

ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850 1-301-319-0000



FINAL AUTOPSY REPORT

Name: Hammid, Raad Kairy

ISN: (b)(6)

Date of Birth: (b)(6 1979

Date of Death (b)(6) 2006 Date of Autopsy: 20 Feb 2006

Date of Report: 1 May 2006

Autopsy No. (b)(6)

AFIP No.: (b)(6)

Rank: Civilian, Iraqi

Place of Death: Baghdad, Iraq

Place of Autopsy: Dover AFB/Port Mortuary

Circumstances of Death: Iraqi civilian detainee within the Baghdad central confinement facility hospital ICU died after developing new onset seizures and subsequent documentation of severe brain edema with reported areas of intra parenchymal hemorrhage.

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

Identification: Identification tags on the body.

CAUSE OF DEATH: Hypoxic-ischemic encephalopathy due to meningoencephalitis of

unknown origin

MANNER OF DEATH: Natural

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FINAL AUTOPSY DIAGNOSES:

- Hypoxic-ischemic encephalopathy with meningoencephalitis of unknown origin
 - a. Severe brain edema with uncal and cerebellar tonsil herniation
 - b. Clinical diagnosis of encephalitis with new onset seizures
 - Generalized body edema and severe pulmonary edema and congestion
 - d. Bilateral adrenal gland hemorrhage and necrosis
- Bronchopneumonia with thick airway mucous secretions
- III. Bladder mucosa petechiae, Foley catheter in place
- IV. Right lower lip, inner surface, contusion, 1/2 inch
- V. No evidence of other significant natural disease or trauma
- VI. Identifying Marks, none
- VII. Property on the body at the time of autopsy examination, none
- VIII. Toxicology:
 - a. Carbon Monoxide: 1% carboxyhemoglobin saturation
 - b. Cyanide: None detected
 - c. Volatiles: No ethanol detected
 - d. Drugs: None of the screened for drugs/substances were detected

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, Iraqi, male, 69.5 inches tall, 174 pounds whose appearance is consistent with the reported age of 27 years. Postmortem lividity is purple red and fixed on the posterior surfaces of the body except in areas previously exposed to pressure. Rigor is dissipating and the body is cold to touch.

The scalp is covered with black curly hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are patent. The ears are otherwise unremarkable. The nares are patent and the lips are well developed. The nose and maxillae are palpably stable. The teeth appear natural and in adequate 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 palpable 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. No significant blunt force or penetrating trauma is evident. The body and extremities have generalized edema particularly the right thigh and hands. The hands have a black gritty substance possibly fingerprint ink or other similar material.

CLOTHING AND PERSONAL EFFECTS

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

None

MEDICAL INTERVENTION

- Nasal gastric tube, appropriate positioning
- Endotracheal tube, appropriate positioning
- Cardiac monitor pads, usual locations
- Indwelling intravenous catheters:
 - Right antecubital fossa
 - o Right and left inguinal areas
- Foley catheter, appropriate positioning

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no metal or fractures.

EVIDENCE OF INJURY

The inner surface of the right side of the lower lip has a 1/2 inch contusion. No other injuries were 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. No meningitis is appreciated grossly. Clear cerebrospinal fluid surrounds the 1420 gm brain, with flat gyri and narrowed sulci. There is uncal hemiation and clear cerebellar tonsil hemiation and necrosis. No subdural or subarachnoid hemorrhage is present. The arterial system appears free of abnormality. The transverse and sigmoid sinuses have thrombosis bilaterally. There are no skull fractures. The atlanto-occipital joint is stable. The brain is otherwise fixed for neuropathology consultation at the Armed Forces Institute of Pathology, which provided a separate consultation report.

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NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone 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. Dissection of the upper posterior neck to the level of C2/3 demonstrates no paracervical muscular injury and no cervical spine fractures at this level.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The left pleural cavity contains approximately 200 ml of serosanguinous fluid. The right pleural cavity contains a small volume of similar fluid. The pericardial and peritoneal cavities do not contain an increase in fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 940 and 840 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions are evident. The right lower lobe is consolidated and the right and left large and small airways contain thick yellow tan mucoid secretions. These secretions focally obstruct or plug the peripheral airways.

CARDIOVASCULAR SYSTEM:

The 420 gm 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 significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.5 and 0.6 -cm thick, respectively. 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 2270 gm 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 280 gm 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 hemorrhagic, 30 grams each, with autolysis and necrotic purple brown medulae. No masses are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 180 and 210 gm, respectively. 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 mucosa has scattered petechiae. The bladder is empty. 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 dark autolyzed mucosa. The stomach contains approximately 50 cc of greenish brown semi-liquid material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME photographer.
- No trace evidence or foreign material is collected.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, spleen, liver, brain, kidney, lung, bile, gastric, skin/adipose tissue and psoas.
- The dissected organs are forwarded with body.
- Personal effects are released to the appropriate mortuary operations representatives.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin. Selected small tissue pieces are processed for histologic slides as described below. These slides have been examined and there are no additional significant pathologic findings other than those confirmed and listed in the final diagnosis or internal examination sections of this report.

Block List:

1,2 Myocardium 3 Testicle and myocardium

4,5 Lung 6 Liver
7 Lung 8 Kidney
9 Spleen 10 Lung

11 Dura 12/13 Adrenal gland

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OPINION

This 27 year-old Iraqi, male, civilian, detainee, died of hypoxic-ischemic encephalopathy due to meningoencephalitis of unknown origin. The brain was examined by the Neuropathology, Environmental and Infectious Disease Sciences, and the Hematopathology Departments of the Armed Forces Institute of Pathology, Washington, DC (Separate reports). The manner of death is natural.

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