

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

Name: [redacted]
SSAN [redacted]
Date of Birth: Unknown, appears to be 50+ yrs
Date of Death: 8 August 2003 @ 2038 hrs
Date of Autopsy: 24 August 2003
Date of report: 29 September 2003

Autopsy No: ME 03-386
AFIP No.: 2892217
Rank: n/a
Place of Death: Abu Ghurayb Prison, Iraq
Place of Autopsy: 54th QM Co,
Baghdad Intl Airport, Iraq

Circumstances of Death: Other prisoners brought the decedent forward to the prison gate complaining of chest pain. He reportedly participated in a fast that day. Medics responded within 5 minutes and began CPR because there was no pulse or blood pressure. A physician arrived 30 minutes after patient presentation and he began intravenous glucagon and D50 solution because of a history of diabetes (taking oral Glibenese) as reported by Dr. [redacted] a prisoner in the camp. By this time pupils were fixed and dilated, and the decedent remained pulseless throughout resuscitation attempts. No body temperature was recorded in the records available for review. The remains were ritually washed by prisoner Dr. [redacted] prior to transport to the mortuary.

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

Identification: Positive identification not established because antemortem exemplars are unavailable. Postmortem dental exam and x-rays, DNA specimen and fingerprints obtained for possible future reference.

CAUSE OF DEATH: Atherosclerotic cardiovascular disease complicated by diabetes

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease
 - 80% stenosis of the proximal left anterior descending coronary artery
 - Atheromatous aorta
- II. Diabetes
- III. Moderate decomposition
- IV. No evidence of trauma
- V. Toxicological examination (in mg/dL)

| | <u>Acetaldehyde</u> | <u>ethanol</u> | <u>acetone</u> | <u>1-propanol</u> |
|----------------|---|----------------|----------------|-------------------|
| • Cavity blood | 6 | 36 | Trace | Trace |
| • Bile | | 39 | Trace | Trace |
| • Cavity blood | positive for lidocaine (drug used in resuscitation attempts.) | | | |

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing 68 inch tall, 200 pounds (estimated), Middle Eastern male whose appearance is an estimated 50 plus years; date of birth is unknown. Decomposition is moderate, consisting of skin slippage, marbling, bloating, bloody purge, foul odor and green discoloration of the torso. Lividity is inapparent. Rigor is passed, and the temperature is cold.

The scalp is covered with black straight hair in a normal distribution, and the face has a full beard and mustache. The iris color is difficult to ascertain because of corneal clouding, but appeared to be brown, and the pupils are round and equal in diameter. The external auditory canals are free of blood or abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxilla are palpably stable. The teeth appear natural and in poor repair.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant, but decompresses following the initial incision. 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:

- None, the body is unclad.

MEDICAL INTERVENTION

- None.

RADIOGRAPHS

X-rays are unavailable at this location.

EVIDENCE OF INJURY

No injuries are seen following a complete postmortem examination.

INTERNAL EXAMINATION**HEAD:**

The entire brain was too decomposed for adequate examination, being in a semi-liquid state. 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. There is no soot staining of the larynx or the trachea.

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 pericardial or peritoneal cavities. There is 100 mL of decomposition fluid in each hemithorax. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 320 gm and 250 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 250 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 80% stenosis of the proximal left anterior descending coronary artery. The myocardium is homogenous, red-brown, and soft. The valve leaflets are thin and mobile. The wall thickness of the left and right ventricles are not measured due to decompositional changes. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and has significant involvement with atheromatous plaques throughout its length, significantly worse in the distal abdominal aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1240 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with a slight yellow discoloration, 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 90 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and diffuent, without discernible Malpighian corpuscles.

PANCREAS:

The pancreas is autolyzed 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 autolyzed grey medullae. No masses or areas of hemorrhage are identified.

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GENITOURINARY SYSTEM:

The right and left kidneys weigh 70 gm and 90 gm, respectively. The external surfaces are intact and granular, with a pigskin texture. There are multiple small cysts in each 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 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 only scant, pasty, grey material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and there are cecal adhesions.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer MSgt (b)(6)-2
- No trace evidence is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: cavity blood, liver, spleen, semiliquid brain, bile, and psoas muscles.
- The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

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

OPINION

This Middle Eastern male, (b)(6)-4 died as a result of atherosclerotic cardiovascular disease complicated by diabetes. The manner of death is natural.

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Colonel, Medical Corps, US Army
Regional Medical Examiner
Armed Forces Medical Examiner System