



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
1-800-944-7912



**AUTOPSY EXAMINATION REPORT**

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Date of Birth: unknown  
Date of Death: 11 Aug 2003  
Date of Autopsy: 23 Aug 2003  
Date of Report: 2 Oct 2003

Autopsy No.: 03-366 (B)  
AFIP No.: 2892219  
Rank: NA  
Place of Death: Abu Ghraib Prison. Iraq  
Place of Autopsy: BIAP, Iraq

**Circumstances of Death:** According to reports, other detainees brought this Iraqi male detainee to the gate. He had apparently complained of chest pain during his detention. He appeared to have been dead for some time.

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

**Identification:** By prisoner number, DNA sample and fingerprints obtained

**CAUSE OF DEATH:** Arteriosclerotic cardiovascular disease

**MANNER OF DEATH:** Natural

*Waiting for accession #*

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**FINAL AUTOPSY DIAGNOSES:**

- I. Arteriosclerotic cardiovascular disease
  - A. Left anterior descending coronary artery
    - 1. Segmental 80% stenosis of the proximal segment
    - 2. 80% focal stenosis of the mid segment
  - B. Right coronary artery
    - 1. 50% multifocal stenoses of the proximal segment
    - 2. 50-75% multifocal stenoses of the distal segment
  - C. Mild to moderate atherosclerosis of the proximal aorta
  - D. Focal 90% stenosis of the basilar artery of the brain
- II. Cholelithiasis, incidental
- III. Early decomposition
- IV. No significant trauma
- V. Toxicology negative for ethanol and drugs of abuse

### EXTERNAL EXAMINATION

The body is that of a 65 inches tall, 180 pounds (estimated) Iraqi male who appears to be older than 50 years. Lividity is posterior and fixed, and rigor is absent. The body is partially frozen.

The scalp is covered with gray-black hair in a normal distribution. There is a beard and mustache. Corneal clouding obscures the irides and pupils. There are no petechiae of the sclerae, conjunctival, or buccal mucosa. The external auditory canals are unremarkable. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and are in poor repair.

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.

There is early decomposition consisting of corneal clouding, superficial skin slippage on the buttocks and right calf, and slight green discoloration of the skin.

### CLOTHING AND PERSONAL EFFECTS

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

The body is received nude at the time of autopsy.

### MEDICAL INTERVENTION

There are no attached medical devices at the time of autopsy.

### EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

On the skin of the right knee is a 0.4 cm superficial red abrasion. On the anterior left ankle is a 0.3 cm crusted healing superficial wound.

### 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 1300 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury.

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The ventricles are of normal size. The basal ganglia, brainstem, and cerebellum are free of injury or other abnormalities. There is a focal 90% stenosis of the basilar artery without plaque hemorrhage, rupture, or thrombosis. There are no skull fractures. The atlanto-occipital joint is stable.

**NECK:**

Layer wise neck dissection reveals 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. Each pleural cavity contains approximately 10 ml of decomposition fluid. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 550 and 425 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 250 gm 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 the left anterior descending coronary artery has approximate 80% segmental stenosis of the proximal segment and 80% focal stenosis of the mid segment. The right coronary artery has multi-focal 50% stenoses of the proximal segment and 50-75% multifocal stenoses of the distal segment. The myocardium is homogenous, red-purple, and soft. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.3-cm thick, respectively. The septum measures 1.5 cm in thickness. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is mild to moderate atherosclerosis of the proximal aorta. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1300 gm 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 multi-faceted black stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

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**SPLEEN:**

The 50 gm 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 50 gm each and maintain fetal lobulation. 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. White bladder mucosa overlies an intact, empty bladder. 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 autolyzed, grey-white mucosa. The stomach contains less than 10 ml of red straw-colored liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, liver, brain, kidney, and psoas
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representatives

**MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, without preparation of histologic slides.

**TOXICOLOGY**

Toxicologic analysis of blood and liver was negative for ethanol and drugs of abuse.

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**OPINION**

This Iraqi male detainee died of arteriosclerotic cardiovascular disease (ASCVD). Significant findings of the autopsy included blockages in the blood vessels supplying blood to the heart and the base of the brain. The reported history of complaining of chest pain prior to death is supportive of a cardiovascular death. There were no significant injuries.

The manner of death is natural.

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MAJ, MC, USA  
Deputy Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) b(x)(4)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
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"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Nègre		<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 type="checkbox"/> JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)			CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only once 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 <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>		Arteriosclerotic cardiovascular disease			
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 Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>					
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(x)(2) MAJ, MC, USA				
<input type="checkbox"/> HOMICIDE Homicide	b(x)(2)	DATE Date 23 Aug 2003			
DATE OF DEATH (Hour, Minute, Day, Month, Year) Date de décès (l'heure, le jour, le mois, l'année) 11 Aug 2003		PLACE OF DEATH Lieu de décès Abu Ghraib Prison, 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 funt 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(x)(2)			TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner		
GRADE Grade MAJ		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902			
DATE Date 12 May 2004					
<sup>1</sup> State disease, injury or complication which contributed to the death, but not related to the disease or condition causing death. <sup>2</sup> State conditions contributing to the death, but not related to the disease or condition causing death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. <sup>2</sup> 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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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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