Denver Clinic Medical Centers, P.C.

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Corporate Offices • 701 East Colfax Avenue
Denver, Colorado 80203 • (303) 831-7171

March 4, 1987

Where are liver function tests

Thomas W. Henderson, Esquire
Henderson & Goldberg, P.C.
1030 Fifth Avenue
Pittsburgh, PA 15219

Transaminases 42 54 60

my neuropsychological tests

Dear Mr. Henderson:

Thank you for referring Eddie Wise to me for evaluation.

At your request I interviewed and examined him on February 27, 1987.

Mr. Wise is a 43 year electrician who presents with a chief complaint of malaise, weakness, and liver disease. Careful workup by his personal physician in Beaumont, Texas which began in 1982, revealed no cause for his liver disease other than his prior exposure to PCBs. His history does include extensive exposure to transformer oils during his work as an industrial electrician. In the course of this work he had substantial PCB exposures. The current examination reveals laboratory findings of low grade, chronic, persistent hepatitis of the type which is commonly associated with PCB exposure.

Based upon this examination it is more probable than not that the abnormal liver function tests which are found in Mr. Wise are the result of his PCB exposure. In addition, there is evidence of a mild postural tremor which appears to be the result of toxic exposure.

His skin examination reveals the presence of residual follicular papules of the type commonly associated with chloracne.

It is my opinion, that it is more probable than not, that Mr. Wise's liver function abnormalities represent toxic hepatitis secondary to his PCB exposure as an industrial electrician. His other clinical disorders were caused by, or aggravated by, the PCB exposure.

I trust this information will be useful to you.

Sincerely,

Daniel T. Teitelbaum, M.D

/ls

Central: 701 E. Colfax, Denver 80203 • 831-7171
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See reverse for professional staff listing

MEDICAL DICTATION

RE: Eddie Wise

BY: Dr. Daniel Teitelbaum

DATE: March 3, 1987

Chief complaint:

Mr. Wise is a 42 year electrician who is evaluated because of abnormal liver function tests. He is currently suffering from aching, fatigue and malaise.

Present Illness:

The patient became an electrician in 1960. He served an apprentice ship and during the first 4 to 5 years of his work was largely involved in commercial and residential electrical activity. However, beginning approximately 1965, he was employed by Foley Electric Company and then by a series of other electrical contractors. During this period of time he was employed exclusively in heavy industrial electrical work. He did a great deal of work with transformers. He used and frequently was involved in repair of switch gear and other transformer equipment. He worked 1 to 5 hours per day in PCB oil from 1965 to 1976. He states that he never wore any safety gear and he was never told that work with PCB's might be a problem. He has never been included in an employee safety program at any of the many industrial plants at which he worked. These included Monsanto, Dupont, Goodyear, Mobile, GAF, AMOCO, Fina, Penwalt, and others. He stated that his typical work involved repairing and refurbishing transformers. He would have to drain the oil form the transformer into a 5 gallon bucket and then place it in a waste oil container. New oil was drawn from a 55 gallon transfer drum, and then placed in a 5 gallon bucket and added to the transformers. Occasionally, he stated that when very large transformer were in the process of being repaired, he would actually have to get down into the transformer body. He would ordinarily work wearing street clothes. No special clothes were ever issued. He did wear steel toed Dupont boots in most recent times. He states that so far as he knows, all of the oil he was exposed to was American produced and he doubts that any kanechlor was used. He stated that he worked all over the various plants. He was never given a respirator to wear in any plant.

He was informed by Dr. Sherron in Beaumont, Texas that he had liver problems. He has had sinus problems for years. He has had significant skin eruptions, rash, breaking out including acneform and other types of rash. He states that when Dr. Sherron diagnosed his liver abnormalities, he questioned him closely about his alcohol consumption. He performed a blood test as well. Mr. Wise indicated to Dr. Sherron that he was a social drinker. He rarely brings beer home. He would occasionally drink some

scotch. On occasion, when he and his wife would go out for dinner, he would have a few drinks, and she would drive them home. He states that almost no alcohol or hard liquor was consumed at the house. He was told to stop drinking for a month. He stopped for 3 months and no change in his liver function was noted. He states that he has had no alcohol since 1982. His triglycerides have been consistently elevated. He has had epistaxis on occasion since childhood. His appetite is good. He denies any prior history of viral hepatitis, jaundice or infectious mononucleosis.

The Social history:

The patient smoked from age 14 to age 21. He has not smoked since. He thinks that he did not at any time smoke as much as 1/2 a pack per day. In 1963, February, he quit smoking. In 1982, he quit drinking entirely.

The patient indicated that there is no history of liver disease, collagen vascular disease, or any other abnormality of liver function in his family.

