



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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AUTOPSY EXAMINATION REPORT

Name: Anad Al-Janabi, Rasul Said
 (b)(6)
Date of Birth: Estimated 18-19 year old
Date of Death: (b)(6) 2008
Date/Time of Autopsy: 14 FEB 2008/0930
Date of Report: 02 JUN 2008

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Detainee
Place of Death: Camp Cropper, Iraq
Place of Autopsy: Port Mortuary
 Dover AFB, Dover, DE

Circumstances of Death: This adult male detainee at Camp Cropper Iraq was estimated to be 18 to 19-years old. Review of available medical records indicate that Mr. Anad Al-Janabi had recently been given a diagnosis of Idiopathic Dilated Cardiomyopathy and had a 2 week history of dyspnea, orthopnea, paroxysmal nocturnal dyspnea, and pedal edema. He was admitted to the 31st Combat Support Hospital on (b)(6) 2008 where on his second day of hospitalization he suffered from a cardiac arrest and was noted to have anoxic encephalopathy and acute renal failure. His condition continued to decline until his demise on (b)(6) 2008.

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

Identification: Presumptive identification by accompanying reports, identification tags and documentation. A postmortem dental examination, postmortem fingerprint examination, and a postmortem DNA sample are taken for profile purposes should exemplars becomes available for positive identification.

CAUSE OF DEATH: Complications of Idiopathic Dilated Cardiomyopathy

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, young adult male, whose appearance is consistent with the reported estimated age of 18 to 19-years. The body is received unclad with hands and feet secured with gauze for transport. Multiple medical devices are in place and will be described below in "Evidence of Medical Intervention". The remains are 72-inches in length, and weigh 150-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has resolved to an equal degree in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic, and the scalp is covered with straight black hair with grey streaks measuring up to 1-inch, in a normal distribution. Facial hair consists of sparse black hair on the chin and upper lip. The irides are brown. The corneae are hazy. The conjunctivae are pale. The pupils are round and equal in diameter. The sclerae are white and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nasal skeleton and maxillae are palpably intact. The teeth appear natural and in fair condition. The neck is straight, and the trachea is midline and mobile. There is a 1 ¼ x 3/16-inch healing superficial abrasion on the left side of the posterior neck. Examination of the head and neck reveals no evidence of recent trauma.

The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal male distribution. The buttocks and anus are unremarkable. There is a healing ½ x 1/8-inch superficial abrasion overlying the left posterior superior iliac spine. No evidence of recent trauma is noted on the torso.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact and the nailbeds cyanotic.

Identifying marks include a single ¼ x ¼-inch hypopigmented scar on the anterior right leg.

CLOTHING AND PERSONAL EFFECTS

No personal effects accompany the body at the time of autopsy:

MEDICAL INTERVENTION

- Oro-tracheal intubation
- 2 x 2-inch gauze taped to the right anterior arm
- Double lumen intravenous catheter with occlusive dressing, (b)(6) 08 RN"
- Multiple (2) venipuncture marks on the dorsum of the right hand with surrounding 2 ½ x ¾-inch contusion

- Intravenous catheter in the right inguinal crease, "(b)(6) 08 MH"
- 2 x 2-inch gauze and surgical tape covering a venipuncture mark in the left inguinal crease
- Double lumen intravenous catheter and occlusive dressing/surgical tape on the anterior left arm with surrounding 3 x 2-inch contusion, "TOS"
- A self-adhesive ECG electrode on the right hip
- Residual adhesive marks on the both anterior shoulders, both lower quadrants of the abdomen, and immediately inferior to the left nipple

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Widened mediastinum
- Diffuse, scattered pulmonary infiltrates

EVIDENCE OF INJURY

There is no evidence of recent trauma.

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 the pleural, pericardial, or peritoneal cavities. There are bilateral pleural effusions of straw colored fluid (right-100-milliliters, left-150-milliliters). Ascites is present with 350-milliliters of straw colored fluid in the peritoneal cavity. No abnormal collections of fluid are noted in the pericardial sac. All body organs are present in their normal anatomic positions. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

The subcutaneous fat layer of the abdominal wall is ¼-inches 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 is intact, as is the dura mater beneath it. There are no epidural or subdural hemorrhages present. The leptomeninges are thin and delicate. Clear cerebrospinal fluid surrounds the 1460-gram brain. The cerebral hemispheres are symmetrical with unremarkable gyri and sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and unremarkable.

Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. 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.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures. A separate layer-wise dissection of the anterior neck reveals no evidence of trauma.

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 dark red, dense, congested and edematous, exuding copious amounts of blood and frothy fluid. Thick red mucous is noted in both mainstem bronchi. There is focal hemoaspiration in the left lower lobe and the right middle and lower lobes of the lungs. No mass lesions or discrete areas of consolidation are present. The right and left lungs weigh 1030 and 1080-grams, respectively.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth and glistening. The 620-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The heart is globoid and flabby. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis or significant atherosclerosis. The myocardium is homogenous, red-brown, soft and unremarkable; the atrial and ventricular septae are intact. The walls of the left and right ventricles are 0.9 and 0.3-centimeters thick, respectively. All chambers are dilated (ventricles greater than atriae). The valve leaflets are thin and mobile. The tricuspid, pulmonary, mitral, and atrial valves measure 14, 7, 13, and 6-centimeters, respectively. The mean valve circumferences for adult males (20-60 years) are 11.4, 6.6, 9.6, and 6.7, comparatively. The aorta and its major branches arise normally, follow the usual course and are free of significant atherosclerosis or other abnormalities. The venae cavae and its major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

HEPATOBIILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering heavily congested parenchyma with a nutmeg appearance when sectioned. No mass lesions or other abnormalities are noted. The gallbladder contains 40-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1670-grams.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa coated with a thick white mucous. The gastric wall is intact and the lumen of the stomach is empty. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

The kidneys each weigh 180-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying granular, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable. The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. There is focal mucosal hemorrhage in the posterior bladder wall. The bladder contains approximately 3-milliliters of cloudy yellow 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.

