



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

Name: Ali Muhammed Ali  
 ISN (b)(6)  
 Date of Birth: (b)(6) 1978  
 Date of Death: (b)(6) 2005  
 Date of Autopsy: 03 May 2005  
 Date of Report: 26 June 2005

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

**Circumstances of Death:** This 27-year-old male detainee was reportedly shot during a raid by U.S. forces. He was admitted to the hospital for treatment and expired 19 days later.

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

**Identification:** Presumptive identification is established by tags present on the decedent.

**CAUSE OF DEATH:** Complications of gunshot wound of the abdomen.

**MANNER OF DEATH:** Homicide.

**FINAL AUTOPSY DIAGNOSES**

- I. Perforating gunshot wound of the abdomen:
  - A. Entry: right buttock, healing.
  - B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound.
  - C. Path: skin of the right buttock, the ascending and descending colon, abdominal cavity and the skin of the left lower abdomen.
  - D. Direction: right to left, back to front and upward.
  - E. Projectile: None recovered.
  - F. Exit: left lower abdomen, healing.
  - G. Associated injury: perforating laceration of the ascending and descending colon.
    - 1. Status post left-sided colostomy.
    - 2. Status post right-sided ileostomy.
  
- II. Additional findings:

- A. Diffuse alveolar damage (adult respiratory distress syndrome).
    - 1. Bilateral pulmonary congestion and edema (right 1890 gm, left 1870 gm).
  - B. Peritonitis.
    - 1. Acute serositis involving omentum, liver and small bowel.
  - C. Ascites (approximately 100 ml of cloudy, blood-tinged fluid).
  - D. Mild cardiomegaly (540 gm).
  - E. Healing pressure ulceration of the lower back.
- III. No significant natural diseases identified, within limitations of the examination.
- IV. Toxicology: Blood carboxyhemoglobin saturation is 6%; lidocaine and ketamine are present in the blood; no cyanide detected.

**EXTERNAL EXAMINATION**

The body is that of a well-developed male that weighs approximately 223 pounds, is 75 inches in length and appears older than the reported age of 27 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The scalp hair is black and gray. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. A ¼ inch healing area of erosion is present on the mucosal surface of the lower lip. There is a 1 ½ inch linear scar on the right side of the chin. The neck is straight, and the trachea is midline and mobile. The chest is unremarkable. The abdomen is flat. The fingernails are intact. The upper and lower extremities are symmetric. A healing blister is present on the posterior surface of the right heel. Focal areas of irregular erythema with apparent blister formation are present on the lateral surfaces of both lower legs. An identification tag is present on the right 1<sup>st</sup> toe, bearing the name "BTB Ali, Muhammed Ali". The genitalia are those of a normal adult male. There is a 6 x 5 inch healing pressure ulceration present on the lower back.

**EVIDENCE OF MEDICAL THERAPY**

1. An endotracheal tube.
2. Nasogastric tube.
3. Bilateral chest tubes.
4. Gastrostomy tube.
5. Iliostomy with collection bag.
6. Colostomy with collection bag.
7. A wound dressing covering an open surgical site measuring 13 x 7 ½ inches.
  - a. Wound drain with attached bulb collection unit.
8. Foley catheter.
9. Intravascular catheters in the right wrist and left subclavian region.

**EVIDENCE OF INJURY**

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

**Perforating gunshot wound of the abdomen:**

There is a healing gunshot wound of entrance situated on the right buttock located 32 ½ inches below the top of the head and 3 inches right of the posterior midline. The wound measures 1/4 inch. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound. The wound path passes through the skin of the right buttock, small and large bowel, abdominal cavity and the skin of the left lower abdomen. A healing exit wound is present on the left lower abdomen located 29 inches below the top of the head and 2 inches left of the anterior midline. The healing exit wound measures 1 x

¼ inch. The trajectory of the gunshot wound is right to left, back to front and upward. A minute metallic fragment is noted radiographically in the region of the right buttock, however no projectile or projectile fragments are recovered from the wound track. Associated with the gunshot wound are apparent injuries to the ascending and descending colon.

**Additional injury:**

Healing abrasions are present on the anterior surfaces of both knees (left 3/8 inch; right 1 ¼ x 1 inch).

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

(See above "Evidence of Injury")

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. Scattered pleural adhesions are present in the left chest cavity. Yellow-tan fibrinous material covers multiple loops of the small bowel, omentum and portions of the liver. The organs occupy their usual anatomic positions.

**HEAD:**

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The brain weighs 1390 gm. 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 are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown. The tongue is free of bite marks, hemorrhage, or other injuries.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 1890 and 1870 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 540 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or

thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 2400 gm liver has an intact capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 8 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 460 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:**

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

**ADRENAL GLANDS:**

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

**GENITOURINARY SYSTEM:**

The right kidney weighs 220 gm and the left 230 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are palpably free of mass lesions.

**GASTROINTESTINAL TRACT:**  
(See above "Evidence of Injury")

The esophagus is lined by smooth, grey-white mucosa. The stomach is empty. The gastric wall is intact. The cecum, including the appendix is not identified. A portion of ileum is brought through the right lower abdominal wall to form an ileostomy. A portion of the descending colon is brought through the left abdominal wall to create a colostomy. The distal portion of the rectum is sutured closed. All surgical closure sites appear intact.

**MICROSCOPIC EXAMINATION**

1. Heart (slide 1): No significant microscopic abnormalities.
2. Spleen (slide 1): Autolysis.
3. Kidneys (slide 2): No significant microscopic abnormalities.
4. Liver (slide 3): Autolysis; hepatic capsule with fibrin deposition and acute inflammatory infiltration (serositis).
5. Brain (slide 4): No significant microscopic abnormalities.
6. Lungs (slide 5): Intra-alveolar hyaline membrane formation with organizing fibrosis; pulmonary congestion and edema.
7. Omentum: (slide 6): Acute serositis.
8. Colon (slide 7): Acute serositis.

**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by the OAFME staff photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, kidney, lung, brain, spleen, liver and psoas muscle.
- Full body radiographs are obtained.
- The dissected organs are forwarded with the body.
- Personal effects are released to the attending investigative agency and appropriate mortuary operations representatives.

**OPINION**

This reported 27 year-old male civilian detainee died of complications arising from a gunshot wound of the abdomen. There was no evidence of close range firing on the skin around the entrance wound. The gunshot wound passed through the abdominal cavity causing injury to the small and large bowel. A projectile was not recovered. Postmortem analysis of the body fluids showed the presence of the therapeutic agents ketamine and lidocaine. The carboxyhemoglobin level was 6% (expected levels up to 10%).

The manner of death is homicide.

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Medical Examiner

