE TO (Specify) FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Inmate). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side)

65yo detainee brought to FTR for collapse (no pulse / agonal breathing) from compound. Pt unresponsive, asymmetric from neck up - no pulses - no spontaneous breathes CPR begun, intubated + ACLS protocol performed ultrasound no cardiac motion actively aware 114 - pronounced 25 mins p code begun. code meds epi 3mg, atropine 2mg, amp Bucca

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY

DATE (b)(6) 05 (b)(6)

SIGNATURE OF COMMANDING OFFICER

WITNESSES SIGNATURE ADDRESS

SIGNATURE ADDRESS

SIGNATURE ADDRESS

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

FORM OF THE FORM 204 DA AGO 64 THE PROMPTING AGENCY IS OFFICE OF THE SURGEON GENERAL

Instructions: Medical Officer in attendance will
 Prepare in one copy only. Items 1 through 10 and sign item 11. Print or type entries. Send form without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) ALUBAYDI, TORIG (b)(6)	2. TIME OF DEATH (Hour day-month-year) (b)(6) 05	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH (b)(6)		

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (The drug not from the mode of dying e.g., heart failure, asphyxia, etc. if means the direct, injury, or complication which causes death)	DUE TO (or as a consequence of) MYOCARDIAL INFARCTION	30 MINUTES
8. ANY EVIDENT CAUSES (Injury, conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) (2)	
9. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	
9. GRADE (b)(6) 05	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MONTAGNY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Specify)	
22. DATE	23. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	24. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
25. DATE	26. TYPED NAME AND GRADE OF REGISTRAR	27. SIGNATURE OF REGISTRAR



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-774-8427



AUTOPSY EXAMINATION REPORT

Name: BTB Sardah, Muthor Nassar	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: BTB (b)(6) 1932	Rank: Civilian
Date of Death (b)(6) 2005	Place of Death: Iraq
Date/Time of Autopsy: 31 Oct 2005 @ 1200 hrs	Place of Autopsy: Port Mortuary, Dover AFB, DE
Date of Report: 03 Jan 2006	

Circumstances of Death: This elderly civilian detainee was, as reported, admitted to the SASH ICW on 10 Oct 2005 for dehydration, pneumonia and respiratory distress. On (b)(6) (b)(6) 2005 he went into cardiac arrest and died despite Advanced Cardiac Life Support.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Presumptive identification by accompanying paperwork and wrist band photographic identification

CAUSE OF DEATH: Atherosclerotic Coronary Vascular Disease and Metastatic Large Cell Carcinoma of the Lung

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. **Pulmonary System:**
 - A. **Right Lung:**
 1. Poorly differentiated adenocarcinoma, mixed subtype (Stage IV)
 2. Irregular white-gray tumor mass, 9 x 6 x 6-centimeter, in the right lower lung lobe that extends into the hilum of the right lung
 3. Peribronchiolar, perihilar and mediastinal lymph nodes are involved
 - B. **Left Lung:** Metastatic poorly differentiated adenocarcinoma, mixed subtype (numerous up to 1-centimeter irregular tan tumor nodules)
 - C. Respiratory bronchiolitis
 - D. Emphysema
 - E. Focal acute bronchopneumonia
 - F. Pulmonary congestion (lung weights: left 910-grams; right 980-grams)
 - G. Bilateral serous pleural effusions (200 ml bilaterally)
 - H. Diaphragm: Fibrous pleural plaques
- II. **Reticuloendothelial System:** Spleen, fibrous plaques (numerous small (up to 2mm) white plaques on the capsule of the spleen)
- III. **Cardiovascular System:**
 - A. **Atherosclerotic Coronary Vascular Disease:**
 1. 60% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
 2. 80% stenosis of the left circumflex coronary artery by atherosclerotic plaque
 3. 50% stenosis of the right coronary artery by atherosclerotic plaque
 - B. **Cardiomegaly:** Heart weight 390-grams (predicted normal heart weight for a male with a body weight of 110-pounds is 276-grams with a lower 95% confidence limit of 209-grams and an upper 95% confidence limit of 364-grams)
 - C. **Concentric hypertrophy of the left ventricle of the heart** (septum 2.2-centimeters, left ventricle free wall 1.9-centimeters)
 - D. **Moderate Atherosclerosis of the Aorta**
- IV. **Hepatobiliary System:**
 - A. **Congested liver** (Liver weight 1280-grams)

- V. **Skin:**
 - A. **Sacral erosion, 2 1/2-inch, with associated 1-inch pressure contusions on the left and right buttocks**
 - B. **Pedunculated nevus on the skin of the left axilla**
 - C. **Erosion on the right elbow, 1/2-inch**
 - D. **Erythematous patch on the right forearm**

- VI. **Erosion of the oral mucosa**

- VII. **Evidence of Injury:**
 - A. **Abrasion on the right hip, 1/8-inch**
 - B. **Contusion on the left forearm, 3/4-inch**
 - C. **Abrasion on the center of the upper back, 1/8-inch**
 - D. **Contusion on the left forearm, 1/8-inch**

- VIII. **Post-mortem changes:**
 - A. **Lividity is fixed on the posterior surface of the body except in areas exposed to pressure**
 - B. **Rigor has passed**
 - C. **Mild decomposition of the internal organs**

- IX. **Post-mortem radiographs reveal no significant skeletal trauma**

- X. **Toxicology (AFIP):**
 - A. **CARBON MONOXIDE: The Carboxyhemoglobin saturation in the blood is less than 1%**
 - B. **CYANIDE: There is no cyanide detected in the blood**
 - C. **VOLATILES: No ethanol is detected in the blood and vitreous fluid**
 - D. **DRUGS: There are no screened drugs of abuse or medications detected in the liver**

EXTERNAL EXAMINATION

The body is that of a thin 64-inches tall, 110-pounds elderly male. Lividity is fixed on the posterior surface of the body. Rigor has passed.

The scalp is covered with short gray hair in a normal distribution. The irides are hazel, and the pupils are round and equal in diameter. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The deceased has no upper teeth. The lower teeth are natural. There is an erosion on the palate.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

There is a sacral erosion, 2 ½-inches, with associated 1-inch pressure contusions on the left and right buttocks, a ½-inch pedunculated nevus on the skin of the left axilla, a ½-inch erosion on the right elbow and an erythematous patch on the right forearm.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Blue shorts

MEDICAL INTERVENTION

- Orogastric tube (properly placed)
- Endotracheal tube (properly placed)
- 11 EKG leads on the torso, shoulders and ankles
- Automatic defibrillator pads on the right side of the chest (with underlying 4 x 4-inch superficial burn) and on the left side of the chest
- Triple lumen catheter in the right subclavian vein
- Intravenous access in the left antecubital fossa and on the right forearm
- Needle puncture sites with surrounding hematomas on the right arm, right hand and left arm

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No blunt force or penetrating skeletal injuries
- No metallic foreign objects are identified

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

- abrasion on the right hip, 1/8-inch
- contusion on the left forearm, 3/4-inch
- abrasion on the center of the upper back, 1/8-inch
- Contusion on the left forearm, 1/8-inch

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1320-grams brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Both chest cavities contain 200-milliliters of serous fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 980 and 910-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. There is a 9 x 6 x 6-inch irregular white, gray and black mass in the lower lobe of the right lung that extends into the hilum. Multiple irregular tan tumor nodules up to 1-centimeters in greatest dimension are in both lobes of the left lung. The mediastinal lymph nodes are enlarged (up to 1-inch) and their cut surfaces are white-gray, soft, and heterogenous. Contralateral mediastinal and hilar lymph nodes are involved. Both hemidiaphragms are involved by 1-centimeter white plaques.

