



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**PRELIMINARY AUTOPSY REPORT**

Name: (b)(6)-4	Autopsy No.: ME04-386
Prisoner (b)(6)-4	AFIP No.: Pending
Date of Birth: BTB 1940	Rank: CIV
Date of Death: BTB 23 May 2004	Place of Death: Abu Ghraib Prison
Date of Autopsy: 1 June 2004	Place of Autopsy: BIAP Morgue
Date of Report: 1 June 2004	

**Circumstances of Death:** This male died while in US custody in Abu Ghraib prison.

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

**Identification:** BTB, DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

**These findings are preliminary, and subject to modification pending further investigation and laboratory testing.**

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EX 5

**AUTOPSY REPORT ME04-386**

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**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Atherosclerotic cardiovascular disease
  - A. Left anterior descending coronary artery with multifocal stenoses ranging from 50-80%
  - B. Right coronary artery with multifocal stenoses ranging from 50-85%
  - C. Left circumflex coronary artery with focal 50% stenosis
  - D. Moderate to severe atherosclerosis of the distal aorta
  - E. Thickening of the mitral valve leaflets
  - F. Pulmonary congestion (right 800 grams, left 650 grams)
  - G. Prominent facial suffusion
  - H. Bilateral earlobe creases (Frank's sign)
- II. Pleural adhesions
- III. Status post appendectomy, remote
- IV. Fractures of the anterior ribs (right #5, left 3-7) consistent with cardiopulmonary resuscitation
- V. No significant trauma
- VI. Toxicology pending

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**AUTOPSY EXAMINATION REPORT**

<b>Name:</b> (b)(6)-4	<b>Autopsy No.:</b> ME04-386
<b>Prisoner #:</b> (b)(6)-4	<b>AFIP No.:</b> 2929618
<b>Date of Birth:</b> BTB 1940	<b>Rank:</b> CIV
<b>Date of Death:</b> BTB 22 May 2004	<b>Place of Death:</b> Abu Ghraib Prison
<b>Date of Autopsy:</b> 1 June 2004	<b>Place of Autopsy:</b> BIAP Morgue
<b>Date of Report:</b> 29 Jun 2004	

**Circumstances of Death:** This male died while in US custody in Abu Ghraib prison. By report he complained of chest pain to his son and then collapsed.

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

**Identification:** By CID, DNA sample obtained

**CAUSE OF DEATH:** Atherosclerotic cardiovascular disease (ASCVD)

**MANNER OF DEATH:** Natural

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## AUTOPSY REPORT ME04-386

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## FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic cardiovascular disease
  - A. Left anterior descending coronary artery with multifocal stenoses ranging from 50-80%
  - B. Right coronary artery with multifocal stenoses ranging from 50-85%
  - C. Left circumflex coronary artery with focal 50% stenosis
  - D. Moderate to severe atherosclerosis of the distal aorta
  - E. Thickening of the mitral valve leaflets
  - F. Pulmonary congestion (right 800 grams, left 650 grams)
  - G. Prominent facial suffusion
  - H. Bilateral earlobe creases (Frank's sign)
- II. Pleural adhesions
- III. Status post appendectomy, remote
- IV. Fractures of the anterior ribs (right #5, left #3-7) consistent with cardiopulmonary resuscitation
- V. No significant trauma
- VI. Toxicology negative

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**EXTERNAL EXAMINATION**

The body is that of a thin male appearing greater than 50 years of age and measuring 69 inches in length and weighing approximately 160 pounds. Lividity is posterior, purple, and fixed. Rigor is passing.

The scalp is covered with gray hair in a normal distribution. There is a gray mustache and beard. Corneal clouding obscures the irides and pupils. The external auditory canals are unremarkable. The ears are significant for bilateral creases of the earlobes (Frank's sign). There is prominent facial suffusion. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural with partial upper plates.

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.

Identifying marks and scars include a 3 ½ inch oblique scar on the right lower quadrant of the abdomen. On the posterior right arm and forearm is a 6 x 3 ½ inch area of depigmentation of the skin and scar. On the midline of the lower back is a ½ inch scar.

There is early decomposition consisting of skin slippage and vascular marbling.

**CLOTHING AND PERSONAL EFFECTS**

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

- Brown shirt
- Gray underpants
- Gray t-shirt
- White shirt

**MEDICAL INTERVENTION**

- Endotracheal tube in the oropharynx that enters the trachea
- Intravenous catheter (IV) in the back of the left hand
- Electrocardiograph (EKG) pads on the chest

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates the following:  
No radiopaque projectiles or foreign matter

**EVIDENCE OF INJURY**

There are fractures of the right 5<sup>th</sup> and left 3<sup>rd</sup>-7<sup>th</sup> ribs on the anterior aspects.

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**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 1250 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 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.

The cervical spine is intact and there is no paraspinous muscular hemorrhage.

**BODY CAVITIES:**

The 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.

There are fractures of the anterior left ribs 3-7 and the right 5<sup>th</sup> rib on the anterior aspect.

**RESPIRATORY SYSTEM:**

There are dense fibrous adhesions of both pleural cavities. The right and left lungs weigh 800 and 650 gm, respectively. The external surfaces are deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 400 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 50-80% multifocal stenoses of the left anterior descending coronary artery, focal 50% calcific stenosis of the left circumflex coronary artery, and 50-75% multifocal stenoses of the right coronary artery with a focal 85% stenosis. The myocardium is homogenous, red-brown, and firm. The mitral valve is thickened and fibrotic but there are no vegetations. The remaining 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 has moderate to severe atherosclerosis and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

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**LIVER & BILIARY SYSTEM:**

The 1800 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 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 200 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:**

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 175 and 200 gm, 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 10 ml of cloudy 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 50 ml of dark green liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is surgically absent.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by PH3 (b)(6)-2
- Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, spleen, liver, lung, kidney, adipose, brain, bile, gastric, and psoas
- The dissected organs are forwarded with the body
- 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.

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**AUTOPSY REPORT ME04-386**

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**TOXICOLOGY**

Toxicologic analysis of blood and bile was negative for ethanol and drugs of abuse. Cyanide was not detected.

**OPINION**

This elderly Iraqi male died of atherosclerotic cardiovascular disease (blockage of the arteries that supply blood and oxygen to the heart). The rib fractures noted at autopsy are consistent with cardiopulmonary resuscitation (CPR). There was no significant trauma.

The manner of death is natural.

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

REPLY TO  
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence  
2929618                              01

TO:

Name

(b)(6)-4

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

SSAN:                              Autopsy: ME04-386  
Toxicology Accession #: 042887  
Date Report Generated: June 28, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS              REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 5/23/2004

Date Received: 6/17/2004

**VOLATILES:** The **BLOOD AND BILE** 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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