



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: Amhed. Rafah Abdul Al Kader
 ISN (b)(6)
 Date of Birth (b)(6) 1938
 Date of Death (b)(6) 2007
 Date/Time of Autopsy: 09 July 2007@1000
 Date of Report: 23 Aug 2007

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Detainee
 Place of Death: Iraq
 Place of Autopsy: Port Mortuary, Dover DE

Circumstances of Death: This 69 year old Iraqi detainee was admitted to the Theater Internment Hospital, Camp Bucca, on 07 June 2007 and was being treated for a reported tuberculosis infection. His condition deteriorated and he was transferred to the intensive care unit. He was pronounced dead on (b)(6) 2007.

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

Identification: Presumptive identification is established by review of all paperwork in the case file. Postmortem fingerprints and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Metastatic Mucinous Adenocarcinoma**

MANNER OF DEATH: **Natural**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 194 pounds, is 66 inches in length and appears compatible with the reported age of 69 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is gray and one inch in length. Facial hair consists of moustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white/yellow. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The ear lobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in fair condition. Examination of the neck reveals no evidence of injury. There is a 1 inch tan papule on the left cheek.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and slightly protuberant. Healed surgical scars are not noted. The external genitalia are those of a normal adult male. There is a superficial decubitus ulcer on the mid-lower back, 2 ½ x 2 inches. The anus is without note.

The extremities show the presence of a few healed scars on the shin and a few contusions, but no evidence of fractures, lacerations or deformities. There is pitting edema of both legs and feet. The fingernails are intact. Tattoos are not noted.

CLOTHING AND PERSONAL EFFECTS

- No clothing or personal effects accompany the body.

MEDICAL INTERVENTION

- Triple lumen intravenous catheter on the right side of the neck
- Foley catheter with collection bag with brown urine in the bag
- EKG lead on the right side of the back
- Clear dressing on the mid-lower back
- Contusions on the abdomen and upper extremities associated with needle puncture sites

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no fractures.

EVIDENCE OF INJURY

There is no evidence of recent significant injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. There is approximately 250 ml of serosanguinous fluid in each of the pleural cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin, delicate and slightly opaque. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Clear cerebrospinal fluid surrounds the 1420-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. 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 bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The 400-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. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are covered with purulent exudate bilaterally. There are multiple mass lesions palpable in all lobes of the lung. The pulmonary parenchyma is markedly congested and edematous, exuding moderate to large amounts of blood and frothy fluid. Sectioning reveals multiple non-caseating, tan-yellow mass lesions ranging in size from 0.6 cm to 5 x 3.75 cm. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1040 grams; the left 790 grams.

HEPATOBIILIARY SYSTEM:

The 1450-gram liver has an intact smooth capsule covering tan-yellow, moderately congested parenchyma. There are numerous tan-yellow sub-capsular and deep mass lesions noted in the liver, ranging in size from 1.3 cm to 7.6 x 5 cm. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 300 ml of tan fluid. The lesser and greater curvatures of the distal stomach, the proximal duodenum, and the pancreas are firm and fibrotic, and are grossly involved by a tan-yellow mass lesion measuring 13 x 10 cm. The remainder of the small and large bowel is unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 120 grams; the left 120 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The bladder contains a Foley catheter and there is approximately 50 ml of brown urine in the collection bag. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 70-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. There are numerous enlarged, tan-yellow lymph nodes in the hilar, periaortic, iliac, and retroperitoneal regions, ranging in size from 5 x 2.5 cm to 15 x 8 cm.

ENDOCRINE SYSTEM:

The thyroid gland is enlarged and red-brown, with diffuse cystic change. There are no distinct mass lesions identified. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No significant abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: blood, urine, kidney, spleen, liver, brain, bile, gastric contents, adipose tissue, heart, lung, and psoas muscle.
3. The dissected organs are forwarded with body.
4. Incisions of the posterior torso and posterior upper and lower extremities demonstrate no evidence of injury.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of (7) histology slides.

Slide Key:

- 1-2. Retroperitoneal lymph nodes
- 3-5. Pancreas, stomach, small bowel
6. Liver
7. Lung

Lung, liver, stomach, pancreas, small bowel, and retroperitoneal lymph nodes: Metastatic mucinous adenocarcinoma

FINAL AUTOPSY DIAGNOSES:

- I. Metastatic mucinous adenocarcinoma of the lungs, liver, stomach, pancreas, small bowel and numerous lymph nodes**
- II. Evidence of medical intervention: As listed above**
- III. Postmortem changes:**
 - A. Rigor mortis is present to an equal degree in all extremities**
 - B. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure**
- IV. No identifying marks or tattoos are identified**
- V. Toxicology (AFIP):**
 - A. Volatiles: No ethanol is detected in the blood and urine**
 - B. Drugs: Morphine, metoprolol, metoclopramide, and promethazine are detected in the urine but not in the blood**

OPINION

This 69 year old male, (b)(6) died of metastatic mucinous adenocarcinoma. There were mass lesions identified in the lungs, liver, pancreas, stomach, and proximal small bowel, in addition to numerous enlarged lymph nodes. There was no evidence of tuberculosis. There was no evidence of recent significant trauma. Toxicological studies were positive for medications consistent with hospitalization. The manner of death is natural.

(b)(6)

(b)(6) MEDICAL EXAMINER

(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) Amhed, Rafah, Abdul Al Kader		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation Iraqi Detainee		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Néгриде	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
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 ¹ Maladie ou condition directement responsable de la mort.		Metastatic Mucinous Adenocarcinoma	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		
	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 <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 (b)(6)	DATE 9 July 2007	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007 (b)(6)		PLACE OF DEATH Lieu de décès Camp Bucca 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 Dover AFB, Dover DE		
DATE Date 8/23/2007	SIGNATURE (b)(6)		

FORM DD 1 APR 77 2064

REPLACES DA FORM 3666, 1 JAN 72 AND DA FORM 3666-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 0863

(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 (b)(6)	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			

DD FORM 2064, APR 1977 (BACK)

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