

#### DEPARTMENT OF THE ARMY

U.S. ARMY CRIMINAL INVESTIGATION COMMAND Camp Bucca CID Office CAMP BUCCA CID OFFICE, 3D MILITARY POLICE GROUP (CID), Camp Bucca, Umm Qasr, Iraq, APO AE, Iraq

15 May 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0019-2008-CID579-53597 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2008, 1937 - 15 MAR 2008, 2007; 31ST COMBAT SUPPORT HOSPITAL, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, AE 09375

DATE/TIME REPORTED: 15 MAR 2008, 2035

INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F) SA (b)(6), (b)(7)(C), (b)(7)(F)

SA (b)(6), (b)(7)(C), (b)(7)(F)

SUBJECT:

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. HUSSEIN, HYDER ABDUL (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN)(b)(6), (b)(7)(C) THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; FC; [DEATH BY NATURAL CAUSES]

#### INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"



#### TOR OFFICIAL USE ONLY

About 2035, 15 Mar 08, SA(b)(6), (b)(7)(C) was notified by SPC(b)(6), (b)(7)(C) 31st Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09376, that detainee HUSSEIN died at the TIF Hospital after being admitted on 11 Mar 08.

Investigation determined Detainee HUSSEIN was admitted to the TIF Hospital on 11 Mar 08 due to not feeling well. Over the course of the following four days Detainee HUSSEIN went into Cardiac Arrest twice. Detainee HUSSEIN had a history of heart Failure and was diagnosed with an enlarged heart. During the evening on 15 Mar 08, Detainee HUSSEIN suffered another heart attack and attempts to resuscitate him met with negative results. Detainee HUSSEIN was pronounced dead at 2007, 15 Mar 08, by CPT(b)(6), (b)(7)(C) (b)(6), (b)(7)(C), 31st Combat Support Hospital, TIF, Camp Bucca, APO AE 09376. During a review on the body, there were no signs of unexplained trauma or foul play.

An autopsy by the Armed Forces Medical Examiner's Office determined the Cause of Death to be Dilated Cardiomyopathy and the Manner of Death as Natural. The results of this investigation are consistent with those findings.

STATUTES:

N/A

**EXHIBITS/SUBSTANTIATION:** 

**EXHIBITS:** 

Attached:

- 1. Agents Investigative Report (AIR) of SA (b)(6), (b)(7)(C) 22 Mar 08.
- 2. Photographic Packet. (Victim) (USACIDC and file copies only)
- Compact Disc (CID) containing original images associated with Exhibit 2. (USACRC, USACIDC and file copies only)
- 4. Death Packet Pertaining to Detainee HUSSEIN.

2



#### Law Enforcement Consisting

- 5. AIR of SA (b)(6), (b)(7)(C) 22 Mar 08.
- 6. Autopsy Photographs of Detainee HUSSEIN. (USACRC, USACIDC and file copies only)
- 7. AIR of SA (b)(6), (b)(7)(C) 6 May 08.
- 8. Report of Toxicology Examination, pertaining to Detainee HUSSEIN, 31 Mar 08.
- 9. Certificate of Death pertaining to Detainee HUSSEIN, 15 Mar 08.
- 10. Final Autopsy Report, pertaining to Detainee HUSSEIN, 30 Apr 08.

Not Attached:

None

The original of Exhibits 1 thru 3, 5 and 7 are attached to the USACRC copy of this report. The original of Exhibit 4 is retained in the files of the 332nd EMDOS, Air Force Theater Hospital, LSA Anaconda, Balad, Iraq. The original of Exhibits 6 and 8 thru 10 are retained in the files of the Armed Forces Institute of Pathology, Rockville, MD.

STATUS: This is a final report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation may be subject to a Quality Assurance review by CID higher headquarters.

3

#### Law Enforcement Sensitive



(b)(6), (b)(7)(C)

Special Agent

DISTRIBUTION:

Report Approved By:

(b)(6), (b)(7)(C)

Special Agent in Charge

Dir, USACRC, Ft Belvoir, VA DIR AFIP AFME WASH, DC AFIP DOVER OAFME 11th MP BN (CID)(OPERATIONS)

68th MP DET (CID), ARIFJAN, KUWAIT

31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

CDR, 3D MP GROUP (CID)(OPERATIONS)

COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375

COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

Forensic Science Officer

STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

MNC-I- CJI CASUALTY OPS, ATTN: OIC

CAMP BUCCA CID OFFICE, 68th MP DET (CID), APO AE 09375

FILE

4

Law Enforcement Sandi

#### AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0019-08-CID579-53597

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: About 2035, 15 Mar 08, SA (b)(6), (b)(7)(C) was notified by SPC (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 31<sup>st</sup> Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09375, that Detainee Hyder Abdul HUSSEIN, ISN: (D)(6), (D)(7)(C) TIF, Camp Bucca, APO AE 09375, died at the TIF Hospital after being admitted on 11 Mar 08.

About 2100, 15 Mar 08, SA(b)(6), (b)(7)(C) coordinated with CPT(b)(6), (b)(7)(C) ,(b)(6), (b)(7)(C) 31<sup>st</sup> Combat Support Hospital, TIF, Camp Bucca, APO AE 09375, to determine the status of Detainee Hyder Abdul HUSSEIN and what treatment he had received. CPT(b)(6),(b)(7)(C) relayed Detainee HUSSEIN was admitted on 11 Mar 08 for not feeling well. Over the course of the following four days detainee HUSSEIN went into cardiac arrest twice. Detainee HUSSEIN had A history of heart failure and was diagnosed with an enlarged heart. During the evening on 15 Mar 08, Detainee HUSSEIN suffered another heart attack and attempts to resuscitate him met with negative results. Detainee HUSSEIN was pronounced dead at 2007 by CPT (b)(6), (b)(7)(C)

About 2115, 15 Mar 08, SA (b)(6), (b)(7)(C) exposed photographs of the body of Detainee HUSSEIN utilizing a Nikon Coolpix Digital Camera. (See photograph packet and photographs for details)

About 1400, 22 Mar 08, SA (b)(6), (b)(7)(C) coordinated with SGT (b)(6), (b)(7)(C) (b)(6), (b)(7)(C), Patient Administration Division (PAD), 31<sup>st</sup> Combat Support Hospital, TIF, Camp Bucca, APO AE 09375 and obtained the death packet of Detainee HUSSEIN. (See Death Packet for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

 $_{SA}(b)(6), (b)(7)(C), (b)(7)(F)$ 

(b)(6), (b)(7)(C)

ORGANIZATION

68th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

22 Mar 08

EXHIBIT

ACLUDDUCID ROI 32263

ng is Excluded From ion (Para 13, AR 34-16)

ACLU-RDI 5577 p.5

# ROI 08-CID579-53597-5H

Exhibit(s): 4

Page(s): 000014 thru 000019

Referred to:

Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049

CERTIFICA OF DEATH

TAB OOLGO TAB OOLGO INTEROSERAL NUMBER

US91Z-321827CI

FROM:

TO:

TF 31st CAMP BUCCA, IRAQ APO AE 09375

For use of this form, see AR 190-8, the proponent agency is OCSPER.

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ACEU-RBI 35677p.14AY 82

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WITNESSES

ADDRESS

ADDRESS

TF 31 Camp Bucca

LU DD用即即R01 32274

APO, AE 09375

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DD FORM 2064, APR 1977 (BACK)



For use of this form, see AR 638-2; the proponent agency is ODCSPER

NAME OF DECEASED (Last. First. MI)

HUSSEIN, HYDER A.

000-32-1827

15 MAR 2008

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NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required) Identified through iris scan and photography.