Review of systems:

The patient indicates that he has had a peculiar sensation of a flu like disorder which passes very quickly on several occasions in recent months. Dr. Sherron has been unable to explain the general malaise. However, Mr. Wise feels that it is associated with his liver disease. He denies any skin problems although he had some itchiness, redness and rash on his hands when he was actively working with PCB's. He states that he has had a great deal of difficulty with his teeth, and has had problems with his gum. He has had multiple root canal surgeries. He states that he has perrineal pollen allergies for which he takes Drixoral. He is allergic to some medication but he doesn't know what it was. He believes it may have been Bactrim. He denies any respiratory problems. He has no shortness of breath, no phlegm, and no cough. On the other hand, he did have considerable asbestos exposure. He was told by Dr. Sherron that he has pleural thickening, but no nodular pulmonary infiltrate. Pleural thickening in this setting is virtually pathognomic of early asbestos induced pleural change. The patient states that he frequently has a hungry growly feeling. He complains of sore bones, and sore joints which are considerably worse in the morning. Once he gets started, things are some what better. He is frequently nauseated, and has headache.

The patient has been hypertensive for some time. However, at the current time he is taking no medications for hypertension.

The patient has had ear problems. He states that he is a diver but he does not believe that his is associated with diving. He is taking an antibiotic for his ear difficulties at the present moment.

Family history:

His father died in 1950, in an automobile accident. His mother is age 67, and has arthritis but is otherwise well. He has one brother who is alive and well and one daughter age 18, alive and well. He lives at home with his wife and daughter.

Physical Examination:

The patient is a well developed, well nourished, pleasant white male who was cooperative and in no distress. His blood pressure was 124/92; pulse 64; respirations 14; and the temperature was 97.7. Examination of the head, ears, eyes, nose and throat was unremarkable. The chest showed a few rales and ronchi in both bases. Examination of the heart revealed a regular sinus rhythm. There were no thrills, rubs or murmurs noted. The abdomen revealed that the liver was soft, and non-tender. It was at the right costal margin. The spleen was not enlarged. No rectal exam was performed. GU examination revealed a normal adult male.

Neurological examination revealed the patient was an alert and oriented white male. The cranial nerves were normal. The reflexes were 2+ and equal throughout. Motor and sensory examination was normal. There were some disthesias in the left foot which could not be characterized well with the available tools. The skin appeared to be normal except for mild actinic change.

Diagnoses:

1) Toxic syndrome 2° to PCB with:
   a) Toxic hepatitis
   b) Chloracne
   c) Tremor
2) Hypertensive cardiovascular disease

Name: EDDIE WISE AGE: 45

I have reviewed and considered the clinical note of Dr. Daniel T. Teitelbaum. In addition, I have noted the following history from Mr. Wise.

This 45 year-old man worked as a construction electrician from 1965 to 1975. During this time he came into contact with oils containing PCB's while working with transmitters. He had intermittent episodes of red pruritic skin lesions at that time. He still has these on occasions. He had mild acne as a teenager. While working with oils he had many blackheads on the face and upper trunk. These cleared within a few years after discontinuing work around transmitter oils. He has had athlete's foot intermittently for the last ten to fifteen years. Examination revealed a few follicular papules on the upper chest and scattered lentigo and nevi over the trunk. There was scaling between the left third and fourth toe.

I have examined and evaluated Mr. Wise with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. Wise. Also I have performed a potassium hydroxide preparation of scale between the left third and fourth toes. A potassium hydroxide preparation from this area was positive.

Based upon my examination, the test indicated, and various portions of the records, it is my opinion that Mr. Wise suffers from:

1. Chloracne by history with residual follicular papules.
2. Dermatophytosis, feet

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibenzofurans, and dibenzodioxins and certain adverse health effects associated with exposure to those chemicals. It is my further opinion that the following diagnoses are related to, i.e. caused or contributed, Mr. Wise's previous exposure to PCBs and/or their contaminants:

1. Chloracne by history with residual follicular papules.
2. Dermatophytosis, feet

00227

These opinions are within a reasonable degree of medical probability.

Edgar B. Smith

Edgar B. Smith, M.D.
Professor and Chairman
Department of Dermatology
University of Texas
Medical Branch
Galveston, Texas 77550

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS 60612

DEPARTMENT OF NEUROLOGICAL SCIENCES

19 March 1987

Mr. Thomas W. Henderson, Esquire
Henderson & Goldberg, P.C.
1030 Fifth Avenue
Pittsburgh, PA 15219

RE: Eddy Wise

Dear Mr. Henderson:

I have reviewed and considered the clinical report of Dr. Daniel T. Teitelbaum.

I have examined and evaluated Mr. Wise with reference to his possible neurologic problems. I have likewise reviewed various hospital, medical, and related records supplied to me by your office. I also obtained a history at the time of the neurologic examination which I performed.

Based upon my history and examination and supported by various portions of the records, it is my opinion that Mr. Wise suffers from:

1. Postural tremor

I also have considered the relevant medical and scientific literature regarding exposure to PCBs, dibenzofurans, and dibenzodioxins and certain adverse health effects associated with exposure to those chemicals. It is my further opinion that Mr. Wise's previous exposure to PCBs and/or their contaminants caused or contributed to the above diagnosis.

