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

Name: (b)(6)-4
SSAN: (b)(6)-4
Date of Birth: BTB 1943
Date of Death: 8 FEB 2004
Date of Autopsy: 28 FEB 2004
Date of Report: 29 JUN 2004

Autopsy No.: ME 04-100
AFIP No.: 291**7546**
Rank: Iraqi **Civilian**
Place of Death: Tikrit, Iraq
Place of **Autopsy:** RIAP Mortuary
Baghdad **Airport,** Iraq

Circumstances of Death: This believed to be 61 year old male Iraqi civilian was a detainee of the U.S. Armed Forces at the Detention Central Collection Facility, Tikrit, Iraq when **he** was discovered deceased in **his** bed **when he** failed **to** report **to *the*** morning **head** count procedure. The decedent reported a medical history of diabetes and renal disease **at** the time of his capture.

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

Identification: Identification is established by visual examination by CID agents. DNA testing was performed and is on **file** for comparison should exemplars become available.

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

I. Atherosclerotic Cardiovascular Disease

1. Moderate calcified atherosclerosis of the right coronary artery (50% stenosis), the left circumflex (50% stenosis) and left anterior descending branches of the left coronary artery (50-75% stenosis).
2. Moderate aortic atherosclerosis with bilateral renal artery take-off stenosis.
3. Bilateral renal atrophy with intraparenchymal arteriole atherosclerosis and marked arterionephrosclerosis and cortical cysts.
4. Cranial artery atherosclerosis of the vertebral, basilar, posterior communicating and middle cerebral arteries.

11. Mild to moderate decomposition.

III. Toxicology is positive for ethanol, acetone, 1-propanol and acetaldehyde (urine only) in the blood and urine. Drugs of abuse were not detected.

EXTERNAL EXAMINATION

The body is that of a cachetic male Iraqi national. The body weighs approximately 130 pounds, is 69 ½ inches in length and appears the reported age of 61 years. The body temperature is ambient. Rigor is present to an equal degree in all extremities. Lividity is difficult to assess because of dark skin pigmentation but is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is mild to moderate decomposition of the body with areas of skin slippage on the posterior scalp, the right wrist and anterior right lower leg and marbling of the skin of the back, buttocks, posterior surface of the arms and legs, palms of the hands and the abdomen.

The scalp hair is black and gray and the decedent has frontal baldness. Facial hair consists of a full gray and black beard and mustache. The irides are brown. The corneae are slightly cloudy. The conjunctivae are free of injuries and hemorrhages. The sclerae are free of hemorrhages. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal septum and skeleton is palpably intact. The lips are without evident injury. The teeth are natural and poor condition with multiple unrepaired caries. Examination of the neck reveals no evidence of injury. The hyoid bone and thyroid cartilage are intact.

The chest is free of injuries and deformities. A **3.3 x 1.2** cm oval scar is on the anterior left costal margin and a 3.2 **x 2.3** cm oval scar is in the left upper quadrant of the abdomen. No injury of the ribs or sternum is evident externally. The abdomen is flat and free of palpable masses. The external genitalia are those of a normal circumcised adult male with bilateral descended testes. The testes are free of palpable masses. The buttocks and anus are unremarkable.

The extremities show injuries that will be described below. The fingernails *are* intact. An 11.5 x **4.5 cm** area and an area of 7.0 **x** 3.0 cm of non-descript black ink writing is on the medial surface and lateral surface of the left knee, respectively. There is a paper identification tag affixed to the right **wrist** and right second toe.

The back has a 2.5 x 2.0 cm scar immediately right of midline in the thoracic region and a 2.5 **x** 2.0 cm oval scar immediately below the scar just described.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects **are** present on the body at the time of autopsy:
A blue shirt, a green sweater, a white linen undergarment, and **two** white socks.

MEDIC ER

There is no medical intervention.

RADIOGRAPHS

Full body postmortem radiographs are obtained and demonstrates the following:
1. No long bone fractures
2. No foreign bodies

IDENCE 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.

A 2.4 x 1.4 cm crusted abrasion and a 1.5 x 1.4 cm crusted abrasion are on the forehead. A 1.0 x 0.5 cm abrasion is on the nose.

On the volar surface of the right forearm rue multiple oval purple contusions that average 1.0 cm in diameter. A 1.5 x 0.4 cm crusted abrasion and a 1.2 x 1.2 cm crusted abrasion are on the medial and the lateral surface of the left forearm, respectively.
On the posterior surface of the left hand are a 2.5 x 1.5 cm purple contusion and a 1.5 x 1.0 cm purple contusion. There is a 1.8 x 1.7 cm crusted abrasion with surrounding contusion on the lateral surface of the left knee and a 1.5 x 1.0 cm crusted abrasion immediately below the left patella.

Over the spinous processes of the lumbar spine is a 1.8 x 1.1 cm contusion.

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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. There is congestion and pooling of blood over the posterior aspect of the brain from livor mortis. Clear cerebrospinal fluid surrounds the 1325 gm brain, which has unremarkable gyri and sulci. The brain parenchyma is soft and pink/red from refrigeration. 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. There is atherosclerosis of the vertebral, basilar and middle cerebral arteries.

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 gray/white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITLES:
The ribs, sternum, and vertebral bodies are visibly and palpably intact. 50 ml of serosanguineous fluid are in each hemithorax. No excess **fluid** is in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:
The right and left lungs weigh *750* and 725 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 390 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 moderate calcified atherosclerosis of the right coronary artery (50% stenosis), the left circumflex (50% stenosis) and left anterior descending branch of the left coronary artery (50-75% stenosis). The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.3 and 0.4 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal arteries have moderate stenosis of their origins at the aorta from aortic atherosclerosis. The mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1125 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 about 4 ml of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 80 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.

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 55 and 60 gm, respectively. The external surfaces are coarsely granular with multiple renal cortical cysts, ranging from 0.3 –1 .0 cm in diameter. The cut surfaces are dark red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. There is marked intra-renal atherosclerosis of the arterioles of the renal parenchyma. The pelves are unremarkable and the meters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 100 ml of cloudy yellow urine. 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 smooth, grey-white mucosa. The stomach contains approximately 500 ml of brown fluid and rare food particles. The gastric wall is intact.

The greater curve of the stomach is densely adherent to the duodenum. The duodenum, loops of small bowel, and colon are otherwise unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer.
  Specimens retained far toxicologic testing and/or DNA identification are: blood, urine, spleen, liver, lung, kidney, brain, bile, gastric contents, and psoas muscle.
- The dissected organs are forwarded with 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.

OPINTON

This believed to be 61 year old Iraqi male died from atherosclerotic cardiovascular disease. The mechanism of death is often cardiac arrhythmia secondary to the diseased myocardium and conduction system. The presence of systemic atherosclerosis and the marked renal changes, including renal atrophy, is suggestive of the decedent having diabetes mellitus. The manner of death is natural.