



Shell Oil Company
Interoffice Memorandum

PLAINTIFF'S EXHIBIT

SH-2236

FEBRUARY 13, 1990

TO: DR. ROBERT HUGHES, DEER PARK MANUFACTURING COMPLEX

FROM: LOUIS C. WADDELL, JR., M.D.

SUBJECT: PULMONARY REGISTRY REVIEW, , EMPLOYEE

This case is reviewed because of possible pleural plaque changes on the chest X-rays.

is currently retired (March 1987). He began employment in 1953 with Shell and was classified at the time of his retirement as a foreman in the Aromatics unit.

His spirometry that was done in December of 1986 was normal.

All of the film readers have interpreted the lung parenchymal as normal. However, the two radiologists, Dr. M. A. Mullican and Dr. P. M. Conoley, both NIOSH certified B-reader radiologists, have indicated that the radiograph is consistent with findings of bilateral diaphragmatic pleural plaques. Dr. Conoley, for example in his 1986 film interpretation which reviewed films from 1984, 1985, and 1986 said, "In the initial study, there is minimal lobulation of the superior surface of each diaphragm without evidence of calcification or effusion." Dr. Mullican in the film reading of 03/19/86 said, "Again some diaphragmatic irregularity noted which may be a normal variation or could represent non-calcified pleural plaques."

Because these X-ray changes are consistent with the radiographic findings related to the pleural manifestations of asbestos exposure and because he was in the asbestos program with the presumption of at least "bystander" exposure sufficient to cause pleural plaque type radiographic findings, I would recommend that this case be considered a "pleural plaque" case.

"Bilateral pleural plaques" should be the entry for the OSHA 200 log. Presumably there is already documentation in the clinical record that has been informed about his X-ray findings. If it has not been done then it should be.

We are enclosing along with the consultation report the pulmonary registry form with our portion completed. After the OSHA 200 log entry is made and after a check is made in the charts to see if there is documentation concerning his counseling about the X-ray then the appropriate portions of the form should be completed and returned to us for our files.

CA9003702 - 0001.0.0

LAM 032012

ABS-055405

Once again thank you for your continuing cooperation. If you have any questions about this case please call me.

A handwritten signature in cursive script, appearing to read "L. Waddell, Jr.", written in dark ink.

Louis C. Waddell, Jr., M.D.

LCW:SAM

Enclosures

S-13260 (4/89)
008061

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION <u>D.P. 5.6</u>
------------------	-----------------	--------------------------

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality <u>✓</u> <u>Left hemi - left lobe</u> b) Possible fibrosis	7. Has the employee had a job where it is possible, or likely, that he has been exposed to some other agent known to cause a dust disease of the lung, (e.g., Silica, etc.)? If so, list <u>NO</u>
2. PULMONARY FUNCTION TEST ABNORMALITY: a) FVC less than 75% of predicted <u>65% 2/2/88</u> b) Other	8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION <u>See list</u>
3. Other reason for review	9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list <u>NO</u>
4. Time of service	10. Is there a history of exposure to a pneumoconiosis producing agent outside of employment at Shell (prior to working at Shell or associated with a part-time job, or avocation)? If so, list <u>NO</u>
5. Has the employee worked in a facility that used asbestos so that it is possible that a pleural plaque could be related to job exposure? <u>?</u> YES <u>NO</u>	
6. Has the employee worked at a job (e.g., bricklayer, insulator, etc.) for a sufficient time (usually at least 10 years) for it to be likely that asbestosis could have developed? <u>?</u> YES <u>NO</u>	

• RESULT OF REVIEW: case reviewed - Bilateral Pleural Plaques are present but chronology of employment re. X-ray changes exclude

• Recommendation: Employee re. Shell AS course

NO CSHA for Recording needed

REVIEWED BY

[Signature]

NOTE: (check list of actions to be completed by the Company doctor and returned to registry in Houston, with one copy to be retained in employee's chart)

IF PLEURAL CHANGE	DATE	IF POSSIBLE FIBROSIS	DATE
Patient counseled: <u>(Thomann)</u>	<u>6 Feb 92</u>	Patient counseled:	
OSHA Form 200:		OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

EMPLOYEE REFERRED TO DR.
(Please send copy of consultation when available)

DRS NAME

COMMENTS:

