



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: ALUBAYDI, Tariq Sadig Abdul Jussain	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1940	Rank: Iraqi Civilian Detainee
Date of Death: (b)(6) 2005	Place of Death: Bucca, Iraq
Date/Time of Autopsy: 12 NOV 2005 @ 1100	Place of Autopsy: Port Mortuary
Date of Report: 30 MAR 2005	Dover AFB, DE

Circumstances of Death: This 65-year-old Iraqi male complained of chest pain and shortness of breath. He was transported to the Special Army Security Hospital Emergency Room where he suffered cardiopulmonary arrest. A full Advanced Cardiopulmonary Life Support protocol was conducted to no avail. A review of medical records reveals a myocardial infarction approximately 3 years ago and a history of asthma.

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

Identification: Identification bands establish presumptive identification. A full set of fingerprints is taken if exemplars become available for comparison.

CAUSE OF DEATH: HYPERTENSIVE ATHEROSCLEROTIC
CARDIOVASCULAR DISEASE COMPLICATED BY
ACUTE ASTHMA WITH MUCOUS PLUGGING

MANNER OF DEATH: NATURAL

FINAL AUTOPSY DIAGNOSES:

- I. Hypertensive Atherosclerotic Cardiovascular Disease**
 - A. Cardiomegaly with biventricular dilatation (heart weight 500 grams)
 - B. Left ventricular hypertrophy (left ventricular free wall 1.6 centimeters)
 - C. Coronary artery disease with focal calcification (luminal obstruction of all three major coronary arteries 50-75% by atherosclerotic plaque)
 - D. Moderate calcific atherosclerosis of the abdominal aorta
 - E. Evidence of heart failure by hemosiderin-laden macrophages in lung tissue

- II. Acute Asthma**
 - A. Partial obstruction of the right and left main stem bronchi by secretions
 - B. Luminal obstruction of smaller bronchi by secretions and eosinophilic infiltration into bronchial walls

- III. Nodular prostatic hypertrophy with associated hypertrophy and trabeculation of the bladder wall**

- IV. Evidence of Medical Therapy**
 - A. An endotracheal tube is in the proper position
 - B. An intravenous line is in the right antecubital fosse
 - C. Needle stick marks are in the left antecubital fosse

- V. No evidence of physical abuse or recent trauma is present**

- VI. Toxicology**
 - A. The blood and vitreous fluid are tested for ethanol and none is found.
 - B. The urine is screened for drugs of abuse and none are found.
 - C. The blood is tested for carboxyhemoglobin and cyanide and none are found.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 71-inch tall, 150-pound male whose appearance is consistent with the reported age of 65-years. Lividity is posterior, red and fixed. Rigor is equal in all extremities, and the temperature is that of the refrigeration unit.

The scalp is shaven, but the hair appears to have a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in poor condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. 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.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Yellow pants
- Yellow shirt
- White underpants
- Black and white scarf
- Red and green blanket

MEDICAL INTERVENTION

- An endotracheal tube is in the proper position.
- An intravenous line is in the right antecubital fosse.
- Needle stick marks are in the left antecubital fosse.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No skeletal trauma is identified.
- No metallic foreign bodies are identified.

EVIDENCE OF INJURY

- There is no evidence of recent injury.

INTERNAL EXAMINATION

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. Clear cerebrospinal fluid surrounds the 1,240-gram 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.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 900 and 670-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. Copious amounts of mucoid secretions are present in the mainstem bronchi and on the cut surfaces of the smaller bronchi.

CARDIOVASCULAR SYSTEM:

The 500-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 left-dominant pattern. Cross sections of the vessels show 50-75% luminal narrowing and focal calcifications. The myocardium is red-brown and firm with areas of fibrosis noted on the left ventricular free wall. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.6 and 0.5-centimeters thick, respectively. Biventricular dilatation is present. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels, and moderate calcific atherosclerosis is present. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1,700-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 140-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 150 and 130-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall that is remarkable for a trabeculated pattern. The bladder contains approximately 60-milliliters of yellow urine. The prostate is enlarged, with lobular, yellow-tan parenchyma in a nodular pattern. 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 500-milliliters of tan-yellow fluid with food particles. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. There are no skeletal abnormalities noted.

MICROSCOPIC EXAMINATION

Kidney: Sections demonstrate moderately diffuse arteriolosclerosis and focal segmental as well as global glomerulosclerosis.

Heart: Sections of the myocardium demonstrate patchy fibrosis with areas of confluence and enlarged myocytes. A section of one of the left papillary muscles demonstrates scarring.

Coronary Arteries: Multiple sections of the coronary arteries show luminal narrowing ranging from 40 – 75% with focal calcifications.

Lung: Multiple sections of lung parenchyma show pulmonary congestion and hemosiderin-laden macrophages. There is mucous plugging of the bronchi with submucosal plasma cell and eosinophil infiltration.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The body is sutured closed without embalming and the dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives
- Identifying body marks are not present

OPINION

This 65-year-old male, (b)(6) died as a result of hypertensive atherosclerotic cardiovascular disease complicated by acute asthma with mucous plugging. The medical history and circumstances support these diagnoses, as well as the gross and microscopic examinations at autopsy. Toxicology is negative for alcohol, drugs of abuse, carboxyhemoglobin and cyanide. There is no evidence of recent injury.

