



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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 Rockville, MD 20850
 1-301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: (BTR) SHADAD, Hishim
 ISN: (b)(6)
 Date of Birth: (BTB) (b)(6) 1966
 Date of Death: (b)(6) 2006
 Date/Time of Autopsy: 17 JUL 2006 @ 090
 Date of Report: 30 NOV 2006

Autopsy No.: (b)(6)
 AFIP No.: (b)(6)
 Rank: Iraqi Civilian Detainee
 Place of Death: Abu Ghraib, Iraq
 Place of Autopsy: Port Mortuary,
 Dover AFB, DE

Circumstances of Death: This 40-year-old Iraqi male sustained gunshot wounds on 08 JUN 2006 under unknown circumstances. He was initially treated in an Iraqi hospital with chest tubes and fluid resuscitation. While being transported by a civilian ambulance, he was detained and transported to 10th CSH for treatment. While there, he underwent surgery, and it was discovered that he was an anti-Iraqi fighter. He was transferred to the intensive care unit of the 21st CSH (BCCF) where he remained until his death from complications of his wounds, including sepsis and multi-organ system failure.

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

Identification: Presumptive identification is based on hospital records and identification bands. A postmortem fingerprint examination is conducted for comparison to exemplars should they become available.

CAUSE OF DEATH: COMPLICATIONS OF GUNSHOT WOUND OF THE TORSO

MANNER OF DEATH: HOMICIDE

FINAL AUTOPSY DIAGNOSES

I. Gunshot Wound of the Torso

- A. Entrance Wound: On the left chest, 20-inches below the top of the head and 6 ¼-inches left of the anterior midline of the torso in the anatomic position is a 1 ¼ x ½-inch wound with rounded, soft granulating edges. Marginal abrasion, soot or stipple are not appreciated
- B. Wound Path: Skin and subcutaneous tissue of the left chest, muscle, the inferior aspect of the lateral left 5th rib (fractured), (by report) the lower lobe of the left lung, the left hemidiaphragm, the stomach, the transverse colon, the liver and the right 6th and 7th costal cartilage (fractured) (no exit wound)
- C. Recovered: No bullet or bullet fragments are recovered
- D. Direction: Left to right and downward (by report)
- E. Associated Injuries: Abdominal organ injuries (cannot be assessed due to prolonged hospitalization)

II. Complications of Gunshot Wound of the Torso

- A. Pulmonary congestion, edema and focal consolidation, bilateral (Right lung 1,530-grams, Left lung 1,390-grams)
- B. Pleural effusion, bilateral (100-milliliters of serosanguinous fluid in both pleural cavities)
- C. Pericardial effusion (50-milliliters of serosanguinous fluid)
- D. Peritoneal effusion (500-milliliters of serosanguinous fluid)
- E. Peripheral edema
- F. Heart failure with associated biventricular dilatation
- G. Dense adhesions of the large and small bowel
- H. Transverse skin ulceration, 11 x 1/8-inch
- I. Decubitis ulcer, mid lower back, 1 ½ x ¾-inch
- J. Scrotal ulcer, 1 ½ x 1-inch
- K. Gram-negative sepsis (by review of medical records)

III. Post-Mortem Changes

- A. Lividity is posterior and fixed
- B. Rigor is passing and equal in all extremities
- C. Focal areas of epidermal blistering and skin slippage

IV. Evidence of Medical Therapy

- A. Recent tracheostomy inferior to the cricoid cartilage
- B. Right nasogastric tube
- C. Right and left chest tubes (by report)
- D. Right subclavian intravenous line
- E. Right radial arterial line
- F. Urinary bladder catheter
- G. Open abdominal incision, 13 ½ x 9-inches, covered by a medical dressing
- H. Medical dressing over sacral area
- I. Medical dressing on left foot

- J. Electrocardiogram electrodes on anterior torso and anterior thighs
- K. Multiple drain sites on the anterior torso

V. There is no evidence of physical abuse

VI. Toxicology

- A. The blood and vitreous fluid are tested for ethanol and none is found.
- B. The blood is tested for cyanide and none is found.
- C. The carboxyhemoglobin saturation in the blood is less than 1%.
- D. The blood is screened for medications and drugs of abuse and the following medications were detected:
 - 1. The blood contains 0.13 milligrams per liter of midazolam (a benzodiazepine tranquilizer)
 - 2. The blood contains 0.33 milligrams per liter of 1-hydroxymidazolam (a metabolite of midazolam)
 - 3. The blood contains 0.05 milligrams per liter of diphenhydramine (an antihistamine)
 - 4. The blood contains 3.2 milligrams per liter of metoclopramide (an antiemetic)
 - 5. The blood contains 0.039 milligrams per liter of fentanyl (a narcotic analgesic)

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 69 ½-inch, and 227-pound male whose appearance is consistent with the reported age of 40-years. Lividity is posterior and fixed, rigor is passing and equal in all extremities, and the body temperature is cold to touch. There is generalized body and extremity edema.

The scalp is covered with short black hair in a normal distribution. The irides are brown, 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 with evidence of medical therapy. The chest is symmetric; injuries to the chest are described below (see "Evidence of Injury"). Multiple surgical drain sites are scattered over the lateral right and left abdomen and range in size from 3/8 x 1/8-inch to 1 ¼ x ½-inch. The abdominal midline bears an open surgical incision measuring 13 ½ x 9-inches with granulating edges and visible loops of small and large bowel. The lower abdomen also has a transverse, 11 x 1/8-inch skin ulcer. The posterior torso is remarkable for skin slippage and a 1 ½ x ¾-inch decubitus ulcer on the mid lower back. The genitalia are those of a normal adult male. The scrotum has a 1 ½ x 1-inch ulcer with a hemorrhagic base. 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. There is a ¾ x ¼-inch healing abrasion in the right popliteal fossa. There is a 3 ½ x 2 ¼-inch bulla on the anterior left ankle. There is generalized edema and focal skin slippage is noted on both upper and lower extremities.