ABS-055407

CONTEMPLATED FOLLOW-UP

☐ PERIODIC EXAM☐ OTHER

LAM 032014



S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING																																																																														
COMPANY ☐ SHELL OIL COMPANY ☐ SHELL CHEM. COMPANY ☐ SHELL DEV. COMPANY ☐ OTHER (Specify) _____		TYPE OF EXAMINATION ☐ ASBESTOS ☐ SILICA ☐ OTHER (Specify) _____																																																																															
1A. DATE OF X-RAY MONTH DAY YR 03 04 212	1B. FILM QUALITY ☒ 2 ☐ 3 ☐ U/R If Not Grade 1 Give Reason _____	1C. IS FILM COMPLETELY NEGATIVE? YES ☐ Proceed to Section 5 NO ☒ Proceed to Section 2																																																																															
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ COMPLETE 2B and 2C NO ☒ PROCEED TO SECTION 3																																																																																	
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY <table border="1"><tr><td>p</td><td>s</td></tr><tr><td>q</td><td>l</td></tr><tr><td>r</td><td>u</td></tr></table> SECONDARY <table border="1"><tr><td>p</td><td>s</td></tr><tr><td>q</td><td>l</td></tr><tr><td>r</td><td>u</td></tr></table> b. ZONES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> R L		p	s	q	l	r	u	p	s	q	l	r	u							2C. LARGE OPACITIES c. PROFUSION <table border="1"><tr><td>0/-</td><td>0/0</td><td>0/1</td></tr><tr><td>/0</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>2/2</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3/+</td></tr></table> SIZE <table border="1"><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr></table> PROCEED TO SECTION 3		0/-	0/0	0/1	/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	0	A	B	C																																												
p	s																																																																																
q	l																																																																																
r	u																																																																																
p	s																																																																																
q	l																																																																																
r	u																																																																																
0/-	0/0	0/1																																																																															
/0	1/1	1/2																																																																															
2/1	2/2	2/3																																																																															
3/2	3/3	3/+																																																																															
0	A	B	C																																																																														
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☒ COMPLETE 3B 3C and 3D NO ☒ PROCEED TO SECTION 4																																																																																	
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table>		0	R	L	0	R	L	3C. PLEURAL THICKENING Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT <table border="1"><tr><td>0</td><td>R</td></tr><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>R</td></tr><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> b. DIFFUSE SITE IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT <table border="1"><tr><td>0</td><td>R</td></tr><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>R</td></tr><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>		0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3
0	R	L																																																																															
0	R	L																																																																															
0	R																																																																																
0	A	B	C																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	R																																																																																
0	A	B	C																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	R																																																																																
0	A	B	C																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	R																																																																																
0	A	B	C																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
3D. PLEURAL CALCIFICATION SITE <table border="1"><tr><td>0</td><td>R</td></tr></table> EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>L</td></tr></table> EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> PROCEED TO SECTION 4				0	R	0	1	2	3	0	1	2	3	0	1	2	3	0	L	0	1	2	3	0	1	2	3	0	1	2	3																																																		
0	R																																																																																
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
0	L																																																																																
0	1	2	3																																																																														
0	1	2	3																																																																														
0	1	2	3																																																																														
4A. ANY OTHER ABNORMALITIES? YES ☒ COMPLETE 4B and 4C NO ☐ PROCEED TO SECTION 5																																																																																	
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"><tr><td>0</td><td>aa</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>el</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>pr</td><td>pa</td><td>rp</td><td>tb</td></tr></table> Report items which may be of present clinical significance in this section ☒ (SPECIFY) RIGHT LOWER LUNG DENSITY Date Personal Physician notified? MONTH DAY YR				0	aa	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	id	ih	kl	pr	pa	rp	tb																																																								
0	aa	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	id	ih	kl	pr	pa	rp	tb																																																												

1. CLINICAL INTERPRETATION

The examination demonstrates the presence of a nodular change in the right lower chest posteriorly suspicious for neoplasm. Computed tomography is suggested for further evaluating this lesion. This also may help to characterize

2. B-READING COMMENTS

pleural abnormality seen particularly along the left hemithorax and the left hemidiaphragm which may be related to pleural plaque formation possibly due to asbestos inhalation. The lung markings are

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN

PATRICK M. CONOLEY, MD.

ADDRESS

7000 SWAN, #2000

CITY, STATE, ZIP CODE

MILWAUKEE, WI 53201

• PHYSICIAN'S SIGNATURE

within normal limits.

SIGNED

3-17-85

DATE SIGNED

LAM 032015

ABS-055408