



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

FINAL AUTOPSY REPORT

Name: BTB ISMAIL, Ibrahim
SSAN: (b)(6)
Date of Birth: (b)(6) 1967 (38 years)
Date of Death: (b)(6) 2006
Date of Autopsy: 10 JUN 2006, 1100 hours
Date of Report: 16 AUG 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian, Iraqi Detainee
Place of Death: Abu Ghraib, Iraq
Place of Autopsy: BIAB Mortuary
Baghdad, Iraq

Circumstances of Death: (b)(6) is an Iraqi detainee, who was shot in the abdomen approximately three weeks prior to his demise. The circumstances surrounding the shooting are unknown at this time. The first entry in his available medical records, 25 May 06, did not address his initial admission or treatment prior to admission to Abu Ghraib Hospital. He developed Sepsis syndrome (Acinetobacter, E-coli, Enterobacter and Candida albicans), Acute Respiratory Distress Syndrome (ARDS) and multi-organ system failure, and died on (b)(6) 06.

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

Identification: Identified by transport documents.

CAUSE OF DEATH: Complications of Gunshot Wound (s) to the abdomen

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

I. Gunshot Wound (s) to the Torso:

- a. No medical records or investigation reports are available at this time.

II. Evidence of Medical Intervention: Medical records starting 25 May 06 until expired (b)(6) 06, with evidence of surgical intervention and prolonged hospital care.

- a. Tracheotomy tube
- b. Multiple sites of chest tubes
- c. Colostomy
- d. IV lines
- e. Midline abdominal surgical defect.

III. Identifying Marks: (b)(6)

(b)(6)

IV. Natural Diseases: Multi-organ failure and ARDS, consistent with complications of a GSW of the abdomen. No other natural diseases identified within the limitations of the autopsy examination.

V. Evidence: None collected during autopsy.

VI. Toxicology: No testing requested. Patient was hospitalized for approximately three weeks prior to his demise.

VII. Autopsy: Performed in Iraq By (b)(6)

(b)(6) Examination started at 1000 hours and concluded at 1200 hours, on 10 June 2006.

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished male whose appearance is consistent with an estimated age of 38 years. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor and temperature of the body are deemed of no forensic significance.

The head and neck reveal no evidence of trauma. The scalp and mustache hair is black. The irides are brownish, and the pupils are round and equal in diameter. The external auditory canals are unremarkable. The nares are patent. The lips and mouth are unremarkable on external examination. The teeth are in fair condition. The neck is unremarkable except for a tracheotomy tube inserted in the midline, and properly positioned.

The chest reveals multiple bilateral incisions (2 on each side), consistent with the site of chest tubes. The abdomen is slightly protuberant (mild obesity), with a large anterior

defect, extending from the xiphoid process to the pubic area, consistent with a non-healed exploratory laparotomy surgical incision. The abdominal defect reveals a severely adhered internal abdominal organs. A colostomy opening and colostomy bag are noted of the right lower abdominal quadrant. A 4 x 3 1/2" defect, of unknown etiology, is noted of the left mid abdomen, exposing underlying internal organs/intestines. The external genitalia are those of a normal circumcised 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 back reveals skin slippage and two large decubitus ulcers (bed sores), but no evidence of trauma.

The upper and lower extremities are symmetric and reveal moderate edema. No evidence of trauma is noted.

Two large scars are noted of the anterior surface of both thighs, extending from the inguinal area down to the knees. No tattoos, other major scars or identifying marks are noted.

CLOTHING AND PERSONAL EFFECTS

None received.

MEDICAL INTERVENTION

The deceased spent almost three weeks under medical care. The body reveals evidence of extensive medical treatment. There are: Nasogastric tube, tracheotomy tube, multiple sites of chest tubes, a non-healed abdominal exploratory laparotomy incision, colostomy bag, and a urinary catheter.

RADIOGRAPHS

Full-body radiographs are obtained for documentation. No skeletal fractures or evidence of projectiles/foreign bodies are noted.

EVIDENCE OF INJURIES

The deceased had a history of gunshot wound, not otherwise specified. Medical history of his initial admission and the early surgical procedures are requested, but not received as of the date of this report.

