



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:
SSAN:
Date of Birth: Unk
Date Found: 04 NOV 2003
Date of Autopsy: 09 NOV 2003
Date of Report: 09 JAN 2004

Autopsy No.: ME 03-504
AFIP No.: 2903283
Rank: CIV, Iraqi National
Place of Death: near Baghdad, Iraq
Place of Autopsy: Mortuary
Affairs, Camp Sayther, Baghdad
International Airport

Circumstances of Death: This Iraqi National male was captured by Navy Seal Team #7 and died while detained at Abu Ghraib Prison in Iraq.

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

Identification: Visual Identification as per Investigating Agency

CAUSE OF DEATH: Blunt Force Injuries Complicated by Compromised Respiration

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:**I. Blunt Forces Injuries:****A. Head:**

- i. Right periorbital contusion and subconjunctival hemorrhage
- ii. Contusions of the right side of the face and nose
- iii. Parietal subgaleal and temporalis muscle contusions
- iv. Lower lip and buccal mucosa contusions

B. Torso:

- i. Multiple cutaneous contusions and abrasions
- ii. Anterior and posterior chest wall contusions
- iii. Sternal contusion
- iv. Fractures of right anterior ribs 5&6 and left anterior ribs 3-6
- v. Left lung contusion

C. Extremities:

- i. Multiple cutaneous abrasions and contusions

II. Ligature marks of the wrists and ankles**III. Remote Gunshot Wound of Torso (projectile removed from spleen)****IV. No significant natural diseases identified, within limitations of examination****V. Toxicology: negative**

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished 5ft 10-inch tall, 165-pound (estimated) Caucasian male. Lividity is fixed on the posterior aspect of the body. Rigor is present and symmetric on all extremities. The temperature is cold, that of the refrigeration unit.

The scalp is covered with brown hair with temporal graying and frontal balding. Facial hair consists of a close trimmed brown and grey beard and mustache. The irides are brown and the pupils are round and equal in diameter. Petechial hemorrhages of the sclera are not present. The external auditory canals are free of secretions and blood. The ears are unremarkable. The nares are patent. Injuries to the face will be described below in the "evidence of injury section". The nose and maxillae are palpably stable. The teeth are natural. Petechiae of the buccal mucosa are not present.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. There is a well-healed 2 x ¼-inch oblique scar on the left lower quadrant of the abdomen. There is a jagged irregular well-healed 6 x 2-inch horizontal scar extending from the lower left quadrant of the abdomen across the anterior lateral aspect of the left thigh. 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. Ano-genital trauma is not present and the buttocks and anus are otherwise unremarkable

On the posterior torso there is a well-healed vertical 3 x ¼-inch scar in the midline over the thoracic spine. There is a 3 x 2-inch vertical scar in the midline of the lumbar spine. A well-healed 3-x ¼-inch irregularly shaped scar is on the left lower back. A vertical ¾ x ¼-inch scar is on the upper aspect of the right buttock. A 1 x ¼-inch vertical scar is present on the left buttock. There is an oblique 3 x ¼-inch scar on the lower aspect of the left buttock. Injuries to the torso will be described below in the "evidence of injuries" section.

The upper and lower extremities are symmetric without clubbing or edema. Injuries to the palms of the hands and soles of the feet are not noted. There is a vertical 6 x ¼-inch scar on the medial aspect of the distal left thigh, which extends to the upper left leg. On the dorsum of the right foot is a 1x ½-inch scar. On the dorsal aspect of the left foot is a 1x ½-inch scar. Injuries to the extremities will be described below in the "evidence of injury section".

CLOTHING AND PERSONAL EFFECTS

The deceased in unclad and personal effects are not present with body at the time of autopsy.

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MEDICAL INTERVENTION

None.

RADIOGRAPHS

Postmortem radiographs are obtained and support the clinical diagnoses.

EVIDENCE OF INJURY**I. BLUNT FORCE INJURIES:****A. Head and Neck:**

Externally, a circumferential periorbital contusion surrounds the right eye with associated subconjunctival hemorrhage of the eyeball. A 1 ¼ x ¾-inch contusion is on the right side of the face, lateral to right eye. There is a ¾ x ¼-inch contusion on the left side of the nose, immediately adjacent to the left medial canthus. A ¼ x ¼-inch round contusion is on the right lower lip. There is a 1 x ½-inch contusion on the buccal mucosa of the lower lip. Reflection of the scalp reveals bilateral subgaleal hemorrhages of the parietal scalp with contusions of the right and left temporalis muscles. Injury to the skull is not identified. The brain and spinal cord are without injury. Incision and layerwise dissection of the anterior and posterior neck demonstrates no injury of the anterior neck and deep paracervical muscular tissues and no cervical spine fractures.

