



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



AUTOPSY EXAMINATION REPORT

Name: BTB ABD. Fu'ad Ali
 ISN (b)(6)
 Date of Birth (b)(6) 1955
 Date of Death (b)(6) 08
 Date/Time of Autopsy: 31 MAY 08 @1230 hrs
 Date of Report: 27 AUG 2008

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

Circumstances of Death: This 52-year-old Iraqi detainee who suffered a cerebral vascular accident one month after being diagnosed with a myocardial infarction. He was transferred to the ICU and was deemed non-operable by the neurosurgery team. He was placed on do not resuscitate (DNR) orders after an ethic committee meeting decision. He was pronounced dead shortly thereafter.

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

Identification: Identified by transportation documents. Postmortem fingerprint and dental x-rays were obtained prior to the autopsy.

**CAUSE OF DEATH: SPONTANEOUS INTRACRANIAL HEMORRHAGE
 DUE TO ATHROSCLEROTIC CARDIOVASCULAR DISEASE**

MANNER OF DEATH: NATURAL

EXTERNAL EXAMINATION

The body is that of a well-developed nude male. The body weighs 142 pounds, is 67 inches in length and appears compatible with the reported age of 52 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is black/gray. Facial hair consists of a mustache and a shaven beard. The irides are brown. The corneae are cloudy. The conjunctivae and sclerae are unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in poor condition. Examination of the neck reveals no evidence of injury.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is unremarkable. There is a 2 ½ x 2 ¼ inch well healed surgical scar on the anterior left upper thigh. The external genitalia are those of a circumcised adult. The posterior torso and anus are unremarkable.

There is a 2 x 1 inch contusion of the dorsal surface of the right hand. There is a 1 x ½ inch contusion of the right groin. There are two contusions of the anterior left upper thigh measuring up ¼ inch in maximum dimension. There is a 2 x ¼ inch contusion with an underlying 7 x 4 centimeter area of hemorrhage. There is a 3 x ¼ inch contusion on the anterior medial right ankle.¹ The extremities show no evidence of fractures or lacerations. The fingernails are intact. Tattoos (b)(6)

CLOTHING AND PERSONAL EFFECTS

None identified.

MEDICAL INTERVENTION

- Six needle puncture marks on the right ante-cubital fossa
- Two needle puncture marks on the left ante-cubital fossa
- One needle puncture mark surrounded by a 1 x ½ inch contusion on the left femoral artery/vein region
- Two band-aids on the left palm and left anterior upper thigh

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrate intra-parenchymal brain hemorrhage and multiple remote ballistic fragments in the left upper thigh which are listed under "Internal Examination."

¹ Contusions are likely a result of emergency medical intervention

EVIDENCE OF INJURY

None.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

HEAD (CENTRAL NERVOUS SYSTEM) AND NECK:

The brain weighs 1370 grams and appears edematous. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present.

At the base of the anterior right temporal lobe is a 7 x 4.5 centimeter defect revealing an 8 x 5 x 3.5 centimeter intracranial clot with extension of hemorrhage into the ventricular system (right lateral ventricle, third, and fourth ventricles). Subarachnoid hemorrhage surrounds this temporal lobe defect extending to the right occipital lobe and the base of the bilateral frontal lobes and cerebellar hemispheres. The arteries of the circle of Willis are in the usual anatomic configuration and are patent. No aneurysms are identified. The cerebellum is serially sectioned along the sagittal plane, revealing an unremarkable cut surface. The brainstem is bisected sagittally to reveal duret hemorrhages. There is a 2.5 x 0.8 x 0.4 centimeter right temporal lobe laceration along the edge of the right tentorium cerebelli. Coronal sectioning of the cerebral hemispheres reveal a separate focus of intercranial hemorrhage at the gray-white junction in the right parietal lobe measuring 1.0 x 0.8 x 0.5 centimeters. The atlanto-occipital joint is stable.

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The heart weighs 380 grams and 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 severe (greater than 75%) atherosclerotic luminal stenosis of the left anterior descending artery and right coronary artery measuring 5.0 and 6.0 centimeters from the left and right coronary orifice, respectively.

Much of the anterior left ventricular wall is asymmetrically thin (0.5 centimeter on average) with tan/gray discoloration compared to the posterior left ventricular wall (1.0 centimeter on average) with normal appearing homogenous, red-brown myocardial tissue. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.5, 1.2, and 0.2 centimeters thick, respectively. The endocardial surface is dull and slightly roughened. The aorta display atherosclerotic changes and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous exudes blood and frothy fluid with no focal lesions noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1100 grams and the left lung weighs 850 grams.

