



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



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Nahar, Muhammad
 SSAN: N/A
 Date of Birth: BTB 1933
 Date of Death: (b)(6) 2004
 Date of Autopsy: 04 OCT 2004
 Date of Report: 24 NOV2004

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Iraqi National
 Place of Death: Marine Detention
 Facility, Iraq
 Place of Autopsy: Baghdad Mortuary
 Baghdad Airport, Iraq

Circumstances of Death: This believed to be 71 year old Iraqi National died while in US Marine Corps custody while being processed into the Iraqi detention program. The Naval Criminal Investigative Service (NCIS) investigation revealed that the decedent suffered from ulcer disease for several years (per decedent's nephew) and the decedent was doing quite poorly just prior to being detained by the Marines.

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

Identification: Identification based on prison identification tag on the left great toe.

CAUSE OF DEATH: Acute Peritonitis due to a Perforating Gastric Ulcer

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Autopsy findings
 - A. Acute Peritonitis due to a Perforating Gastric Ulcer associated with 1500 ml of purulent ascites and severe dehydration.
 - B. Mild to moderate atherosclerosis (25-50% stenosis) of the right coronary and left anterior descending branch of the left coronary artery.
 - C. Mild atherosclerosis of the basilar and right middle cerebral arteries of the brain.

- D. Fibrosis of the epicardial surface of the right ventricle of the heart.
 - E. Left renal scar.
 - F. Hydrocele of the right testicle.
- II. Mild decomposition
- III. Toxicology is negative for ethanol and drugs of abuse.

EXTERNAL EXAMINATION

The body is that of a cachetic, dehydrated 65 ½ inch tall, 100 pounds (estimated) Iraqi National whose appearance is consistent with the reported age of 71 years. Lividity is fixed posteriorly. Rigor is easily broken in the extremities, and the temperature is cold from refrigeration.

The scalp is covered with curly black and gray hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. There are linear drying artifacts on each eye and small hyperpigmented areas on the superior aspects of each eye. The external auditory canals are dry and free of abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear are natural and have severe periodontal disease. Facial hair consists of a black mustache and goatee style beard.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. A 2.5 x 2.1 cm oval scar is on the left chest and a 7.4 x 1.4 cm oval scar is over the xiphoid process. The abdomen is flat but has a palpable fluid wave. A 2.1 x 0.7 cm oval scar is on the right upper quadrant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The left buttock has a 2.0 x 1.5 cm abrasion over the protruding left femoral neck. On the right side of the central lower back is a 0.7 x 0.7 cm oval hyperpigmented area. The anus is unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The skin of the posterior surfaces of the hands retains "tents" when stretched. On the posterior surface of the left forearm are five oval scars that range in size from 1.2 x 1.2 cm to 2.5 x 2.0 cm and are in a linear pattern extending from the elbow to the wrist. The wrists and web spaces of the fingers are free of injuries. On the anterior surface of the right lower leg are three round to oval scars that range in size from 1.5 x 1.0 cm to 2.5 x 1.5 cm. A 2.0 x 1.5 cm circular scar is on the anterior surface of the left lower leg. The ankles and web spaces of the toes are free of injuries. A paper identification tag inscribed with (b)(6) is attached to the left great toe.

CLOTHING AND PERSONAL EFFECTS

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

A bright orange jumpsuit with a piece of cardboard inscribed with (b)(6) in the front pocket.

MEDICAL INTERVENTION

There are a cluster of four punctate defects over the medial surface of the left forearm and a cluster of three punctate defects on the posterior surface of the right hand, inspection by incision is consistent with needle punctures.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:
No foreign bodies and no evidence of fractures.

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.

A 2.1 x 0.1 cm crusted linear abrasion is on the anterior surface of the right wrist and a 2.5 x 0.1 cm crusted abrasion on the posterior surface of the right forearm.

A 1.5 x 0.5 cm crusted abrasion is on the anterior surface of the left ankle.

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 soft 1390 gm 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. There is mild atherosclerosis of the basilar and right middle cerebral arteries. 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 bone are intact. The larynx is lined by intact 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 CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The pleural cavities each have 100 ml of decomposition fluid. The pericardial and peritoneal cavities are free of fluid collections. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 423 and 438 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 341 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. A 4.2 x 2.6 cm area of epicardial fibrosis is on the anterior surface of the right ventricle. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show mild

atherosclerosis (<25% stenosis) in the right coronary and the left descending branch of the left coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.0 and 0.3-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 780 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 no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 94 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 65 and 64 gm, respectively. The external surfaces have fine granularity. A 1.0 x 0.8 cm scar that is consistent with a ruptured renal cortical cyst is on the upper pole of the left kidney. 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 bladder wall. The bladder contains approximately 40 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. The right testicle has a hydrocele that contains 30 ml of clear yellow fluid.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. There is approximately 10 ml of clotted blood in the distal esophagus. The stomach contains approximately 120 ml of tan mucoid fluid. The anterior gastric wall has a 1.6 x 1.0 cm perforation near the pyloric sphincter that communicates with a 1.5 x 0.5 cm perforation of the posterior gastric wall near the pyloric sphincter. There is approximately 1500 ml of foul smelling cloudy tan fluid in the peritoneal cavity. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, urine, spleen, kidney, lung, liver, 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

Stomach: Acute ulceration with severe inflammation with bacteria present. Helicobacter pylori is not identified on either H&E or Diff-Quik stained slides

Portions of other organs are retained in formalin, without preparation of histologic slides.

OPINION

This believed to be 71 year old detainee died from acute peritonitis that resulted from a perforating gastric ulcer. The decedent was cachectic and severely dehydrated which indicates that he had the ulcer for a significant amount of time. The manner of death is natural.

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(b)(6) Medical Examiner



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

REPLY TO
ATTENTION OF

AFIP (b)(6)

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
NAHAR, MUHAMMAD

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: October 18, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD
Date of Incident: Date Received: 10/6/2004

VOLATILES: The URINE AND LIVER were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

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

None were found.

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