



Shell Oil Company
Interoffice Memorandum

MARCH 26, 1990

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

TO: DR. ROBERT HUGHES - DEER PARK MANUFACTURING COMPLEX, MEDICAL
DEPARTMENT

SUBJECT: PULMONARY REGISTRY REVIEW -

This case is reviewed because of possible pleural changes. The chest x-rays have been reviewed by a NIOSH-certified B reader radiologist, whose chest x-ray report dated 8/8/88 described a type 1 pleural thickening on the right chest. There is also mention in the clinical interpretation portion of the B reader comments of the form "there is a calcified plaque in the aortic arch. This, of course, refers to a vascular plaque and not a pleural plaque.

Concerning the right lateral wall changes, there are very subtle, minimal pleural or extrapleural shadows noted in the right lateral chest wall which are most compatible with a so-called companion shadow. However, it is also important to note that these changes were present on the earliest film that we have which was in 1977. According to Dr. Patrick M. Conley, also a B reader radiologist, who interpreted the chest x-ray serially. On a film report dated 6/19/87, he indicated that over the 10-year time interval for those films there were no progressive changes involving the costopleural area. This indicates that even if this is a pleural plaque that it was present at the time he joined employment at Shell.

It is my opinion, however, that this right-sided shadow is probably a companion shadow rather than a silicade exposure-related pleural plaque.

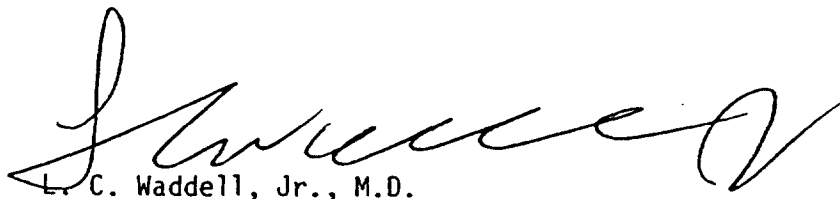
For purposes of the OSHA 200 Log at Shell, I do not believe that we need to consider this a pleural plaque. However, if the employee has not been informed that there may be a pleural plaque on his chest x-ray and counselled about the implications of that, then he should be. I would suggest that he be told there is a possible pleural plaque on his chest x-ray but this could well be a normal shadow, and in any-event it was present on the 1977 chest x-ray.

LAM 032087

ABS-055480

We are returning along with this consultation report a copy of the pulmonary registry file.

Thanks for your cooperation. If you have any questions, please call.

A handwritten signature in cursive script, appearing to read 'L. C. Waddell, Jr.', written in black ink.

L. C. Waddell, Jr., M.D.

LCW/ram

LAM 032088

S-13280 (4/88)
008061

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION <i>DPE</i>
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• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:

a) Possible pleural abnormality ☒

b) Possible fibrosis

2. PULMONARY FUNCTION TEST ABNORMALITY:

a) FVC less than 75% of predicted

b) Other

3. Other reason for review

4. Time of service

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? ☒ YES ☐ NO6. 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? ☒ YES ☐ NO7. 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 ☐ YES ☒ NO

8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION

Diamond Shamrock 1948-76 - Insulator
*Shell 1977 to present*9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☐ YES ☒ NO10. 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 ☐ YES ☐ NO*Diamond Shamrock?*

• RESULT OF REVIEW:

*CASE REVIEWED - RADIOGRAPHIC FINDINGS TYPICAL OF ASBESTOS RELATED DIAPHRAGMATIC PLEURAL PLAQUES. HOWEVER, CHRONICITY OF EXPOSURE**RECOMMENDATION: SUPPORTS CONCLUSION THAT RELEVANT EXPOSURE PRECEDES HIS EMPLOYMENT AT SHELL DPE. NO NEED TO RECORD ON OSHA 109*REVIEWED BY *J. Wallace*

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:

*by Thomas**19 Jun 91*

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)

DR'S NAME

Dr. Stanton Fisher April 15/88

COMMENTS:

