



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

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Date of Birth: Unknown  
Date/Time of Death: 20 Aug 2003

Date/Time of Autopsy: 22 Aug 2003  
Date of Report: 9 Oct 2003

Autopsy No.: 03-369  
AFIP No.: 2892220  
Rank: NA  
Place of Death: Abu Ghraib Prison,  
Iraq  
Place of Autopsy: Camp Sather, Iraq

**Circumstances of Death:** The decedent was a prisoner in Abu Ghraib prison in U.S. Custody. On or about 20 Aug 2003 he was noted to be pulseless and apneic. Cardiopulmonary resuscitation was unsuccessful. There was no prior complaint or trauma.

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

**Identification:** Tentative by Army Criminal Investigation Division (CID). Antemortem dental, fingerprint, and DNA profile not available.

**CAUSE OF DEATH:** Arteriosclerotic Cardiovascular Disease (ASCVD)

**MANNER OF DEATH:** Natural

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**FINAL AUTOPSY DIAGNOSES:**

- I. Mild-moderate three vessel coronary arteriosclerosis
  - A. Ischemic cardiomyopathy (450 grams)
  - B. Left ventricle hypertrophy (1.8 cm)
  - C. Pulmonary edema and congestion (combined weight 1900 grams)
  - D. Chronic passive congestion of the liver
  - E. Congestive splenomegaly (350 grams)
  
- II. Hemangioma of the liver
  
- III. Mild decomposition

**EXTERNAL EXAMINATION**

The body is that of a well-developed, well-nourished appearing, muscular 72 inch tall 160 pounds (estimated) male with an estimated age of 40 years. Lividity is posterior, purple, and fixed. Rigor is absent.

There is early postmortem decomposition indicated by corneal clouding and early skin slippage.

Identifying marks include a ½ inch circular scar on the anterior left forearm and a vertical 3-½ inch scar on the posterior right hand.

The scalp is covered with gray-black hair in a normal distribution. Corneal clouding obscures the irides and pupils. The external auditory canals are unremarkable. 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 repair.

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**

None.

**MEDICAL INTERVENTION**

No attached medical devices or artifacts of therapy.

**EVIDENCE OF INJURY**

None.

**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 1500 gm brain, which has unremarkable gyri and sulci and vascular congestion. 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,

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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 are edematous, congested and weigh 1000 and 900 gm, respectively. The external surfaces are smooth and deep red-purple. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 450 gm heart is globular in shape but 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 multifocal stenoses of the left anterior descending coronary artery. The right coronary artery has 50-75% multifocal stenoses of the proximal and mid segments. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.8 and 0.6-cm thick, respectively. The septum is hypertrophied measuring 2.0 cm in thickness. 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 1900 gm liver has an intact, smooth capsule with congested parenchyma. There is a 1 ¼ x 1 ½ inch subcapsular hemangioma. 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 350-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.

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**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 350 gm, each. 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 is devoid of 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 25 ml of yellow liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by (b)(6)-2
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, gastric contents, and psoas muscle
- The dissected organs are forwarded with body

**MICROSCOPIC EXAMINATION**

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

**TOXICOLOGIC ANALYSIS**

Toxicologic analysis of blood and vitreous fluid were negative for ethanol (alcohol) and illicit substances.

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**OPINION**

This Iraqi male prisoner of war died of arteriosclerotic cardiovascular disease. Significant findings of the autopsy included an enlarged heart and significant narrowing of one of the arteries supplying blood to the heart. The lungs, liver, and spleen were congested most likely due to inadequate pumping of the heart. An unrelated finding was a hemangioma (a benign blood vessel tumor) of the liver that did not contribute to death. There was no internal or external trauma.

The manner of death is natural.

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