



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

Name: BTB Qader, Tahseen

SSAN: (b)(6)

Date of Birth: Unknown

Date of Death: (b)(6) 2005

Date of Autopsy: 18 SEP 2005

Date of Report: 11 Nov 2005

Autopsy No.: (b)(6)

AFIP No. (b)(6)

Rank: Iraq Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary,
Dover AFB, DE

Circumstances of Death: This Iraqi male was a detainee in U.S. custody who was found unresponsive in a forward detainee holding area in Iraq. As reported, on the day he died the deceased had been feeling ill and had vomited once. Subsequently, he drank water, ate some food, and went to sleep. He was later found unresponsive in the holding area.

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

Identification: No scientific identification is available. Circumstantial identification is by accompanying paperwork and a detainee number present on a label around the right ankle.

CAUSE OF DEATH: Acute Myocardial Infarction

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Atherosclerotic Cardiovascular Disease:**
 - A. Multifocal acute and healed myocardial infarctions, circumferential left ventricle, associated with intramural coronary artery thromboemboli (see full Cardiovascular Pathology consultation)**
 - B. Focal severe coronary atherosclerosis, acute and healed plaque erosions with occlusive thrombosis extending from the left main coronary artery to mid left anterior descending artery**
- II. Pulmonary System:**
 - A. Markedly congested and firm lungs with moderate anthracosis (left lung – 750-grams; right lung – 790-grams)**
 - B. Extensive adhesions involving both lungs and the chest wall**
- III. A 1 ½-inch purple contused-abrasion over the left iliac crest and a 1 ½-inch purple contused-abrasion over the right iliac crest**
- IV. No evidence of significant recent injury**
- V. Early decomposition changes, including vascular marbling, green discoloration of the skin over the abdomen and early autolysis of the pancreas and adrenal glands**
- VI. TOXICOLOGY (AFIP):**
 - A. CARBON MONOXIDE:** The Carboxyhemoglobin saturation in the blood is less than 1% as determined by spectrophotometry with a limit of quantitation of 1%
 - B. VOLATILES:** The blood and urine are examined for the presence of ethanol at a cutoff of 20-milligrams/deciliter. No ethanol is detected
 - C. CYANIDE:** There is no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25-milligrams/liter
 - D. URINE:** The urine is screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay and none are detected

EXTERNAL EXAMINATION

The remains are received with clothing and personal effects as noted below. The body is that of a well-developed, well-nourished appearing, 65 1/2-inches, 131- pounds male whose appearance is consistent with an estimated age of forty to fifty years. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed and the temperature of the body is that of the refrigeration unit.

The scalp is covered with medium length, brown hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canals are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in fair 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.

Tattoos (b)(6)
(b)(6)

Encircling the right ankle is a piece of green tape that is inscribed with
(b)(6)

CLOTHING AND PERSONAL EFFECTS

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

- Off-white long white shirt
- White cloth pants
- Yellow t-shirt
- Red and blue "Nike" shorts
- Tan burlap bag
- Key chain with keys
- Watch
- Lighter
- Cigarettes
- 5000 Dinar banknote

MEDICAL INTERVENTION

There are no attached medical devices at the time of autopsy.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates an absence of acute skeletal trauma and metallic foreign bodies.

EVIDENCE OF INJURY

A 1 ½-inch purple contused-abrasion is on the area of the left iliac crest and a 1 ½-inch purple contused-abrasion on the area of the right iliac crest

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 1380-gram brain, which has unremarkable gyri and sulci. 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 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 750-grams and 790-grams, respectively. The external surfaces are deep red-purple, with adhesions involving both lungs and the chest wall. The pulmonary parenchyma is markedly congested and firm with moderate anthracosis. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 350-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 75% narrowing of the left main coronary artery by atheromatous plaque, 90% narrowing of the left anterior descending coronary artery by atheromatous plaque and no significant luminal narrowing of the left circumflex artery and the right coronary artery. There is early myocardium decomposition with focal myocardial scar in the inferior posterior left ventricle. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 10-millimeters and 5-millimeters 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. (See Cardiovascular Pathology consultation report)

