



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



AUTOPSY EXAMINATION REPORT

Name: Mowhosh, Abid

SSAN: NA

Date of Birth: 1947

Date/Time of Death: 26 Nov 2003

Date/Time of Autopsy: 2 Dec 2003

Date of Report: 18 Dec 2003

Autopsy No.: [REDACTED]

AFIP No.: [REDACTED]

Rank: MG (Iraqi)

Place of Death: Al Qaim, Iraq

Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Circumstances of Death: This Iraqi Major General died while in U.S. custody. The details surrounding the circumstances at the time of death are classified.

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

Identification: Visual by 3rd Armored Cavalry Regiment, postmortem fingerprint and DNA obtained

CAUSE OF DEATH: Asphyxia due to smothering and chest compression

MANNER OF DEATH: Homicide

*This final autopsy
package was provided
to OIG,*

on 12/30/2003

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FINAL AUTOPSY DIAGNOSES:

- I. History of smothering and chest and abdominal compression
- II. Blunt force trauma
 - A. Contusions and abrasions of the skin and soft tissue of the chest and abdomen with patterned contusions
 - 1. Fractures of left ribs 3-7
 - B. Extensive contusions and abrasions of the extremities with patterned contusions
 - C. Minor contusion of the scalp
- III. Cardiomyopathy (650 grams)
 - A. Left ventricle hypertrophy (1.7cm)
 - 1. Myocyte hypertrophy and interstitial and perivascular fibrosis
 - B. Mild atherosclerosis of the aorta
 - C. Pulmonary edema (combined weight = 1350 grams)
- IV. Status post cholecystectomy
 - A. Perihepatic and pericolonc adhesions
- V. Hepatic steatosis (fatty change), microscopic
- VI. Hepatitis B positive (DNA)
- VII. Pleural and pulmonary adhesions
- VIII. Perisplenic adhesions
- IX. Nodular prostate
- X. Early decomposition
- XI. No displaced fractures or radiopaque projectiles on radiographs
- XII. Toxicology negative

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, obese, 71 1/2 inch tall, 250 pounds minimum (estimated) male whose appearance is consistent with the reported age of 56 years. Lividity is posterior and purple. There is facial suffusion and congestion of the conjunctival vessels but no petechiae of the eyes, face, or oral mucosa. Rigor is not apparent. There is early decomposition consisting of vascular marbling of the anterior chest.

The scalp is covered with gray-brown hair measuring 1 3/4 inch in length and in a normal distribution. There is a brown beard and mustache. The irides are brown and slightly obscured by corneal clouding. The ears and external auditory canals are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and adequate in repair. There are no injuries of the oral cavity.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant. 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 developmentally unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Flexicuff wrist ties encircle each wrist but there are no associated abrasions or contusions.

Identifying marks and scars include an oblique 8 x 1/4 inch scar and 2 adjacent oblique scars measuring 3/4 x 1/2 inch each on the right upper quadrant of the abdomen (cholecystectomy). On the skin of the right patella is a 1 1/4 inch linear scar and on the skin of the left patella is a 1 1/4 inch linear scar. On the posterior right shoulder and arm are a 4 x 2 inch scar, a 1 1/2 x 1 1/2 inch scar, a 2 3/4 inch linear scar, a 3 1/2 inch linear scar, and a 1 x 1/4 inch scar.

Encircling the right wrist is a white plastic identification band with "3 ACR 76".

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body at the time of autopsy:

- Long black shirt
- White undershirt
- Tan boxer style underpants

MEDICAL INTERVENTION

- Intravenous puncture marks in the right groin and right antecubital fossa
- A 1 1/2 x 7/8 inch dried orange abrasion overlying the sternum (CPR artifact)

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RADIOGRAPHS

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

- No displaced fractures
- No radiopaque foreign objects (bullets or shrapnel)

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.

DESCRIPTION OF BLUNT FORCE INJURIES:**Head and Neck:**

On the right parieto-occipital scalp is a 1 ½ x 1 ¼ inch purple contusion without fracture of the underlying skull. There is a ½ x ¼ inch area of discoloration of the superior belly of the right omohyoid muscle without injury of the remaining anterior strap muscles. Dissection of the posterior neck and spinal cord is free of injury.

