



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 HUSAYN, Husayn Kazim
 SSAN: (b)(6)
 Date of Birth: (b)(6) 1972
 Autopsy No. (b)(6)
 AFIP No. (b)(6)
 Rank: Detainee

Date of Death: (b)(6) 2008
 Place of Death: 115th Combat Support Hospital, Camp Bucca, Iraq

Date and Time of Autopsy: 27 SEP 2008, 1130
 Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 5 NOV 2008

Circumstances of Death: This 35-year-old male detainee reportedly was sitting in a holding room when he collapsed with seizure like activity. First responders initiated cardiopulmonary resuscitation (CPR) immediately and continued for 15 minutes until medical personnel arrived on scene. Upon medic arrival, the decedent was noted to have no vital signs. He was taken to the 115th Combat Support Hospital at Camp Bucca where he was pronounced dead shortly after arrival.

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

Identification: Presumptive identification by incarceration number

CAUSE OF DEATH: Undetermined

MANNER OF DEATH: Undetermined

On 27 September 2008 at 1130, a complete postmortem examination is performed on the body of (b)(6) who was presumptively identified by his incarceration number.

CID Special Agent (b)(6) attends the autopsy.

EXTERNAL EXAMINATION

The body is received dressed in a white tee shirt, yellow pants, and white boxers. The body is that of a well-developed, well-nourished, adult male that is cold from refrigeration. He is 66 inches long, weighs 123 pounds, and appears consistent with the reported age of 35 years. Rigor mortis is dissipated. Postmortem lividity is fixed on the posterior surface of the body with moderate suffusion of the head and shoulders.

The head is covered with short black mixed with gray hair in a normal distribution. The irides are brown, corneas are dull, and the sclerae are white. The pupils are round and equal in diameter. No contact lenses are present. Scattered conjunctival petechiae are seen in both eyes. The nose is unremarkable. No foreign material is present in the nostrils or the oral cavity. The lips and frenula are atraumatic. Natural teeth are present with severe dental carries. The external auditory canals are free of blood. The ears are unremarkable and not pierced. The face has a well trimmed mustache and beard. The neck has no masses or deformities. The chest is covered with hair with no increase in the anteroposterior diameter. The abdomen is covered by hair and not distended. The external genitalia are those of a circumcised adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The anus and buttocks are unremarkable. There are confluent areas of Tardieu-like spots on the lateral aspect of the back. The upper and lower extremities are symmetric and without clubbing or edema.

The following tattoos are seen on the body.

- (b)(6)
-
-

CLOTHING AND PERSONAL EFFECTS

- White tee shirt
- Yellow pants
- White boxer short

MEDICAL INTERVENTION

- Endotracheal tube inserted appropriately
- Intravenous catheter inserted in the right antecubital fossa

POSTMORTEM ARTIFACTS

None

RADIOGRAPHS

A complete set of total body postmortem radiographs is obtained and shows evidence of medical therapy. No fractures or foreign materials are seen.

EVIDENCE OF INJURY

The chest has an approximately 5 x 2-inch contusion at the midchest section, slightly right of the anterior midline. The sternum is fractured at the level of the 4th rib. There is a focal hemorrhage of the external muscle tissue of the right 4th intercostal space.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened with a standard Y-shaped incision. The abdominal panniculus is 2.5-cm thick at the umbilicus. The muscles of the chest and abdominal walls are normal. The rib cage, sternum, and clavicles are intact. The mediastinum is unremarkable. The visceral and parietal pleural surfaces are smooth and glistening except for several foci of pleural adhesions of the anterior and apical aspects of both lungs. There is no blood or fluid in the pericardial sac or the peritoneal cavity. The right and left pleural cavities contain 20 ml and 10 ml of clear fluid, respectively. The organs occupy their usual anatomic positions within the pleural and peritoneal cavities. There is no evidence of pericarditis or peritonitis. The omentum and retroperitoneum are unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:

The cranial cavity is opened with a coronal incision of the scalp and removal of the calvarium. The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. There is no evidence of epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1520 gm. The leptomeninges are transparent. The gyral pattern and sulci are unremarkable. The major vessels at the base of the brain have the usual anatomic distribution and no significant atherosclerosis is found. The cranial nerves are symmetrical and intact. No evidence of herniation is present. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brain stem and cerebellum are unremarkable. There are no skull fractures. The atlanto-occipital joint is stable. The spinal cord is not examined in its entirety.

NECK:

The larynx and trachea are in the midline. There is no hemorrhage in the skin, fat or sternocleidomastoid muscles of the anterior neck. In situ layer-wise dissection of the neck's strap muscles shows no abnormalities. The thyroid cartilage and hyoid bone are intact. The larynx has smooth pink-tan mucosa without focal lesions. No foreign material is present. The tongue is free of bite marks, hemorrhage, or other injuries. The soft tissues of the neck are free of hemorrhage. No fractures or dislocations of the cervical vertebrae are detected.

BTB HUSAYN, Husayn K.**CARDIOVASCULAR SYSTEM:**

The 340-gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. There are no epicardial petechiae. The coronary arteries are present in a normal distribution with a right dominant pattern. Multiple cross sections of the vessels show focal soft atheroma in the left anterior descending and left circumflex coronary arteries. The left main coronary artery is patent. The left anterior descending coronary artery is focally (75%) narrowed at approximately 3 cm downstream from the origin and 50% focal narrowing of the lumen within 1 cm distal of the more severe lesion. The circumflex coronary artery shows focal 25% narrowing of its lumen. The right coronary artery is grossly unremarkable. Thrombosis of the coronary arteries is not present. The myocardium is homogenous, dark red-brown, and soft with no gross myocardial fibrosis noted. No defects in the atrial or ventricular septa are present. The valve leaflets are thin and mobile. The circumferences of the cardiac valves are within normal limit for age and heart size. The left ventricle measures 1.4 cm, right ventricle 0.4 cm, and interventricular septum 1.3 cm in thickness. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. There are soft atheromas of the intima throughout its length. No evidence of aneurysm, coarctation, dissection, or laceration of the aorta is noted. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 760 and 700 gm, respectively. The trachea is complete, without malformation, from the larynx to the carina. There is no aspirated gastric material or aspirated blood in the trachea. The lungs and hilar nodes are moderately anthracotic. There are several small blebs of approximately 2 – 3 mm in maximum dimension at the apex of the upper lobe of the right lung. On cut section, there is no aspirated blood apparent. The pulmonary parenchyma is diffusely congested and edematous. There is no consolidation present. The upper lobe of the left lung has a small focus of calcification near the periphery. There is no pulmonary contusion. Pulmonary thromboemboli are not present.

HEPATOBIILIARY SYSTEM:

The 1280-gm liver has a smooth capsule and a sharp anterior border. The parenchyma is reddish-brown and has a lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder is present and contains green-black mucoid bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

HEMOLYMPHATIC SYSTEM:

The 80-gm intact spleen has a red, purple capsule. The parenchyma is maroon, with distinct Malpighian corpuscles. Lymph nodes are not prominent in the cervical region, thoracic or peritoneal cavities.

UROGENITAL SYSTEM:

The right and left kidneys weigh 120 and 140 gm, respectively. The renal capsules strip with ease from the underlying smooth cortical surfaces. There is a small 4-mm simple cyst containing clear fluid on the right cortical surface. The cut surfaces are red-tan, with uniformly thick cortices and sharp corticomedullary junctions. The kidneys are congested. The pelves are unremarkable and the ureters are normal in course and caliber. There are no stones or tumors in

the kidneys, pelves, ureters, or bladder. White bladder mucosa overlies an intact bladder wall. The bladder contains a scant amount of urine. 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 smooth, grey-white mucosa. The stomach contains 200 ml of dark tan-brown congealed food particles. The gastric mucosa shows no focal lesion. The gastric wall is intact. The small and large intestines are unremarkable. The appendix is present.

ENDOCRINE SYSTEM:

The thyroid gland is normal in size and symmetric with dark red-brown parenchyma. No masses are present.

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

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

MUSCULOSKELETAL SYSTEM:

The vertebral column and pelvis are visibly and palpably intact. The musculature is normally developed and of the usual color and consistency.

OTHER PROCEDURES

1. Photographic evidence is obtained by the OAFME photographers.
2. Specimens for toxicology: blood, bile, vitreous, urine, gastric content, liver tissue, kidney tissue, lung tissue, spleen tissue, brain tissue, heart tissue, and adipose tissue.
3. Specimen for DNA analysis: psoas muscle.
4. Representative tissue samples are retained in formalin.
5. Dissected organs are forwarded with the body.
6. Clothing articles are retained by CID.

