



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



****AMENDED****
AUTOPSY EXAMINATION REPORT

Name: BTB Mohamed-Ali, Monhnd, Ganim	Autopsy No.: (b)(6)
IFN.: (b)(6)	AFIP No.: (b)(6)
Date of Birth: BTE (b)(6) 1987	Rank: CIV
Date of Death: (b)(6) 2005	Place of Death: Iraq
Date of Autopsy: 19 October 2005	Place of Autopsy: Port Mortuary
Date of Report: 20 October 2006	Dover AFB, DE

Circumstances of Death: According to reports, this 18 year-old civilian detainee was captured by US Forces on 15 Sep 2005. During his detention he was diagnosed with an inner ear infection. Despite treatment the infection progressed to mastoiditis and brain abscess. It was determined that there was no chance of meaningful functional recovery and life support was discontinued after ethics committee review.

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

Identification: Presumptive, based on attached mortuary tag.

CAUSE OF DEATH: Intracranial Abscess

MANNER OF DEATH: Natural

20 October 2006

This amended report is submitted to reflect the results of the Neuropathology Consultation. The opinion is amended accordingly. The remainder of the report remains unchanged.

(b)(6)

(b)(6) Medical Examiner

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FINAL AUTOPSY DIAGNOSES

- I. Central Nervous System:
 - A. Right-sided mastoiditis with adjacent temporal lobe abscess and focal subdural empyema
 1. Meningitis
 - B. Cerebral edema
 - C. Neuropathology consultation pending

- II. Pulmonary System:
 - A. Bilateral pulmonary congestion and edema (Right 800-grams; Left 640-grams)

- III. Gastrointestinal System:
 - A. Hemorrhagic Gastritis

- IV. Skin:
 - A. Superficial healing ulceration and fissures of the mouth
 - B. Superficial sacral decubitus ulcer (¾ inch)
 - C. Red macular-papular rash on the upper chest

- V. Evidence of Minor Injury:
 - A. Scattered abrasions and contusions of the lower torso and lower extremities

- VI. Toxicology (AFIP):
 - A. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%.
 - B. CYANIDE: There is no cyanide detected in the blood.
 - C. VOLATILES: No ethanol is detected in the bile and vitreous fluid.
 - D. DRUGS: No screened drugs of abuse or medications are detected in the liver.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 66-inch tall, 129-pound male whose appearance is consistent with the reported age of 18 years. Lividity is present and fixed on the posterior surfaces of the body except in areas exposed to pressure. Rigor has passed. The body is cool to the touch.

The scalp is covered with medium length brown curly hair that has been shaved on the right side. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of any secretions. The ears are unremarkable. The nares are patent and the lips are red and have superficial ulceration and fissures. The nose and maxillae are palpably stable. The natural teeth appear in good condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There is a red maculopapular rash on the center of the chest. 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. There is a 3/4-inch superficial ulcer on the skin overlying the sacrum.

The upper and lower extremities are symmetric and without clubbing or edema. A hospital tag is present on the left ankle. There is a 1-inch callus on the skin covering the left lateral malleolus.

CLOTHING AND PERSONAL EFFECTS

The body is received unclad draped in a white sheet.

MEDICAL INTERVENTION

- Intravenous puncture site in the right wrist
- Intravenous puncture in the right antecubital fossa with surrounding subcutaneous hemorrhage
- Intravenous puncture site below the left clavicle
- 1 ¼-inch stapled incision on the right temporal scalp with underlying burr hole
- 1 ¾-inch stapled incision on the right parietal scalp with underlying burr hole
- 1/8-inch sutured surgical incision on the right parietal scalp
- Scalp hair shaved on the right side of the head

RADIOGRAPHS

A complete set of postmortem radiographs shows no evidence of skeletal injury.

EVIDENCE OF INJURY

The ordering of the following minor injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

Head and neck:

- Abrasion of the right side of the nasal bridge, ¼ x 1/8-inch.

