



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: (b)(6)-4
SSAN: [REDACTED]
Autopsy No.: ME04-12
AFIP No.: 2909183
Date of Birth: 1 JAN 1941
Rank: Status Unknown
Date of Death: 8 JAN 2004
Place of Death: Abu Ghraib, Iraq
Date of Autopsy: 11 JAN 2004
Place of Autopsy: BIAP Mortuary,
Date of Report: 18 FEB 2004
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 154111CI

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

MANNER OF DEATH: Natural

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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**

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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.

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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.

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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 PH3 Lolita Lewis, 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 ME04-12

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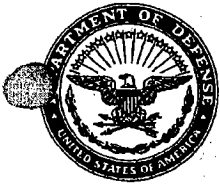
OPINION

This 63-year-old male, (b)(6)-4, 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.

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CDR, MC, USN
Chief Deputy Medical Examiner

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

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

2909183

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Name

(b)(6)-4

SSAN:

Autopsy: ME04-012

Toxicology Accession #: 040164

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: 1/8/2004

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.

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[Redacted Signature]

Certifying Scientist, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

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[Redacted Signature]

PhD, DABFT

Director, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner