



Shell Oil Company
Interoffice Memorandum

PLAINTIFF'S EXHIBIT

SH-2268

NOVEMBER 9, 1990

FROM: LOUIS C. WADDELL, JR., M.D., MEDICAL DIRECTOR, CLINICAL MEDICINE
CORPORATE MEDICAL DEPARTMENT

TO: E. SHEPPER, M.D., MEDICAL DIRECTOR
DEER PARK MANUFACTURING COMPLEX

SUBJECT: PULMONARY REGISTRY REVIEW: EMPLOYEE NUMBER

In our routine review of exams, it was noted that the chest X-ray report concerning the above employee was interpreted as showing possible non-calcified pleural plaque on the left. The indication was that he is not in the asbestos surveillance program, so a B-reading was not done.

However, we should pursue this further. Would you please complete the Pulmonary Registry form for . and send that form along with his chest X-rays to me for review.

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

A handwritten signature in cursive script, appearing to read "Louis C. Waddell, Jr.".

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

LAM 032076

CT9031301 - 0001.0.0

ABS-055469

S-13200 (4/89)
006061

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION DPMC
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• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:

- a) Possible pleural abnormality Calcified pleural plaque on Rt; possibly tiny ones on Lt. also
- b) Possible fibrosis _____

2. PULMONARY FUNCTION TEST ABNORMALITY:

- a) FVC less than 75% of predicted No (PFT's stable since 1980)
- b) Other _____

3. Other reason for review

[UNRELATED: Ca. of prostate
early 90; had surgery & radiation]

4. Time of service March 19555. 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

Libe - Operator 1970-84; Foreman since 84
Pumper - Gauger 1962-69
Insulator 1955-62

9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☒ YES ☐ NO

"Pleuritis" 1977

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 ☒ YES ☐ NO

"Allergy to fiberglass" in a rent trailer used for weekends sometimes.

Thomann 11/27/90

• RESULT OF REVIEW:

• Recommendation:

REVIEWED BY

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>by Thomann 11/27/90</u>	<u>27 Nov 90</u>	Patient counseled:	
OSHA Form 200:	<u>Oct 87</u>	OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

EMPLOYEE REFERRED TO DR.

DR'S NAME

(Please send copy of consultation when available)

COMMENTS:

ABS-055471

CONTEMPLATED FOLLOW-UP

☐ PERIODIC EXAM☐ OTHERINSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT
2 - YELLOW COPY - CORPORATE MEDICAL DEPARTMENT

LAM 032078

S-13280 (4/89)
008061

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION
		DPMC

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:

- a) Possible pleural abnormality "Small calcified pleural plaque @ diaphragm"
- 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
- ☐ YES ☒ NO

2. PULMONARY FUNCTION TEST ABNORMALITY:

- a) FVC less than 75% of predicted

- b) Other

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

Pipefitter 1977 - present

9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list
- ☐ YES ☒ NO

3. Other reason for review

No

4. Time of service

Since Dec 77

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 ☐ NO

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?

☒ YES ☐ NO

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
- ☒ YES ☐ NO

See Work History and
Consult Report from Dr. Fischer
Thomann MD 12/22 Aug 92

• RESULT OF REVIEW:

Small calcified pleural plaque noted on
the an R hemithorax in lateral view.

• Recommendation:

1) Counsel Employee re. significance of PI X-ray

REVIEWED BY

IF PLEURAL CHANGE

DATE

IF POSSIBLE FIBROSIS

DATE

Patient counseled:

Thy Thomann MD

4 Jun 92

Patient counseled:

OSHA Form 200:

Worker's Compensation:

OSHA Form 200:

Worker's Compensation:

EMPLOYEE REFERRED TO DR.

DR'S NAME

(Please send copy of consultation when available)

COMMENTS:

ABS-055470

CONTEMPLATED FOLLOW-UP

☐ PERIODIC EXAM☐ OTHERINSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT
2 - YELLOW COPY - CORPORATE MEDICAL DEPARTMENT

LAM 032077



S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING 10-25-89																																			
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 <u>10</u> DAY <u>25</u> YEAR <u>89</u>	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>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		P	S	Q	T	R	U	P	S	Q	T	R	U							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>	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 ☒ R ☐ L b. COSTOPHRENIC ANGLE SITE ☒ 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>☒</td><td></td><td></td></tr><tr><td>0</td><td>☒</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>☒</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>☒</td><td>L</td><td></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></table>			0	☒			0	☒	B	C	0	1	2	3	0	☒	2	3	0	☒	L		0	A	B	C	0	1	2	3	0	1	2	3			
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3D. PLEURAL CALCIFICATION SITE <table border="1"><tr><td>0</td><td>☒</td><td></td><td></td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>☒</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> a. DIAPHRAGM b. WALL c. OTHER SITES				0	☒			0	1	2	3	0	☒	2	3	0	1	2	3	SITE <table border="1"><tr><td>0</td><td>☒</td><td></td><td></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> a. DIAPHRAGM b. WALL c. OTHER SITES PROCEED TO SECTION 4			0	☒			0	1	2	3	0	1	2	3	0	1	2	3
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4A. ANY OTHER ABNORMALITIES? YES ☒ COMPLETE 4B and 4C NO ☐ PROCEED TO SECTION 5																																						
4B. OTHER SYMBOLS (OBLIGATORY) ☒ ax bu ca crv co cd cv di el em es fr hi ho id ih kl pl px rd td Report items which may be of present clinical significance in this section ☒ (SPECIFY od) Degenerative arthritis right glenohumeral joint. Date Personal Physician notified? MONTH <u>10</u> DAY <u>26</u> YEAR <u>89</u>																																						

1 CLINICAL INTERPRETATION

There are calcified pleural plaques on the right and there may possibly be a small noncalcified pleural plaque high on the left. Again degenerative changes of the right glenohumeral joint are noted.

2 B-READING COMMENTS

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN

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

ADDRESS

SHELL OIL COMPANY, P. O. BOX 100

CITY/STATE ZIP CODE

HOUSTON, TX 77036

• PHYSICIAN'S SIGNATURE

SIGNED

DATE SIGNED

ABS-055472

LAM 032079