Torso:

- Contusion over the left iliac crest, 1 ½-inches
- Contusion over the right iliac crest, 2-inches
- Abrasion on the anterior left shoulder, 1/8-inch

Extremities:

- Abrasion on the distal anterior right thigh, ½-inch
- Abrasion on the anterior right knee, 1/8-inch
- Abrasion on the proximal anterior right leg, ½-inch
- Abrasion on the anterior distal right leg, 1-inch
- Abrasion on the anterior right ankle, ¼-inch
- Abrasion on the posterior distal right leg, 1 x ¼-inch
- Abrasion on the posterior distal right leg, ¼-inch
- Abrasion on the posterior right ankle, ¾ x ¼-inch
- Contusion on the distal anterior left thigh, ¼-inch
- Abrasion on the left knee, ¼-inch
- Abrasion on the anterior left ankle, 1 x ¾-inch
- Abrasion on the distal posterior left leg, 1/8-inch
- Abrasion on the distal posterior left leg, ½ x 1/8-inch
- Abrasion on the posterior left ankle, ¾ x ¼-inch

INTERNAL EXAMINATION

HEAD:

(See above "Medical Intervention")

The galeal and subgaleal soft tissues of the scalp are free of injury. The dura mater beneath the skull is intact except in the areas associated with therapeutic intervention. The cerebrospinal fluid is viscous and yellow. The 1840-gram brain is edematous with diffuse widening and flattening of gyri and narrowing of the sulci. There is a soft fluctuant mass in the right temporal lobe that on sectioning is identified as a 1 ¼-inch cavity filled with a purulent fluid. A thick coat of purulent exudate covers the base of the brain. There are no traumatic skull fractures. The inner ear is unroofed and the cut surface is soft, pale and friable (histologic sections are prepared). The atlanto-occipital joint is stable. The brain is submitted for neuropathology consultation after formalin fixation.

NECK:

The anterior neck is examined utilizing a separate anterior neck dissection. 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. There is patchy erosion of the lateral left edge of the tongue.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50-milliliters of serous fluid in the pleural cavities. There is 200-milliliters of serous fluid in the peritoneum. The pericardial sac contains an 85-milliter serous effusion. The internal organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 800-grams and 640-grams, 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 390-gram 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. The 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 unremarkable. 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 2200-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 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 260-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.

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 200-grams and 190-grams, 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 60-milliliters of clear 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 20 cc of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYTEM:

Muscle development is normal. The skull is described under "Medical Intervention: above. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Middle Ear - Devitalized bone and bone marrow; acute and chronically inflamed low cuboidal epithelium compatible with the tympanic cavity.

NEUROPATHOLOGY CONSULTATION

In summary, this brain demonstrates subacute right temporal lobe abscess, diffuse subacute purulent meningo-cerebro-ventriculitis, a choroid plexitis, subacute hemorrhagic infarcts in the right superior frontal and cingulated gyri, and an acute hemorrhagic right occipital lobe infarct.

(A copy of the complete Neuropathology Consultation, which was prepared by (b)(6) (b)(6) Armed Forces Institute of Pathology, Department of Neuropathology and Ophthalmic Pathogy, is maintained in the case file maintained by the Office of the Armed Forces Medical Examiner)

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME photographers.
2. No trace evidence was collected.
3. Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, vitreous, bile, CSF, gastric contents, lung, liver, spleen, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks consist of scars on the posterior distal right forearm and anterior left wrist.

OPINION

This 18 year-old male civilian detainee died of an intracranial (brain) abscess arising from a presumed inner ear infection with mastoiditis. Autopsy examination showed abscess formation in the right temporal lobe of the brain, deposition of purulent material on the inferior surfaces of the brain and purulent appearing CSF. Further, there was a diffuse subacute purulent meningo-cerebro-ventriculitis, a choroid plexitis, subacute hemorrhagic infarcts in the right superior frontal and cingulated gyri, and an acute hemorrhagic right occipital lobe infarct. The inner ear is unroofed and the cut surface is soft, pale and friable. There was no evidence of significant injury identified. The toxicology screen was negative. The manner of death is natural.

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(b)(6) Medical Examiner

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mohamed-Ali, Monhnd, Ganim		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/>	
<input type="checkbox"/> CATHOLIC Catholique			
<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. Brain Abscess			Weeks
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Ear infection	Weeks
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 19 October 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date	SIGNATURE Signature		
<small>1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. 2 State conditions contributing to the death, but not related to the disease or condition causing death. 1 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du coeur, etc. 2 Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.</small>			

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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 78, WHICH ARE OBSOLETE.

MEDCOM 0255

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY <i>(Town and Country)</i>	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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