B. Torso:

On the upper lateral aspect of the left side of the chest is a 5 x 2-inch contusion. On the upper quadrant of the left side of the abdomen is an oblique 5 x 1-inch contusion. Just inferior to this contusion is an oval 3 x 2-inch contusion. On the posterior lateral aspect of the left buttock is a 3 x 1-inch linear contusion. On the mid aspect of the left buttock is an oval 3 x 2-inch contusion.

Internally, there are contusions of the muscles of the upper right and left chest walls. Posteriorly, there are muscle contusions of the right upper back. There are fractures of left anterior ribs three through six and right anterior ribs five and six. There are contusions over the mid aspect of the sternum. The left lung is involved by a 5 x 3-cm contusion of the anterior aspect of the upper lobe of the left lung.

C. Extremities:

On the posterior aspect of the right forearm is a linear 6 x 2-inch contusion with a 3 x ¼-inch abrasion in its center. On the dorsum of the right hand is a 3 x 2-inch contusion and smaller contusions overlay the dorsal aspect of the second and third right digits. On the anterior aspect of the left upper arm is a ¾ x ¾-inch contusion. This contusion is continuous with the previously described injury on the lateral aspect of the upper left chest. There is a 2 x 1-inch contusion on the medial aspect of the left elbow. On the posterior aspect of the left elbow is a 2 x 2-inch contusion. There are contusions

overlying the dorsum of the left hand centered over the fourth and fifth metacarpal joints. On the anterior aspect of the right thigh are three linear horizontal contusions. The most proximal contusion measures 3 x ½-inches. Immediately inferior to this is a 2 ½ x ½-inch contusion and the most inferior contusion, located at the mid anterior thigh, measures 4 x ½-inches. A vertical 6 x 3-inch contusion is located on the anterior-lateral aspect of the mid right thigh. A 4 x 3-inch contused-abrasion overlies the anterior aspect of the right knee. On the anterior mid left thigh is a 1 ½ x 1-inch contusion. The left knee is covered by a 3 x 1-inch vertical contused-abrasion. On the anterior aspect of the left leg is a 7 x 2 ½-inch irregularly shaped contusion. On the posterior aspect of the distal left thigh, in the midline, is a 2 x 2-inch oval contusion. On the dorsal aspect of the left foot are ½-inch oval contusions overlying the second, third, fourth, and fifth metacarpelphalangeal joints.

II. LIGATURE INJURIES:

The wrists and ankles show evidence of binding ligature injuries. On the anterior aspect of the right wrist is a 2 x ¼-inch linear horizontal contusion and on the back of the right wrist is 2 x ¼-inch linear horizontal contusion. Cut sections into these wounds show hemorrhage into the superficial subcutaneous tissue. On the front of the left wrist on the lateral aspect is a 1 x ¾-inch contusion, extending to the left thumb. On the back of the left wrist is a 2 ¼ x ½-inch contusion, which extends across the diameter of the wrist. Cut sections into these wrist wounds show hemorrhage into the superficial aspects of the subcutaneous tissue. On the lateral aspect of the anterior right ankle is a 3 x 3-inch contused-abrasion and on the posterior-lateral aspect of the right ankle is a 2 x 1-inch contused-abrasion. On the anterior aspect of the left ankle is 3 ½ x 1-inch linear contusion extending from the lateral to mid aspect of the left ankle. Incision into these ankle wounds show hemorrhage into the superficial subcutaneous tissue.

III. REMOTE GUNSHOT WOUND OF THE TORSO:

Dissection of the spleen reveals a minimally deformed medium caliber jacketed projectile within the splenic parenchyma. The projectile is surrounded by dense fibrous tissue.

INTERNAL EXAMINATION

HEAD:

Injuries to the subgaleal soft tissues of the scalp have been described. The remainder of the galeal and subgaleal soft tissues are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 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

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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:

Injuries to the chest have been described. The 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:

Injury to the left lung has been described. The right and left lungs weigh 650 and 485 gms, respectively. The uninjured 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 425 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 no significant atherosclerosis. There is 30% stenosis of the proximal left anterior descending coronary artery. Otherwise, the remaining 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 1.4 and 0.4-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 1500 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 10 cc of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

Recovery of a remote projectile has been discussed. The 130 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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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 yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 115 and 120 gms, 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 300 cc of 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 200 cc of dark brown partially digested food. 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 Sgt. [b)(6)-2] OAFME
- Attending the autopsy is Special Agent [b)(6)-1] Army CID.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, liver, lung, brain, bile, gastric, 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.