CARDIOVASCULAR SYSTEM:

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. Cross sections of the vessels show 60% stenosis of the left anterior descending, 80% stenosis of the left circumflex and 50% stenosis of the right coronary artery by atherosclerotic plaque. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. There is relatively concentric hypertrophy of the left ventricle and the walls of the left and right ventricles and septum are 1.9, 0.8 and 2.2-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is moderate atherosclerosis of the aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1280-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 150-gram spleen has a red-purple capsule with numerous (up to 2-millimeter) white plaques. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 130-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50-milliliters of dark yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 20-milliliters of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME.
2. Specimens retained for toxicologic testing and/or DNA identification are: Lung, blood, spleen, psoas muscle, bile, urine, vitreous, brain, kidney, liver, adipose and gastric fluid
3. The dissected organs are forwarded with body.
4. Identifying marks include: Scar on the right shoulder and (b)(6) tattoo (b)(6) (b)(6)

MICROSCOPIC EXAMINATION

HEART:

Myocardium (Slides-H, I, J) – increased inter-myocyte fibrosis

Left Anterior Descending Coronary Artery (Slide-K) – 60% stenosis by calcified atherosclerotic plaque

Right Coronary Artery (Slide-N) – 50% stenosis by calcified atherosclerotic plaque

Left Circumflex Coronary Artery (Slides-M, L) – calcified atherosclerotic plaque

MEDIASTINAL LYMPH NODES:

(Slide-C) Lymph node with widespread areas of necrosis and malignant epithelial cells that have large pleomorphic nuclei, prominent nucleoli and abundant eosinophilic cytoplasm

LUNGS:

Right Lung – (Slides-B, G) Tumor mass consisting of malignant epithelial tumor cells that have large pleomorphic nuclei, prominent nucleoli and moderate to abundant eosinophilic cytoplasm, the overall pattern is a large cell adenocarcinoma with some bronchoalveolar features. There is multi-focal necrosis and inflammation

Left Lung – (Slides-D, E) Tumor masses consisting of malignant epithelial tumor cells that have large pleomorphic nuclei, prominent nucleoli and moderate to abundant eosinophilic cytoplasm

DIAPHRAGM:

(Slide-F) Dense fibrosis and scant mesothelial cells that have large nuclei, prominent nucleoli and moderate eosinophilic cytoplasm

SPLEEN:

(Slide-A) Dense fibrosis and scant mesothelial cells that have pleomorphic spindled nuclei, conspicuous nucleoli and moderate eosinophilic cytoplasm

PULMONARY PATHOLOGY CONSULTATION (AFIP):

The Pulmonary Pathology Department of the AFIP submitted the following report after reviewing the submitted material:

- Poorly differentiated adenocarcinoma, mixed subtype
- Acute bronchopneumonia
- Respiratory bronchiolitis and emphysema
- Fibrous pleural plaque

Sections of lung showing a poorly differentiated adenocarcinoma with lepidic, papillary, solid and acinar growth patterns. Pleural and capillary/lymphatic invasion are present. Metastatic tumor is identified in the left lung, peribronchiolar/perihilar and mediastinal lymph nodes. Emphysema and respiratory bronchiolitis are also present. RB is characterized by bronchiolocentric intraalveolar accumulations of macrophages containing dusty yellow-brown pigment, a finding typically associated with cigarette smoke. Focal acute bronchopneumonia is identified. On immunohistochemical studies, the tumor cells are immunoreactive for CK7, CK20 and TTF-1. Based on the light microscopic morphology we classify this tumor as poorly differentiated adenocarcinoma, mixed subtype. The immunophenotype is compatible with a lung primary. Sections of diaphragm and spleen show fibrous plaques. We noticed occasional atypical cells along the surface of the spleen and along the surface of the diaphragm plaque that we favor are mesothelial in origin (mesothelial hyperplasia). As there is metastatic disease in the left lung from what appears to be a right lung primary, the stage of this tumor is AJCC stage IV.

OPINION

This elderly Iraqi male died of atherosclerotic coronary vascular disease and metastatic large cell carcinoma of the lung. The toxicology screen is negative. The small abrasion on the right hip and upper back and the small contusion on the left forearm are minor and non-contributory to either the cause or manner of death. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Sardah, Muthor, Nassar		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1932	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négricide		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus.	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.			Pending
ANTECEDENT CAUSES Symptômes précurseurs de la mort.			
MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	Mode of Death: Pending	
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	Mode of Death: Pending	
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 31 October 2005	
HOMICIDE Homicide		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH Date de décès (b)(6) 2005	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date 21 Nov 2005		(b)(6)	
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributory to the death, but not related to the disease or condition causing death. Indiquer la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le mode de décès, telle que l'arrêt du cœur, etc. Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a entraîné le décès.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0246

ACLU Detainee Death II ARMY MEDCOM 246

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0247

ACLU Detainee Death II ARMY MEDCOM 247



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



****AMENDED****
AUTOPSY EXAMINATION REPORT

Name: BTB Mohamed-Ali, Monhnd, Ganim	Autopsy No.: (b)(6)
IFN.: (b)(6)	AFIP No.: (b)(6)
Date of Birth: BTE (b)(6) 1987	Rank: CIV
Date of Death: (b)(6) 2005	Place of Death: Iraq
Date of Autopsy: 19 October 2005	Place of Autopsy: Port Mortuary
Date of Report: 20 October 2006	Dover AFB, DE

Circumstances of Death: According to reports, this 18 year-old civilian detainee was captured by US Forces on 15 Sep 2005. During his detention he was diagnosed with an inner ear infection. Despite treatment the infection progressed to mastoiditis and brain abscess. It was determined that there was no chance of meaningful functional recovery and life support was discontinued after ethics committee review.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Presumptive, based on attached mortuary tag.

CAUSE OF DEATH: Intracranial Abscess

MANNER OF DEATH: Natural

20 October 2006

This amended report is submitted to reflect the results of the Neuropathology Consultation. The opinion is amended accordingly. The remainder of the report remains unchanged.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

FINAL AUTOPSY DIAGNOSES

- I. Central Nervous System:
 - A. Right-sided mastoiditis with adjacent temporal lobe abscess and focal subdural empyema
 1. Meningitis
 - B. Cerebral edema
 - C. Neuropathology consultation pending

- II. Pulmonary System:
 - A. Bilateral pulmonary congestion and edema (Right 800-grams; Left 640-grams)

- III. Gastrointestinal System:
 - A. Hemorrhagic Gastritis

- IV. Skin:
 - A. Superficial healing ulceration and fissures of the mouth
 - B. Superficial sacral decubitus ulcer (¾ inch)
 - C. Red macular-papular rash on the upper chest

- V. Evidence of Minor Injury:
 - A. Scattered abrasions and contusions of the lower torso and lower extremities

- VI. Toxicology (AFIP):
 - A. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%.
 - B. CYANIDE: There is no cyanide detected in the blood.
 - C. VOLATILES: No ethanol is detected in the bile and vitreous fluid.
 - D. DRUGS: No screened drugs of abuse or medications are detected in the liver.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 66-inch tall, 129-pound male whose appearance is consistent with the reported age of 18 years. Lividity is present and fixed on the posterior surfaces of the body except in areas exposed to pressure. Rigor has passed. The body is cool to the touch.

