



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-774-8427



AUTOPSY EXAMINATION REPORT

Name: BTB Al Zobaie, Elawy D.

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth (b)(6) 1962

Rank: Not Applicable

Date of Death (b)(6) 2005

Place of Death: Camp Bucca, Iraq

Date of Autopsy: 15 OCT 2005

Place of Autopsy: Port Mortuary,

Date of Report: 19 DEC 2005

Dover Air Force Base, Dover, DE

Circumstances of Death: According to witnesses this detainee was reading when he fell over and stopped breathing. Despite life saving measures he died about 30 minutes after being brought to medical attention.

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

Identification: Presumptive identification is established by internment service number. Positive identification is pending adequate exemplars.

CAUSE OF DEATH: Cardiomegaly

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Cardiomegaly (heart weight 480 g; expected weight 340 g)**
- II. No evidence of trauma**
- III. Evidence of medical intervention includes a naso-gastric tube, a cut endotracheal tube, cardiac monitor leads on the chest and both arms, and an intravenous catheter in the left hand**
- IV. Post mortem changes consist of mild decomposition**
- V. Toxicology**
 - A. Volatiles (heart blood and vitreous fluid): no ethanol detected**
 - B. Screened drugs of abuse and medications (heart blood): none detected**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 66 inch tall, 168 pounds male whose appearance is consistent with the reported age of 43 years. Lividity is present and fixed on the posterior surface and rigor is absent.

The scalp is covered with brown, straight, short hair in a normal distribution. Facial hair consists of a beard and moustache. The irides are brown, the corneae are hazy, both conjunctivae have scattered petechial hemorrhages, the sclerae are white and the pupils are round and equal in diameter. The external auditory canals are clear and the ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

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

The upper and lower extremities are symmetric and without clubbing or edema. A 1" scar is on the back of the left hand extending to the little finger.

CLOTHING AND PERSONAL EFFECTS

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

- yellow shorts
- cut yellow jumpsuit (2 pieces)
- black socks
- patterned blue blanket

MEDICAL INTERVENTION

Evidence of medical intervention consists of:

- nasogastric tube
- cut endotracheal tube
- cardiac monitor leads on the left side of the chest and both arms
- an intravenous catheter in the left hand

RADIOGRAPHS

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

- No skeletal, soft tissue, or internal organ injuries

EVIDENCE OF INJURY

There is no evidence of injury. Dissection into both wrists and the back reveal no soft tissue evidence of trauma.

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 1340 gm brain, which 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 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.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 700 and 640 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 480 gm heart is contained in an intact pericardial sac. See Consultation Report from Cardiovascular Pathology, Armed forces Institute of Pathology (CVPath), Washington, D.C. below.

Consultation Report:

Diagnosis: (b)(6) Heart, post mortem examination: Morphologically normal heart.
See comment.

Heart weight: 480 grams; normal epicardial fat; probe-patent foramen ovale; left ventricular cavity diameter 45 mm; left ventricular free wall thickness 13 mm; ventricular septum thickness 14 mm; right ventricle thickness 4 mm; right ventricle slightly dilated; left atrium mildly dilated with slightly thickened endocardium; valves grossly unremarkable, mitral valve shows minimal myxoid changes; no gross myocardial necrosis or fibrosis; histologic sections show focal autolytic changes.

Coronary arteries: Normal ostia; right dominance; no gross coronary atherosclerosis.

Comment: While the contributor reports an expected heart weight of 340 grams, without a body weight we cannot make a determination regarding the presence of cardiomegaly. As no other cardiac cause of death was identified, it would be important to accurately assess cardiomegaly, as this may be the only pathologic finding in some cases of sudden death.

Signed: (b)(6) Cardiovascular Pathologist, 7 December 2005

LIVER & BILIARY SYSTEM:

The 1850 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 neither bile nor stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 250 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 red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 190 and 180 gm, respectively. 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 contains approximately 50 cc of clear 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, grey-white mucosa. The stomach contains approximately 250 ml of brown viscous fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, urine, blood, psoas, adipose, brain, lung, liver, spleen, kidney, and gastric contents
4. The dissected organs are forwarded with body.
5. Identifying marks include a 1" scar on the back of the left hand extending to the little finger.

MICROSCOPIC EXAMINATION

Brain: No significant pathology
Heart: No significant pathology
Lungs: Congestion and polymicrobial overgrowth; no significant pathology
Liver: Mild steatosis; no significant pathology
Pancreas: Autolysis; no significant pathology
Spleen: Congested; no significant pathology
Kidney: Autolysis; no significant pathology
Thyroid: No significant pathology

OPINION

This Iraqi detainee (b)(6) died of cardiomegaly. His heart weighed 480 grams and the expected heart weight for his size (168 pounds) is 340 grams with a range of 300 to 380 grams. He did not have a clinical history of hypertension and no other pathology was identified at autopsy, however, a large heart is an electrically unstable heart and is susceptible to fatal arrhythmias. No traumatic injuries were identified at autopsy. Petechial hemorrhages noted in the conjunctivae are likely to be peri-mortem in nature and related to the developing cardiac failure. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. The manner of death is natural.

(b)(6)

(b)(6) **Medical Examiner** (b)(6)



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-8000

REPLY TO
ATTENTION OF

AFIP: (b)(6)

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6)

Name
AL ZOBAIE, ELANY D.

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: October 25, 2005

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: Date Received: 10/20/2005

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

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

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom)		GRADE Grade	BRANCH OF SERVICE Arme
BTB Al Zobaie, Elawy, Dakhel			Civilian
ORGANIZATION Organisation	NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	Iraq	(b)(6) 1962	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race	MARITAL STATUS Stat. Civil		RELIGION Cofm
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Négré	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf		JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le su	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) VILLE (Code postal compris)	
MEDICAL STATEMENT — Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Pending
ANTECEDENT CAUSES Symptômes antérieurs 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 Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes extérieures	
NATURAL Mort naturelle		Mode of Death: Pending	
ACCIDENT Mort accidentelle			
SUICIDE Suicide	NAME OF PATHIC DEPT. Nom du service		
HOMICIDE Homicide	(b)(6)	DATE Date	AVIATION ACCIDENT Accident d'Avion
	(b)(6)	15 October 2005	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu du décès		
(b)(6) 2005	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'époque indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin assistant		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date			
15 Oct 05	(b)(6)		
<small>1. State clearly, why or complication which caused this 2. State conditions contributory to the death, but not itself 3. Indicate the nature of the evidence, de la dernière ou de l'anté-mortelle, mais n'indiquez pas la maladie ou le syndrome qui précède la mort 4. Indicate the service in which the decedent was performing the duty</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3656, 1 JAN 72 AND DA FORM 3655-R(PAS), 26 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0265

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

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