Chest and Abdomen:

On the anterior right side of the chest superior to the nipple is a 5 x 1 ¾ inch crescentic purple contusion and on the left side of the anterior chest is a 2 ¾ x 1 ¼ inch purple contusion. On the midline of the anterior abdominal wall are a 5 x 3 ½ inch purple contusion, a triangular 5 ½ x 2 inch purple contusion, and a triangular 6 ½ x 2 inch purple contusion. On the left lower quadrant of the abdomen is a 4 x 3 ¼ inch purple contusion. Adjacent to and admixed with the above contusions are numerous circular to ovoid red-purple contusions ranging from ¼ to ½ inch. On the midline of the upper back is a 3 ¾ x 2 inch purple contusion. On the left costovertebral angle is a 7 ½ x 3 inch purple contusion. On the postero-lateral left rib cage is a faint 6 x 3 ½ inch purple contusion. On the right costovertebral angle and lower back are a 4 ½ x 2 inch purple contusion and a 7 ¾ x 1 ½ inch purple contusion.

Injuries within the chest include non-displaced fractures of the anterior aspect of the 5th-7th ribs on the left side and 3rd-6th ribs on the postero-lateral left side. Dissection of the parietal pleura from the rib cage reveals hemorrhage surrounding these fractures. There are no injuries of the lungs or remaining organs of the chest and abdominal cavities. Dissection of the skin of the back reveals scattered ¼ - ½ inch purple contusions of the soft tissue.

Pelvis and Buttocks:

On the right buttock and extending onto the anterior right hip is an irregularly shaped 13 ½ x 8 inch dark purple contusion with hemorrhage of the underlying subcutaneous tissue but without contusion or fracture of the underlying musculoskeletal system. Adjacent to this contusion is a patterned contusion consisting of two parallel oblique purple contusions measuring 3 ¾ x 1 inch and 4 x 1 ¼ inch with a ½ inch area of clearing between these contusions. On the left buttock and extending onto the posterior thigh are

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an irregularly shaped $7\frac{1}{2} \times 4\frac{3}{4}$ inch purple contusion and two oblique parallel purple contusions measuring $5\frac{1}{2}$ inches and $6\frac{1}{2}$ inches.

Lower Extremities:

On the anterior right thigh is an oblique 9×6 inch red-purple contusion. On the mid anterior right thigh are two parallel purple contusions occupying an area 6×3 inches with a $3/8$ - $1/2$ inch area of central clearing. Adjacent to these contusions are multiple pinpoint red abrasions. On the skin overlying the right patella is a $2\frac{1}{2} \times 1\frac{1}{2}$ inch purple contusion. On the right anterior shin is a 4×3 inch purple contusion. On the skin overlying the right lateral malleolus is a $5\frac{1}{2} \times 2\frac{1}{4}$ inch purple contusion and on the skin overlying the right medial malleolus is an $8\frac{1}{4} \times 4$ inch purple contusion. On the plantar surface of the right foot is a $2 \times 1\frac{1}{4}$ inch purple contusion. In the right popliteal fossa is a $4 \times 4\frac{1}{2}$ inch purple contusion.

On the left inguinal area is a $1\frac{1}{2} \times 2\frac{1}{4}$ inch purple contusion. On the anterior left thigh are 2 purple contusions measuring $4\frac{1}{4} \times 3\frac{1}{2}$ inches and $3/4 \times 1/2$ inch, respectively. On the anterior and lateral left thigh is a patterned contusion consisting of three parallel oblique purple contusions occupying an area 6×4 inches with $1/2$ inch areas of clearing between contusions. On the skin overlying the left patella and anterior shin is a patterned contusion consisting of two parallel, horizontal purple contusions occupying an area 6×4 inches with $1/2$ inch area of clearing between contusions. On the anterior left shin is a patterned contusion occupying an area $6 \times 4\frac{3}{4}$ inches and consisting of an irregularly shaped contusion within which are two parallel purple contusions with a $3/16$ inch area of clearing. On the medial left shin is a $3/4$ inch purple contusion. On the skin overlying the left medial malleolus is a 3×2 inch purple contusion. On the posterior left thigh is a $5 \times 5\frac{1}{2}$ inch purple contusion. On the left calf is an oblique $10 \times 2\frac{3}{4}$ inch purple contusion with a $1/2$ inch area of central clearing.