The scalp is covered with medium length brown curly hair that has been shaved on the right side. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of any secretions. The ears are unremarkable. The nares are patent and the lips are red and have superficial ulceration and fissures. The nose and maxillae are palpably stable. The natural teeth appear in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There is a red maculopapular rash on the center of the chest. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. There is a 3/4-inch superficial ulcer on the skin overlying the sacrum.

The upper and lower extremities are symmetric and without clubbing or edema. A hospital tag is present on the left ankle. There is a 1-inch callus on the skin covering the left lateral malleolus.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad draped in a white sheet.

MEDICAL INTERVENTION

- Intravenous puncture site in the right wrist
- Intravenous puncture in the right antecubital fossa with surrounding subcutaneous hemorrhage
- Intravenous puncture site below the left clavicle
- 1 1/4-inch stapled incision on the right temporal scalp with underlying burr hole
- 1 3/4-inch stapled incision on the right parietal scalp with underlying burr hole
- 1/8-inch sutured surgical incision on the right parietal scalp
- Scalp hair shaved on the right side of the head

RADIOGRAPHS

A complete set of postmortem radiographs shows no evidence of skeletal injury.

EVIDENCE OF INJURY

The ordering of the following minor injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

Head and neck:

- Abrasion of the right side of the nasal bridge, ¼ x 1/8-inch.

Torso:

- Contusion over the left iliac crest, 1 ½-inches
- Contusion over the right iliac crest, 2-inches
- Abrasion on the anterior left shoulder, 1/8-inch

Extremities:

- Abrasion on the distal anterior right thigh, ½-inch
- Abrasion on the anterior right knee, 1/8-inch
- Abrasion on the proximal anterior right leg, ½-inch
- Abrasion on the anterior distal right leg, 1-inch
- Abrasion on the anterior right ankle, ¼-inch
- Abrasion on the posterior distal right leg, 1 x ¼-inch
- Abrasion on the posterior distal right leg, ¼-inch
- Abrasion on the posterior right ankle, ¾ x ¼-inch
- Contusion on the distal anterior left thigh, ¼-inch
- Abrasion on the left knee, ¼-inch
- Abrasion on the anterior left ankle, 1 x ¾-inch
- Abrasion on the distal posterior left leg, 1/8-inch
- Abrasion on the distal posterior left leg, ½ x 1/8-inch
- Abrasion on the posterior left ankle, ¾ x ¼-inch

INTERNAL EXAMINATION

HEAD:

(See above "Medical Intervention")

The galeal and subgaleal soft tissues of the scalp are free of injury. The dura mater beneath the skull is intact except in the areas associated with therapeutic intervention. The cerebrospinal fluid is viscous and yellow. The 1840-gram brain is edematous with diffuse widening and flattening of gyri and narrowing of the sulci. There is a soft fluctuant mass in the right temporal lobe that on sectioning is identified as a 1 ¼-inch cavity filled with a purulent fluid. A thick coat of purulent exudate covers the base of the brain. There are no traumatic skull fractures. The inner ear is unroofed and the cut surface is soft, pale and friable (histologic sections are prepared). The atlanto-occipital joint is stable. The brain is submitted for neuropathology consultation after formalin fixation.

NECK:

The anterior neck is examined utilizing a separate anterior neck dissection. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and

red-brown, without cystic or nodular change. There is patchy erosion of the lateral left edge of the tongue.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50-milliliters of serous fluid in the pleural cavities. There is 200-milliliters of serous fluid in the peritoneum. The pericardial sac contains an 85-milliliter serous effusion. The internal organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 800-grams and 640-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. The coronary arteries are widely patent. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are unremarkable. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2200-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200-grams and 190-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 60-milliliters of clear yellow urine. The prostate is normal in size, with lobular,

AUTOPSY REPORT (b)(6)

6

BTB Mohamed-Ali, Monhnd, Ganim

yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 20 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYTEM:

Muscle development is normal. The skull is described under "Medical Intervention: above. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Middle Ear - Devitalized bone and bone marrow; acute and chronically inflamed low cuboidal epithelium compatible with the tympanic cavity.

NEUROPATHOLOGY CONSULTATION

In summary, this brain demonstrates subacute right temporal lobe abscess, diffuse subacute purulent meningo-cerebro-ventriculitis, a choroid plexitis, subacute hemorrhagic infarcts in the right superior frontal and cingulated gyri, and an acute hemorrhagic right occipital lobe infarct.

(A copy of the complete Neuropathology Consultation, which was prepared by (b)(6) (b)(6) Armed Forces Institute of Pathology, Department of Neuropathology and Ophthalmic Pathogy, is maintained in the case file maintained by the Office of the Armed Forces Medical Examiner)

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME photographers.
2. No trace evidence was collected.
3. Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, vitreous, bile, CSF, gastric contents, lung, liver, spleen, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks consist of scars on the posterior distal right forearm and anterior left wrist.

OPINION

This 18 year-old male civilian detainee died of an intracranial (brain) abscess arising from a presumed inner ear infection with mastoiditis. Autopsy examination showed abscess formation in the right temporal lobe of the brain, deposition of purulent material on the inferior surfaces of the brain and purulent appearing CSF. Further, there was a diffuse subacute purulent meningo-cerebro-ventriculitis, a choroid plexitis, subacute hemorrhagic infarcts in the right superior frontal and cingulated gyri, and an acute hemorrhagic right occipital lobe infarct. The inner ear is unroofed and the cut surface is soft, pale and friable. There was no evidence of significant injury identified. The toxicology screen was negative. The manner of death is natural.

(b)(6)

(b)(6)

(b)(6) Medical Examiner

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Mohamed-Ali, Monhnd, Ganim		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		SINGLE Célibataire	DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négre		MARRIED Marié	SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		Brain Abscess	Weeks
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Ear infection	Weeks
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 19 October 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND THE DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date	SIGNATURE Signature		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3866, 1 JAN 72 AND DA FORM 3868-R(PAS), 26 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0255

ACLU Detainee Death II ARMY MEDCOM 255

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDCOM 0256

ACLU Detainee DeathII ARMY MEDCOM 256



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-774-8427



AUTOPSY EXAMINATION REPORT

Name: BTB Al Zobaie, Elawy D.

ISN: (b)(6)

Date of Birth (b)(6) 1962

Date of Death (b)(6) 2005

Date of Autopsy: 15 OCT 2005

Date of Report: 19 DEC 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Not Applicable

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary,

Dover Air Force Base, Dover, DE

Circumstances of Death: According to witnesses this detainee was reading when he fell over and stopped breathing. Despite life saving measures he died about 30 minutes after being brought to medical attention.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Presumptive identification is established by internment service number. Positive identification is pending adequate exemplars.

CAUSE OF DEATH: **Cardiomegaly**

MANNER OF DEATH: **Natural**

BTB AL ZOBAIE, Elawy D.