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# CHRONOLOGICAL RECORD OF MEDICAL CARE

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Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
HRMR (41 CFR) 201-9.202-1

ACLU DDII CID ROI 32279





#### ROI NUMBER (0073-08-CID112) AGENT'S INVESTIGATION REPORT 0019-08-CID579-09324 CID Regulation 195-1 PAGE 1 OF 1 PAGES

DETAILS BASIS FOR INVESTIGATION: On 20 MAR 08, this office received a Request for Assistance (RFA) from Special Agent (b)(6), (b)(7)(C) Office of Armed Forces Medical Examiner (OFAME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd., Bldg 102, Rockville, MD 20850. The request required this office to attend the autopsy of Detainee Hyder Abdul HUSSEIN, Internment Serial Number (ISN) (b)(6), (b)(7)(C) who died while in the 31st Combat Support Hospital, Theater Internment Facility (TIF), Camp Bucca, APO AE 09376.

About 0800, 22 MAR 08, the autopsy of Detainee HUSSEIN (ME#08-0208), was Fort Meade CID attended by SA(b)(6), (b)(7)(C) and SA(b)(6), (b)(7)(C)Office, Fort Meade, MD 20755 which was performed by Dr. (COL) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd., Bldg 102, Rockville, MD, 20850. The preliminary cause of death was listed as pending and manner of death was pending. Photographers from AFIP exposed all digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA (b)(6), (b)(7)(C) obtained the fingerprints of Detainee HUSSEIN, and a copy of the CD containing all images was obtained. (See fingerprints and CD for details.)

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report which will be provided upon completion. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA(b)(6), (b)(7)(C), (b)(7)(F)

Aberdeen Proving Ground Resident Agency (CID)

Aberdeen Proving Ground, MD 21005

(b)(6), (b)(7)(C)

22 MAR 08

CLUIDDILC

EXHIBIT

#### AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0019-08-CID579-53597

PAGE 1 OF 1 PAGES

About 0937, 6 May 08, SA(b)(6), (b)(7)(C) received the Final Autopsy Report, Autopsy Report number ME08-0208, Report of Toxicological Examination, and Death certificate of Detainee HUSSEIN, from the Armed Forces Institute of Pathology, Washington D.C. The Final Autopsy Report listed the Cause of Death as Dilated Cardiomyopathy and the Manner of Death as Natural. (See Final Autopsy Report, Report of Toxicological Examination and Death Certificate for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

 $_{SA}$  (b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION

68th MP Detachment (CID), Camp Bucca, APO AE 09375

(b)(6), (b)(7)(C)

DATE

EXHIBIT

6 May 08

HODILC

CID F (Auto

rking is Excluded From ination (Para 13, AR 34-16)

ACLU-RDI 5577 p.14

# ROI 08-CID579-53597-5H

Exhibit(s): 8 thru 10

Page(s): 000089 thru 000099

Referred to:

Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049



TO:

EXAMINER

# 

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

AFIP-CME-T

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

HUSSEIN, HYDER ABDUL

SSAN:

Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: March 31, 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

OFFICE OF THE ARMED FORCES MEDICAL

ARMED FORCES INSTITUTE OF PATHOLOGY

WASHINGTON, DC 20306-6000

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 3/15/2008

Date Received: 3/26/2008

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.

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

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.

DRUGS: The BLOOD was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, 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:

This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies

FOR OFFICIAL USE ONLY

ACLU DDII CID ROI 32351

EXHIBIT



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

# REPORT OF TOXICOLOGICAL EXAMINATION (CONT - HUSSEIN. HYDER ABDUL):

Positive Benzodiazepine: Midazolam was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

Positive Benzodiazepine: 1-Hydroxymidazolam was detected in the blood by gas chromatography/mass spectrometry.

