MAYO CLINIC

13400 East Shea Boulevard
Scottsdale, Arizona 85259
480-301-8000

May 25, 2004

Morton Donald Dubin
ORRICK
666 Fifth Avenue
New York, NY 10103-0001

Re: Paul Whitlock
Your #: CA91-7-10
Our #: OS04-2423

Dear Mr. Dubin:

At the request of Bruce Bishop, I have reviewed some autopsy slides from Mr. Paul Whitlock. This 51-year-old man died approximately a week after cardiac surgery. He had a history of cardiac disease and was undergoing a bypass operation and following surgery had evidence of hypoxia and sepsis over the week prior to death. At autopsy, that was performed by the Santa Clara County Coroner (CA91-7-10), the lungs were heavy and weighed a total of 2660 grams (right – 1430, left – 1230). The pleural surfaces showed evidence of pleuritis consistent with sepsis and/or prior cardiac surgery. No fibrous plaques were noted. Cut section showed bronchopneumonic consolidation and fibrosis of the pulmonary parenchyma. Classic honeycombing was not described. The Certificate of Vital Record from the County of Santa Clara mentions "pulmonary fibrosis" and the Certificate of Death from the State of California mentions "asbestosis" as a significant contributing condition to death.

The autopsy lung show acute and organizing diffuse alveolar damage with some foci of acute inflammation consistent with sepsis. There is extensive fibroblastic reaction associated with the diffuse alveolar damage. There is a moderate amount of dust-filled macrophages consistent with the patient's smoking history.

In my opinion the fibrosis that is present here is all recent and occurred within the one week period following cardiac surgery and his complications following that. I do not see evidence of chronic scarring as one sees in asbestosis and I did not identify any asbestos bodies. On review of the routine H & E sections I do not think there is any evidence of asbestos exposure or asbestosis and think that the "pulmonary fibrosis" referred to in the coroner's report relates to the marked fibroplasia encountered in organizing diffuse alveolar damage, which is a nonspecific reaction pattern, in this case probably triggered by sepsis and complications following cardiac surgery.

Sincerely,

Thomas V. Colby, M.D.
TVC:js