HEPATOBIILIARY SYSTEM:

The liver weighs 1510 grams has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted. The gallbladder contains 40 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 350 milliliters of tan fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 100 grams; the left weighs 90 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

The tan bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The testes, prostate gland and seminal vesicles are unremarkable.

LYMPHORETICULAR SYSTEM:

The spleen weighs 100 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is left *in situ* and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified. Multiple remote metallic fragments in the left thigh are identified.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of histology slides listed below:

Adrenal glands (slide 1): No pathological diagnosis

Prostate (slide 2): No pathological diagnosis

Liver, spleen, left kidney (slide 3): No pathological diagnosis

Right kidney and left lung (slide 4): No pathological diagnosis

Right lung (slide 5): Two out the three lobes of the right lung display sheets of acute inflammatory cells admixed with macrophages and red blood cells consistent with acute pneumonia.

Left anterior descending artery (slides 6) and right coronary artery (slide 7): Sections of the coronary arteries display intimal hyperplasia and atherosclerotic plaques composed of fibrin and cholesterol plaques.

Left ventricle of the heart (slide 8): Section of the heart display vast area of fibrotic stroma with congested blood vessels consistent with a remote myocardial infarction.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, bile, gastric contents, spleen, liver, lung, kidney, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.

FINAL AUTOPSY DIAGNOSIS

- I. Spontaneous Intracranial Hemorrhage:**
 - i. 7 x 4.5 centimeter defect at the base of the anterior right temporal lobe reveals an 8 x 5 x 3.5 centimeter intracranial clot with extension of hemorrhage into the ventricular system (right lateral ventricle, third, and fourth ventricles)
 - ii. Subarachnoid hemorrhage of the right temporal, right occipital, bilateral frontal lobes and both cerebellar hemispheres.
 - iii. Duret hemorrhages of the brainstem
 - iv. 2.5 x 0.8 x 0.4 centimeter right temporal lobe laceration along the edge of the right tentorium cerebelli.
 - v. Separated 1.0 x 0.8 x 0.5 centimeter intercranial hemorrhage at the right parietal lobe gray-white junction

- II. Atherosclerotic Cardiovascular Disease**
 - i. Severe (greater than 75% occlusion) atherosclerotic luminal stenosis of the left anterior descending and right coronary arteries.
 - ii. Extensive old myocardial infarction, anterior wall of left ventricle.

- III. Acute Pneumonia**

- IV. Pre-existing Condition: Remote ballistic injury to the left upper thigh**

- V. Evidence of Medical Therapy: As described above**

- VI. Post-Mortem Changes: As described above**

- VII. Identifying Body Marks: As described above**

- VIII. Toxicology (AFIP)**
 - i. CARBON MONOXIDE: Carboxyhemoglobin saturation in the blood
 - ii. VOLATILES: No ethanol was detected in the blood and vitreous fluid
 - iii. CYANIDE: No cyanide detected in the blood
 - iv. SCREENED MEDICATIONS: Lidocaine was detected in the blood
 - v. SCREENED DRUGS OF ABUSE: No drugs detected in the blood

OPINION

This 52-year-old male detainee (b)(6) died from a spontaneous intracranial hemorrhage (stroke / cerebral vascular accident) complicated by an old myocardial infarction (heart attack). Toxicology screen revealed presence of Lidocaine, a resuscitative medication. No significant sign of trauma on the body was noted at autopsy. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(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 Abd, Fu ad, Ali		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance (b)(6) 1955
			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"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négre		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
PROTESTANT Protestant		<input checked="" type="checkbox"/> Islam	
CATHOLIC Catholique			
JEWISH Juif			
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 Maladie ou condition directement responsable de la mort. Spontaneous intracranial hemorrhage due to atherosclerotic 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 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 (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 31 May 2008	AVIATION ACCIDENT Accident à Avion <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) (b)(6) 2008	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 dé funtal 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 8/27/2008	SIGNATURE Signature		

FORM DD 1 APR 77 2064

REPLACES DA FORM 3668, 1 JAN 72 AND DA FORM 3668-R(PAS), 26 SEP 76, WHICH ARE OBSOLETE.

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