



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: DHAHI, Al Amiri Hassan Husayn

Autopsy No. (b)(6)

ISN (b)(6)

AFIP No. (b)(6)

Date of Birth: Unknown

Rank: Civilian/Detainee

Date of Death: (b)(6) 2007

Place of Death: Iraq

Date/Time of Autopsy: 28 DEC 2007 @0900 hrs

Place of Autopsy: Port Mortuary Dover AFB,
DE

Date of Report: 11 MAR 2008

Circumstances of Death: This Operation Iraqi Freedom detainee, as reported, was vomiting blood and was transported to the surgical operating room for an emergency laparotomy. During the procedure, the decedent had uncontrollable gastric bleeding near the gastro-esophageal junction. The patient died, despite all attempts to control his acute blood loss.

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

Identification: Presumptive identification per CID investigation.

CAUSE OF DEATH: HEMORRHAGE DUE TO PEPTIC ULCER DISEASE

MANNER OF DEATH: NATURAL

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 144 pounds and is 67 ½ inches in length. 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. Facial hair consists of mustache and extends into a full black/gray beard. The irides are hazel. The corneae are cloudy. The conjunctivae and sclerae are unremarkable. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. The naris has dried blood present. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good 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 flat. The external genitalia are those of a normal adult circumcised male. The anus is unremarkable.

The fingernails are intact. There are two well healed scars on the dorsal surface of the right foot measuring up to 1 inch in maximum dimension. There is one well healed scar on the dorsal surface of the left foot measuring up to 1 inch in maximum dimension. There are no tattoos noted on the body. There is a skin tag measuring ¼ inch in maximum dimension on the left back. The majority of the posterior torso has multiple vitiligo patches.

CLOTHING AND PERSONAL EFFECTS

None identified.

MEDICAL INTERVENTION

A six inch vertical, surgical staple line is above the umbilicus. There is a puncture mark on the left antecubital fossa.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates only a surgical staple line from T-11 to L3.

EVIDENCE OF INJURY

None identified.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. The peritoneal has 200 milliliters of bloody fluid. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is ¾ inch thick.

HEAD AND NECK:

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. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

The brain weighs 1270 grams, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. 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 tan mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The heart weighs 320 grams and surrounded by 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 atherosclerotic luminal stenosis present. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.4, 1.4, and 0.3 centimeters 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.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The right pleural surface has adhesions; but the left pleural surface has a smooth, glistening and unremarkable appearance. The pulmonary parenchyma is unremarkable, it exudes a slight amount of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 360 grams; the left 330 grams.

HEPATOBIILIARY SYSTEM:

The liver weighs 1050 grams has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 1 milliliter 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 shows a 7 x 5 centimeter defect near the greater curvature. Located 1 centimeter from the gastric-esophageal junction are two gastric ulcers measuring 0.7 and 1.0 centimeters in maximum dimension. Both ulcers are surrounded by a 5.5 x 5 centimeter area of mucosal erythema. A black surgical suture is located between these two lesions.

The small and large bowels contain bloody semi-liquid and fecal matter, respectively. The pancreas is slightly decomposed with a tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 90 grams; the left kidney weighs 110 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.

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 870 grams 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.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, with preparation of histology slides of the spleen pending.

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, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.

FINAL AUTOPSY DIAGNOSES

- I. Gastric Ulcers, Multiple, Near the Gastro-Esophageal Junction**
- II. Natural diseases or pre-existing conditions:**
 - A. Vitiligo of the posterior torso
 - B. Splenomegaly, 870 grams
- III. Evidence of Medical/Surgical Therapy:**
 - A. A 7 x 5 centimeter defect near the greater curvature of the stomach
 - B. Black suture present near the site of gastric bleeding
 - C. A vertical surgical staple line above the umbilicus
 - D. Puncture mark on the left antecubital fossa
- IV. Post-Mortem Changes: Described above**
- V. Identifying Body Marks: None identified**
- VI. Toxicology (AFIP)**
 - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. DRUGS: Midazolam was detected in the blood
 - C. CYANIDE: There was no cyanide detected in the blood

OPINION

The cause of death for this detainee (b)(6) is due to acute blood loss from two bleeding gastric ulcers. The 7 x 5 centimeter defect near the greater curvature of the stomach was produced by the surgeon to find the site of bleeding during the emergency laparotomy. The toxicology screen was positive for midazolam, an intravenous general anesthetic used on surgery patients. The puncture mark on the left antecubital fossa was the likely site of administration for this anesthetic during the decedent's emergency operation. Vitiligo is a benign condition that results in depigmentation of the skin. The manner of death is natural.

Histology slides of the spleen are pending. If there is significant information identified from these slides an addendum report will be generated.

(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 Dhahi, Al Amiri, Hassan Husayn		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race	MARITAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> 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 (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 Hemorrhage due to peptic ulcer 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	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE 28 December 2007	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) 2007	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 funt et 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 3/13/2008	SIGNATURE Signature (b)(6)		

FORM DD 1 APR 77 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-RP(AS), 28 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0687

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
DETAILED ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2084, APR 1977 (BACK)

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