TOXICOLOGY

AFIP Accession # 035228, dated 24 Nov 2003

Volatiles: Blood-negative for ethanol

Cyanide: Blood- negative

Drugs of abuse: Blood-negative

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OPINION

(b)(6)-4, an Iraqi National, died while detained at the Abu Ghraib prison where he was held for interrogations by government agencies. According to an investigative report, Mr. (b)(6)-4 was captured by Navy Seal team #7 and resisted apprehension. External injuries are consistent with injuries sustained during apprehension. Ligature injuries are present on the wrists and ankles. Fractures of the ribs and a contusion of the left lung imply significant blunt force injuries of the thorax and likely resulted in impaired respiration. According to investigating agents, interviews taken from individuals present at the prison during the interrogation indicate that a hood made of synthetic material was placed over the head and neck of the detainee. This likely resulted in further compromise of effective respiration. Mr. (b)(6)-4 was not under the influence of drugs of abuse or ethanol at the time of death. The cause of death is blunt force injuries of the torso complicated by compromised respiration. The manner of death is homicide.

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CDR MC USN (FS)
Deputy Armed Forces
Medical Examiner



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AUTOPSY EXAMINATION REPORT

Name:
SSAN:
Date of Birth: 1947
Date/Time of Death: 26 Nov 2003
Date/Time of Autopsy: 2 Dec 2003

Autopsy No.: ME03-571
AFIP No.: 2901039
Rank:
Place of Death: Al Qaim, Iraq
Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Date of Report: 18 Dec 2003

Circumstances of Death: This Iraqi died while in U.S. custody. The details surrounding the circumstances at the time of death are classified.

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

Identification: Visual by 3rd Armored Cavalry Regiment, postmortem fingerprint and DNA obtained

CAUSE OF DEATH: Asphyxia due to smothering and chest compression

MANNER OF DEATH: Homicide

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FINAL AUTOPSY DIAGNOSES:

- I. History of smothering and chest and abdominal compression
- II. Blunt force trauma
 - A. Contusions and abrasions of the skin and soft tissue of the chest and abdomen with patterned contusions
 - 1. Fractures of left ribs 3-7
 - B. Extensive contusions and abrasions of the extremities with patterned contusions
 - C. Minor contusion of the scalp
- III. Cardiomyopathy (650 grams)
 - A. Left ventricle hypertrophy (1.7cm)
 - 1. Myocyte hypertrophy and interstitial and perivascular fibrosis
 - B. Mild atherosclerosis of the aorta
 - C. Pulmonary edema (combined weight = 1350 grams)
- IV. Status post cholecystectomy
 - A. Perihepatic and pericolonic adhesions
- V. Hepatic steatosis (fatty change), microscopic
- VI. Hepatitis B positive (DNA)
- VII. Pleural and pulmonary adhesions
- VIII. Perisplenic adhesions
- IX. Nodular prostate
- X. Early decomposition
- XI. No displaced fractures or radiopaque projectiles on radiographs
- XII. Toxicology negative

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, obese, 71 1/2 inch tall, 250 pounds minimum (estimated) male whose appearance is consistent with the reported age of 56 years. Lividity is posterior and purple. There is facial suffusion and congestion of the conjunctival vessels but no petechiae of the eyes, face, or oral mucosa. Rigor is not apparent. There is early decomposition consisting of vascular marbling of the anterior chest.

The scalp is covered with gray-brown hair measuring 1 3/4 inch in length and in a normal distribution. There is a brown beard and mustache. The irides are brown and slightly obscured by corneal clouding. The ears and external auditory canals are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate in repair. There are no injuries of the oral cavity.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant. 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 developmentally unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Flexicuff wrist ties encircle each wrist but there are no associated abrasions or contusions.

Identifying marks and scars include an oblique 8 x 1/4 inch scar and 2 adjacent oblique scars measuring 3/4 x 1/2 inch each on the right upper quadrant of the abdomen (cholecystectomy). On the skin of the right patella is a 1 1/4 inch linear scar and on the skin of the left patella is a 1 1/4 inch linear scar. On the posterior right shoulder and arm are a 4 x 2 inch scar, a 1 1/2 x 1 1/2 inch scar, a 2 3/4 inch linear scar, a 3 1/2 inch linear scar, and a 1 x 1/4 inch scar.