MICROSCOPIC EXAMINATION

Slide key:

(1) Left anterior descending coronary artery; (2) Sinoatrial (SA) nodal region; (3 – 4) Atrioventricular (AV) nodal region; (5) Anterior left ventricular wall; (6) Lateral left ventricular wall; (7) Posterior left ventricular wall; (8) Interventricular septum; (9 – 13) Lungs; (14) Liver, spleen, pancreas; (15) Kidneys, adrenal glands, thyroid; (16) Pons; (17) Medulla; (18) Upper cervical cord; (19) Cerebellum; (20) Frontal lobe; (21) Hippocampus; (22) Basal ganglia; (23) Occipital lobe.

Heart: left anterior descending coronary artery shows thickening of the intima with foamy macrophages and fibrosis resulting in approximately 50% luminal narrowing. See consultation report below for additional information.

Lungs: congestion and moderate anthracosis, mild emphysematous changes of the periphery

Liver: portal areas show no increase in inflammatory cells infiltrate with unremarkable arterial and bile duct structures, mild congestion of the central vein regions

Spleen: no pathologic changes

Pancreas: autolyzed

Kidneys: congestion

Adrenal glands: congestion

Thyroid: no pathologic changes

Brain and spinal cord: no pathologic changes

ARMED FORCES INSTITUTE OF PATHOLOGY CONSULTATION

Cardiovascular Pathology

There is mild to moderate atherosclerosis of the LAD with --- intimal thickening with minimal intraplaque hemorrhage. The conduction fibers at the level of the penetrating / branching bundles demonstrate dilated vascular space (? lymphatic) and a small amount of fat which is a natural variant. I do not identify a morphologic substrate for sudden death. The few lymphocytes in the atrial tissue on slide 2 are of no significance.

(b)(6)

Chief of Cardiovascular Pathology

BTB HUSAYN, Husayn K.

FINAL AUTOPSY DIAGNOSES:

I. Natural disease diagnoses

- A. Mild to moderate atherosclerotic cardiovascular disease
 - a. Gross 50 – 70% luminal narrowing of the left anterior coronary artery
 - b. Gross 25% luminal narrowing of the circumflex artery
 - c. Soft atheroma of the aorta
- B. Mild emphysematous changes of the lung with small peripheral air blebs
- C. Simple cortical cyst of the right kidney

II. Other finding

- A. Pulmonary congestion and edema
- B. Moderate pulmonary anthracosis

III. Medical therapy

- A. Cardiopulmonary resuscitation injuries
 - a. Fracture of the sternum
 - b. Focal hemorrhage of the external muscle tissue of the right 4th intercostal space
 - c. Contusion at the midchest section
- B. Endotracheal tube inserted appropriately
- C. Intravenous catheter inserted in the right antecubital fossa

IV. Identifying marks

- A. (b)(6)
- B.
- C.

V. Toxicology results

- A. No ethanol detected in the blood and vitreous fluid
- B. Carboxyhemoglobin saturation in the blood less than 1%
- C. No cyanide detected in the blood
- D. No common screened drugs detected in the blood, except atropine

OPINION

This 35-year-old male died from unknown causes. The terminal event of a sudden collapse suggested a cardiac anomaly as a possible cause of death. The autopsy revealed mild to moderate atherosclerotic cardiovascular disease, however, no definitive anatomical cause of death could be identified. Toxicology analysis of the postmortem sample was negative for volatiles, carbon monoxide, cyanide, and common screened drugs. The focal injuries of the chest were most consistent with cardiopulmonary resuscitation.

Based on available investigation and autopsy finding, the cause and manner of death are classified as undetermined.

(b)(6)

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

(b)(6)

(b)(6) **Armed Forces Medical Examiner**

CERTIFICATE OF DEATH (OVERSEAS)

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Husayn, Husayn, Kazim		GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input 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"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Négride	<input type="checkbox"/>	MARRIED Marié	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	WIDOWED Veuf	<input type="checkbox"/>	JEWISH Juif
			<input type="checkbox"/>	DIVORCED Divorcé	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	SEPARATED Séparé	
			<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	

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)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		Undetermined
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 ² Autres conditions significatives ²		

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
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
HOMICIDE Homicide	SIGNA (b)(6)	DATE 27 September 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)	CITY OR TOWN OR STATE Ville (Code postal compris)
(b)(6) 2008	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	TITLE OR DEGREE Titre ou diplôme
(b)(6)	Medical Examiner
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date	SIGNATURE
11/10/2008	(b)(6)

¹ State disease, injury or complication which caused death, but not mode of death.
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 cœur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 28 SEP 76, WHICH ARE OBSOLETE.

MEDCOM 1056