



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: (BTB) ABBASS AL-ZUBAIDI, Naiim Mohammed	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (BTB) (b)(6) 1942	Rank: Iraqi Civilian Detainee
Date of Death: (b)(6) 2006	Place of Death: Camp Cropper, Iraq
Date/Time of Autopsy: 15 OCT 2006 @ 1000	Place of Autopsy: BIAP Mortuary, Baghdad, Iraq
Date of Report: 19 JAN 2007	

Circumstances of Death: This 64-year-old Iraqi male was a detainee at Camp Cropper, Iraq and undergoing treatment for tuberculosis. He had no other known medical problems. He was found unresponsive, and although ACLS protocol resuscitation was initiated, he expired.

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

Identification: Presumptive identification is established by a wrist identification band. A DNA sample is taken for profile purposes if an exemplar becomes available for positive identification.

**CAUSE OF DEATH: HYPERTENSIVE AND ARTERIOSCLEROTIC
CARDIOVASCULAR DISEASE**

MANNER OF DEATH: NATURAL

FINAL AUTOPSY DIAGNOSES

- I. Cardiovascular Disease**
- A. Coronary artery disease
 - 1. Luminal narrowing (75%) of the left main coronary artery
 - 2. Luminal narrowing (90%) of the re-canalized left anterior descending coronary artery with calcification
 - 3. Luminal narrowing (90%) of the left circumflex coronary artery with calcification
 - 4. Luminal narrowing (>90%) of the right coronary artery with calcification, evidence of plaque rupture and fresh thrombus formation
 - 5. Remote left posterior wall and septal infarction
 - B. Cardiomegaly (heart weight 510-grams)
 - C. Aortic atherosclerosis with ulceration and calcification
 - D. Focal, diffuse glomerulosclerosis and arteriolosclerosis of the kidneys
- II. Other Findings**
- A. Right renal calculi: Four irregular, green-brown calculi are recovered from the renal pelvis, and range in size from 0.3 to 0.5-centimeters
 - B. Prostatic hypertrophy: The prostate is enlarged in size, 5.0 x 3.0 x 3.0-centimeters (no discrete nodules are identified), with associated muscular hypertrophy of the bladder
 - C. Bullae of the right and left upper lobes of the lungs
 - D. Pulmonary congestion
 - E. Mild to moderate pulmonary emphysema
 - F. Multiple lung and hilar lymph node sections are negative for mycobacterial infection (see Attachment 1 for complete details)
- III. Evidence of Medical Therapy**
- A. A properly located endotracheal tube
 - B. An intravenous line inserted in the right antecubital fossa
 - C. A surgical-type mask covering the nose and mouth
 - D. Rib fractures: anterior right 6th rib and anterior left 2nd through 6th ribs
- IV. Post-Mortem Changes**
- A. Livor is posterior and fixed except in areas exposed to pressure
 - B. Rigor has passed (absent) in all extremities
 - C. The body is cold to touch
- V. Identifying Body Marks**
- A. 0.7 x 0.5-centimeter brown papule is on the left groin
- VI. No evidence of physical abuse**
- VII. Toxicology**
- A. The blood and urine are tested for ethanol and none is found.

- B. The urine is screened for medications and drugs of abuse; Ethambutol (an antimycobacterial medication) is detected in the urine but is not quantitated in the blood.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 70 ½-inch and 150-pound (estimated) male whose appearance is consistent with the reported age of 64-years. Lividity is posterior and fixed. Rigor is absent (passed), and the temperature is cold to touch.

The scalp is covered with gray hair in a normal distribution; facial hair consists of a moustache. The irides are hazel, the corneae are cloudy and the pupils are round and equal in diameter. The external auditory canals are patent and free of foreign material. 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 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. There is a 0.7 x 0.5-centimeter soft brown papule in the left inguinal fold.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are trimmed and intact.

CLOTHING AND PERSONAL EFFECTS

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

- Yellow top
- Yellow pants
- White boxer shorts

MEDICAL INTERVENTION

- A properly located endotracheal tube
- An intravenous line inserted in the right antecubital fossa
- A surgical-type mask covering the nose and mouth
- Rib fractures: anterior right 6th rib and anterior left 2nd through 6th ribs

RADIOGRAPHS

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

- No fractures of the skull, axial skeleton, or long bones
- No metallic foreign bodies other than medical therapy

EVIDENCE OF INJURY

There is no evidence of recent, significant injury.

INTERNAL EXAMINATION

HEAD AND CENTRAL NERVOUS SYSTEM:

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 1,240-gram 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, and cerebellum are free of injury or other abnormalities. There is mild atherosclerosis of the arteries at the base of the brain. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

By layer-wise dissection, 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 white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The sternum and vertebral bodies are visibly and palpably intact. Injuries to the ribs are described above (see "Medical Intervention," above). 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 840 and 725-grams, respectively. The external surfaces are smooth and deep red-purple. Bullae are grossly identifiable in the apices of both lungs. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 510-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show moderate to marked luminal narrowing of the left main coronary artery and severe luminal narrowing of the left anterior descending and left circumflex coronary arteries. The

lumen of the right coronary artery appears to be of a pinpoint diameter. All of the coronary arteries are focally calcified. The myocardium is homogenous, red-brown, and firm except in the posterior left ventricle and posterior septum where there is a dense white scar. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and has multiple atherosclerotic plaques and ulceration with calcification along the entire length. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1,440-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 2-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 130-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct lymphoid follicles.