FINAL AUTOPSY DIAGNOSES:

I. Cardiomegaly (heart weight 480 g; expected weight 340 g)

II. No evidence of trauma

III. Evidence of medical intervention includes a naso-gastric tube, a cut endotracheal tube, cardiac monitor leads on the chest and both arms, and an intravenous catheter in the left hand

IV. Post mortem changes consist of mild decomposition

V. Toxicology

A. Volatiles (heart blood and vitreous fluid): no ethanol detected

B. Screened drugs of abuse and medications (heart blood): none detected

A complete set of postmortem radiographs is obtained and demonstrates the following:
- No skeletal, soft tissue, or internal organ injuries

RADIOGRAPHS

- an intravenous catheter in the left hand
- cardiac monitor leads on the left side of the chest and both arms
- cut endotracheal tube
- nasogastric tube

Evidence of medical intervention consists of:

MEDICAL INTERVENTION

- patterned blue blanket
- black socks
- cut yellow jumpsuit (2 pieces)
- yellow shorts

The following clothing items and personal effects are present on the body at the time of autopsy:

CLOTHING AND PERSONAL EFFECTS

The upper and lower extremities are symmetric and without clubbing or edema. A 1" scar is on the back of the left hand extending to the little finger.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The scalp is covered with brown, straight, short hair in a normal distribution. Facial hair consists of a beard and moustache. The irides are brown, the cornea are hazy, both conjunctivae have scattered petechial hemorrhages, the sclerae are white and the pupils are round and equal in diameter. The external auditory canals are clear and the ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The body is that of a well-developed, well-nourished appearing, muscular, 66 inch tall, 168 pounds male whose appearance is consistent with the reported age of 43 years. Lividity is present and fixed on the posterior surface and rigor is absent.

EXTERNAL EXAMINATION

BTB AL ZOBAIE, Elawy D.

AUTOPSY REPORT (b)(6)

EVIDENCE OF INJURY

There is no evidence of injury. Dissection into both wrists and the back reveal no soft tissue evidence of trauma.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1340 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 700 and 640 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 480 gm heart is contained in an intact pericardial sac. See Consultation Report from Cardiovascular Pathology, Armed forces Institute of Pathology (CVPath), Washington, D.C. below.

Consultation Report:

Diagnosis: (b)(6) Heart, post mortem examination: Morphologically normal heart.
See comment.

Heart weight: 480 grams; normal epicardial fat; probe-patent foramen ovale; left ventricular cavity diameter 45 mm; left ventricular free wall thickness 13 mm; ventricular septum thickness 14 mm; right ventricle thickness 4 mm; right ventricle slightly dilated; left atrium mildly dilated with slightly thickened endocardium; valves grossly unremarkable, mitral valve shows minimal myxoid changes; no gross myocardial necrosis or fibrosis; histologic sections show focal autolytic changes.

Coronary arteries: Normal ostia; right dominance; no gross coronary atherosclerosis.

Comment: While the contributor reports an expected heart weight of 340 grams, without a body weight we cannot make a determination regarding the presence of cardiomegaly. As no other cardiac cause of death was identified, it would be important to accurately assess cardiomegaly, as this may be the only pathologic finding in some cases of sudden death.

Signed: (b)(6) Cardiovascular Pathologist, 7 December 2005

LIVER & BILIARY SYSTEM:

The 1850 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains neither bile nor stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 250 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 190 and 180 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50 cc of clear urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 250 ml of brown viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, urine, blood, psoas, adipose, brain, lung, liver, spleen, kidney, and gastric contents
4. The dissected organs are forwarded with body.
5. Identifying marks include a 1" scar on the back of the left hand extending to the little finger.

MICROSCOPIC EXAMINATION

Brain: No significant pathology
Heart: No significant pathology
Lungs: Congestion and polymicrobial overgrowth; no significant pathology
Liver: Mild steatosis; no significant pathology
Pancreas: Autolysis; no significant pathology
Spleen: Congested; no significant pathology
Kidney: Autolysis; no significant pathology
Thyroid: No significant pathology

OPINION

This Iraqi detainee (b)(6) died of cardiomegaly. His heart weighed 480 grams and the expected heart weight for his size (168 pounds) is 340 grams with a range of 300 to 380 grams. He did not have a clinical history of hypertension and no other pathology was identified at autopsy, however, a large heart is an electrically unstable heart and is susceptible to fatal arrhythmias. No traumatic injuries were identified at autopsy. Petechial hemorrhages noted in the conjunctivae are likely to be peri-mortem in nature and related to the developing cardiac failure. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. The manner of death is natural.

(b)(6)

(b)(6) **Medical Examiner** (b)(6)

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Al Zobaie, Elawy, Dakhel		GRADE Grade 	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation 		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de Naissance (b)(6) 1962	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Statut		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant
NEGROID Négré		MARRIED Marié		CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé		OTHER (Specify) Autre (Spécifier) X
		SEPARATED Séparé		
		WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Rapport du défunt avec le su		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) VILLE (Code postal compris)		
MEDICAL STATEMENT - Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.				Pending
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause morbide, s'il y a lieu, menant à la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		Mode of Death: Pending	
ACCIDENT Mort accidentelle	NAME OF BATHING OFFICER Nom du vérificateur			
SUICIDE Suicide	(b)(6)		DATE Date 15 October 2005	AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
HOMICIDE Homicide	(b)(6)			
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année)	(b)(6) 2005		PLACE OF DEATH Lieu de décès Iraq	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et constaté que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civilien		TITLE OR DEGREE Titre ou diplôme Medical Examiner		
(b)(6)				
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE			
(b)(6)				
DATE Date 15 OCT 05	(b)(6)			

DD FORM 1 APR 77 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-R (P&S), 26 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0265

ACLU Detainee Death II ARMY MEDCOM 265

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Hamad-Mashadani, Abid-Es
ISN #: (b)(6)
Date of Birth: Unknown
Date of Death: (b)(6) 2005
Date of Autopsy: 07 OCT 2005
Date of Report: 29 MAR 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian
Place of Death: 344th Field Hospital, Iraq
Place of Autopsy: Port Mortuary
Dover AFB, Dover, DE

Circumstances of Death: The decedent was a civilian detainee who was transferred to the 344th Field Hospital from a detention facility where he had been complaining of abdominal pain, diarrhea and vomiting. Upon arrival he was noted to have a markedly elevated white blood cell count (41.5×10^3), elevated blood sugar (440mg/dl) and elevated liver function tests. He was taken to the operating room where an exploratory laparotomy and cholecystectomy was performed for gangrenous cholecystitis. Post-operatively his condition worsened and he became unresponsive to resuscitative attempts.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification is established by identification tags present on the body

CAUSE OF DEATH: Complications of acute gangrenous cholecystitis

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES

- I. Acute gangrenous cholecystitis (per report).
 - A. Status post exploratory laparotomy with cholecystectomy.
- II. Respiratory system:
 - A. Bilateral pulmonary congestion and edema (right 830 gm, left 720 gm)
 - B. Bilateral pleural effusions (right 120 ml, left 180 ml)
 - C. Scattered fibrin micro-thrombi
- III. No evidence of trauma
- IV. Moderate decompositional changes consisting of green discoloration of the abdomen and vascular marbling
- V. Toxicology: Metoclopramide is present in the blood.

EXTERNAL EXAMINATION

The remains are received unclad. An identification bracelet containing the decedent's name and detainee number is on the right wrist. The body is accompanied by clothing consisting of a white undershirt, a pair of green knit shorts, a pair of yellow slacks and a pair of blue shower shoes.

The body is that of a well-developed, well-nourished appearing, male that weighs 189-pounds, is 67-inches in length, whose appearance is consistent with the reported age of 60 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The temperature of the body is that of the refrigeration unit.

The scalp is covered with 1-1/4" wavy grey-black hair with male pattern balding. The head and neck are moderately congested. The face is covered with a short black-grey beard and moustache. The eyelids are closed with 2-1/4 x 1/2" surgical tape. The corneae are hazy. The irides are dark and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in poor condition with a number of teeth remotely absent.

