



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
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FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Abdullah, Saad Mohammed
SSAN: N/A
Date of Birth: BTB (b)(6) 1950
Date of Death (b)(6) 2004
Date of Autopsy: 28 FEB 2004
Date of Report: 25 JUN 2004

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Iraqi Civilian
Place of Death: Abu Ghraib Prison
Place of Autopsy: BIAP Mortuary
Baghdad Airport, Iraq

Circumstances of Death: This believed to be 54 year old Iraqi male civilian was a detainee of the U.S. Armed Forces at Camp Ghanci, Abu Ghraib Prison, Iraq, when he was brought to the main gate unconscious by other detainees. The decedent reported an inability to urinate to medics earlier on the day of his death. When brought to the gate the other detainees reported the decedent was dizzy and nauseated prior to losing consciousness.

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

Identification: Identification is established by visual examination by CID agents.

CAUSE OF DEATH: Acute Peritonitis secondary to Perforating Gastric Ulcer.

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Acute Peritonitis secondary to Gastric Ulcer Perforation
 - A. Perforating gastric ulcer of pyloric region of the stomach associated with 900 mls of purulent ascites and fibrinous exudate on the surface of the intestines, liver and spleen.
- II. Mild atherosclerosis of the right coronary artery (< 25% stenosis).
- III. Dense fibrous adhesions of the left lung to the parietal pleura of the left hemithorax.
- IV. Mild decomposition.
- V. Toxicology is negative for ethanol, drugs of abuse and cyanide.

EXTERNAL EXAMINATION

The body is that of a well-developed 71 1/2 inch long, 185-190 pounds (estimated) male Iraqi civilian whose appearance is consistent with the reported age of 54 years. Lividity is difficult to assess because of dark skin pigmentation and early decomposition. Rigor is easily broken, and the temperature is ambient. Marbling of the skin of the arms, abdomen and lower legs are consistent with early decomposition changes.

The scalp is covered with black and gray hair in a normal distribution. The irides are obscured by clouded corneas but appear dark colored and the pupils appear round and equal in diameter. The conjunctivae are free of injuries. The external auditory canals are dry and free of abnormal secretions. The left ear is missing the top portion of the helix (remote injury) and the right ear is unremarkable. The nares are patent, the nasal septum is intact and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair repair.

The neck is straight. A 0.7 x 0.5 cm nevus is on the posterior neck. The trachea is midline and mobile. The chest is symmetric and free of external injuries. A 5.2 x 3.1 cm oval area of hyperpigmented skin is on the right side of the abdomen. The abdomen is flat and free of palpable masses. The genitalia are those of a normal adult circumcised male. There are multiple pink (hypopigmented) areas of skin on the glans penis. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The left buttock has a 4.9 x 1.9 cm oval scar. The anus is atraumatic and has non-thrombosed external hemorrhoids.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are chipping and splitting and the web spaces between the fingers and toes are free of injuries. A 9.5 x 3.5 irregular scar is on the anterior lateral aspect of the left thigh and a 5.2 x 2.2 cm scar is immediately below the left knee.

CLOTHING AND PERSONAL EFFECTS

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

The decedent was received nude for autopsy examination.

MEDICAL INTERVENTION

There are no medical appliances on the body at the time of autopsy. Cardiopulmonary resuscitation was reportedly done at the time of the decedent's collapse.

RADIOGRAPHS

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

Air under the diaphragm

No long bone fractures or foreign bodies.

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.

There are no significant injuries.

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 1450 gm brain, which is softened, discolored and has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray 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 bone are intact. The larynx is lined by intact gray-white mucosa. The thyroid gland is symmetric, red-brown and 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 right pleural cavity contains approximately 400 ml of bloody fluid. The pericardial sac contains approximately 30 ml of serosanguineous fluid and the peritoneal cavity contains approximately 900 ml of purulent ascites. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs each weigh 1100 gm. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. The left lung is densely adherent to the parietal pleura of entire left hemithorax. No mass lesions or areas of consolidation are present in either lung.

CARDIOVASCULAR SYSTEM:

The 475 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 mild atherosclerosis (< 25% stenosis) of the left anterior descending branch of the left coronary artery and right 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 1.2 and 0.3-cm thick, respectively. The endocardium is smooth and

glistening. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1275 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 175 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 gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 150 gm and 130 gm, respectively. The external surfaces are coarsely granular. 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 a scant amount of 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, gray-white mucosa. The stomach contains no food. A perforating ulcer, 1.5 x 1.0 cm on the mucosal surface of the stomach and 0.6 x 0.6 cm on the serosal surface, is in the pyloric region of the stomach. The greater omentum is adherent to the serosal surface of the stomach and surrounds the perforation of the stomach wall. The abdominal cavity contains approximately 900 ml of purulent ascites and fibrinous material covering the intestines, liver, and spleen. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

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

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- 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.

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OPINION

This believed to be 54 year old Iraqi male died from acute peritonitis (inflammation of the abdominal cavity) that was caused by an ulcer that perforated through the stomach wall. The gastric contents and secretions spilled into the abdominal cavity causing the inflammation and infection. The decedent was most likely septic (bacteria in the blood system) and that caused his dehydration and kidney failure. His kidney failure was manifested in his inability to form urine. Kidney failure would then cause acid/base derangements, which then caused a fatal cardiac arrhythmia. The manner of death is natural.

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Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Abdullah, Saad, Mohammed		GRADE Grade Iraq Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale	
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq		DATE OF BIRTH Date de naissance (b)(6) 1950	
				SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> DIVORCED Divorcé		<input type="checkbox"/> JEWISH Juif	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> SEPARATED Séparé		<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sué			
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)			
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only once cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹					Acute Peritonitis secondary to Perforating Gastric Ulcer
ANTECEDENT CAUSES Symptômes précurseurs de la mort.		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²					
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle		NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		DATE Date 28 Feb 2004	
<input type="checkbox"/> ACCIDENT Mort accidentelle					
<input type="checkbox"/> SUICIDE Suicide					
<input type="checkbox"/> HOMICIDE Homicide				AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année) (b)(6) 2004		PLACE OF DEATH Lieu de décès Abu Ghraib Prison, Iraq			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)			TITLE OR DEGREE Titre ou diplôme Medical Examiner		
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, DE 19902			
DATE Date 13 MAY 04		(b)(6)			
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.					

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REPLACES DA FORM 3545, 1 JAN 73 AND DA FORM 3545-B (AS), 24 SEP 75, WHICH ARE OBSOLETE.

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