ABS-055482

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM☐ OTHER

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032089



S-12972 (11-88)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING 11-30-89																																																						
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 11 30 89		1B. FILM QUALITY ☒ 2 ☐ 3 ☐ U/R If Not Grade 1 Give Reason: _____																																																							
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ COMPLETE 2B and 2C NO ☒ PROCEED TO SECTION 3		1C. IS FILM COMPLETELY NEGATIVE? YES ☐ Proceed to Section 5 NO ☒ Proceed to Section 2																																																							
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY: <table border="1"><tr><td>p</td><td>s</td></tr><tr><td>q</td><td>t</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>t</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 c. PROFUSION <table border="1"><tr><td>0/-</td><td>0/0</td><td>0/1</td></tr><tr><td>1/0</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>		p	s	q	t	r	u	p	s	q	t	r	u							0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE: <table border="1"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr></table> PROCEED TO SECTION 3		O	A	B	C																				
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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>O</td><td>X</td><td>X</td></tr></table> b. COSTOPHRENIC ANGLE SITE: <table border="1"><tr><td>O</td><td>R</td><td>L</td></tr></table>		O	X	X	O	R	L	3C. PLEURAL THICKENING ... Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE: <table border="1"><tr><td>X</td><td>R</td></tr><tr><td>O</td><td>A B C</td></tr><tr><td>i. WIDTH</td><td>0 1 2 3</td></tr><tr><td>ii. EXTENT</td><td>0 1 2 3</td></tr><tr><td>FACE ON</td><td>0 1 2 3</td></tr><tr><td>iii. EXTENT</td><td>0 1 2 3</td></tr></table> L: <table border="1"><tr><td>X</td><td>L</td></tr><tr><td>O</td><td>A B C</td></tr><tr><td>i. WIDTH</td><td>0 1 2 3</td></tr><tr><td>ii. EXTENT</td><td>0 1 2 3</td></tr><tr><td>FACE ON</td><td>0 1 2 3</td></tr><tr><td>iii. EXTENT</td><td>0 1 2 3</td></tr></table> b. DIFFUSE SITE IN PROFILE: <table border="1"><tr><td>X</td><td>R</td></tr><tr><td>O</td><td>A B C</td></tr><tr><td>i. WIDTH</td><td>0 1 2 3</td></tr><tr><td>ii. EXTENT</td><td>0 1 2 3</td></tr><tr><td>FACE ON</td><td>0 1 2 3</td></tr><tr><td>iii. EXTENT</td><td>0 1 2 3</td></tr></table> L: <table border="1"><tr><td>X</td><td>L</td></tr><tr><td>O</td><td>A B C</td></tr><tr><td>i. WIDTH</td><td>0 1 2 3</td></tr><tr><td>ii. EXTENT</td><td>0 1 2 3</td></tr><tr><td>FACE ON</td><td>0 1 2 3</td></tr><tr><td>iii. EXTENT</td><td>0 1 2 3</td></tr></table>		X	R	O	A B C	i. WIDTH	0 1 2 3	ii. EXTENT	0 1 2 3	FACE ON	0 1 2 3	iii. EXTENT	0 1 2 3	X	L	O	A B C	i. WIDTH	0 1 2 3	ii. EXTENT	0 1 2 3	FACE ON	0 1 2 3	iii. EXTENT	0 1 2 3	X	R	O	A B C	i. WIDTH	0 1 2 3	ii. EXTENT	0 1 2 3	FACE ON	0 1 2 3	iii. EXTENT	0 1 2 3	X	L	O	A B C	i. WIDTH	0 1 2 3	ii. EXTENT	0 1 2 3	FACE ON	0 1 2 3	iii. EXTENT	0 1 2 3
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4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"><tr><td>☒</td><td>ax</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>pl</td><td>px</td><td>rp</td><td>tb</td></tr></table> Report items which may be of present clinical significance in this section: ☐ (SPECIFY od.) _____ Date Personal Physician notified? MONTH DAY YR				☒	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	id	ih	kl	pl	px	rp	tb																																
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1. CLINICAL INTERPRETATION

There are bilateral calcified diaphragmatic plaques. The chest x-ray is otherwise unremarkable and relatively unchanged since 11-30-84.

2. B-READING COMMENTS

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN

E. SHEPHERD, M.D. / R. A. HUGHES, M.D.

ADDRESS

SHELL OIL COMPANY, P. O. BOX 100

CITY/STATE/ZIP CODE, AKA, TEXAS 77535

• PHYSICIAN'S SIGNATURE

SIGNED

DATE SIGNED

ABS-055483