The neck is mobile and the trachea is midline. There are multiple acrochordons on the right side of the neck, 1/16-1/8" in greatest dimension. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. Evidence of medical intervention is described below.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1/4" irregular, hypopigmented scar with a 2" vertical linear extension at the 12 o'clock position on the lateral right knee. There is a 1" raised callus over the right lateral malleolus. (b)(6)

(b)(6) tattoo (b)(6)

MEDICAL INTERVENTION

- An endotracheal tube appropriately placed
- An intravascular catheter in the right antecubital fossa, secured with a clear occlusive dressing, with "9/30 #20" written above the device
- A 2" area of ecchymosis on the distal, volar surface of the right wrist with 3 venipuncture marks
- A 1-1/4" area of ecchymosis on the dorsum of the right hand
- A 2 x 2" gauze dressing in the left antecubital fossa
- Secured with sutures are a triple lumen catheter in the left groin and an intravascular catheter in the right groin
- A 4 x 4" gauze dressing overlying a Jackson-Pratt drain in the right abdominal wall with 26" of 1/4" diameter tubing attached to a reservoir containing 40-milliliters of blood
- A 12 x 4" gauze covering a midline abdominal incision

- A vertically oriented 10 x 1" incision, 7/8" in depth and packed with gauze, overlying a sutured abdominal incision that extends from the xiphoid process to 2" below and to the left of the umbilicus

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the previously described medical interventions. There is no evidence of recent trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent injury noted at the time of autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. There are bilateral serous, pleural effusions (right - 120-milliliters, left - 180-milliliters). Scattered adhesions involve the left lung and the chest wall. There is 300-milliliters of blood and clot in the right upper quadrant of the abdominal cavity. The gallbladder is surgically absent. The remaining organs occupy their usual anatomic positions.

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Markings on the internal table of the calvarium for the right middle meningeal artery are more pronounced on the right side. Clear cerebrospinal fluid surrounds the 1370 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The right and left lungs weigh 830 and 720 grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. There is mild atherosclerotic streaking at the ostia for the right coronary artery and the left anterior descending artery. Cross sections of the vessels show no evidence of significant

AUTOPSY REPORT (b)(6)
HAMAD-MASHADANI, ABID-ES

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atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.2-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1880-gram liver has an intact, smooth capsule and a sharp anterior border. There is a 5-centimeter laceration of the lateral right lobe of the liver, without vital reaction. In the region of the gallbladder fossa is a 9 x 6-centimeter friable, hemorrhagic area with an intact surgical drain. The gallbladder had been previously sent for surgical pathology consultation following the patient's cholecystectomy. A diagnosis of acute gangrenous cholecystitis is made by the consulting pathologist. The remaining, non-surgical parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The extrahepatic biliary tree is patent.

SPLEEN:

The 280-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. Fatty infiltrate is noted throughout the pancreas. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses are identified.

GENTOURINARY SYSTEM:

The right and left kidneys each weigh 80-grams. The external surfaces are intact and smooth. There is a 0.4-centimeter, benign cortical cyst on the superior pole of the left kidney. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 50-milliliters of dark brown, flocculant liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME staff photographer.
2. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, gastric contents, spleen, liver, lung, kidney, adipose tissue and psoas.
3. Personal effects are released to the appropriate mortuary operations representatives.

MICROSCOPIC EXAMINATION

1. Cardiovascular (Slides: 6, 9, 11,12,13): No significant microscopic abnormalities
2. Lungs, right and left (Slides: 1-5): Focal pulmonary edema and vascular congestion with scattered fibrin micro-thrombi
3. Endocrine (Slides: 2-4, 10): No significant microscopic abnormalities are noted in the pancreas, thyroid gland and adrenal glands
4. Gastrointestinal (Slides: 2, 6-8): Liver with mild to moderate steatosis with cholestasis
5. Genitourinary (Slides: 1, 6-8): Kidney with moderate glomerulonephrosclerosis and hemorrhage into the renal tubules. Bladder and prostate are unremarkable
6. Brain (Slide: 13): No significant microscopic abnormalities

OPINION

This reported 60 year-old male, civilian detainee died of complications of acute gangrenous cholecystitis. According to reports and medical records, the decedent was admitted to the hospital following a few days of abdominal pain, diarrhea and vomiting. Laboratory studies upon admission included an elevated white blood cell count, elevated blood glucose and elevated liver function tests. He underwent an exploratory laparotomy and cholecystectomy for acute gangrenous cholecystitis. He remained unstable post-operatively and despite aggressive resuscitative efforts the patient succumbed to his illness.

Autopsy examination showed a friable, hemorrhagic surgical site with approximately 300 ml of adjacent blood and clot. Histologic examination showed findings suggestive of disseminated intravascular coagulation (DIC) in the lungs. DIC is a potentially life threatening thrombohemorrhagic disorder that can be seen in association with a number of serious medical and surgical disease processes. Postmortem toxicologic analysis revealed only the presence of the therapeutic agent metoclopramide in the blood (0.3 mg/L).

Complicated cholecystitis (eg. gangrene) has a reported mortality rate of 25%. If perforation occurs, the mortality rate increases to 60%.¹ The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner (b)(6)

¹ Santen, S. Cholecystitis and Biliary Colic. March 15, 2005. <http://www.emedicine.com/EMERG/topic98.htm>

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hamid-Mashadani, Abid-Es,		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/>	SINGLE Célibataire	<input type="checkbox"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négre	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>	JEWISH Juif
			<input type="checkbox"/>	DIVORCED Divorcé	OTHER (Specify) Autre (Spécifier) X
			<input type="checkbox"/>	SEPARATED Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort	Complications of acute gangrenous cholecystitis.	Hours
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ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	

OTHER SIGNIFICANT CONDITIONS Autres conditions significatives	
--	--

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 7 October 2005
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2005 (b)(6)	PLACE OF DEATH Lieu de décès Iraq
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I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme Medical Examiner
--	--

GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
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DATE Date	SIGNATURE Signature
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1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
2 State conditions contributing to the death, but not related to the disease or condition causing death.
3 Preciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.
4 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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USAPA V1.00



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: BTB Qader, Tahseen

SSAN: (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2005

Date of Autopsy: 18 SEP 2005

Date of Report: 11 Nov 2005

Autopsy No.: (b)(6)

AFIP No. (b)(6)

Rank: Iraq Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,
Dover AFB, DE

Circumstances of Death: This Iraqi male was a detainee in U.S. custody who was found unresponsive in a forward detainee holding area in Iraq. As reported, on the day he died the deceased had been feeling ill and had vomited once. Subsequently, he drank water, ate some food, and went to sleep. He was later found unresponsive in the holding area.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: No scientific identification is available. Circumstantial identification is by accompanying paperwork and a detainee number present on a label around the right ankle.