CLOTHING AND PERSONAL EFFECTS

The body is received nude without clothing or personal effects.

MEDICAL INTERVENTION

- Recent tracheostomy inferior to the cricoid cartilage
- Right nasogastric tube
- Right and left chest tubes (by report)
- Right subclavian intravenous line
- Right radial arterial line
- Urinary bladder catheter
- Open abdominal incision, 13 ½ x 9-inches, with granulating edges, covered by a medical dressing
- Medical dressing over sacral area
- Medical dressing on left foot
- Electrocardiogram electrodes on anterior torso and anterior thighs
- Multiple drain sites on the anterior torso

RADIOGRAPHS

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

- Right 6th rib fracture
- Left 5th rib fracture
- Multiple surgical staples in the abdomen
- No metallic fragments (other than medical devices) are identified
- No long bone fractures are identified
- No skull fractures are identified

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.

Gunshot Wound of the Torso

On the left chest, 20-inches below the top of the head and 6 ¼-inches left of the anterior midline of the torso in the anatomic position is a 1 ¼ x ½-inch entrance wound with rounded, soft granulating edges. Marginal abrasion, soot or stipple are not appreciated due to prolonged hospitalization.

The bullet injured skin and subcutaneous tissue of the left chest, muscle, the inferior aspect of the lateral left 5th rib (fractured), the lower lobe of the left lung (by report), the left hemidiaphragm (surgically repaired), the stomach (surgically repaired), the transverse colon (surgically repaired), the liver (by report) and the right 6th and 7th costal cartilage (fractured). There is no exit wound and no bullet or bullet fragments are recovered. The wound path is directed slightly back to front, left to right and downward.

Associated with the gunshot wound of the torso are sepsis and multi-organ system failure during his prolonged hospitalization.

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 1,530-gram brain, which appears slightly edematous with widened gyri and narrowed 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:

Layer-wise dissection of the anterior strap muscles of the neck reveals homogenous and red-brown muscle, without hemorrhage except in the area of the tracheostomy. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa except in the area of the tracheostomy. 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 noted above (see "Evidence of Injury"). The right and left pleural cavities contain 100-

milliliters of serosanguinous fluid each, the pericardial sac contains 50-milliliters of serosanguinous fluid and the peritoneal cavity contains 500-milliliters of serosanguinous fluid. The organs occupy their usual anatomic positions except where slightly distorted by surgical intervention.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1,530 and 1,390-grams, respectively. The external surfaces are rough and deep red-purple with loose adhesions. The pulmonary parenchyma is diffusely congested and focally consolidated. No mass lesions are identified.

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 no luminal narrowing. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.4-centimeters thick, respectively; biventricular dilatation is present. 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 2,770-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 a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 420-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is soft, maroon and congested, with indistinct Malpighian corpuscles.

PANCREAS:

The pancreas has autolytic changes, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with autolytic changes. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 160 and 170-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 pelves are unremarkable and the ureters are normal in course and caliber. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains no 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 is densely adhered to multiple loops of large and small bowel and contains approximately 60-milliliters of brown fluid. The gastric wall is intact with a surgical repair. The duodenum, loops of small bowel and colon are remarkable for dense adhesions between the loops of small bowel and the large bowel; multiple surgically repaired enterotomies are identified, but the dense adhesions may mask possible perforations and/or obstructions. The appendix is present.

MUSCULOSKELETAL SYSTEM:

There is no non-traumatic bone or joint abnormalities. Skeletal muscle development is normal.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histological slides.

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, spleen, liver, lung, bile, kidney, brain, adipose tissue, and psoas muscle
- The dissected organs are forwarded with the body
- The body is sutured closed without embalming
- The following identifying body marks are present: Tattoos (b)(6)

(b)(6)

OPINION

This 40-year-old Iraqi male civilian detainee, (BTB) (b)(6) died as a result of a gunshot wound of the torso he sustained under uncertain circumstances. He expired after a 30-day hospital course that was complicated by sepsis and multi-organ system failure. The wound pathway is reconstructed from the autopsy findings and hospital records and passes through the lateral left chest, the lower lobe of the left lung, the left hemidiaphragm, the stomach, the large bowel, the liver, and the right upper abdominal wall. The bullet did not exit the body; no bullet or bullet fragments were recovered during the autopsy, nor were any bullet or bullet fragments reportedly recovered during surgeries. Toxicological testing found therapeutic levels of a benzodiazepine, an antihistamine, an antiemetic and a narcotic analgesic in the blood. The manner of death is homicide.

(b)(6)

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

(b)(6)

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

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Shadad, Hishim,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
		DATE OF BIRTH Date de naissance (b)(6) 1966	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
CAUCASOID Caucasique		SINGLE Célibataire	
NEGROID Négre		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
		OTHER (Specify) Autre (Spécifier)	
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		Complications of Gunshot Wound to the Torso	Weeks
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	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 17 July 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	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 Dover AFB, Dover DE		
DATE Date	SIGNATURE Signature		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3686, 1 JAN 72 AND DA FORM 3686-R(PA5), 26 SEP 76, WHICH ARE OBSOLETE.

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