The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP- (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

ALUBAYDI, TARIG SADIG ABDUL

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: November 17, 2005

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2005

Date Received: 11/15/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

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

NAME OF DECEASED - <i>Carte, Nom, Prénoms</i> Nom du défunt (Nom et prénoms)		CITIZENSHIP - <i>Statut</i>	BRANCH OF SERVICE - <i>Arme</i>	SOCIAL SECURITY NUMBER - <i>Numéro de l'Assurance Sociale</i>
ALIBAYDI, TAGG				(b)(6)
ORGANIZATION - <i>Organisation</i>		NATIONALITY - <i>Nationalité</i>	DATE OF BIRTH - <i>Date de naissance</i>	SEX - <i>Sexe</i>
Detainee (b)(6)			1940 (b)(6)	<input checked="" type="checkbox"/> MALE - <i>Masculin</i> <input type="checkbox"/> FEMALE - <i>Féminin</i>
RACE - <i>Race</i>		MARITAL STATUS - <i>Etat Civil</i>		RELIGION - <i>Culte</i>
CAUCASIAN - <i>Caucasique</i>		SINGLE - <i>Célibataire</i>		PROTESTANT - <i>Protestant</i>
NEGROID - <i>Négride</i>		MARRIED - <i>Marié</i>		CATHOLIC - <i>Catholique</i>
OTHER (Specify) - <i>Autre (Spécifier)</i>		WIDOWED - <i>Veuve</i>		JEWISH - <i>Juif</i>
NAME OF NEXT OF KIN - <i>Nom du plus proche parent</i>		RELATIONSHIP TO DECEASED - <i>Parenté du défunt avec le survivant</i>		
STREET ADDRESS - <i>Domicile à (Rue)</i>		CITY OR TOWN AND STATE - <i>(Include ZIP Code)</i> - <i>Ville (Code postal compris)</i>		

MEDICAL STATEMENT - *Declaration médicale*

CAUSE OF DEATH - <i>(Enter only one cause per line)</i> <i>Cause du décès (Indiquer qu'une cause par ligne)</i>		INTERVAL BETWEEN ONSET AND DEATH - <i>Intervalle entre l'attaque et le décès</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH - <i>Maladie ou condition directement responsable de la mort</i>		30 MINUTES
ANTECEDENT CAUSES - <i>Symptômes précursifs de la mort</i>	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE - <i>Condition moribonde, s'il y a lieu, tenant à la cause primaire</i>	
	MYOCARDIAL INFARCTION	
OTHER SIGNIFICANT CONDITIONS - <i>Autres conditions significatives</i>	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE - <i>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</i>	

MODE OF DEATH - <i>Condition de décès</i>	AUTOPSY PERFORMED - <i>Autopsie effectuée</i> <input type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES - <i>Circonstances de la mort suscitées par des causes extérieures</i>
NATURAL - <i>Mort naturelle</i>	MAJOR FINDINGS OF AUTOPSY - <i>Conclusions principales de l'autopsie</i>	
ACCIDENT - <i>Mort accidentelle</i>	NAME OF PATHOLOGIST - <i>Nom du pathologiste</i>	
SUICIDE - <i>Meurtre</i>	SIGNATURE - <i>Signature</i>	DATE - <i>Date</i>
HOMICIDE - <i>Homicide</i>		AVIATION ACCIDENT - <i>Accident à Avion</i> <input type="checkbox"/> YES <i>Oui</i> <input type="checkbox"/> NO <i>Non</i>
DATE OF DEATH - <i>(Month, day, month, year)</i>	PLACE OF DEATH - <i>Lieu du décès</i>	
(b)(6)	OS	CAMP BUCCA

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 qu'il est décédé au lieu, à l'heure indiqués et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER - <i>Nom du médecin militaire ou du médecin civilisé</i>	TITLE OR DEGREE - <i>Titre ou diplôme</i>
(b)(6)	
INSTALLATION OR ADDRESS - <i>Installation ou adresse</i>	
CAMP BUCCA	
STATE - <i>Etat</i>	
OS	

TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER

INTERMENT SERIAL NUMBER

FROM:

TO:

(b)(6)

NAME (Last, first, MI) ALUBAYDI, Tariq		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH Camp Bucca Iraq	DATE OF DEATH (b)(6) 05	CAUSE OF DEATH probable acute MI	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side)

6540 detainee brought to FIA for collapse (no pulse / agonal breathing) from compound. Pt unresponsive, cyanotic from neck up - no pulses - no spontaneous breaths. CPR begun, intubated + ACLS protocol performed. ultrasound no cardiac motion actually occur 114 - pronounced 25 mins p code begun. code med: epi 3mg, atropine 2mg, amp Bicarb

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE (b)(6) 05	(b)(6)
SIGNATURE OF COMMANDING OFFICER	
WITNESSES	
SIGNATURE	ADDRESS
SIGNATURE	ADDRESS

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL

REPLACES DA FORM 204, 28 APR 60; THE FOREWORD AGENCY IS OFFICE OF THE SURGEON GENERAL

Instructions - Medical Officer in attendance will: Prepare in one copy only, items 1 through 10 and sign item 11. Print or type entries. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) ALUBAYDI, TORIG (b)(6)		2. TIME OF DEATH (hour:day-month-year) (b)(6) 05	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(b)(6)		4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(b)(6)		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH	

Patient's name (LAST, first, middle initial) GRADE,
Social Security Account No., Register Number and Ward Number

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (The phrase "due to" means the mode or type of death, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) MYOCARDIAL INFARCTION	30 MINUTES
8. ANY OTHER CAUSES (Internal conditions, if any, giving rise to the above cause, stating the underlying condition first)	DUE TO (or as a consequence of) (1) (2)	
9. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	
9. GRADE (b)(6) 05	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MONTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)	
22. DATE	23. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	24. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR
25. PROVISIONAL PATHOLOGICAL FINDINGS		