



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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FINAL AUTOPSY REPORT

Name: (b)(6)-4
US Detainee #: (b)(6)-4
Date of Birth: 01 JAN 1929
Date of Death: 11 MAY 2004
Date of Autopsy: 18 MAY 2004
Date of Report: 18 JUN 2004

Autopsy No.: ME 04- 358
AFIP No.: 2929206
Rank: Iraqi National
Place of Death: Baghdad, Iraq
Place of Autopsy: LSA Anaconda
Mortuary, Balad Iraq

Circumstances of Death: This 75 year old male, an Iraqi National, was a detainee at the Central Baghdad Detainee Facility (Abu Ghraib). On 11 May 2004 he reportedly abruptly collapsed and became unconscious. Resuscitation was initiated and continued during transport to the facility hospital where he died. According to records provided by the investigative agency, (b)(6)-4 had a past medical history significant for diabetes mellitus, hypertension and previous myocardial infarction.

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

Identification: Presumptive identification accomplished by comparison to photographs and reports supplied by the investigative agency (b)(3)-1
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CAUSE OF DEATH: Severe Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

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FINAL AUTOPSY DIAGNOSES:

I. Severe Atherosclerotic Cardiovascular Disease

- a. **Right Coronary Artery: 95% to pinpoint stenosis**
- b. **Left Coronary Artery: 80% stenosis with concentric calcification**
- c. **Proximal Left Descending Coronary Artery: 90% stenosis**
- d. **Status Post Remote Posterior Left Septal Infarction**
- e. **Severe Aortic Atherosclerosis**

II. Aortic Aneurysm (8cm)

III. Cardiomegaly (810gm)

IV. Marked Nephrosclerosis

V. No external injuries noted

VI. Toxicology: negative for drugs of abuse and ethanol

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished 70-inch tall, 200 pounds (estimated) Caucasian male whose appearance is consistent with the reported age of 75 years. Lividity is fixed on the posterior aspect of the body and rigor has passed. The temperature of the deceased is cold, that of the refrigeration unit.

The scalp is covered with white hair and there is frontal and occipital balding. The irides are hazel, and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions or blood. The ears are unremarkable and they are not pierced. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The deceased is edentulous.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is mildly 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 evidence of clubbing, edema, and injuries. A well-circumscribed, ¼-inch verrucoid lesion is noted on the posterior-medial aspect of the mid right leg.

Tattoos are not present and scars are noted in the following locations:

- An oblique 1 ¾ x 1/16-inch well-healed scar is on the dorsal aspect of the left hand
- A vertical ¾ x ¼-inch well-healed scar is inferior to the left knee
- An ovoid ¼ x ½-inch well-healed scar is inferior to the right knee
- An oblique 1 x 1/8-inch well healed scar is on the anterior aspect of the left ankle

CLOTHING AND PERSONAL EFFECTS

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

- A long sleeved dark green shirt without a label
- Black briefs
- Additional items or personal effects are not present

MEDICAL INTERVENTION

Electrocardiogram monitor pads are affixed to the anterior aspect of the chest. Puncture marks consistent with intravenous devices are noted in the left antecubital fossa and right aspect of the groin.

EVIDENCE OF INJURY

None

INTERNAL EXAMINATIONHEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. The brain weighs 1500 gm and 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, and cerebellum are free of injury or other abnormalities. Mild atherosclerosis (20-30%) is noted in the basilar artery; otherwise the remainder of the arterial system is free of 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 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 are edematous and weigh 800 and 820 gm, respectively. There is prominent anthracotic pigment deposition on the pleura as well as throughout the lung parenchyma. The external surfaces are otherwise deep red-purple. The pulmonary parenchyma is diffusely congested and edematous and exudes edema fluid on cut sections. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

There is marked enlargement of the heart. The heart weighs 820 gm. 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 severe atherosclerosis. The proximal aspect of the left coronary artery show 80% calcific concentric stenosis; the proximal left anterior descending coronary artery shows 90% stenosis. The right coronary and circumflex arteries show 30-50% stenosis. The myocardium is red-brown and flaccid. The walls of the left and right ventricles measure 1.1 and 0.3-cm, respectively. Cut sections of the left ventricle show a 2 x 1 cm area of fibrosis on the posterior-septal left ventricular wall consistent with remote myocardial infarction. The valve leaflets are thin and mobile. The proximal aorta is involved by an

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8 cm aneurysm. Prominent calcific atherosclerosis of the abdominal aorta obscures the origins of the renal and mesenteric vessels.

LIVER & BILIARY SYSTEM:

The 1900 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 23 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 240 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 GLANDS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 gm, each. The external capsules are removed with great difficulty from the underlying granular, dusky, cortical surfaces of the kidneys. Both kidneys demonstrate scattered cortical cysts ranging in size from ½ to ¾ cm. The cut surfaces are tan-brown and congested with poor demarcation of the cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder is intact and empty. 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 mucosa. The stomach contains 400 ml of partially digested food including corn and beans. 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 (b)(6)-2 OAFME
- Attending the autopsy are SA (b)(6)-1 (b)(3)-1 (b)(3)-1
- Specimens retained for toxicologic testing and/or DNA identification are: brain, liver, spleen, psoas muscle, kidney, lung, vitreous fluid, blood, stomach contents, and bile
- The dissected organs are forwarded with body

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- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

AFIP Accession Number: (b)(6)-4 Dated 7 June 2004

Volatiles: Blood and Bile- No ethanol detected

Cyanide: Blood- no cyanide detected

Drugs: Blood- no drugs of abuse detected, positive for atropine (a resuscitation medication)

OPINION

This 75-year-old man, (b)(6)-4 and Iraqi National detained at the Baghdad Central Detention Facility died of severe atherosclerotic cardiovascular disease. His condition was complicated by marked cardiomegaly. The manner of death is Natural.