LIVER & BILIARY SYSTEM:

The 1510-gram 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 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 340-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is yellow-tan, with the usual lobular architecture and early decomposition changes. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys each weighed 180-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 urinary bladder wall. The bladder contains approximately 40-milliliters of dark yellow urine. 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, grey-white mucosa. The stomach contains approximately 100-milliliters of pink fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

MICROSCOPIC EXAMINATION

Cardiovascular System (As per cardiovascular Pathology consultation):

Histological sections of the myocardium show multifocal areas of acute myocardial infarction of the anterior, lateral and posterior left ventricle, with coagulative necrosis, contraction bands and interstitial acute inflammatory infiltrates consisting predominately of neutrophils. Multiple intramural platelet-rich thromboemboli are also present and associated with multiple foci of granulation tissue and well-healed scars.

Histologic sections of the left main coronary artery show 75% narrowing by calcified fibroatheroma with healed plaque erosion showing proteoglycan-rich neointimal thickening and overlying acute erosion with occlusive platelet rich thrombus.

Histologic sections of the left anterior descending artery (LAD) show 90% narrowing of the proximal LAD by healed erosion with proteoglycan-rich neointimal thickening and overlying acute erosion and occlusive platelet-rich thrombus

Histologic sections of the left circumflex artery (LCA) show a platelet rich thromboembolus in the proximal LCA, but no significant luminal narrowing.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers.
- Specimens retained for toxicology testing and/or DNA identification are: heart blood, urine, vitreous fluid, spleen, liver, lung, brain, bile, gastric contents, kidney, adipose, and psoas muscle.
- The dissected organs are forwarded with the body.
- Selected portions of organs are retained in formalin.
- Personal effects are released to the appropriate mortuary operations representatives.
- Identifying marks include: tattoos and scars

AUTOPSY REPORT
BTB Qader, Tahseen

(b)(6)

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OPINION

This Iraqi male detainee died of an acute myocardial infarction. The autopsy disclosed evidence of severe atherosclerotic coronary artery disease, with changes of acute and remote infarcts present in the heart. The coronary arteries had focal severe atherosclerosis with an occlusive thrombosis extending from the left main coronary artery to the mid left anterior descending artery. Toxicology was negative for screened drugs of abuse, ethanol, and exposure to cyanide or carbon monoxide. The manner of death is natural.

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Medical Examiner

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Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)								
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Qader, Tahseen, Abdal			GRADE Grade 		BRANCH OF SERVICE Arme Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
ORGANIZATION Organisation 			NATION (e.g. United States) Pays Iraq		DATE OF BIRTH Date de naissance 		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil			RELIGION Culte			
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire			<input type="checkbox"/> DIVORCED Divorcé		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié			<input type="checkbox"/> SEPARATED Séparé		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf			<input type="checkbox"/> JEWISH Juif		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
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					Acute Myocardial Infarction			
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire						
Symptoms précurseurs de la mort		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 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		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie						
<input type="checkbox"/> ACCIDENT Mort accidentelle								
<input type="checkbox"/> SUICIDE Suicide		NAME OF PATHOLOGIST Nom du pathologiste						
<input type="checkbox"/> HOMICIDE Homicide		(b)(6)				DATE Date 19 September 2005		
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2005 (b)(6)					PLACE OF DEATH Lieu de décès Tal Afar 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, Dover DE (b)(6)						
DATE Date 3 Jan 2006								
<small> 1. State disease, injury or complication which caused death. 2. State conditions contributing to the death, but not related. 3. Préciser la cause de la maladie, de la blessure ou de la complication. 4. Préciser la condition qui a contribué à la mort, mais n'est pas liée. </small>								

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REPLACES DA

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(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			

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