



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: BTB Hasan, Al Jabbar N

ISN: (b)(6)

Date of Birth: BTB (b)(6) 1957 (49 years)

Date of Death: (b)(6) 2007

Date/Time of Autopsy: 14 NOV 2007@1300

Date of Report: 14 DEC 2007

Autopsy No. (b)(6)

AFIP No.: (b)(6)

Rank: Civilian/Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This 49-year-old Iraqi male detainee reportedly died in a medical treatment facility (31st CSH). At the time of his death, he was being treated for end-stage heart failure.

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

Identification: Presumptive identification is established by the examination of the accompanying paper work and identification bracelet. Fingerprints, postmortem dental charting, and a specimen suitable for DNA are obtained.

CAUSE OF DEATH: Acute myocardial infraction complicated by left ventricular mural thrombus

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of an unclad edematous male. The body weighs 214 pounds, is 63 inches in length and appears compatible with the reported age of 49 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The congested head is normocephalic, and the scalp hair is gray and black. Facial hair consists of a gray and black mustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals are free of foreign material and abnormal secretions. Purged fluid is identified in the mouth and nose. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural. 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 slightly protuberant. The external genitalia are those of a normal adult circumcised male. The scrotum is edematous. The posterior torso and anus are without note. The extremities exhibit peripheral edema. The fingernails are intact. Ecchymoses are identified on the left arm and forearm, and abdomen. A 1/2 inch scar is identified on both knees. A 1 x 1 inch scar is seen on the left forearm. Skin slippage is seen on the left upper extremity. A 1/4 inch flesh colored papule is identified on the right shoulder.

CLOTHING AND PERSONAL EFFECTS

- Green hospital shirt
- A blue chuck is present in the body transverse bag

MEDICAL INTERVENTION

- The hair on the chest is shaved
- Needle puncture marks are identified on both antecubital fossa and the left forearm
- Black ink (most likely identifying peripheral pulses) is on the left ankle and right foot
- Three EKG lead impression marks are on the anterior torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. No blunt force or penetrating injuries are identified. No radio-opaque foreign bodies are seen.

EVIDENCE OF INJURY

There is no significant physical injury identified at autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Serous fluid is identified in the left chest cavity (250 ml), right chest cavity (250 ml), and the abdomen (500 ml). All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch 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 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. Clear cerebrospinal fluid surrounds the 1440 gram brain, 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 spinal cord is unremarkable.

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. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 550 gram 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 80% stenosis of the left anterior descending coronary artery by calcified atherosclerotic plaque with an adherent fresh occlusive thrombus, 75% stenosis of the right coronary artery by calcified atherosclerotic plaque, and 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque. Cross sections through the heart reveal a fibrous scar extending from the anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension. The left ventricular free wall and inter-ventricular septum are thinned. There is a 1/2 x 1/2 x 1/4 inch hyperemic area of myocardium with a central area of yellow-tan necrosis in the posterior aspect of the intraventricular septum. A mural thrombus is identified in the apex of the chamber of the left ventricle. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.9, 0.5, and 0.3-cm thick, respectively. The left ventricle and right ventricle are dilated. The aorta gives rise to three intact and patent arch vessels. Calcifications are seen at the aortic bifurcation. 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 pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts 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 650 grams; the left 550 grams.

HEPATOBIILIARY SYSTEM:

The 1720 gram liver has an intact smooth capsule covering congested parenchyma. No non-traumatic focal lesions are noted. The cut surface has a nutmeg appearance. The gallbladder contains 5 ml 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 10 ml of brown fluid. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 180 grams; the left 180 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying granular, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. Punctate hemorrhages are seen on the bladder mucosa. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 200 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.

ENDOCRINE SYSTEM:

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.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
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, spleen, liver, lung, kidney, brain, myocardium, bile, gastric contents, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with body.
5. Posterior cut-downs are performed. No traumatic injuries are seen.

MICROSCOPIC EXAMINATION

Left Ventricle (Slide - 3) and Inter-Ventricular Septum (Slide - 4) - Areas show coagulation necrosis with loss of myocyte nuclei and striations with an acute inflammatory infiltrate. Other areas show disintegration of myocytes with phagocytosis and a chronic inflammatory infiltrate. Prominent granulation tissue is present. There are also areas that show early scar formation and replacement by collagen.

