



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



FINAL AUTOPSY REPORT

Name: BTB Mansur, Ziyad Hamid	Autopsy No.: (b)(6)
SSAN: (b)(6)	AFIP No.: (b)(6)
Date of Birth: (b)(6) 1967	Grade: Civilian, Detainee
Date of Death: (b)(6) 2008	Place of Death: Iraq
Date/Time of Autopsy: 09 APR 2008 @ 1100	Place of Autopsy: Dover Mortuary
Date of Report: 26 AUG 2008	Dover AFB, DE

Circumstances of Death: This 41 year-old detainee was being detained in Theater Internment Facility (TIF) Camp Bucca, when as reported, he was observed by another detainee to be shaking while sleeping. A detainee attempted to wake him and he was noted to be unresponsive. He was carried to compound guards who initiated lifesaving measures. All resuscitative measures were unsuccessful.

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

Identification: Presumptive identification via review of all accompanying paperwork. Post-mortem fingerprints taken and dental exam performed. Suitable specimen for DNA analysis obtained.

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body is approximately 62 ½ inches in length, weighs 152 pounds, and appears compatible with the stated age of 41 years old. The body is cold. Lividity (faint) is fixed on the posterior surface of the body except in the areas exposed to pressure. Rigor is resolving.

The scalp hair is brown/grey with male pattern baldness. Facial hair consists of a beard. The irides are indistinct. The corneae are cloudy. There are scattered petechiae of the upper right eyelid and lower left eyelid. The remaining conjunctivae are pale with no petechiae. The sclerae are white with drying artifact. The oral cavity, external nares, and external auditory canals are free of foreign material or abnormal secretions. The lips are dry. There are no petechiae of the oral mucosa.

The chest is symmetric. The genitalia are those of a circumcised adult male. The pubic hair is shaved. The anus is atraumatic.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. On the right arm is a 1 x 1-inch scar. On the right knee is a 1 x 1-inch scar. On the left ankle at foot are multiple scars that measure up to 2 inches in maximum dimension.

CLOTHING AND PERSONAL EFFECTS

The body is clad in yellow pants, white pants, white underwear, and white t-shirt (cut). Two identification tags accompany the body.

MEDICAL INTERVENTION

No evidence of medical intervention is present on the body.

RADIOGRAPHS

A complete set of post-mortem radiographs is obtained and demonstrate a radio-opaque fragment in the right leg (metal fragment recovered from dense fibrous tissue, photographed and placed in a labeled evidence container).

EVIDENCE OF INJURY

There is no evidence of external or internal recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluids or adhesions are present in any of the body cavities. The organs occupy their usual anatomic positions.

HEAD (CENTRAL NERVOUS SYSTEM) 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. The leptomeninges are thin and delicate. The unfixed brain weighs 1380 grams and is retained for Neuropathology consultation (see Neuropathology consultation).

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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. The thyroid is symmetric and red-brown, without cystic or nodular change. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spinal column fractures.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 650 and 540 grams, respectively. The pulmonary parenchyma is red-purple exuding moderate amounts of blood. The pulmonary arteries are normally developed and patent without thrombus or embolus.

CARDIOVASCULAR SYSTEM:

The heart weighs 290 grams and is contained in an intact pericardial sac. The heart is retained for cardiovascular pathology consultation (see cardiovascular consultation). The aorta and its major branches arise normally and follow the usual course and are unremarkable. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

LIVER & BILIARY SYSTEM:

The 1780 gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown with the usual lobular architecture. In the right dome is a 3.0 x 3.0 centimeter red nodule. No other abnormalities are seen. The gallbladder contains less than 1 milliliter of bile. The extrahepatic biliary tree is patent.

SPLEEN:

The 250 gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon with unremarkable lymphoid follicles.

PANCREAS:

The pancreas is red-tan with a lobulated appearance. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 140 and 140 grams, respectively. The external surfaces are intact and smooth. The cut surfaces are dark-red and the cortex is delineated from the medullary pyramids. The pelves are unremarkable and the ureters are normal in course and caliber. The bladder contains scant urine. The prostate and testes are unremarkable.

BTB Mansur, Ziyad Hamid**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach, small bowel, colon, and appendix are unremarkable. The stomach contains 50 milliliters of partially digested food particles.

MUSCULOSKELETAL:

Muscle development is normal. No bone or joint abnormalities are identified.