PANCREAS:

The pancreas is autolytic and saponified, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 and 160-grams, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelvis of the right kidney contains four irregular brown stones which range in size from 0.3 to 0.5-centimeters; the left kidney pelvis is unremarkable. Both ureters are normal in course and caliber. Gray-pink bladder mucosa overlies an intact, hypertrophic bladder wall with trabeculae. The bladder contains approximately 30-milliliters of cloudy yellow urine. The prostate is enlarged, with cysts containing viscous brown fluid and 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 200-milliliters of brown-green fluid with food particles. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

There is no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal. Superficial incisions of the posterior torso and extremities are negative for soft tissue trauma.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of selected histological slides.

RESPIRATORY SYSTEM

Lung (Slides 1-5): Multiple sections are examined which demonstrate mild interstitial fibrosis and macrophages with anthracotic pigment. Mild to moderate emphysematous changes and vascular congestion are noted. Special stains fail to demonstrate mycobacteria (see Attachment 1 for complete details).

Hilar lymph node (Slide 6): Anthracotic pigment is present in macrophages; otherwise an unremarkable lymph node. Special stains fail to demonstrate mycobacteria (see Attachment 1 for complete details).

GENITOURINARY SYSTEM

Seminal Vesicle (Slide 7): Cystic dilatation and inspissation of secretions

Kidneys (Slides 8 and 9): Focal, diffuse glomerulosclerosis and arteriosclerosis. Mild, focal chronic inflammation and focal calcification is present.

CARDIOVASCULAR SYSTEM

Left ventricular myocardium and scar (Slide 10): Hypertrophic myocytes with enlarged nuclei, interstitial fibrosis and dense endocardial-based scar.

Left main coronary artery (Slide 11): Luminal narrowing (75%) by intimal hypertrophy, cholesterol clefts and chronic inflammation.

Left anterior descending coronary artery (Slide 12): Luminal narrowing (90%) by intimal hypertrophy, cholesterol clefts and chronic inflammation. Recanalization of the artery and focal calcification are also present.

Left circumflex coronary artery (Slide 13): Luminal narrowing (90%) by intimal hypertrophy, cholesterol clefts and chronic inflammation.

Right coronary artery (Slide 14): Luminal narrowing (>90%) by intimal hypertrophy, cholesterol clefts and chronic inflammation. Plaque rupture with hemorrhage into the media and fresh thrombus formation are noted.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by AFMES staff photographers

- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, gastric contents, urine, bile, spleen, liver, lung, kidney, brain, adipose tissue, and psoas muscle
- Full body radiographs are obtained and demonstrate the absence of skeletal trauma and the absence of metallic foreign bodies
- Selected portions of organs are retained in formalin, with preparation of histological slides
- The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives

OPINION

This 64-year-old Iraqi civilian detainee (b)(6) died of hypertensive and arteriosclerotic cardiovascular disease. The observed cardiomegaly, microscopic evidence of cardiac hypertrophy and the microscopic changes in the kidneys are typical of this condition. There is evidence of a remote myocardial infarction, as well as a fresh thrombus in the right coronary artery. It was reported that he was being treated for tuberculosis, but no microscopic evidence of this disease was observed. Toxicological testing for ethanol was negative. Ethambutol (an antimycobacterial medication) was detected in the urine but not quantitated in the blood. There is no evidence of physical abuse. The rib fractures are most likely an artifact of cardiopulmonary resuscitation. The manner of death is natural.

(b)(6)

(b)(6)

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-Abbass Al Zubaid, Najim, Mohammed		GRADE Grade	BRANCH OF SERVICE Arme Civilian
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1942
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	
<input type="checkbox"/> NEGROID Négrides		<input type="checkbox"/> DIVORCED Divorcé	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> MARRIED Marié	
		<input type="checkbox"/> SEPARATED Séparé	
		<input type="checkbox"/> WIDOWED Veuf	
		RELIGION Culte <input type="checkbox"/> PROTESTANT Protestant <input type="checkbox"/> CATHOLIC Catholique <input type="checkbox"/> JEWISH Juif	
		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Muslim	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
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'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort			Years
Hypertensive and Arteriosclerotic Cardiovascular Disease			
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 Condition morbide, s'il y a lieu, menant à 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	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 (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNA (b)(6)	DATE Date 15 October 2006	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2006 (b)(6)	PLACE OF DEATH Lieu de décès 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 défunt 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 Baghdad, Iraq		
DATE Date 2/8/2007	SIGNATURE Signature (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. Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le mode de mourir, telle qu'un arrêt du cœur, etc. Préciser la condition qui a contribué à la mort, mais n'avant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

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REPLACES DA FORM 3685, 1 JAN 72 AND DA FORM 3685-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

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