



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



AUTOPSY EXAMINATION REPORT

Name: BTB Lohaybi, Monder Mahmoud	Autopsy No.: (b)(6)
(b)(6)	AFIP No.: (b)(6)
ISN: (b)(6)	Rank: Civilain
Date of Birth: (b)(6) 1944	Place of Death: Iraq
Date of Death: (b)(6) 2006	Place of Autopsy: Port Mortuary, Dover
Date/Time of Autopsy: 11 APR 2006	AFB, DE
@ 1100 hrs	
Date of Report: 26 JUN 2006	

Circumstances of Death: This 62 year-old detainee was found unresponsive and brought to the 344th Field Medical Hospital. Despite treatment the detainee expired. The deceased is reported as having a past medical history significant for smoking and diabetes mellitus.

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

Identification: Presumptive identification from examination of accompanying paperwork and wrist identification bracelet. Post-mortem fingerprints, dental charting and DNA obtained.

CAUSE OF DEATH: Hypertrophic and Arteriosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSIS

- I. **Cardiovascular System:**
 - A. **Cardiomegaly:** Heart weight 770-grams (predicted normal heart weight for a male with a body weight of 164-pounds is 295-grams with a lower 95% confidence limit of 202-grams and an upper 95% confidence limit of 432-grams)
 - B. **Atherosclerotic Coronary Artery Disease:**
 1. 90% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
 2. 75% stenosis of the left circumflex coronary artery by atherosclerotic plaque
 3. 75% stenosis of the right coronary artery by atherosclerotic plaque
 - C. **Remote Myocardial Infarction:** 2.5-centimeter scar in the anterior wall of the left ventricle that extends to the apex
- II. **Pulmonary System:** Pulmonary edema and congestion (Lung weights: right 780-grams; left 720-grams)
- III. **Genitourinary System:** Benign Nephrosclerosis
- IV. **Hepatobilliary System:** Status post cholecystectomy
- V. **No significant injuries identified**
- VI. **Minor Injuries:** Abrasions (4) of the left side of the face ranging in greatest dimension from ¼-inch to 1 ¼-inches
- VII. **Post-mortem changes:**
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Rigor has passed
 - C. Moderate decomposition of the internal organs
 - D. Skin slippage on the left ankle
- VIII. **Toxicology (AFIP):**
 - A. **CARBON MONOXIDE:** The carboxyhemoglobin hemoglobin saturation is 1%.
 - B. **VOLATILES:** There is no ethanol detected in the blood and vitreous fluid.
 - C. **CYANIDE:** There is no cyanide detected in the blood.
 - D. **DRUGS:** No screened drugs of abuse or medications are detected in the urine.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 72-inch tall, 164-pounds male whose appearance is consistent with the reported age of 61-years. Lividity is present on the posterior surface of the body except in areas exposed to pressure. Rigor has passed.

The scalp is covered with short gray and black hair with male pattern blading. The irides are dark and the cornea are opacified. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The is red-brown purge fluid in the nares. The nose and maxillae are palpably stable. The mouth is edentulous. There is post-mortem skin slippage on the left side of the face.

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 anus is unremarkable. There are areas of gray/brown discoloration without underlying hemorrhage on the left and right buttocks.

There is green discoloration on the chest and abdomen. There is a 5-inch vertical surgical scar on the center of the upper abdomen and a 4-inch oblique incision on the right side of the abdomen.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1/8-inch scar on the right elbow. There is postmortem skin slippage on the left ankle. There is an orange/yellow post-mortem abrasion on the right hand.

CLOTHING AND PERSONAL EFFECTS

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

- A yellow jump-suit
- Two pairs of white briefs
- One white sock
- Wrapped in a green sheet

MEDICAL INTERVENTION

- Endotracheal Intubation
- Intravenous access (right forearm)

RADIOGRAPHS

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

- Calcified coronary arteries
- Calcified external iliac and femoral arteries
- Internal fixation plate (right tibia)

EVIDENCE OF INJURY

No significant injuries are identified.

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-gram brain, which has unremarkable gyri and 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:

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 weigh 780 and 720-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 770-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 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. There is a 2.5-centimeter trans-mural tan-white fibrous scar in the anterior wall of the left ventricle that extends to the apex. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and exhibits mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1800-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 is not identified and is replaced by numerous adhesions. The extrahepatic biliary tree is patent.

SPLEEN:

The 240-gram spleen is encased with numerous adhesions. 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.

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 200 and 180-grams, respectively. The external surfaces are granular. 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 contains approximately 30-milliliters of clear yellow 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 scant brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is not identified.

MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained. No blunt force or penetrating injuries are identified. No metallic foreign objects are identified.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, urine, liver, spleen, brain, lung, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: Two surgical scars on the abdomen.

OPINION

This 62 year-old male died of hypertrophic and arteriosclerotic cardiovascular disease. The heart weighed 770-grams. There was evidence of a remote myocardial infraction in the anterior wall of the left ventricle, significant pulmonary congestion and edema and benign nephrosclerosis. Cross sectioning of the coronary arteries exhibited 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. The abrasions of the left side of the face are consistent with injuries sustained during a terminal collapse. The toxicology screen is negative. The manner of death is natural.

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Medical Examiner

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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 Lohaybi, Monder Mahmoud, Abdulkar		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) 1944	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) X	
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. Hypertrophic 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	History of Diabetes Mellitus and smoking	
	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	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 11 April 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 dé funtel 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	
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 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.			

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REPLACES DA FORM 3646, 1 JAN 73 AND DA FORM 3666-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

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