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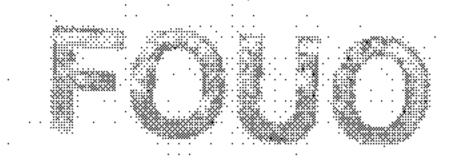
Office of the Armed Forces Medical Examiner

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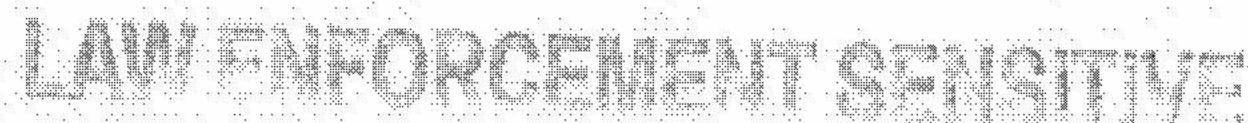
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# ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850

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# FINAL AUTOPSY REPORT

Name: HUSSEIN, Hyder Abdul

ISN: US0IZ 321827

Date of Birth: Unknown

Date of Death: 15 MAR 2008

Date of Autopsy: 22 MAR 2008, 0900 hours

Date of Report: 30 APR 2008

Autopsy No.: (b)(6)
AFIP No.: (b)(6)

Rank: Civilian Iraqi Detainee

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Dover Mortuary Facility.

Dover AFB, DE

## Circumstances of Death:

Mr. Hyder A. Hussein, an Iraq civilian detainee of unknown age has a well documented history of and treatment for Dilated Cardiomyopathy during two prior admissions in January and February of 2008. He was admitted to the Theater Internment Facility (TIF) hospital, Camp Bucca, Iraq, on 11 MAR 2008 with a complaint of "not feeling well". Over the following four days, Mr. Hussein suffered cardiac arrest twice. On 15 MAR 08, he suffered a third cardiac arrest and could not be resuscitated. No additional pertinent information is available.

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

#### Identification:

Mr. Hyder A. Hussein was identified by toe tags and his TIF number. Fingerprints, dental charting and sample for DNA identification are obtained.

# CAUSE OF DEATH:

Dilated Cardiomyopathy

### MANNER OF DEATH:

Natural

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# EXTERNAL EXAMINATION

The body is that of a well-developed, White male 73 inches tall, 287 pounds and appears of middle age (unknown date of birth). The body build is obese with Body Mass Index of 37.9, (18.5-24.9 is normal; 25-29.9 is over weight and 30.0 and above is considered obese). Lividity is consistent with supine position, rigor is equally present in all extremities, and the body temperature is that of the refrigeration unit.

The scalp and facial hair, beard and mustache, are black. The irides are brown, and the pupils are round and equal in diameter. The corneas are dull and the sclerae are unremarkable. 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 unremarkable. The tongue reveals no evidence of trauma or bite marks.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is markedly protuberant. 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 right buttock reveals decubitus ulceration right of the midline and an incised and drained abscess more laterally. The anus is unremarkable.

The upper and lower extremities are symmetric; reveal marked edema and no clubbing. No evidence of trauma is present on examination or dissection of the extremities. The chest and abdomen reveal remarkable stretch marks. A tattoo in Arabic lettering (my mother) is noted on the anterior left forearm. A large remote healed longitudinal surgical scar is noted on the left upper chest close to the anterior axillary line. No other identifying marks are noted.

# CLOTHING AND PERSONAL EFFECTS

The body was received un-clad. A silver-colored ring is noted in the left middle finger. The ring is removed, photographed and submitted to the mortuary staff for proper disposition.

### MEDICAL INTERVENTION

Evidence of medical intervention: Endotracheal tube; Naso-gatric tube; EKG pads; Multiple intravenous access lines and a urinary catheter.

### RADIOGRAPHS

Full body radiographs and a CT-scan are obtained and demonstrate remote internal fixation of distal left forearm. No recent skeletal fractures are noted.

EVIDENCE OF INJURY

None recovered.

