



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
**1413 Research Blvd., Bldg. 102**  
**Rockville, MD 20850**  
**1-800-944-7912**



**FINAL AUTOPSY REPORT**

**Name:** (b)(6)-4  
**SSAN:** [Redacted]

**Autopsy No.:** ME04-12

**AFIP No.:** 2909183

**Date of Birth:** 1 JAN 1941

**Rank:** Status Unknown

**Date of Death:** 8 JAN 2004

**Place of Death:** Abu Ghraib, Iraq

**Date of Autopsy:** 11 JAN 2004

**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Date of Report:** 18 FEB 2004

**Circumstances of Death:** Iraqi detainee died while in U.S. custody.

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

**Identification:** Identification by accompanying paperwork and wristband, both of which include a photograph and identification number 154111CI

**CAUSE OF DEATH:** Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade

**MANNER OF DEATH:** Natural

**FINAL AUTOPSY DIAGNOSES:**

**I. Atherosclerotic Cardiovascular Disease**

- A. Hemopericardium (650-milliliters)**
- B. Rupture of the anterior wall of the left ventricle**
- C. Acute myocardial infarction**
- D. Atherosclerosis of the coronary arteries, focally severe**
- E. Arterionephrosclerosis**
- F. Mild atherosclerosis of the aorta**

**II. Pleural and Pulmonary Adhesions**

**III. Enlarged, Nodular Prostate Gland**

**IV. Toxicology is negative for ethanol, cyanide, and drugs of abuse**

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**EXTERNAL EXAMINATION**

The remains are received clad in a long brown outer garment, a blue vest, a white undershirt, khaki colored pants (outer), a white, pajama type pants. An identification bracelet that includes the decedent's name, photograph, and detainee number is on the left wrist.

The body is that of a well-developed, well-nourished appearing, 67-inches, 180-pounds (estimated) male, whose appearance is consistent with the reported age of 63-years. Lividity is posterior and fixed, except in areas exposed to pressure. Marked facial congestion is present. Rigor is passing. The body temperature is that of the refrigeration unit.

The scalp is covered with gray-black hair with male pattern balding. The corneae are moderately opaque. The irides are hazel and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The earlobes are creased. The nose and maxillae are palpably stable. The teeth are natural and in poor condition, with several teeth partially or totally missing. Facial hair consists of a gray beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is protuberant. 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 distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Severe dry dermatitis involves both feet. The fingernails are intact. A ½-inch acrochordon is on the posterior right thigh. A 1 ½-inch scar is on the posterior right forearm. No tattoos or other significant identifying marks are present.

**MEDICAL INTERVENTION**

There is no evidence of medical intervention on the body at the time of the autopsy.

**EVIDENCE OF INJURY**

There is no evidence of significant recent injury noted at the autopsy.

**INTERNAL EXAMINATION****HEAD:**

The brain weighs 1450-grams. There is no epidural, subdural, or subarachnoid hemorrhage. Coronal sections demonstrate sharp demarcation between white and gray matter, without mass or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of abnormalities. There are no skull fractures. No evidence of non-traumatic disease processes is noted.

**NECK:**

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is slightly enlarged, symmetric, and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is no abnormal accumulation of fluid in the pleural or peritoneal cavity. Scattered adhesions involve both lungs and the chest wall. The organs occupy their usual anatomic positions. The thickness of the subcutaneous adipose tissue over the abdomen is 1 1/4-inches.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 850 and 620-grams, respectively. The external surfaces are deep red-purple with marked anthracotic mottling. The pulmonary parenchyma is diffusely congested and edematous, without significant emphysematous changes. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 410-gram heart is contained in an intact pericardial sac. There are 650-milliliters of clotted blood in the pericardial sac. The epicardial surface is smooth, with minimal fat investment. A 1-centimeter in length, slit-like, irregular defect goes through the entire thickness of the anterior wall of the left ventricle, near the interventricular septum. A rim of hemorrhage surrounds this defect. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show near complete occlusion of the mid portion of the left anterior descending coronary artery by atherosclerosis. The other coronary arteries have only mild atherosclerotic narrowing, up to 20%. The myocardium has patchy fibrosis. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.3 and 0.4-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth. The aorta gives rise to three intact and patent arch vessels and has mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1640-gram liver has an intact, smooth 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 12-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 320-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is slightly soft, maroon and congested.

**PANCREAS:**

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

**ADRENAL GLANDS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 190 and 175-grams, respectively. The external surfaces are intact with numerous pits, scars, and the characteristic "flea-bitten" appearance associated with poorly controlled hypertension. A 4-centimeter simple cyst is within the cortex of the right kidney. The cut surfaces are red-tan and congested, with blunted corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 50-milliliters of dark yellow urine. The prostate gland is moderately enlarged, 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 approximately 40-milliliters of dark tan fluid and partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

No non-traumatic abnormalities of muscle or bone are identified.

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by OAFME photographer PH3 Lolita Lewis, USN
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, cavity blood, bile, spleen, liver, lung, brain, kidney, urine, gastric contents, and psoas muscle.
- The dissected organs are forwarded with body
- Personal effects and clothing are released to the mortuary personnel

**MICROSCOPIC EXAMINATION**

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

# **AUTOPSY REPORT ME04-12**

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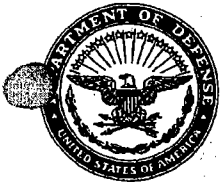
## **OPINION**

This 63-year-old male, (b)(6)-4, died as a result of atherosclerotic cardiovascular disease resulting in cardiac tamponade. The autopsy revealed hemopericardium, with a rupture of the free wall of the left ventricle and focally severe atherosclerosis of the coronary arteries. Toxicologic studies were negative for ethanol, cyanide, and drugs of abuse. The manner of death is natural.

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**CDR, MC, USN**  
**Chief Deputy Medical Examiner**

6/2/04



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence

2909183

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Name

(b)(6)-4

SSAN:

Autopsy: ME04-012

Toxicology Accession #: 040164

Report Date: APRIL 6, 2004

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL  
AMENDED REPORT

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 1/8/2004

Date Received: 1/15/2004

**VOLATILES:** The CAVITY BLOOD AND VITREOUS FLUID were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**DRUGS:** The BLOOD was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

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Certifying Scientist, Forensic Toxicology Laboratory  
Office of the Armed Forces Medical Examiner

(b)(6)-2

PhD, DABFT  
Director, Forensic Toxicology Laboratory  
Office of the 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) (b)(6)-4		GRADE Grade		BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation Detainee in Iraq		NATION (e.g., United States) Pays Iraq		DATE OF BIRTH Date de naissance 01 Jan 1941	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
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 Negride		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> DIVORCED Divorcé		<input type="checkbox"/> JEWISH Juif	
<input type="checkbox"/> WIDOWED Veuf		<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 susdit		
STREET ADDRESS Domicilié à (Rue)			CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only once 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 <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>					
Atherosclerotic Cardiovascular Disease Resulting in Cardiac Tamponade					
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
Symptômes précurseurs de la mort.	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>					
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		
<input checked="" 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)-2 CDR MC USN				
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)-2		DATE Date 11 Jan 2004	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour) Date de décès (l'heure, 08 Jan 2004	PLACE OF DEATH Lieu de décès Abu Ghraib, 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)-2			TITLE OR DEGREE Titre ou diplôme Chief Deputy Medical Examiner		
GRADE Grade CDR		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB DE 19902			
DATE Date 13 MAY 2004		SIC			
<sup>1</sup> State disease, injury or complication which caused death. <sup>2</sup> State conditions contributing to the death, but not the immediate cause. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a conduit à la mort. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.					

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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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