ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
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AUTOPSY EXAMINATION REPORT

Name: Hamad-Mashadani, Abid-Es
ISN #: (b)(6)
Date of Birth: Unknown
Date of Death (b)(6) 2005
Date of Autopsy: 07 OCT 2005
Date of Report: 29 MAR 2006

Autopsy No.: (b)(6)
AFIP No. (b)(6)
Rank: Civilian
Place of Death: 344Th Field Hospital, Iraq
Place of Autopsy: Port Mortuary
Dover AFB, Dover, DE

Circumstances of Death: The decedent was a civilian detainee who was transferred to the 344th Field Hospital from a detention facility where he had been complaining of abdominal pain, diarrhea and vomiting. Upon arrival he was noted to have a markedly elevated white blood cell count (41.5 x 10^3), elevated blood sugar (440mg/dl) and elevated liver function tests. He was taken to the operating room where an exploratory laparotomy and cholecystectomy was performed for gangrenous cholecystitis. Post-operatively his condition worsened and he became unresponsive to resuscitative attempts.

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

Identification: Identification is established by identification tags present on the body

CAUSE OF DEATH: Complications of acute gangrenous cholecystitis

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES

I. Acute gangrenous cholecystitis (per report).
   A. Status post exploratory laparotomy with cholecystectomy.

II. Respiratory system:
   A. Bilateral pulmonary congestion and edema (right 830 gm, left 720 gm)
   B. Bilateral pleural effusions (right 120 ml, left 180 ml)
   C. Scattered fibrin micro-thrombi

III. No evidence of trauma

IV. Moderate decompositonal changes consisting of green discoloration of the abdomen and vascular marbling

V. Toxicology: Metoclopramide is present in the blood.

EXTERNAL EXAMINATION

The remains are received unclad. An identification bracelet containing the decedent's name and detainee number is on the right wrist. The body is accompanied by clothing consisting of a white undershirt, a pair of green knit shorts, a pair of yellow slacks and a pair of blue shower shoes.

The body is that of a well-developed, well-nourished appearing, male that weighs 189-pounds, is 67-inches in length, whose appearance is consistent with the reported age of 60 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The temperature of the body is that of the refrigeration unit.

The scalp is covered with 1-1/4" wavy grey-black hair with male pattern balding. The head and neck are moderately congested. The face is covered with a short black-grey beard and moustache. The eyelids are closed with 2-1/4 x 1/2" surgical tape. The corneae are hazy. The irides are dark and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in poor condition with a number of teeth remotely absent.

The neck is mobile and the trachea is midline. There are multiple acrochordons on the right side of the neck, 1/16-1/8" in greatest dimension. 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. Evidence of medical intervention is described below.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1/4" irregular, hypopigmented scar with a 2" vertical linear extension at the 12 o'clock position on the lateral right knee. There is a 1" raised callus over the right lateral malleolus. (b)(6) (b)(6) tattoo (b)(6)

MEDICAL INTERVENTION

- An endotracheal tube appropriately placed
- An intravascular catheter in the right antecubital fossa, secured with a clear occlusive dressing, with "9/30 #20" written above the device
- A 2" area of ecchymosis on the distal, volar surface of the right wrist with 3 venipuncture marks
- A 1-1/4" area of ecchymosis on the dorsum of the right hand
- A 2 x 2" gauze dressing in the left antecubital fossa
- Secured with sutures are a triple lumen catheter in the left groin and an intravascular catheter in the right groin
- A 4 x 4" gauze dressing overlying a Jackson-Pratt drain in the right abdominal wall with 26" of 1/4" diameter tubing attached to a reservoir containing 40-milliliters of blood
- A 12 x 4" gauze covering a midline abdominal incision

- A vertically oriented 10 x 1"incision, 7/8" in depth and packed with gauze, overlying a sutured abdominal incision that extends from the xiphoid process to 2" below and to the left of the umbilicus

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the previously described medical interventions. There is no evidence of recent trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent injury noted at the time of autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. There are bilateral serous, pleural effusions (right - 120-milliliters, left - 180-milliliters). Scattered adhesions involve the left lung and the chest wall. There is 300-milliliters of blood and clot in the right upper quadrant of the abdominal cavity. The gallbladder is surgically absent. The remaining organs occupy their usual anatomic positions.

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. Markings on the internal table of the calvarium for the right middle meningeal artery are more pronounced on the right side. Clear cerebrospinal fluid surrounds the 1370 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.