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# INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are edematous and free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400 gm brain, which has unremarkable gyri and sulci. The surface vessels reveal marked congestion. 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 tan mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. There is no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The chest cavities reveal bilateral pleural effusion of clear straw-colored fluid; 300 cc in the left and 200 cc in the right. The pericardial sac contains 200 cc of clear straw-colored fluid, and the peritoneal cavity contains effusion fluid, approximately 300 cc. The heart appears grossly enlarged and the major organs occupy their usual anatomic positions. The abdominal wall adipose tissue measures 2" in thickness.

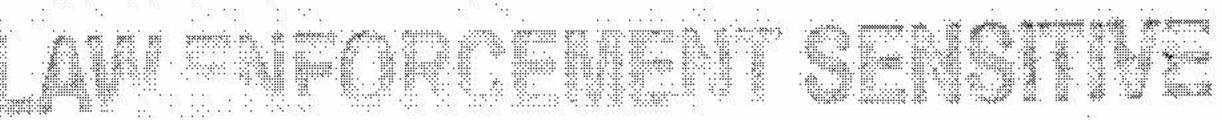
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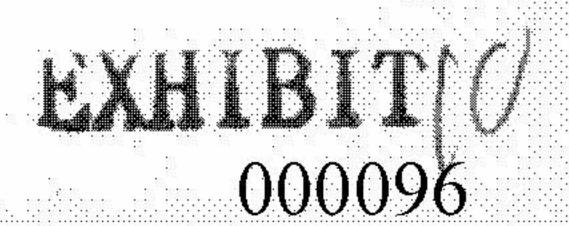
The right and left lungs are markedly heavy and weigh 1220 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and markedly edematous, oozing frothy fluid. Two dark red well-demarcated area are noted in the base of the lower lobe of the right lung and the apex of the lower lobe of the left lung, measuring  $3 \frac{1}{2} \times 2 \frac{1}{2} \times 2^n$  and  $2 \times 2 \times 1 \frac{1}{2}$  respectively. Sections through these areas reveal firm dark red parenchyma, with gross appearance of pulmonary infarction. The lungs are photographed for documentation. The pulmonary vessels are normally positioned and are grossly free of thrombo-emboli.

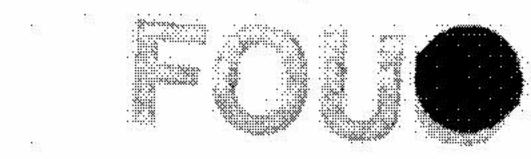
CARDIOVASCULAR SYSTEM:

The heart is markedly enlarged, weighs 790 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with increased fat investment. The coronary arteries are present in a normal distribution. Cross sections of the coronary vessels reveal no significant atherosclerotic changes. The myocardium is homogenous, red-brown, and soft. The cardiac chambers are dilated. The valve leaflets are thin and mobile except for a thickened and slightly shortened mitral valve. The tricuspid, pulmonary, mitral and aortic valves measure 13. 8. 11 and 7 cm, respectively. The mitral valve is retained for further examination. The walls of the left and right ventricles and

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the interventricular septum are 18.5 and 18 mm, 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 3100 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma reveals a nutmeg appearance consistent with congestive heart failure, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder wall is slightly thickened and contains dark green bile. A gall stone measuring 1 cm in diameter and multiple minute gall stones are noted in the lumen, photographed and retained. The extrahepatic biliary tree is grossly patent.

## SPLEEN:

The 780 gm spleen is enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. The major lymph nodes encountered during examination are not enlarged and are unremarkable.

# 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 270 gm and 240 grams, respectively. The external surfaces are intact, smooth with mild persistent lobulation. 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. The bladder contains a small amount of clear yellow urine with a urinary catheter in place. Urine is submitted for toxicology. 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. Bilateral hydroceles are noted.

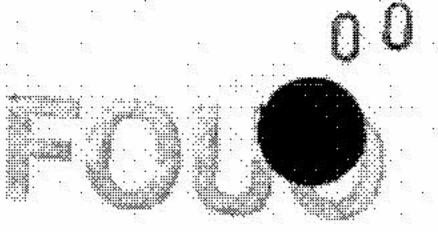
# GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains a small amount of dark green fluid. The gastric wall is intact. The duodenum, loops of small and large intestines slightly edematous but otherwise are unremarkable.