LYMPHORETICULAR SYSTEM:

The 190-gram spleen has a smooth, intact capsule covering maroon, dense parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are noted. The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

Muscle development appears normal. No non-traumatic bone or joint abnormalities are noted. Incision and dissection of the skin and muscles of the back, buttocks and extremities demonstrates no evidence of recent or remote injury.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, urine, bile, heart, spleen, liver, lung, kidney, brain, adipose tissue, and skeletal muscle
3. Full body radiographs are obtained and demonstrate the above findings.
4. Selected portions of organs are retained in formalin.
5. The heart is fixed in formalin and retained for further examination.
6. The remaining dissected organs are forwarded with the body.
7. Personal effects are released to the mortuary affairs representatives.

MICROSCOPIC EXAMINATION

Cassette log:

1. Left kidney, spleen
 2. Right kidney, liver
 3. Right middle and lower lobes of the lung
 4. Right upper and left lower lobes of the lung
 5. Left upper lobe of the lung, left ventricle of the heart
 6. Ventricular septum and right ventricle of the heart
 7. Brain
 8. Brain
 9. Brain
-
- A. Kidney (slides #1-2): Focal tubular necrosis and cast formation, unremarkable glomeruli
 - B. Spleen (slide #1): Perivascular fibrosis (focal) and vascular congestion
 - C. Liver (slide #2): Perivenular dilation of sinusoids and hepatocyte necrosis, no acute or chronic inflammation identified
 - D. Lungs (slides #3-5): Early changes of decomposition, focal pigmented macrophages, and focal pulmonary hemorrhage
 - E. Heart (slides #5-6): Multifocal ventricular fibrosis and myocyte hypertrophy.
 - F. Brain (slides #7-9): No significant pathologic diagnosis

FINAL AUTOPSY DIAGNOSES:

- I. **Cardiovascular**
 - A. **Cardiomegaly (620-grams)**
 - B. **Dilation of all chambers of the heart with increased circumference of the tricuspid and mitral valves**
 - C. **Microscopic evidence of focal myocyte hypertrophy and interstitial fibrosis**
 - D. **No evidence of significant atherosclerotic cardiovascular disease**

- II. **Additional autopsy findings**
 - A. **Ascites (350-milliliters) and bilateral pleural effusions (right 100-milliliters and left 150-milliliters)**
 - B. **Bilateral pulmonary congestion and edema (right 1030-grams, left 1080-grams)**
 - C. **Vascular congestion of liver with centrilobular hemorrhagic necrosis**
 - D. **Focal hemoaspiration and pigment laden macrophages**
 - E. **Focal renal tubular necrosis and cast formation**
 - F. **No evidence of recent or remote blunt force or penetrating trauma**

- III. **Post-mortem changes**
 - A. **Lividity is fixed on the posterior surface of the body except in areas exposed to pressure**
 - B. **Rigor is resolved to an equal degree in all extremities**

- IV. **Toxicology results**
 - A. **Volatiles: The blood and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dl. No ethanol was detected.**
 - B. **Drugs: The urine was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drug was detected:**
 1. **Positive Antihistamine: Diphenhydramine was detected in the liver by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.66 mg/L of diphenhydramine as quantitated by gas chromatography/mass spectrometry.**
 - C. **Carbon Monoxide: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.**
 - D. **Cyanide: No cyanide is detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.**

OPINION

This 18 to 19-year-old adult male detainee at Camp Cropper Iraq, BTB Rasul Said Anad Al-Janabi, died as the result of complications of a recently diagnosed Idiopathic Dilated Cardiomyopathy. Autopsy findings are consistent with the clinical diagnosis of idiopathic dilated cardiomyopathy of unknown etiology and congestive heart failure. There is no gross or microscopic evidence of pre-existing diseases of the heart valves, lungs, coronary arteries, or acute or chronic infections of the heart. There is no gross or x-ray evidence of recent blunt or penetrating trauma. Postmortem analysis of the body fluids and tissues for ethanol and screened illicit drugs of abuse are negative. The presence of diphenhydramine in the blood is consistent with the report of medical intervention. The elevated level of diphenhydramine is attributed to post-mortem redistribution and does not contribute to the cause or manner of death.

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) Anad Al-Janabi, Rasul, Said		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance
		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social (b)(6)	
		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État Civ	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<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
RELIGION Cofe		OTHER (Specify) Autre (Spécifier)	
		<input checked="" type="checkbox"/>	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le us	
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'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.			Complications of Idiopathic Dilated Cardiomyopathy
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 MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort résultant de causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle			
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date 14 February 2008	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH (day, month, year) Date de décès (b)(6) 2008 18:45	PLACE OF DEATH Lieu de décès Camp Cropper, Baghdad 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 6/16/2008	SIGNATURE Signature		
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. Precise the nature of the rest of the body, or the cause of the complication that contributed to the death, with type of weapon or force, such as 'an act of terror, etc. 4. Precise the conditions and a code book to the death, such as 'an act of terror, such as 'an act of terror, etc.			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3664, 1 JAN 72 AND DA FORM 3664-RP(AS), 26 SEP 75, WHICH ARE OBSOLETE.