RESPIRATORY SYSTEM:
The right and left lungs weigh 830 and 720 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, with a right-dominant pattern. There is mild atherosclerotic streaking at the ostia for the right coronary artery and the left anterior descending artery. Cross sections of the vessels show no evidence of significant

atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1and 0.2-centimeters 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 1880-gram liver has an intact, smooth capsule and a sharp anterior border. There is a 5-centimeter laceration of the lateral right lobe of the liver, without vital reaction. In the region of the gallbladder fossa is a 9 x 6-centimeter friable, hemorrhagic area with an intact surgical drain. The gallbladder had been previously sent for surgical pathology consultation following the patient's cholecystectomy. A diagnosis of acute gangrenous cholecystitis is made by the consulting pathologist. The remaining, non-surgical parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The extrahepatic biliary tree is patent.

SPLEEN:
The 280-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. Fatty infiltrate is noted throughout the pancreas. 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 are identified.

GENITOURINARY SYSTEM:
The right and left kidneys each weigh 80-grams. The external surfaces are intact and smooth. There is a 0.4-centimeter, benign cortical cyst on the superior pole of the left 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 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-milliliters of dark brown, flocculant liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME staff photographer.
2. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, gastric contents, spleen, liver, lung, kidney, adipose tissue and psoas.
3. Personal effects are released to the appropriate mortuary operations representatives.

MICROSCOPIC EXAMINATION

1. Cardiovascular (Slides: 6, 9, 11,12,13): No significant microscopic abnormalities
2. Lungs, right and left (Slides: 1-5): Focal pulmonary edema and vascular congestion with scattered fibrin micro-thrombi
3. Endocrine (Slides: 2-4, 10): No significant microscopic abnormalities are noted in the pancreas, thyroid gland and adrenal glands
4. Gastrointestinal (Slides: 2, 6-8): Liver with mild to moderate steatosis with cholestasis
5. Genitourinary (Slides: 1, 6-8): Kidney with moderate glomerulonephrosclerosis and hemorrhage into the renal tubules. Bladder and prostate are unremarkable
6. Brain (Slide: 13): No significant microscopic abnormalities

OPINION

This reported 60 year-old male, civilian detainee died of complications of acute gangrenous cholecystitis. According to reports and medical records, the decedent was admitted to the hospital following a few days of abdominal pain, diarrhea and vomiting. Laboratory studies upon admission included an elevated white blood cell count, elevated blood glucose and elevated liver function tests. He underwent an exploratory laparotomy and cholecystectomy for acute gangrenous cholecystitis. He remained unstable post-operatively and despite aggressive resuscitative efforts the patient succumbed to his illness.

Autopsy examination showed a friable, hemorrhagic surgical site with approximately 300 ml of adjacent blood and clot. Histologic examination showed findings suggestive of disseminated intravascular coagulation (DIC) in the lungs. DIC is a potentially life threatening thrombohemorrhagic disorder that can be seen in association with a number of serious medical and surgical disease processes. Postmortem toxicologic analysis revealed only the presence of the therapeutic agent metoclopramide in the blood (0.3 mg/L).

Complicated cholecystitis (eg. gangrene) has a reported mortality rate of 25%. If perforation occurs, the mortality rate increases to 60%.[1] The manner of death is natural.

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(b)(6) Medical Examiner

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(b)(6) Medical Examiner (b)(6)

[1] Santen, S. Cholecystitis and Biliary Colic. March 15, 2005. http://www.emedicine.com/EMERG/topic98.htm

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
BTB Hamid-Mashadani , Abid-Es,		Civilian	(b)(6)

ORGANIZATION Organisation	NATION *(e.g. United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	Iraq		[X] MALE [ ] FEMALE

RACE Rece		MARITAL STATUS État Civil				RELIGION Culte			
[X]	CAUCASOID Caucasique	[ ]	SINGLE Célibataire	[ ]	DIVORCED Divorcé	[ ]	PROTESTANT Protestant	[X]	OTHER (Specify) Autre (Spécifier)
[ ]	NEGROID Negriode	[ ]	MARRIED Marié	[ ]	SEPARATED Séparé	[ ]	CATHOLIC Catholique		
[ ]	OTHER (Specify) Autre (Spécifier)	[ ]	WIDOWED Veuf			[ ]	JEWISH Juif		

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décède avec le sus
STREET ADDRESS Domicilé 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 CONDITON DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1]	Complications of acute gangrenous cholecystitis.	Hours
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		
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée [X] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
[X] NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
[ ] SUICIDE Suicide	SIGNATURE Signature	DATE Date 7 October 2005
[ ] HOMICIDE Homicide		AVIATION ACCIDENT Accident à Avion [ ] YES Oui [X] NO Non

DATE OF DEATH *(day, month, year)* Date de décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
(b)(6) 2005 (b)(6)	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 dé funtet 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 médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)	Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date	SIGNATURE Signature

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, ect.
[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 le mort, mais non la 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.

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MEDCOM 0272

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DISPOSITON 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 DISPOSTION	DATE OF DISPOSTION

REGISTRATION OF VITAL STATISTICS

REGISTRY *(Town and Country)*	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER

NAME OF FUNERAL DIRECTOR	ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

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