CAUSE OF DEATH: Acute Myocardial Infarction

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. **Atherosclerotic Cardiovascular Disease:**
 - A. **Multifocal acute and healed myocardial infarctions, circumferential left ventricle, associated with intramural coronary artery thromboemboli (see full Cardiovascular Pathology consultation)**
 - B. **Focal severe coronary atherosclerosis, acute and healed plaque erosions with occlusive thrombosis extending from the left main coronary artery to mid left anterior descending artery**

- II. **Pulmonary System:**
 - A. **Markedly congested and firm lungs with moderate anthracosis (left lung – 750-grams; right lung – 790-grams)**
 - B. **Extensive adhesions involving both lungs and the chest wall**

- III. **A 1 ½-inch purple contused-abrasion over the left iliac crest and a 1 ½-inch purple contused-abrasion over the right iliac crest**

- IV. **No evidence of significant recent injury**

- V. **Early decomposition changes, including vascular marbling, green discoloration of the skin over the abdomen and early autolysis of the pancreas and adrenal glands**

- VI. **TOXICOLOGY (AFIP):**
 - A. **CARBON MONOXIDE:** The Carboxyhemoglobin saturation in the blood is less than 1% as determined by spectrophotometry with a limit of quantitation of 1%
 - B. **VOLATILES:** The blood and urine are examined for the presence of ethanol at a cutoff of 20-milligrams/deciliter. No ethanol is detected
 - C. **CYANIDE:** There is no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25-milligrams/liter
 - D. **URINE:** The urine is screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phenacyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay and none are detected

EXTERNAL EXAMINATION

The remains are received with clothing and personal effects as noted below. The body is that of a well-developed, well-nourished appearing, 65 1/2-inches, 131- pounds male whose appearance is consistent with an estimated age of forty to fifty years. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed and the temperature of the body is that of the refrigeration unit.

The scalp is covered with medium length, brown hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in fair condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

Tattoos (b)(6)
(b)(6)

Encircling the right ankle is a piece of green tape that is inscribed with
(b)(6)

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Off-white long white shirt
- White cloth pants
- Yellow t-shirt
- Red and blue "Nike" shorts
- Tan burlap bag
- Key chain with keys
- Watch
- Lighter
- Cigarettes
- 5000 Dinar banknote

MEDICAL INTERVENTION

There are no attached medical devices at the time of autopsy.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates an absence of acute skeletal trauma and metallic foreign bodies.

EVIDENCE OF INJURY

A 1 ½-inch purple contused-abrasion is on the area of the left iliac crest and a 1 ½-inch purple contused-abrasion on the area of the right iliac crest

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1380-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 750-grams and 790-grams, respectively. The external surfaces are deep red-purple, with adhesions involving both lungs and the chest wall. The pulmonary parenchyma is markedly congested and firm with moderate anthracosis. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 350-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 75% narrowing of the left main coronary artery by atheromatous plaque, 90% narrowing of the left anterior descending coronary artery by atheromatous plaque and no significant luminal narrowing of the left circumflex artery and the right coronary artery. There is early myocardium decomposition with focal myocardial scar in the inferior posterior left ventricle. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 10-millimeters and 5-millimeters thick, respectively. The endocardium is

smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. (See Cardiovascular Pathology consultation report)

LIVER & BILIARY SYSTEM:

The 1510-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 340-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is yellow-tan, with the usual lobular architecture and early decomposition changes. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices, grey medullae, and early decomposition changes. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weighed 180-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact urinary bladder wall. The bladder contains approximately 40-milliliters of dark yellow urine. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100-milliliters of pink fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MICROSCOPIC EXAMINATION

Cardiovascular System (As per cardiovascular Pathology consultation):

Histological sections of the myocardium show multifocal areas of acute myocardial infarction of the anterior, lateral and posterior left ventricle, with coagulative necrosis, contraction bands and interstitial acute inflammatory infiltrates consisting predominately of neutrophils. Multiple intramural platelet-rich thromboemboli are also present and associated with multiple foci of granulation tissue and well-healed scars.

Histologic sections of the left main coronary artery show 75% narrowing by calcified fibroatheroma with healed plaque erosion showing proteoglycan-rich neointimal thickening and overlying acute erosion with occlusive platelet rich thrombus.

Histologic sections of the left anterior descending artery (LAD) show 90% narrowing of the proximal LAD by healed erosion with proteoglycan-rich neointimal thickening and overlying acute erosion and occlusive platelet-rich thrombus

Histologic sections of the left circumflex artery (LCA) show a platelet rich thromboembolus in the proximal LCA, but no significant luminal narrowing.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers.
- Specimens retained for toxicology testing and/or DNA identification are: heart blood, urine, vitreous fluid, spleen, liver, lung, brain, bile, gastric contents, kidney, adipose, and psoas muscle.
- The dissected organs are forwarded with the body.
- Selected portions of organs are retained in formalin.
- Personal effects are released to the appropriate mortuary operations representatives.
- Identifying marks include: tattoos and scars

OPINION

This Iraqi male detainee died of an acute myocardial infarction. The autopsy disclosed evidence of severe atherosclerotic coronary artery disease, with changes of acute and remote infarcts present in the heart. The coronary arteries had focal severe atherosclerosis with an occlusive thrombosis extending from the left main coronary artery to the mid left anterior descending artery. Toxicology was negative for screened drugs of abuse, ethanol, and exposure to cyanide or carbon monoxide. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED: (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Qader, Tahseen, Abdal		GRADE Grade 	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance-Sécurité (b)(6)
ORGANIZATION Organisation 		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance 	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique		MARITAL STATUS État Civil SINGLE Célibataire		RELIGION Culte PROTESTANT Protestant		OTHER (Specify) Autre (Spécifier) <input checked="" type="checkbox"/>
NEGROID Négricide		MARRIED Marié		CATHOLIC Catholique		
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf		JEWISH Juif		

NAME OF NEXT OF KIN Nom du plus proche parent 		RELATIONSHIP TO DECEASED Parenté du décédé avec le su 	
STREET ADDRESS Domicile à (Rue) 		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris) 	

MEDICAL STATEMENT **Déclaration médicale**

CAUSE OF DEATH (Enter only one cause per line) Cause de décès (N'indiquer qu'une cause par ligne) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. 		
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives 		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES/Oui <input type="checkbox"/> NO/Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 19 September 2005
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES/Oui <input checked="" type="checkbox"/> NO/Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2005 (b)(6)	PLACE OF DEATH Lieu de décès Tal Afar Iraq
--	---

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
 J'ai examiné les restes mortuaires du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme Medical Examiner
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE (b)(6)
DATE Date 3 Jan 2006	

1. State disease, injury or complication which caused death
 2. State conditions contributing to the death, but not related
 3. Préciser la cause de la maladie, de la blessure ou de la complication qui a entraîné à la mort, mais n'a pas contribué à la mort, mais n'a pas contribué à la mort.

DD FORM 1 APR 77 2064

MEDCOM 0281

ACLU Detainee Death II ARMY MEDCOM 281

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-301-319-0000



AUTOPSY EXAMINATION REPORT

Name: BTB Hammed, Johar Nasir

Internment Serial Number (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2005

Date of Autopsy: 06 SEP 2005

Date of Report: 29 MAY 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian

Place of Death: Camp Anaconda, Iraq

Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This believed to be 65 year old Iraqi male civilian detainee died from an acute intracerebral hemorrhage that occurred on 29 AUG 2005, after being detained by American forces. According to the CID investigation of the decedent's death the decedent was detained in the early morning hours on 29 AUG 2005 and suffered some abrasions and contusions by offering moderate resistance during his apprehension. Upon arrival to the detention center at approximately 0730 hrs, the decedent was reported to be awake, alert and oriented. A detention center medical team evaluated the decedent approximately 3 hours after arrival and cleared him medically. At about noon the same day, the decedent entered a portable toilet under his own power and without difficulty. Upon exiting the toilet, the decedent was witnessed to stagger and appeared dis-oriented with slurring of his speech. The decedent was transported to the local medical facility for treatment of a suspected cerebrovascular accident (stroke). The decedent was diagnosed with an acute intracerebral bleed. The decedent was hospitalized for treatment and died on (b)(6) 06.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification is established by the internment serial number and accompanying records.

