



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: Al Zarjawi, Ahmed N. (BTB)

SSAN: Detainee Number (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2004

Date of Autopsy: 27 OCT 2004

Date of Report: 17 FEB 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee in U.S. Custody

Place of Death: Iraq

Place of Autopsy: BIAP Mortuary,
Baghdad, Iraq

Circumstances of Death: This Iraqi male was a detainee in U.S. custody at Camp Bucca Detention Facility in Umm Qasr, Iraq. The detainee was unconscious when four other detainees brought him to a common area and notified the guards. He received emergency medical care first at the scene and then was taken to a medical treatment facility. Resuscitation efforts were unsuccessful.

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

Identification: Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number (b)(6)

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. **Hemoperitoneum, 150-milliliters and blood staining of the intraperitoneal organs**
- II. **Small bilateral pleural effusions and minimal serous pericardial effusion**
- III. **History of upper gastrointestinal hemorrhage (250-milliliters per medical records), with diffuse gastritis noted at autopsy**
- IV. **No evidence of external or internal trauma**
- V. **Early pulmonary emphysema**
- VI. **The autopsy was attended by (b)(6) medical Examiner (b)(6) (b)(6) and SA (b)(6) USACID**
- VII. **Toxicology is negative for ethanol, cyanide, and drugs of abuse. Atropine is present in blood.**

EXTERNAL EXAMINATION

The remains are received unclad and without any accompanying clothing. The length is 72-inches and the estimated weight is 170-pounds. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The body temperature is that of the refrigeration unit. Paper bags cover both hands. A tag on the left great toe contains the writing (b)(6)

The scalp is covered with medium length, black hair in a normal distribution. The corneae are cloudy. The irides are brown and the pupils are round and equal in diameter. The head is atraumatic. The teeth are natural and in fair condition. Facial hair consists of a full beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is flat. The external 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 buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. There is a 1/2-inch scar on the anterior left knee.

(b)(6)	tattoo	(b)(6)
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MEDICAL INTERVENTION

Evidence of medical intervention consists of venipuncture sites in both antecubital fossae, a padded cervical collar around the neck, and a vague mark on the lateral left chest that is consistent with either the prior placement of an electrocardiogram lead pad or an attempt at defibrillation

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and shows an absence of skeletal trauma and metallic foreign objects.

EVIDENCE OF INJURY

There is no evidence of injury on the body at the time of the autopsy.

INTERNAL EXAMINATION

HEAD:

The scalp and skull are free of injury. There is no epidural, subdural, or subarachnoid hemorrhage. The 1480-gram brain shows a normal pattern and appearance of gyri and

sulci. Serial sectioning reveals no evidence of injury or significant natural disease processes. The atlanto-occipital joint is intact.

NECK:

There is no evidence of injury to the strap muscles of the anterior neck. 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 unremarkable.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 50-milliliters of serosanguinous fluid in the right pleural cavity and 40-milliliters of serosanguinous fluid in the left pleural cavity. A minimal (20-milliliters) serous pericardial effusion is present. The peritoneal cavity contains 150-milliliters of blood, with a greater accumulation on the right side of the abdomen. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 540 and 450-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:

The 480-gram 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 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 1.4 and 0.5-centimeters 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 1820-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is red-brown, firm, and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with prominent Malpighian corpuscles. A 1-centimeter accessory spleen is present.

PANCREAS:

The pancreas is irregularly hemorrhagic, with the usual lobular architecture. No mass lesions are seen. There is a small area that is grossly suspicious for a hemorrhage from a pancreatic vessel.

ADRENAL GLANDS:

The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 250-grams. 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 urinary bladder is empty. The prostate gland 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, gray-white mucosa. The stomach contains approximately 300-milliliters of green-black, fibrous food material but no gross blood. The gastric wall is intact with diffuse gastritis but no distinct ulceration or evidence of focal perforation. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL:

No non-traumatic abnormalities of muscle or bone are identified.

MICROSCOPIC EXAMINATION

Brain-representative sections are histologically unremarkable

Lung-sections of all lobes of both lungs demonstrate vascular congestion, scattered collections of intra-alveolar macrophages, moderate anthracotic pigment deposition, focal inspissated mucous, and early changes of pulmonary emphysema

Heart and Aorta- representative sections are histologically unremarkable

Liver-a representative section demonstrates passive congestion and mild microvesicular steatosis

Spleen- representative sections are histologically unremarkable

Kidneys-sections of both kidneys show postmortem changes

Stomach-representative sections show autolysis and exaggerated formalin pigment deposition

Pancreas-representative sections show marked autolysis, focal fat necrosis, and exaggerated formalin pigment deposition. A small focus of testes is also in one section.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by (b)(6) USAF
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, spleen, liver, brain, lung, bile, gastric contents, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

OPINION

This Iraqi male, believed to be (b)(6) a detainee in the custody of the U.S. military died as a result of undetermined causes. A complete medicolegal autopsy, including toxicology and microscopic slide review failed to demonstrate a clear cause of death. The autopsy findings included hemoperitoneum, but this may have been an artifact of resuscitative efforts as there was neither an inflammatory exudate nor food material in the peritoneal cavity and the bleeding appeared to have been recent. There was no evidence of trauma noted at autopsy and the clinical history included an upper gastrointestinal hemorrhage noted during resuscitative attempts. No source of bleeding could be identified at autopsy, nor was there evidence of a perforated viscus. The death may have been due to an acute cardiac event; the heart was heavy for the size of this individual, though there was no evidence of coronary artery disease at autopsy. Taking into account the history and investigative information available as well as the lack of an identifiable anatomic cause of death, this death is best classified as a natural death due to undetermined causes.

(b)(6)

(b)(6)

Medical Examiner