Left Anterior Descending Coronary Artery (Slide - 2) - There is 80% stenosis of the lumen by calcified atherosclerotic plaque with evidence of plaque rupture and overlying adherent thrombus.
Right Coronary Artery (Slide - 1) - There is a calcified atherosclerotic plaque.

FINAL AUTOPSY DIAGNOSES:

- I. Cardiovascular System:**
 - A. Acute myocardial infarction with mural thrombus at the left ventricle**
 - B. Fibrous scar of the left anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension**
 - C. Significant Coronary Artery Atherosclerosis:**
 - 1. 80% stenosis of the left anterior descending coronary artery with a calcified atherosclerotic plaque and an occlusive thrombus**
 - 2. 75% stenosis of the right coronary artery by calcified atherosclerotic plaque**
 - 3. 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque**
 - D. Cardiomegaly (heart weight 550 grams)**
 - E. Dilated left and right ventricles**
 - F. Mild atherosclerosis of the aorta**
- II. Anasarca**
- III. Respiratory System: Pulmonary congestion and edema; lung weight: (right lung 650 grams, left lung 550 grams)**
- IV. Hepatobiliary System: Severe congestion (liver weight 1720 grams) and gross appearance consistent with centrilobular necrosis**
- V. Genitourinary System:**
 - A. Gross appearance consistent with arteriolosclerosis**
 - B. Punctate hemorrhages of the bladder mucosa**
- VI. Toxicology (AFIP):**
 - A. VOLATILES: No ethanol is detected in the blood and vitreous fluid; acetone is detected in the blood (10 mg/dl) and vitreous fluid (12 mg/dl)**
 - B. DRUGS: No screened drugs of abuse or medications are detected in the blood**
 - C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%**
 - D. CYANIDE: No cyanide is detected in the blood**

OPINION

This 49-year-old Iraqi male detainee (b)(6) died of an acute myocardial infarction complicated by a mural thrombus of the left ventricle. The toxicology is positive for acetone in the blood and vitreous fluid. This finding can be explained by the deceased's clinical course prior to death. There was no evidence of physical injury discovered at autopsy. Based upon the information available to me at the time of this report, 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) ETB Hasan, Al Jabbar, N		GRADE Grade	BRANCH OF SERVICE Armée Civilian
ORGANIZATION Organisation		NATION (P.A. United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race X CALICARDIO Omanique		MARITAL STATUS État C-M SINGLE Célibataire	RELIGION - C-M PROTESTANT Protestant
OTHER (Specify) Autre (Spécifier)		DIVORCED Divorcé	CATHOLIC Catholique
NAME OF NEXT OF KIN Nom du plus proche parent		WIDOWED Veuve	JEWISH Juif
STREET ADDRESS Adresse (Pays)		RELATIONSHIP TO DECEASED Rapport du décédé avec le sur	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY OR TOWN OR STATE Ville (L'add postal compl'd)		CITY OR TOWN OR STATE Ville (L'add postal compl'd)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (State only one cause per line) Cause du décès (N'inscrire qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Days
ACUTE MYOCARDIAL INFARCTION COMPLICATED BY MYRIAL THROMBUS			
PRECEDENT CAUSES Symptômes antérieurs de la mort	MORED 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 Cause 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 résultant de causes extérieures	
X NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
GLUCIDE Suicide	(b)(6)		
HOMICIDE Meurtre	IRSMAN (b)(6)	DATE Date 14 November 2007	AVIATION ACCIDENT Accident d'avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH Date du décès (b)(6) 2007	PLACE OF DEATH Lieu du décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSE(S) AS STATED ABOVE. J'ai examiné les restes mortels du décedé et la mort est survenue à l'époque indiquée et à la cause(s) telle(s) qu'elle(s) est/sont énoncée(s) ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin civil	TITLE OR GRADE Titre ou grade Medical Examiner		
OFFICE Bureau	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 11/14/2007	SIGNATURE Signature (b)(6)		
<small>1. This certificate, when completed, will be filed with the local health department. 2. This certificate is to be used only in the absence of a coroner's certificate. 3. This certificate is to be used only in the absence of a coroner's certificate. 4. This certificate is to be used only in the absence of a coroner's certificate. 5. This certificate is to be used only in the absence of a coroner's certificate.</small>			

DD FORM 1300 APR 77 2064

REPLACES DA FORM 1300, 1 JAN 73 AND DA FORM 1300-R, 28 SEP 72, WHICH ARE OBSOLETE.

MEDCOM 0759