Encircling the right wrist is a white plastic identification band with "3 ACR 76".

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body at the time of autopsy:

- Long black shirt
- White undershirt
- Tan boxer style underpants

MEDICAL INTERVENTION

- Intravenous puncture marks in the right groin and right antecubital fossa
- A 1 1/2 x 7/8 inch dried orange abrasion overlying the sternum (CPR artifact)

RADIOGRAPHS

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

- No displaced fractures
- No radiopaque foreign objects (bullets or shrapnel)

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. All wound pathways are given relative to standard anatomic position.

DESCRIPTION OF BLUNT FORCE INJURIES:**Head and Neck:**

On the right parieto-occipital scalp is a 1 ½ x 1 ¼ inch purple contusion without fracture of the underlying skull. There is a ½ x ¼ inch area of discoloration of the superior belly of the right omohyoid muscle without injury of the remaining anterior strap muscles. Dissection of the posterior neck and spinal cord is free of injury.

Chest and Abdomen:

On the anterior right side of the chest superior to the nipple is a 5 x 1 ¾ inch crescentic purple contusion and on the left side of the anterior chest is a 2 ¾ x 1 ¼ inch purple contusion. On the midline of the anterior abdominal wall are a 5 x 3 ½ inch purple contusion, a triangular 5 ½ x 2 inch purple contusion, and a triangular 6 ½ x 2 inch purple contusion. On the left lower quadrant of the abdomen is a 4 x 3 ¼ inch purple contusion. Adjacent to and admixed with the above contusions are numerous circular to ovoid red-purple contusions ranging from ¼ to ½ inch. On the midline of the upper back is a 3 ¾ x 2 inch purple contusion. On the left costovertebral angle is a 7 ½ x 3 inch purple contusion. On the postero-lateral left rib cage is a faint 6 x 3 ½ inch purple contusion. On the right costovertebral angle and lower back are a 4 ½ x 2 inch purple contusion and a 7 ¾ x 1 ½ inch purple contusion.

Injuries within the chest include non-displaced fractures of the anterior aspect of the 5th-7th ribs on the left side and 3rd-6th ribs on the postero-lateral left side. Dissection of the parietal pleura from the rib cage reveals hemorrhage surrounding these fractures. There are no injuries of the lungs or remaining organs of the chest and abdominal cavities. Dissection of the skin of the back reveals scattered ¼ - ½ inch purple contusions of the soft tissue.

Pelvis and Buttocks:

On the right buttock and extending onto the anterior right hip is an irregularly shaped 13 ½ x 8 inch dark purple contusion with hemorrhage of the underlying subcutaneous tissue but without contusion or fracture of the underlying musculoskeletal system. Adjacent to this contusion is a patterned contusion consisting of two parallel oblique purple contusions measuring 3 ¾ x 1 inch and 4 x 1 ¾ inch with a ½ inch area of clearing between these contusions. On the left buttock and extending onto the posterior thigh are

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an irregularly shaped 7 ½ x 4 ¾ inch purple contusion and two oblique parallel purple contusions measuring 5 ½ inches and 6 ½ inches.

Lower Extremities:

On the anterior right thigh is an oblique 9 x 6 inch red-purple contusion. On the mid anterior right thigh are two parallel purple contusions occupying an area 6 x 3 inches with a 3/8-1/2 inch area of central clearing. Adjacent to these contusions are multiple pinpoint red abrasions. On the skin overlying the right patella is a 2 ½ x 1 ½ inch purple contusion. On the right anterior shin is a 4 x 3 inch purple contusion. On the skin overlying the right lateral malleolus is a 5 ½ x 2 ¼ inch purple contusion and on the skin overlying the right medial malleolus is an 8 ¼ x 4 inch purple contusion. On the plantar surface of the right foot is a 2 x 1 ¼ inch purple contusion. In the right popliteal fossa is a 4 x 4 ½ inch purple contusion.

