



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

Name: Atawi-Al Alwani, Ahmed Ismail

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: (b)(6) 1975

Rank: CIV

Date of Death: (b)(6) 2005

Place of Death: Iraq

Date of Autopsy: 04 August 2005

Place of Autopsy: Port Mortuary

Date of Report: 24 October 2005

Dover AFB, DE

Circumstances of Death: This 30 year old male civilian detainee was reportedly admitted to the Camp Bucca Security Hospital for complications of malaria.

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

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

CAUSE OF DEATH: Peritonitis due to small bowel perforation.

MANNER OF DEATH: Natural.

FINAL AUTOPSY DIAGNOSES

- I. Gastrointestinal system:
 - A. Small bowel perforation.
 1. Adjacent pseudocyst formation with rupture.
 2. Ascites (4000 ml of feculent tan fluid).
 3. Peritonitis.
 - B. Neoplastic mesenteric masses (2) adjacent to pseudocyst.
 - C. Moderate to severe hepatic steatosis.
- II. Respiratory system:
 - A. Bilateral pulmonary congestion (right 800 gm, left 750 gm).
 1. Bilateral pleural effusions (right 200 ml, left 100 ml).
- III. No evidence of trauma.
- IV. Toxicology: Lidocaine, mefloquine, chloroquine, metoclopramide, lorazepam, oxycodone and oxymorphone are present.

EXTERNAL EXAMINATION

The body is that of a well-developed male that weighs 177 pounds, is 68 inches in length and appears compatible with the reported age of 30 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The scalp hair is black. Facial hair consists of a black mustache and whisker stubble. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. A ¼ inch scar is present on the right side of the chin. The neck is straight, and the trachea is midline and mobile. The chest is unremarkable. The abdomen is mildly protuberant. The fingernails are intact. The upper and lower extremities are symmetric. There are multiple scars on the anterior surface of the right knee. An identification tag is present on the left wrist, bearing the following information (b)(6) DOE (b)(6) 1975". The genitalia are those of a normal adult male. There is a 4 x 4 inch area of discoloration with early pressure ulceration present on the superior aspect of the gluteal cleft.

EVIDENCE OF MEDICAL THERAPY

1. An endotracheal tube.
2. Nasogastric tube.
3. Foley catheter with drainage bag.
4. Healing therapeutic needle puncture site in the left antecubital fossa.
5. Monitor lead pads on the upper and mid chest and flanks, bilaterally.
6. Defibrillator pad on the left chest and the left back.

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. Approximately 200 ml of amber fluid is present in the right chest cavity and 100 ml in the left. The abdominal cavity contains approximately 4000 ml of tan feculent fluid. Yellow-tan fibrinous material covers multiple loops of the small bowel, omentum and portions of the liver. The organs occupy their usual anatomic positions.

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The brain weighs 1420 gm. The atlanto-occipital joint is stable.

ATAWI, Ahmed Ismail**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. The tongue is free of bite marks, hemorrhage, or other injuries.

RESPIRATORY SYSTEM:

The right and left lungs weigh 800 and 750 gm, 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 290 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2010 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 contains approximately 10 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 290 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:

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 kidney weighs 180 gm and the left 150 gm. 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. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are palpably free of mass lesions.

GASTROINTESTINAL TRACT:

The esophagus is lined by smooth, grey-white mucosa. The stomach is empty. The gastric wall is intact. The serosal surfaces of the small and large bowel are covered by tan-yellow fibrinous material. A fluid and fecal filled pseudocyst measuring 7 inches in greatest diameter is present just inferior and posterior to the stomach and adjacent to a portion of the duodenum. Reflection of the stomach reveals an area of rupture on the anterior surface of the pseudocyst. Dissection and further reflection show the pseudocyst to be in continuity with a perforation of the adjacent duodenum. Two solid mass lesions measuring 3 ½ x 2 inches and 2 ½ x 1 inch are present and appear to be arising from the region of the mesenteric root. The larger lesion is firmly adherent to the duodenum in the region of the perforation. The appendix is unremarkable.

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormalities.
2. Spleen (slide 2): No microscopic abnormality noted.
3. Kidneys (slide 4): Moderate arteriolosclerosis.
4. Liver (slide 2): Moderate to severe steatosis.
5. Brain (slide 5): No microscopic abnormality noted.
6. Lungs (slide 3): Pulmonary alveolar congestion.
7. Omentum: (slide 6): Acute serositis.
8. Abdominal masses (slides 7-10): Confluent areas of necrosis with intervening areas composed of atypical dyshesive cells with coarse nuclear chromatin and frequent plasmacytoid features. Occasional mitoses are present.
9. Region of perforation of the pseudocyst (slides 11,12): Fibroadipose tissue with fibrin deposition, acute inflammatory infiltration and granulation tissue formation.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, kidney, lung, brain, spleen, liver, adipose and psoas muscle.
- Full body radiographs are obtained.
- The dissected organs are forwarded with the body.
- Personal effects are released to the attending investigative agency and appropriate mortuary operations representatives.

OPINION

This reported 30 year-old male civilian detainee died of peritonitis due to small bowel perforation. According to reports, the decedent was admitted to the hospital with a diagnosis of hepatic failure. Further workup showed an advanced stage of malaria. His clinical course was complicated by multi-system organ failure and he ultimately succumbed to septic shock on his (b)(6) hospital day.

AUTOPSY REPORT (b)(6)

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ATAWI, Ahmed Ismail

Autopsy examination showed 4 liters of feculent ascites and mesenteric mass lesions with adjacent small bowel perforation. It appears that initially the area of perforation was walled off forming a "pseudocystic" structure that ultimately ruptured. Initial microscopic examination of the mesenteric masses showed them to be neoplastic, however their exact etiology is pending specialty consultation. An addendum report will be issued upon its completion.

Postmortem toxicologic analysis revealed the presence of the therapeutic agents lidocaine, mefloquine, chloroquine, metoclopramide, oxycodone and oxymorphone in the urine. Lorazepam was present in the blood at a therapeutic level (0.26 mg/L).

The manner of death is natural.

(b)(6)

(b)(6)

Medical Examiner

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Atawi, Al, Alwani Ahmed		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (o.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte	
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/>	SINGLE Célibataire	<input type="checkbox"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négride	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>	JEWISH Juif
<input type="checkbox"/>		<input type="checkbox"/>	DIVORCED Divorcé	<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/>		<input type="checkbox"/>	SEPARATED Séparé	<input checked="" type="checkbox"/>	

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		Days
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	
	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	(b)(6)	
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	
	DATE Date 4 August 2005	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année) (b)(6) 2005	PLACE OF DEATH Lieu de décès Iraq
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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
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GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
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DATE Date 15 Sep 05	(b)(6)
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1. State disease, injury or complication which caused death.
 2. State conditions contributing to the death, but not relating to the disease or condition causing death.
 3. Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la maladie de mort, telle qu'un arrêt du cœur, etc.
 4. Préciser les conditions qui ont contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

REPLACES DA FORM 3585, 1 JAN 72 AND DA FORM 3585-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

(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 (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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