Upper Extremities:

On the anterior and posterior left arm, elbow, and forearm is a $13\frac{1}{2} \times 9\frac{1}{4}$ inch area of diffuse purple contusion without an apparent pattern. There is no injury of the underlying bones. On the anterior left shoulder is a $2\frac{3}{4} \times 1\frac{1}{4}$ inch purple contusion. On the anterior right shoulder is a $3\frac{1}{2} \times 3/4$ inch purple contusion. On the posterior right arm is a $2\frac{1}{2} \times 2$ inch purple contusion. On the posterior right elbow is a 10×9 inch purple contusion without injury of the underlying bones. There is no significant injury of either hand or wrist.

INTERNAL EXAMINATIONHEAD:

The galeal and subgaleal soft tissues of the scalp have the noted minor contusion. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1250 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive

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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. There is a focal area of discoloration of the superior belly of the right omohyoid muscle. 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 or ligament injury. Sections of the cervical spinal cord are unremarkable.

BODY CAVITIES:

There are the noted rib fractures. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions with surgical absence of the gallbladder and perihepatic adhesions. There are bilateral fibrous pleural, perisplenic, and pericolonic adhesions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 650 and 700 gm, respectively. The external surfaces are deep red-purple and have the noted adhesions. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 650 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with extensive 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 walls of the left and right ventricles are 1.7 and 0.6-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 1900 gm liver has an intact 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 is surgically absent.

SPLEEN:

The 275 gm spleen has the noted perisplenic adhesions. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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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 but autolysed. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 gm each. 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 bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma and nodular. 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 30 ml of brown 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 [redacted]
- [redacted] of Army Criminal Investigative Division (CID) attended the autopsy
- Specimens retained for toxicologic testing and/or DNA identification are: blood, spleen, liver, lung, kidney, brain, gastric, and psoas
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

MICROSCOPIC EXAMINATION

Heart: Sections show mild – moderate myocyte hypertrophy, perivascular and interstitial fibrosis, and fatty infiltration of the right ventricle. Postmortem overgrowth of bacteria without an inflammatory response is noted.

Lungs: Sections show intra-alveolar edema fluid, perivascular anthracosis, congestion, and postmortem overgrowth of bacteria without an inflammatory response. No polarizable foreign material is identified.

Kidney: Section shows vascular congestion and autolysis. No polarizable foreign material is identified.

Liver: Sections show moderate predominantly macrovesicular steatosis, mild periportal fibrosis, and no significant inflammation.

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Brain: Section shows no significant pathologic abnormality.

Right omohyoid muscle: Section shows no significant pathologic abnormality.

Contusion of the right buttock: Sections shows extravasation of erythrocytes without a significant inflammatory response and no significant hemosiderin deposition by H and E stain.

SEROLOGY

Postmortem serologic testing for antibodies to human immunodeficiency virus (HIV) and hepatitis C virus were non-reactive (negative).

Spleen was positive for hepatitis B DNA by PCR.

TOXICOLOGY

Toxicologic analysis of blood and liver was negative for carbon monoxide, cyanide, ethanol (alcohol), and illicit substances (drugs).

OPINION

This 56 year-old Iraqi detainee died of asphyxia due to smothering and chest compression. Significant findings of the autopsy included rib fractures and numerous contusions (bruises), some of which were patterned due to impacts with a blunt object(s). Another finding of the autopsy was an enlarged heart, the etiology of which is uncertain. Other findings included a fatty liver, which can be seen most commonly with obesity or alcohol abuse. The spleen was positive for hepatitis B DNA by polymerase chain reaction (PCR). There were scars in the chest cavity most likely due to an old infection. Scars were noted in the abdominal cavity due to prior surgical removal of the gallbladder.

Although an enlarged heart may result in sudden death, the history surrounding the death along with patterned contusions and broken ribs support a traumatic cause of death and therefore the manner of death is best classified as homicide.

 Medical Examiner