On the left inguinal area is a 1 ½ x 2 ¼ inch purple contusion. On the anterior left thigh are 2 purple contusions measuring 4 ¼ x 3 ½ inches and ¾ x ½ inch, respectively. On the anterior and lateral left thigh is a patterned contusion consisting of three parallel oblique purple contusions occupying an area 6 x 4 inches with ½ inch areas of clearing between contusions. On the skin overlying the left patella and anterior shin is a patterned contusion consisting of two parallel, horizontal purple contusions occupying an area 6 x 4 inches with ½ inch area of clearing between contusions. On the anterior left shin is a patterned contusion occupying an area 6 x 4 ¾ inches and consisting of an irregularly shaped contusion within which are two parallel purple contusions with a 3/16 inch area of clearing. On the medial left shin is a ¾ inch purple contusion. On the skin overlying the left medial malleolus is a 3 x 2 inch purple contusion. On the posterior left thigh is a 5 x 5 ½ inch purple contusion. On the left calf is an oblique 10 x 2 ¾ inch purple contusion with a ½ inch area of central clearing.

Upper Extremities:

On the anterior and posterior left arm, elbow, and forearm is a 13 ½ x 9 ¼ inch area of diffuse purple contusion without an apparent pattern. There is no injury of the underlying bones. On the anterior left shoulder is a 2 ¾ x 1 ¼ inch purple contusion. On the anterior right shoulder is a 3 ½ x ¾ inch purple contusion. On the posterior right arm is a 2 ½ x 2 inch purple contusion. On the posterior right elbow is a 10 x 9 inch purple contusion without injury of the underlying bones. There is no significant injury of either hand or wrist.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp have the noted minor contusion. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1250 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive

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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. There is a focal area of discoloration of the superior belly of the right omohyoid muscle. 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 or ligament injury. Sections of the cervical spinal cord are unremarkable.

BODY CAVITIES:

There are the noted rib fractures. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions with surgical absence of the gallbladder and perihepatic adhesions. There are bilateral fibrous pleural, perisplenic, and pericolonic adhesions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 650 and 700 gm, respectively. The external surfaces are deep red-purple and have the noted adhesions. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 650 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with extensive fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.7 and 0.6-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 1900 gm liver has an intact 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 is surgically absent.

SPLEEN:

The 275 gm spleen has the noted perisplenic adhesions. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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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 but autolysed. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 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 empty. The prostate is normal in size, with lobular, yellow-tan parenchyma and nodular. 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 30 ml of brown 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 TSGT (b)(6)-2
- Special Agent (b)(6)-1 of Army Criminal Investigative Division (CID) attended the autopsy
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, lung, kidney, brain, gastric, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

Heart: Sections show mild – moderate myocyte hypertrophy, perivascular and interstitial fibrosis, and fatty infiltration of the right ventricle. Postmortem overgrowth of bacteria without an inflammatory response is noted.

Lungs: Sections show intra-alveolar edema fluid, perivascular anthracosis, congestion, and postmortem overgrowth of bacteria without an inflammatory response. No polarizable foreign material is identified.

Kidney: Section shows vascular congestion and autolysis. No polarizable foreign material is identified.

Liver: Sections show moderate predominantly macrovesicular steatosis, mild periportal fibrosis, and no significant inflammation.

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Brain: Section shows no significant pathologic abnormality.

Right omohyoid muscle: Section shows no significant pathologic abnormality.

Contusion of the right buttock: Sections shows extravasation of erythrocytes without a significant inflammatory response and no significant hemosiderin deposition by H and E stain.

SEROLOGY

Postmortem serologic testing for antibodies to human immunodeficiency virus (HIV) and hepatitis C virus were non-reactive (negative).

Spleen was positive for hepatitis B DNA by PCR.

TOXICOLOGY

Toxicologic analysis of blood and liver was negative for carbon monoxide, cyanide, ethanol (alcohol), and illicit substances (drugs).

OPINION

This 56 year-old Iraqi detainee died of asphyxia due to smothering and chest compression. Significant findings of the autopsy included rib fractures and numerous contusions (bruises), some of which were patterned due to impacts with a blunt object(s). Another finding of the autopsy was an enlarged heart, the etiology of which is uncertain. Other findings included a fatty liver, which can be seen most commonly with obesity or alcohol abuse. The spleen was positive for hepatitis B DNA by polymerase chain reaction (PCR). There were scars in the chest cavity most likely due to an old infection. Scars were noted in the abdominal cavity due to prior surgical removal of the gallbladder.

Although an enlarged heart may result in sudden death, the history surrounding the death along with patterned contusions and broken ribs support a traumatic cause of death and therefore the manner of death is best classified as homicide.

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MAJ, MC, USA
Deputy Medical Examiner