



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 Muhammed Al-Ithawi, Taha Daher	Autopsy No. (b)(6)
ISN: (b)(6)	AFIP No. (b)(6)
Date of Birth: Unknown	Rank: Iraqi Civilian
Date of Death: (b)(6)	Place of Death: Iraq
Date/Time of Autopsy: 1 Apr 2008@1130	Place of Autopsy: Port Mortuary
Date of Report: 10 Apr 2008	Dover AFB, Dover, DE

Circumstances of Death: Per investigation, this Iraqi male was admitted to the 31st Combat Surgical Hospital on 16 March 2008 for multiple medical problems, including acute renal failure, untreated diabetes mellitus, and an acute myocardial infarction. While in the hospital he underwent surgery for gastrointestinal bleeding, and was also treated for continued renal failure and another myocardial infarction. Despite aggressive medical intervention, he eventually succumbed to his multiple ailments.

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

Identification: Presumptive identification is established by examination of paperwork in the case file. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained. .

CAUSE OF DEATH: Hypertensive atherosclerotic cardiovascular disease

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad male. The body weighs 273 pounds and is 73 inches in length. The body is cold. Rigor is passing. 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 and gray. Facial hair consists of a beard and mustache. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white/red. The eyelids are edematous. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes have creases bilaterally. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The upper teeth are absent and the lower teeth are in poor condition. Examination of the neck reveals no evidence of injury. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is soft and distended. There is a 10 ½ inch vertical stapled incision on the midline of the abdomen. The external genitalia are those of an adult circumcised male, and the scrotum and penis are edematous. There are numerous pinpoint pustules on the posterior torso. The anus is unremarkable. The extremities are diffusely edematous. The fingernails are short and intact. Underneath the wrap and gauze on the left foot is a necrotic ulcer, 2 x 2 inches, and the 1st and 2nd toes on the left foot are absent. Scars and tattoos are not noted.

CLOTHING AND PERSONAL EFFECTS

No items of clothing or personal effects accompany the body.

MEDICAL INTERVENTION

- EKG leads (5) on the torso
- Stapled incision, mid abdomen
- Foley catheter
- Triple-lumen catheter, right femoral area
- Wrap and gauze on left foot, labeled with "29 Mar 08 0930"

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the medical intervention and natural disease as noted.

EVIDENCE OF INJURY

No significant injuries are identified.

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. All body organs are present in normal anatomical position. There are dense left-sided pleural adhesions. There is 100 ml of serosanguinous fluid in the left pleural cavity. There is 1500 ml of serosanguinous fluid in the peritoneal cavity. The subcutaneous fat layer of the abdominal wall is 1 ½ 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 1410 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.

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 tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The 660 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. They demonstrate the following amounts of atherosclerotic stenosis: approximately 95% of the proximal left anterior descending coronary artery, approximately 50% of the mid right coronary artery, and approximately 95% of the proximal and mid left circumflex coronary artery. The myocardium is homogenous, pale tan, and moderately firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels, and demonstrates severe calcific change distally, which extends into the iliac arteries. The renal arteries demonstrate approximately 75% atherosclerotic stenosis bilaterally. The 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 is smooth and glistening; the left pleural surface is tan-white and fibrotic. The pulmonary parenchyma is diffusely congested and edematous, exuding large amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are

Muhammed Al-Ithawi, Taha Daher

normally developed, patent, and without thrombus or embolus. The right lung weighs 1090 grams; the left 1070 grams.

HEPATOBIILIARY SYSTEM:

The 2330 gram liver has an intact smooth capsule covering tan-red moderately congested parenchyma with no focal lesions noted. The gallbladder is markedly distended and contains 50 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 approximately 500 ml of thick, yellow material. There is a 4 inch sutured incision on the mucosal surface of the distal stomach. The small bowel is unremarkable. The serosal surface of the large bowel is diffusely dark purple-gray. The pancreas has a pale tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 200 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying granular, red-brown cortical surfaces. 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 contains a catheter and is empty. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 460 gram spleen has a smooth, intact capsule covering red-pale tan, 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 symmetrically enlarged 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:

There are degenerative changes of the 6th and 7th cervical, and 9th-12th thoracic vertebral bodies (seen radiologically). No abnormalities of muscle are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME staff photographer.
2. 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.
3. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

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

FINAL AUTOPSY DIAGNOSES:

- I. Hypertensive atherosclerotic cardiovascular disease:**
 - A. Near-occlusive atherosclerotic stenosis of the left anterior descending and left circumflex coronary arteries, and approximately 50% atherosclerotic stenosis of the right coronary artery**
 - B. Atherosclerotic stenosis of the renal arteries, approximately 75% bilaterally**
 - C. Diffuse calcific change of the distal aorta and iliac arteries**
 - D. Cardiomegaly, 660 grams**
 - E. Gross hypertensive changes of the kidneys**

- II. Additional findings:**
 - A. Bilateral pulmonary congestion, right 1090 grams, left 1070 grams**
 - B. Dense left-sided pleural adhesions**
 - C. Left pleural cavity, 100 ml serosanguinous fluid**
 - D. Peritoneal cavity, 1500 ml serosanguinous fluid**
 - E. History of untreated diabetes mellitus, with a necrotic ulcer and missing digits on the left foot**
 - F. History of upper gastrointestinal bleeding, with a stapled abdominal incision and a sutured gastric incision**
 - G. Grossly necrotic large bowel**
 - H. Diffusely enlarged thyroid with no focal lesions identified**

- III. No evidence of significant injury**

- IV. Evidence of Medical Intervention: As noted above**

- V. Identifying marks and tattoos: None noted.**

- VI. Postmortem Changes: As noted above**

- VII. Toxicology (AFIP):**
 - A. Ethanol: No ethanol is detected in the blood and vitreous fluid.**
 - B. Drugs: No screened drugs of abuse are detected in the blood. Diltiazem is detected in the blood at a level of 0.78 mg/L. No other 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 Iraqi male (b)(6) died of hypertensive atherosclerotic cardiovascular disease. There was almost complete blockage of two of the three main coronary arteries, and moderate blockage of the third. There was also atherosclerotic disease of the aorta and arteries supplying blood to the legs and kidneys. The heart and kidneys demonstrated changes consistent with hypertension (high blood pressure). The decedent also had a non-healing ulcer on his left foot, consistent with the given history of untreated diabetes. Additionally, the decedent's stay in the hospital was complicated by progressive kidney failure, a myocardial infarction (heart attack), and bleeding in the gastrointestinal tract. Toxicological testing was positive for a medication used to treat hypertension, but otherwise negative. 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 Muhammed, Al-Ithawi, Taha Daher		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance
			SEX Sexe <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARRIAGE STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négrite		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<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 sué	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal complet)	
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'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort Hypertensive Atherosclerotic 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 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 accidentelles 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	MODE OF PATHOLOGY Nom du morphologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH (day, month, year) (le jour, le mois, l'année) (b)(6) 2008	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 défunt et certifie 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 certifié (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 4/1/2008		(b)(6)	
<small> * Make correct entry of classification code (circled death) * Make suitable comment on the death, but not related * Indicate in column of the possible, de la blessure ou de la * Indiquer la condition, et le comment à la mort, en la colonne des causes énumérées ci-dessus. </small>			

DD-1 APR 7, 2064

REPLACES DA FORM 1388, 1 JAN 73 AND DA FORM 1388-REPL, 28 SEP 74, WHICH ARE OBSOLETE.

MEDCOM 0973

ACLU-RDI 5701 p.8

ACLU Detainee Death II ARMY MEDCOM 973