INTERNAL EXAMINATION

HEAD:

The scalp and subgaleal soft tissues reveal no evidence of trauma. The skull is opened revealing intact dura mater. No intracranial hemorrhage or trauma is noted. Clear cerebrospinal fluid surrounds the 1510-gram brain, which has unremarkable gyri and sulci, but for mild cerebral edema. 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. The skull is unremarkable with no cranial or basal fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, with no lacerations or hemorrhage. The thyroid cartilage and hyoid bone are intact and unremarkable. The pharynx is unremarkable and is lined by intact mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is unremarkable. The cervical spine and spinal cord are intact.

BODY CAVITIES:

The pleural and pericardial cavities are unremarkable, with no evidence of trauma or excessive fluid. The abdominal cavity reveals severe adhesions and firm fat necrosis precluding definitive evaluation. The small and large bowels are encased in a firm mass of fat necrosis and fibrous adhesions. The major abdominal organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1780-grams and 1850-grams, respectively. The external surfaces are smooth and free of adhesions, with no apparent evidence of firearm injuries. Both lungs are extremely heavy and firm. Serial sections reveals extensive consolidation of all lobes with diffuse oozing of yellowish purulent material from the cut surfaces, consistent with pneumonia and ARDS.

CARDIOVASCULAR SYSTEM:

The pericardial sac is intact. The heart is intact and enlarged, cardiomegaly, and weighs 490-grams. The heart is otherwise essentially unremarkable. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. Cross sections of the vessels show no luminal narrowing or abnormality. Serial sectioning of the myocardium reveals focally mottled cut surfaces, suggestive of possible recent ischemia, but with no clear indication of remote or recent infarctions. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.7 cm and 0.5 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The aorta and major blood vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2260-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is mottled tan-brown with a nutmeg appearance. No mass lesions or other abnormalities are seen. The gallbladder contains dark green bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 230-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles and no significant abnormality.

PANCREAS:

The pancreas is severely adhered to the small and large bowel mass and could not be definitely evaluated.

ADRENAL GLANDS:

The right and left adrenal glands are autolysed, but otherwise unremarkable. Sections through both glands reveal yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 220-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with mottled cut surfaces and mild loss of normal cortico-medullary demarcation. The pelves are unremarkable and the ureters are normal in course and caliber. Smooth bladder mucosa overlies an intact urinary bladder wall. The bladder wall is slightly hemorrhagic from the placed catheter. The prostate gland 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 is lined by smooth grayish mucosa. The stomach is unremarkable. The gastric wall is intact lined by sloughing autolysed mucosa. The duodenum, small and large bowels are completely encased in a firm mass precluding definitive evaluation.

MICROSCOPIC EXAMINATION

Representative sections of all major organs are obtained and placed in formalin for storage and microscopic examination if needed in the future.

ADDITIONAL PROCEDURES

1. Full body radiographs are obtained and reveal no skeletal injuries or foreign metal fragments.
2. The dissected organs are forwarded with the body.
3. Documentary photographs of the body are obtained.
4. No body fluids or tissue samples are submitted for toxicological testing (the deceased was hospitalized for approximately three weeks prior to his demise).

OPINION

(b)(6) a 38 year-old Iraqi civilian detainee, died from complications of a gunshot wound(s). No medical records of the initial presentation and surgical management are available for review. The available medical records reveal a down hill hospital course culminating in his demise, three weeks after his injuries, from ARDS and multi-organ failure. Toxicological testing deemed of no importance and no specimens were submitted for testing. Manner of death is homicide.

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

(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 Ismail, Ibrahim,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1976	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS Etat Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négride		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	
		SEPARATED Séparé	
		WIDOWED Veuf	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
PROTESTANT Protestant		<input checked="" type="checkbox"/>	
CATHOLIC Catholique			
JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le suif	
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		Complications of gunshot wound(s) to the abdomen	
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 autorisées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 10 June 2006	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès		
(b)(6) 2006	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 et 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 BIAP, Iraq		
DATE Date 180506	(b)(6)		
<small>1. If the disease, injury or complication which caused death. 2. Specify conditions contributing to the death, but not related to the immediate or immediate preceding event. 3. Preciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le caractère de mortel, telle que l'un d'eux du décès, etc. 4. Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure qui a provoqué la mort.</small>			

FORM DD APR 77 2064

REPLACES DA FORM 3646, 1 JAN 72 AND DA FORM 3646-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

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