# MUSCLES & SKELETAL SYSTEM:

Grossly unremarkable with no significant pathological changes. No evidence of recent skeletal trauma is noted during examination or radiologically.

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## TOXICOLOGY

- Carbon Monoxide: Carboxyhemoglobin saturation less than 1%.
- Volatiles (Blood and Urine): No ethanol was detected.
- Cyanide: No cyanide detected.
- Screened drugs of abuse and medications (Blood):
  - Positive Benzodiazepine (Midazolam); detected and confirmed.
  - Positive Benzodiazepine (1-Hydroxymidazolam), detected and confirmed.

# ADDITIONAL PROCEDURES

- 1. Documentary photographs are taken by an OAFME photographer.
- 2. Full body radiographs and CT-scan are obtained.
- 3. Examination, with skin incisions, of the extremities and back to rule out trauma.
- 4. Specimens retained for toxicological and/or DNA identification are: blood, vitreous, bile, urine, gastric contents and tissue samples of heart, kidney, liver, lung, spleen, brain, adipose tissue, and muscle.
- 5. Representative sections of organs are retained in formalin for microscopic examination.
- 6. Personal effects, a silver-colored ring, is photographed and released to the mortuary staff for proper disposition.

# MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Histological slides are as follows:

- Heart: Focal subendocardial scarring; Prominent perivascular fibrosis; Focal hypertrophic myocytes; Recent septal myocardial infarction with contraction bands and acute inflammatory cell infiltrate.
- Mitral valve: thickened mitral valve with fibrosis and hyalinization.
- 6-9, 11: Lungs: Large areas of parenchymal infarctions; increased number intra-alveolar hemosidren and anthracotic pigment-laden macrophages; pulmonary congestion and edema. No evidence of pneumonia.
- Kidney: Focal areas of acute tubular necrosis. 10:
- Adrenal glands: Unremarkable.
- Spleen: Congestion, focal infarction.
- 14-16: Brain: Unremarkable.
- 1-16: Postmortem autolysis

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# FINAL AUTOPSY DIAGNOSIS

## A. Cardiovascular System:

- Cardiomegaly (Cardio Bovus), 790 grams
- Four chamber dilatation consistent with dilated cardiomyopathy.
- Congestive Heart Failure:
  - Bilateral hemothoraces, pericardial and peritoneal essusions.
  - Pulmonary edema, right 1,220 grams and left 830 grams.
  - Hepatomegaly with nutmeg appearance.
  - Bilateral pulmonary infarctions.
  - Generalized edema.
  - Bilateral hydroceles.
- Focal subendocardial and perivascular fibrosis.
- Thickened (fibrosed and hyalinized) mitral valve, unknown etiology.

# B. Other Findings:

- Obesity, BMI 37.9 (normal 18.5-24.9, overweight 25.0-29.9, obese 30.0 and above)
- Pulmonary infarction.
- Acute tubular necrosis of kidney.
- Chronic cholecystitis and cholelithiasis.
- Right gluteal abscess, evidence of recent incision and drainage.
- Passive congestion of liver, spleen and kidneys.
- Early signs of developing decubitus ulceration.

### C. Injuries

- No evidence of blunt force, sharp force or firearm injuries.

## D. Toxicology:

- No evidence of ethanol or drugs of abuse.
- Positive for Benzodiazepine and its metabolites.

### **OPINION**

Mr. Hyder A. Hussein, a civilian Iraqi detainee of unknown age, died from cardiae disease (Dilated Cardiomyopathy, cardiomegaly and congestive heart failure). No evidence of trauma is noted during autopsy. Toxicological results are negative for ethanol and drugs of abuse and positive for Benzodiazepine and its metabolites (consistent with documented medical treatment). and is non-contributory to autopsy conclusions. Manner of death is natural.

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