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

AUTOPSY EXAMINATION REPORT

Name: (BTB) HAMID, Adnan Naif
ISN: (b)(6)
TMEP (b)(6)
Date of Birth: (BTB) (b)(6) 1966
Date of Death: (b)(6) 2009

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian Detainee
Place of Death: Iraq

Date/Time of Autopsy: 19 MAY 2009 @ 1130
Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 07 JUL 2009

Circumstances of Death: This 43-year-old Iraqi Civilian detainee, who had a medical history significant for anemia and thrombocytopenia, began to experience acute distress which resulted in death despite aggressive resuscitation efforts.

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

Identification: Positive identification is established by comparison of postmortem fingerprint examination and antemortem fingerprint records. A postmortem DNA sample is obtained .

CAUSE OF DEATH: **PULMONARY EMBOLISM**

MANNER OF DEATH: **NATURAL**

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasoid male received unclad. The body weighs 167-pounds, is 64-inches in length and appears compatible with the reported age of 33-years. The body is cold. Rigor is passing and present to an equal degree in all extremities. Violaceous lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The body is unembalmed.

The head is normocephalic, and the scalp hair is gray-black and up to 1 ½-inches in length. Facial hair consists of a gray-black moustache and beard stubble. The irides are brown, the pupils are round and equal in size, the corneae are cloudy, the conjunctivae are unremarkable, and the sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips and oral mucous membranes are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury; the trachea is palpably in the midline of the neck. Evidence of medical therapy is present, see below.

The chest is symmetric with normally formed male breasts that are free of masses. No evidence of injury of the ribs or the sternum is evident externally. Evidence of medical therapy is present, see below. The abdomen is flat without recent trauma. Healed surgical scars are not noted on the torso. The external genitalia are those of a normal adult circumcised male, and the pubic hair is in an appropriate distribution. The posterior torso and anus are without note.

The extremities are symmetric and normally formed without evidence of significant recent trauma. A ½ x ½-inch abrasion is on the right knee region. The fingernails are trimmed and intact. The toenails are unremarkable. Tattoos are not noted on the extremities.

CLOTHING AND PERSONAL EFFECTS

- A green personal effects bag accompanies the body which contains an identification band which matches the reported name and ISN of the decedent.
- No clothing or other personal effects accompanies the remains.

MEDICAL INTERVENTION

- A therapeutic needle stick-mark on the right side of the neck is covered by medical gauze and tape
- Defibrillator burn/abrasion on the central chest
- Therapeutic needle stick-marks in both antecubital fossae

RADIOGRAPHS

A complete set of postmortem radiographs and CT images are obtained and demonstrates the following:

- No recent fractures
- No metallic foreign bodies

EVIDENCE OF INJURY

There is no evidence of significant recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:
The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The 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 anterior 2nd – 5th right ribs and the left 2nd – 4th left ribs are fractured with associated soft tissue hemorrhage.

The subcutaneous fat layer of the abdominal wall is ¾-inches thick.

HEAD AND CENTRAL NERVOUS SYSTEM:
The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable pattern of gyri and sulci. The blood vessels at the base of the brain are intact and symmetrical without significant atherosclerosis. The cranial nerves are likewise symmetrical and intact.

The brain weighs 1,300-grams. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles of the brain are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brain stem and cerebellum are unremarkable; as is the upper spinal cord. The atlanto-occipital joint is stable.

NECK:
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.

CARDIOVASCULAR SYSTEM:
The 420-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally and are present in a normal distribution, with a right-dominant pattern. Cross sections of the major coronary arteries demonstrate the following: the left anterior descending coronary artery has multifocal luminal narrowing greater than 75% by calcified atherosclerotic plaque. The mid-portion of the left circumflex coronary artery has 50% focal luminal narrowing, and the right coronary artery has multifocal luminal narrowing greater than 75% narrowing by atherosclerotic plaque.

The myocardium is homogenous, red-brown, and firm without focal softening, discoloration or fibrosis. The valve leaflets are thin and mobile. The walls of the left ventricle, inter-ventricular septum, and right ventricle are 1.8, 1.9, and 0.6-centimeters thick, respectively. The chambers of the

heart are not dilated, and the endocardium is smooth and glistening.

The aorta has moderate calcified atherosclerosis, predominantly in the abdominal region, 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 parietal pleural surfaces are smooth, glistening and unremarkable bilaterally.

The right lung weighs 960-grams; the left 580-grams. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The visceral pleural surfaces are smooth and glistening with anthracosis bilaterally.

The pulmonary arteries are normally developed and patent. The lumens of the right and left pulmonary arteries are occluded by multiple fragments of thrombi. The emboli have striations, tributary casts and valve markings and are of a caliber consistent with a venous origin. Emboli are found extending into the peripheral branches of the pulmonary arteries in the lung parenchyma.

HEPATOBILIARY SYSTEM:
The 1,640-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 10-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 200-milliliters of brown fluid with food.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is present.

GENITOURINARY SYSTEM:
The right kidney weighs 130-grams; the left 140-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces.

The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The cortex of the left kidney has a 0.8 x 0.5-centimeter wedge-shaped region of hemorrhage with central calcification. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 5-milliliters of cloudy urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:
The thymus is small, fatty and otherwise unremarkable. The 320-gram spleen 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. The hilar lymph nodes demonstrate mild anthracosis, but are otherwise unremarkable.