CAUSE OF DEATH: Acute Cerebrovascular Accident due to Amyloid Angiopathy

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

I. Acute Intracerebral Hemorrhage

A. Acute Intracerebral Hemorrhage

1. An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries.
2. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

II. Blunt Force Injuries

A. Injuries of the Head

1. A 9.4 x 3.8 cm abraded contusion of the right cheek
2. A 4.0 x 1.0 cm area of purple discoloration of the inferior aspect of the right eye socket, probable contusion
3. A 1.4 x 1.0 cm abrasion with laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa
4. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck, extends down to left side of thyroid cartilage
5. A 2.7 x 2.5 cm contusion of the lateral aspect of the right neck
6. An approximately 5.0 x 3.0 cm resolving subgaleal contusion (probable) of the left parietal scalp

B. Injuries of the Torso

1. Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm
2. A 2.0 x 1.5 cm contusion is on the medial left chest
3. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest
4. A 6.2 x 4.1 cm contusion is on the left buttock
5. A 1.5 x 1.0 cm contusion over the sternum, identified on dissection
6. A 2.2 x 1.2 cm contusion of the right chest wall, identified on dissection

C. Injuries of the Extremities

1. A 2.4 x 1.4 cm contusion of the right shoulder
2. A 6.0 x 4.0 cm contusion of the left upper arm, over the left biceps
3. A 3.0 x 1.5 cm contusion of the lateral left forearm
4. A 0.5 x 0.3 cm abrasion of the posterior left wrist
5. A 2.5 x 1.0 cm abrasion on the medial aspect of the right wrist
6. A 0.4 x 0.4 cm crusted abrasion of the left fourth finger
7. A 1.5 x 1.0 cm abrasion of the left knee
8. A 2.5 x 1.5 cm area of abraded callused skin of the left knee
9. A 7.0 x 2.0 cm contusion of the medial aspect of the left ankle
10. A 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle extending to the left foot
11. A 4.0 x 2.0 cm area of abraded skin on the medial aspect of the left foot
12. A 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe
13. A 0.7 x 0.7 cm laceration of the medial aspect of the right foot

III. Injuries Suggestive of Wrist Restraint

1. A 2.8 x 0.2 cm patterned linear abrasion of the right wrist that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion of the right wrist
2. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist that is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the anterior right wrist
3. A 1.8 x 0.2 cm abrasion of the medial right wrist
4. A 1.2 x 0.2 cm abrasion of the medial right wrist

IV. Evidence of Probable Medical Intervention

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist
5. Segment of bio-occlusive dressing on the anterior left wrist

V. Other Autopsy Findings

1. Cardiomegaly (480 grams) with bilateral ventricular dilation
2. Mild atherosclerosis (25% stenosis) of the right coronary artery and minimal abdominal aortic atherosclerosis
3. Bilateral pulmonary edema
4. Liver hemangioma (2.0 x 1.5 cm)
5. Splenomegaly (1120 grams)
6. Renal cortical cyst (3.2 cm in diameter) and granular renal cortical surfaces
7. Moderate to severe trabeculation of the urinary bladder with diverticuli formation
8. Multiple prostatic concretions

VI. Identifying Marks

1. A 4.0 x 0.3 cm horizontal scar of the left costal margin
2. A 2.1 x 1.0 cm seborrheic keratosis of the back
3. A 1.0 x 1.0 cm callus of the anterior surface of the right foot
4. Black ink writing on (b)(6)

- VII. Toxicology is negative for ethanol, cyanide and screened drugs of abuse. The blood contains 0.22 mg/L of morphine and 2% carboxyhemoglobin (normal for non-smokers 0-3% and smokers 3-10%)**

EXTERNAL EXAMINATION

The body is received wrapped in a white bed sheet and is that of a well-developed appearing 70 inch long, 161 pounds Iraqi National male whose appearance is consistent with the reported age of 65 years. Lividity is fixed along the left side of the body and posterior surface. Rigor is easily broken in the extremities.

The scalp is covered with gray with admixed black hair in a normal distribution with male patterned baldness. The medial conjunctiva of each eye is moderately edematous and slightly yellow. The irides are brown and the pupils are round and equal in diameter (6 mm). The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent. The frenula of the lips are intact. The nose and maxillae are palpably stable. The facial hair consists of a gray and black mustache and a gray stubble beard. The teeth appear natural and in fair repair.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There are several contusions of the chest described below. The abdomen is flat and free of any gross injuries. The genitalia are those of a circumcised, normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Injuries of the extremities are described below.

CLOTHING AND PERSONAL EFFECTS

The body is received for examination without clothing or personal effects

MEDICAL INTERVENTION

The following findings represent possible prior intravascular access sites:

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist

5. A segment of bio-occlusive dressing on the anterior left wrist

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates neither acute or remote fractures nor any foreign bodies.

EVIDENCE OF INJURY

Blunt Force Trauma Injuries

Injuries of the Head:

A 9.4 x 3.8 cm abraded contusion is on the right cheek, immediately in front of the right ear. A 4.0 x 1.0 cm area of purple discoloration is along the inferior aspect of the right eye socket, representing a probable contusion. There is a 1.4 x 1.0 cm abrasion with a laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa. This area is most likely secondary to blunt trauma, although the possibility of this injury being secondary to endotracheal intubation cannot be excluded. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck extends down to left side of thyroid cartilage. A 2.7 x 2.5 cm contusion is on the lateral aspect of the right neck. On the subgaleal membranes of the left parietal scalp is an approximately 5.0 x 3.0 cm area of a probable resolving contusion.

Injuries of the Torso:

Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm. A 1.5 x 1.0 cm contusion is over the sternum and a 2.0 x 1.5 cm contusion is on the medial left chest. A 2.2 x 1.2 cm contusion of the right chest wall is revealed on examination of the intercostal muscles. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest and a 6.2 x 4.1 cm contusion is on the left buttock.

Injuries of the Extremities:

A 2.4 x 1.4 cm contusion is on the right shoulder and a 6.0 x 4.0 cm contusion is on the left upper arm, over the left biceps muscle. A 3.0 x 1.5 cm contusion is on the lateral left forearm and there is a 0.5 x 0.3 cm abrasion of the posterior left wrist. A 0.4 x 0.4 cm crusted abrasion is on the left fourth finger. On the medial aspect of the right wrist is a 2.5 x 1.0 cm abrasion. On the left knee are a 1.5 x 1.0 cm abrasion of the left knee and a 2.5 x 1.5 cm area of abraded callused skin of the left knee. The left ankle and foot have a 7.0 x 2.0 cm contusion on the medial aspect of the left ankle, a 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle that extends the left foot, a 4.0 x 2.0 cm area of abraded skin is on the medial aspect of the left foot and a 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe. A 0.7 x 0.7 cm laceration is on the medial aspect of the right foot.

Injuries Suggestive of Wrist Restraint:

On the posterior surface of the right wrist is a 2.8 x 0.2 cm patterned linear abrasion that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the

anterior right wrist. On the medial aspect of the right wrist are a 1.8 x 0.2 cm abrasion and a 1.2 x 0.2 cm abrasion.

INTERNAL EXAMINATION

HEAD:

The calvarium is intact, as is the dura mater beneath it. Bloody cerebrospinal fluid surrounds the 1420 gm brain. There are no skull fractures. The atlanto-occipital joint is stable.