MICROSCOPIC EXAMINATION

- Lung, Left (slide 1): Moderate congestion with scattered anthracotic pigment; no significant pathologic diagnosis
- Lung, Right (slide 2): Moderate congestion with scattered anthracotic pigment and focal edema
- Kidney (slide 3): Moderate congestion; no significant pathologic diagnosis
- Spleen (slide 3): Moderate congestion; no significant pathologic diagnosis
- Liver (slide 4): Hemangioma; moderate congestion

ADDITIONAL PROCEDURES

1. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, liver, urine, lung, kidney, spleen, psoas muscle, adipose tissue and gastric contents.
2. The dissected organs are forwarded with the body. The brain and heart are retained for consultation.
3. Selected portions of organs are retained in formalin.
4. Personal effects are released with the body.
5. Recovered evidence: As described above, retained by OAFME.
6. Skin incisions of the posterior torso, buttocks and extremities reveal no evidence of trauma.
7. Documentary photographs are taken by (b)(6) (OAFME). Assisting with the autopsy is (b)(6) (OAFME).

CONSULTATIONS

- I. Cardiovascular pathology (see CV Path consultation for complete report):
 - a. Diagnosis: Moderate dysplasia of sinoatrial nodal artery and intramural coronary arteries in crest of ventricular septum
 - b. Comment: The correlation between small vessel disease in the cardiac conduction system and sudden death is unclear, particularly in the absence of significant scarring in the crest of the septum. Fragmentation of the AV node (persistent fetal dispersion) has also been postulated as a potential source of re-entry tachyarrhythmia.
- II. Neuropathology (see AFIP consultation for complete report):
 - a. Mild brain swelling; unremarkable leptomeninges; no gross evidence of herniation or midline shift; no focal lesions identified
 - b. On microscopic examination there is mild subependymal gliosis of the ventral surface of the corpus callosum. These changes are mild and non-specific. No other pathologic changes are noted.

FINAL AUTOPSY DIAGNOSES

- I. No evidence of significant recent trauma**
- II. Natural disease:**
 - A. Moderate dysplasia of sinoatrial nodal artery and intramural coronary arteries in crest of ventricular septum
 - B. Hemangioma of the liver
- III. Evidence of medical intervention: None**
- IV. Identifying marks: As described above**
- V. Post-mortem changes: As described above**
- VI. Toxicology (AFIP):**
 - A. VOLATILES: No ethanol detected in the blood and vitreous fluid
 - B. DRUGS: No screened drugs of abuse/medications detected in the blood
 - C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1%
 - D. CYANIDE: No cyanide was detected in the blood

OPINION

This 41 year-old detainee (b)(6) was, by report, observed to be shaking while sleeping. When another person attempted to wake him, he was noted to be unresponsive. At autopsy examination, there is no evidence of recent blunt force injury, sharp force injury, or gunshot wounds. The metal fragment recovered from the right leg is consistent with remote injury. The petechiae of the eyelids are non-specific; however, asphyxia cannot be completely excluded. Cardiovascular pathology consultation was significant for dysplasia of the nodal and intramural coronary arteries. However, the correlation between sudden death and this finding in the absence of significant scarring is unclear. Microscopic examination was non-contributory. Neuropathology consultation was non-contributory. The toxicology screen was negative. With no evidence of recent injury, negative toxicology, and non-contributory microscopic examination (including the heart and brain) the cause of death is undetermined. Thus the manner of death is undetermined¹.

(b)(6)

(b)(6) Medical Examiner (b)(6)

¹ If additional information becomes available that necessitates a change in the cause and manner of death, an amendment to this report will be made.

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mansur, Ziyad, Hamid		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation CID (b)(6)		NATION (e.g. United States) Pays	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
DATE OF BIRTH Date de naissance (b)(6) 1967		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 type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) Sunni-Islam
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) Undetermined			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.			
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 Mode of Death : Undetermined	
<input 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	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	DATE Date 9 April 2008	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) 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 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	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 9/3/2008	SIGNATURE Signature (b)(6)		
<small>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. 3 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. 4 Préciser la condition qui a contribué à la mort, mais n'avant aucun rapport avec la maladie ou la condition qui a provoqué la mort.</small>			

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REPLACES DA FORM 3666, 1 JAN 72 AND DA FORM 3665-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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