ENDOCRINE SYSTEM:
The pituitary gland is examined *in situ* and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The parathyroid glands are not identified. 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 abnormalities of muscle or bone are identified.

Superficial posterior incisions fail to demonstrate any injuries of the posterior torso; extended dissection around the ankle and wrist regions fail to demonstrate any evidence of binding or physical restraint.

Dissections of the deep veins of both posterior legs fail to demonstrate thrombosis.

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

VOLATILES: The blood and vitreous fluid are examined for the presence of volatile compounds including ethanol at a cutoff of 20-milligrams per deciliter. No ethanol is detected.

DRUGS: The blood is screened for medications and drugs of abuse including acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs are detected:

> Positive Lidocaine: Lidocaine is detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

CYANIDE: The blood is tested for cyanide with a limit of quantitation of 0.25-milligrams per liter. No cyanide is detected.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) AFMES staff photographer.
2. Autopsy assistance is provided by (b)(6) AFMES autopsy assistant.
3. The Criminal Investigative Division (CID) representative attending the autopsy is Special Agent (b)(6)
4. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
5. The unembalmed body and dissected organs are returned to the point of origin by Mortuary Operations personnel.

FINAL AUTOPSY DIAGNOSES

I. Pulmonary Embolism
- A. Both pulmonary arteries are occluded by multiple fragments of thrombotic emboli which extend into the deep parenchymal branches
- B. The emboli have striations, tributary casts and valve markings, consistent with a deep venous thrombotic origin
- C. Associated pulmonary congestion, bilateral
- D. Deep venous thromboses are not identified within the limitations of this examination (the origin of the thrombotic emboli is not identified)

II. Hypertensive Arteriosclerotic Cardiovascular Disease
- A. Mild cardiomegaly (heart weight is 420-grams; the expected maximal heart weight is 334-grams for body weight) with concentric left ventricular hypertrophy
- B. Severe arteriosclerotic disease all three major coronary arteries
- C. Moderate calcified atherosclerosis in the abdominal aorta
- D. Probable embolic infarct of the left kidney

III. Splenomegaly (spleen weight is 320-grams; the expected maximal spleen weight is 134-grams for body weight)

IV. No evidence of abuse or physical restraint is identified.

V. Evidence of Medical Therapy
- A. Therapeutic needle stick-marks on the right side of the neck and both antecubital fossae
- B. Defibrillator burn/abrasion on the central chest
- C. Fractures of the anterior right and left ribs (attempted resuscitation related)

VI. Post-Mortem Changes
- A. Rigor is passing and equal in all extremities
- B. Lividity is posterior and fixed except in areas exposed to pressure
- C. The body temperature is cold

VII. Identifying Body Marks: None noted

VIII. Toxicology

A. No ethanol is detected in the blood and vitreous fluid.
B. No screened drugs of abuse are detected in the blood.
C. Lidocaine (a medication associated with resuscitation efforts) is present in the blood
D. The carboxyhemoglobin saturation in the blood is less than 1%.
E. No cyanide is detected in the blood.

OPINION

This 43-year-old Iraqi civilian detainee (b)(6) died of a pulmonary embolism. The source of the embolic thrombi were not identified, but based on the appearance of the emboli, they most likely originated from the deep veins of the leg (s). Failure to identify this site as the origin of the emboli by dissection of the legs does not preclude this conclusion. Severe hypertensive arteriosclerotic cardiovascular disease was also present, as demonstrated by increased heart weight, increased thickness of the left ventricle of the heart, atherosclerotic disease of the aorta and severe narrowing of all three major coronary arteries of the heart. The embolic infarction of the left kidney likely originated from the atherosclerotic disease present in the aorta. An enlarged spleen was also identified at autopsy. No evidence of physical abuse or physical restraint was identified at autopsy. Toxicological testing was negative for ethanol, screened drugs of abuse, elevated carboxyhemoglobin or cyanide in the blood. A medication associated with resuscitation (Lidocaine) was detected in the blood. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte dé décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
BTB Hamid, Adnan, N		Civilian	(b)(6)
ORGANIZATION Organisation	NATION *(e.g. United States)* Pays: Iraq	DATE OF BIRTH Date de naissance	SEX Sexe: [X] MALE [ ] FEMALE

RACE Race		MARITAL STATUS État Civil			RELIGION Culte		
[X]	CAUCASOID Caucasique	[ ]	SINGLE Célibataire	[ ] DIVORCED Divorcé	[ ] PROTESTANT Protestant	[X]	OTHER (Specify) Autre (Spécifier): UNK
[ ]	NEGROID Negroide	[ ]	MARRIED Marié	[ ] SEPARATED Séparé	[ ] CATHOLIC Catholique		
[ ]	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 sus
STREET ADDRESS Domicilé 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 CONDITON DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort	Pulmonary Embolism	Unknown
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		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
[X] NATURAL Mort naturelle	[X] YES Oui [ ] NO Non	
[ ] ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste: (b)(6)	
[ ] HOMICIDE Homicide	SIGN (b)(6) DATE Date: 19 May 2009	AVIATION ACCIDENT Accident à Avion: [ ] YES Oui [X] NO Non

DATE OF DEATH *(day, month, ye* Date de décès *(le jour, le mois, l'a* cès: (b)(6) 2009

PLACE OF DEATH Camp Taji 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 funtet 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 médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)	Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date: 6/30/2009	SIGNATUR (b)(6)

[1] State disease, injury or complication which caused death, but not mode
[2] State conditions contributing to the death, but not related to the disease
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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