An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

NECK:

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 990 and 930 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately to severely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 490 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show mild (25% stenosis) atherosclerosis of the right coronary artery. The left coronary artery and its branches are free of atherosclerosis. The myocardium is homogenous, red-brown, and soft. The left ventricle is grossly dilated. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.2-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1930 gm liver is enlarged and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. A 2.0 x 1.5 cm area of the inferior portion of the right lobe of the liver is consistent with a hemangioma. The gallbladder contains a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 1120 gm spleen is massively enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There are no masses within the parenchyma.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 130 and 160 gm, respectively. The external surface of the right kidney is intact and smooth. The left kidney contains a 3.2 cm diameter simple cyst. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. A white bladder mucosal overlies a severely trabeculated bladder wall that has several diverticuli. The bladder contains a scant amount of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma and multiple concretions. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 80-90 ml of cloudy white liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, lung, kidney, liver, bile, gastric contents, adipose and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

CONSULTATIONS

Neuropathology Consultation (Department of Neuropathology, AFIP, Washington D.C.):

This case was reviewed in conference on 12 Apr 06.

We examined the 1365-gram formalin-fixed brain submitted in reference to this case. The brainstem and cerebellum have been artifactually displaced superiorly between the occipital lobes during fixation. Subdural hemorrhage is delicately attached to the dura near the occiput; however, membrane formation is not noted. Patchy subarachnoid hemorrhage is identified over both cerebral hemispheres, left greater than right. The leptomeninges of the interpeduncular cistern, brain stem, and cerebellum are free of hemorrhage. A 5.5 x 4.0 cm, hemorrhagic defect is present in the inferior surface of the right temporal-occipital lobes. Cerebral cortical contusions are not seen. The remainder of the cerebral cortex has an unremarkable gyral pattern. The cranial nerve stumps identified are unremarkable. The circle of Willis is dissected from the brain and shows an adult pattern without aneurysms, atherosclerosis, or sites of occlusion. There is mild displacement of the right cingulate gyrus to the left, but definite herniation is not identified. There is no evidence of uncal or tonsillar herniation. The brain stem and cerebellum are normal in size, shape, and consistency. Coronal sections of the cerebrum confirm the presence of the temporal-occipital lobe hemorrhage, which extends up to 3.0 cm into the white matter and periventricular region. Focal intraventricular extension is noted. Otherwise, the ventricular system is of normal size and shape. No other abnormalities are noted in the cerebral cortex, white matter, and deep gray matter nuclei. The substantia nigra and locus ceruleus are normally pigmented for age. The cerebral aqueduct is patent and free of blood. Transverse sections of the brain stem and cerebellum show no abnormalities. The fourth ventricle has the usual size and is free of blood. The spinal cord is not available for examination.

Summary of microscopic sections: 1. Left superior and middle frontal gyri. 2. Left inferior parietal lobule. 3. Left superior and middle temporal gyri. 4. Left cingulate gyrus. 5. Left hippocampus. 6. Left caudate and putamen. 7. Left putamen and globus pallidus. 8. Left thalamus. 9. Midbrain (right inked black). 10. Pons (right inked black). 11. Medulla (right inked black). 12. Left cerebellum. 13. Cervico-medullary junction (right inked black). 14. Right uncus. 15. Right inferior parietal lobule. 16. Right inferior parietal lobule. 17. Dura with hemorrhage. 18-20. Right inferior parietal lobule.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with an iron stain, Halls and immunohistochemical methods for β -amyloid.

Microscopic sections show acute hemorrhage in sections of cerebral cortex and white matter with associated neutrophils and occasional macrophages. White matter rarefaction, hypereosinophilic neurons, white matter vacuolation, foci of necrosis, thickened vessels and scattered axonal spheroids are identified adjacent to the hemorrhage. Immunohistochemical staining for β -amyloid highlights amyloid deposition within vessel walls, consistent with

amyloid angiopathy. Acute subarachnoid hemorrhage is noted in several sections, confirming the findings described in the gross examination. Acute subdural hemorrhage without evidence of early organization or membrane formation is identified in the section of dura. The above features are consistent with an acute parenchymal hemorrhage most likely secondary to amyloid angiopathy with extension into the subarachnoid and subdural spaces. An associated acute infarct with accompanying edema is also present. Although the changes could be due to a hemorrhagic infarct with incidental amyloid angiopathy, the above interpretation is favored.

Sections of cerebral cortex also demonstrate numerous plaques, which are highlighted with immunohistochemical staining for β -amyloid. Sections of hippocampus exhibit scattered Hirano bodies and a few neurofibrillary tangles. These features represent non-specific neurodegenerative changes.

Multiple sections, including those from the basal ganglia, are remarkable for arteriosclerosis with associated perivascular hemosiderin-laden macrophages.

Diagnoses: Brain, autopsy: 1. Parenchymal hemorrhage, acute, right inferior temporal-occipital region, with associated acute infarction, subarachnoid hemorrhage and subdural hemorrhage.
2. Amyloid angiopathy.
3. Arteriosclerosis.
4. Non-specific neurodegenerative changes

Thank you for submitting this case for study.

Signed by (b)(6) on 12 APR 06.

MICROSCOPIC EXAMINATION

Selected portions of organs, other than the brain (noted above) are retained in formalin, without preparation of histologic slides.

OPINION

This BTB 65 year old Iraqi National male died as a result of an acute cerebrovascular accident that is due to amyloid angiopathy. Amyloid is a proteinaceous material that is produced by the body and can accumulate in the viscera and/or the blood vessels of the body and brain. In this particular case, the acute cerebral hemorrhage occurred in contemporary relationship to the decedent being detained by American forces. Review of investigative and medical records reveals that the decedent was awake and alert upon intake into the detainment facility. His blood pressure was mildly elevated (152/ 98 mmHg). It was documented he had blunt force trauma injuries consistent with being forcibly detained. At noon, approximately two hours after being medically evaluated and several hours after capture, the decedent was witnessed to stumble out of a port-a-john and then quickly became unresponsive. The decedent was determined to have an acute stroke, which was confirmed on

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

CT scan. The decedent survived in the medical treatment facility approximately (b)(6) before succumbing to the stroke. The mechanism for the stroke is presumed to be the transient increase in blood pressure within a diseased cerebral arteriole, during the process of elimination while the decedent was in the latrine. There is no definitive evidence the blunt force trauma sustained during the capture of the decedent precipitated the stroke, therefore the manner of death is natural. The morphine (narcotic analgesic) and carboxyhemoglobin present in the blood did not contribute to the death.

(b)(6)

(b)(6) **Medical Examiner**

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) BTB Hammed, Johar,	GRADE Grade	BRANCH OF SERVICE Armée Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation	NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> DIVORCED Divorcé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du défunt avec le suif	
STREET ADDRESS Domicile à (Rue)	CITY OR TOWN OR STATE (Include ZIP Code - Ville (Code postal compris))	

MEDICAL STATEMENT Déclaration médicale		
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort	Acute Cerebrovascular Accident due to Amyloid Angiopathy	Hours
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
	DATE Date 6 September 2005	

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès Balad Iraq
--	--

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
 J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)	TITLE OR DEGREE Titre ou diplôme Medical Examiner
---	--

GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
--------------------------	--

DATE Date	SIGNATURE Signature
--------------	------------------------

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
 2 State conditions contributing to the death, but not related to the disease or condition causing death.
 3 Precise the nature of the disease, of the injury or of the complication which contributed to the death, but not the manner of dying, such as 'an aneurysm of the heart', etc.
 4 Preciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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