



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 Taled Ehad Kazam

Autopsy No.: (b)(6)

SSAN: NA

AFIP No. (b)(6)

Date of Birth: Unknown

Rank: NA

Date/Time of Death: (b)(6) 2003

Place of Death: Abu Ghraib Prison,
Iraq

Date/Time of Autopsy: 22 Aug 2003

Place of Autopsy: Camp Sather, Iraq

Date of Report: 9 Oct 2003

Circumstances of Death: The decedent was a prisoner in Abu Ghraib prison in U.S. Custody. On or about (b)(6) 2003 he was noted to be pulseless and apneic. Cardiopulmonary resuscitation was unsuccessful. There was no prior complaint or trauma.

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

Identification: Tentative by Army Criminal Investigation Division (CID). Antemortem dental, fingerprint, and DNA profile not available.

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease (ASCVD)

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

- I. Mild-moderate three vessel coronary arteriosclerosis
 - A. Ischemic cardiomyopathy (450 grams)
 - B. Left ventricle hypertrophy (1.8 cm)
 - C. Pulmonary edema and congestion (combined weight 1900 grams)
 - D. Chronic passive congestion of the liver
 - E. Congestive splenomegaly (350 grams)

- II. Hemangioma of the liver

- III. Mild decomposition

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular 72inch tall 160 pounds (estimated) male with an estimated age of 40 years. Lividity is posterior, purple, and fixed. Rigor is absent.

There is early postmortem decomposition indicated by corneal clouding and early skin slippage.

Identifying marks include a ½ inch circular scar on the anterior left forearm and a vertical 3-½ inch scar on the posterior right hand.

The scalp is covered with gray-black hair in a normal distribution. Corneal clouding obscures the irides and pupils. The external auditory canals are unremarkable. 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 good repair.

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.

CLOTHING AND PERSONAL EFFECTS

None.

MEDICAL INTERVENTION

No attached medical devices or artifacts of therapy.

EVIDENCE OF INJURY

None.

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 1500 gm brain, which has unremarkable gyri and sulci and vascular congestion. 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 are edematous, congested and weigh 1000 and 900 gm, respectively. The external surfaces are smooth and deep red-purple. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 450 gm heart is globular in shape but 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 multifocal stenoses of the left anterior descending coronary artery. The right coronary artery has 50-75% multifocal stenoses of the proximal and mid segments. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.8 and 0.6-cm thick, respectively. The septum is hypertrophied measuring 2.0 cm in thickness. 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 1900 gm liver has an intact, smooth capsule with congested parenchyma. There is a 1 ¼ x 1 ½ inch subcapsular hemangioma. 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 350-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

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ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 350 gm, each. 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 bladder wall. The bladder is devoid of 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, grey-white mucosa. The stomach contains approximately 25 ml of yellow liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and unremarkable.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, gastric contents, and psoas muscle
- The dissected organs are forwarded with body

MICROSCOPIC EXAMINATION

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

TOXICOLOGIC ANALYSIS

Toxicologic analysis of blood and vitreous fluid were negative for ethanol (alcohol) and illicit substances.

OPINION

This Iraqi male prisoner of war died of arteriosclerotic cardiovascular disease. Significant findings of the autopsy included an enlarged heart and significant narrowing of one of the arteries supplying blood to the heart. The lungs, liver, and spleen were congested most likely due to inadequate pumping of the heart. An unrelated finding was a hemangioma (a benign blood vessel tumor) of the liver that did not contribute to death. There was no internal or external trauma.

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 Taled, Ehad, Kazam		GRADE Grade	BRANCH OF SERVICE Armée
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Nègre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
			<input type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du décédé avec le(s) d(e)	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only once 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 ¹			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 Raison fondamentale, s'il y a lieu, ayant suscité 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 suscitée 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	DATE Date 22 Aug 2003	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 20 Aug 2003	PLACE OF DEATH Lieu de décès Abu Ghraib Prison, 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 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, DE 19902		
DATE Date 12 May 2004	(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. 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 cœur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

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REPLACES DA FORM 1345, 1 JAN 72 AND DA FORM 1345-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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