These opinons are within a reasonable degree of medical probability.

Sincerely,

Harold L. Klawans, M.D.
Professor, Neurology & Pharmacology

/gl

THE UNIVERSITY OF ROCHESTER
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300 CRITTENDEN BOULEVARD
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AREA CODE 716
SCHOOL OF MEDICINE AND DENTISTRY • SCHOOL OF NURSING
STRONG MEMORIAL HOSPITAL

Eric D. Caine, M.D.
Associate Professor of Psychiatry and Neurology
Director, Ambulatory Services
Director, Neuropsychiatry Program
(716) 275-3571

NEUROPSYCHIATRIC EVALUATION

NAME: Michael E. Wise
DOB: 23 October 1941

Thank you for the opportunity to evaluate Michael E. Wise, who I assessed on 26 February 1987. In addition to examining Mr. Wise, I reviewed and considered the clinical note of Dr. Daniel T. Teitelbaum. I have also reviewed various hospital, medical, and other related records of Mr. Wise.

Mr. Wise underwent a comprehensive neuropsychiatric evaluation. This evaluation included administration of the Neuropsychological Symptom Checklist (NSC), the 28-item version of the General Health Questionnaire (GHQ), the abbreviated version of the Beck Depression Inventory (BDI), the revised 90-item version of the Hopkins Symptom Checklist (SCL-90-R), and a semi-structured interview using the Schedule for Affective Disorders and Schizophrenia - Lifetime Version (SADS-L), with the Global Assessment Scale (GAS).

The NSC is a general, qualitative (non-quantitative) symptom inventory useful for preliminarily assessing patients with possible neurological, emotional, or intellectual dysfunction. The GHQ is used typically in medical, non-psychiatric settings to establish the presence of clinically prominent emotional distress. The BDI is used to establish the overall severity of depressive mental symptoms, which can be grouped as mild, moderate, or severe. The SCL-90-R is used in a variety of clinical settings, most often for defining problems in patients having behavioral or emotional symptoms. From data gathered using the SADS-L interview, it is possible to develop a standardized, rigorous lifetime psychiatric diagnosis, where applicable. The GAS is useful for establishing the overall level of current disease severity and functional impairment due to psychopathology.

Mr. Wise was also evaluated with an array of standardized neuropsychological tests to assess his intellectual functioning. These tests included assessments of orientation, attention/concentration, verbal and nonverbal memory, visuospatial abilities, language/reasoning, and motor/"Executive" functions.

Based upon my examination, including the tests that I have indicated, as well as Mr. Wise's records and Dr. Teitelbaum's evaluation, it is my opinion that

Mr. Wise shows no evidence of any abnormal behavioral syndrome, and his neuropsychological test findings were within normal limits.

If you have any questions, please feel free to call me.

Eric D. Caine, MD

Eric D. Caine, M.D.
20 March 1987

HARRIS BUSCH, M.D., PH.D.
PROFESSOR AND CHAIRMAN
DEPARTMENT OF PHARMACOLOGY
BAYLOR COLLEGE OF MEDICINE
TEL. (713) 790-4457
1200 MOURSUND AVENUE
HOUSTON, TEXAS 77030

EXAMINATION
Dr. Harris Busch
Dr. Frank Smith

WISE, Michael E.
March 23, 1987

Mr. Wise is a well-developed, well-nourished 45 years old white male whose major complaint was nausea. He also complained of pains in the joints, particularly elbow and knee. Previously, he had had complained of dizziness, vertigo, otitis media, allergies and lethargy. He had been reported to have increased triglycerides on one occasion.

Mr. Wise is a pleasant person who did not exhibit any abnormal signs on physical examination. He noted that he had a back injury back in the 1960's but no evidence of a back disorder was apparent. His nausea was not associated with weight loss or aberrant physical appearance. He did not report vomiting or other intestinal problems.

Mr. Wise presents with major symptoms of joint pain for 6-7 years, some malaise and fatigue. He also says that he had a previous history of liver dysfunction called toxic hepatitis and complains of tingling in the arms and feet.

On physical examination, the patient's vital signs are normal with a blood pressure of 135/85. There is no adenopathy, the chest is clear to auscultation and percussion. There are no murmurs, rubs or gallops on auscultation of the heart. The liver is a normal size and there is no ascites.

The hematologic work-up shows a hemoglobin that is very slightly low at 12.1 gm% and a hematocrit commensurate with that which is 36%. The remainder of the CBC is normal. The SMA-13 is essentially normal. X-ray of the elbows and knees show no significant abnormality. On strength tests of leg and arm muscles, he did not complain of any pain at any point of any joint pain.

His skin presented no evidence of disease (no chloracne) and no defined systemic syndrome was evident. Because of the reports of dizziness, vertigo and lethargy, a tentative diagnosis of depression was made.

Preliminary Diagnosis

1. Dysthymia
2. No demonstrable physical abnormality

Wise, Michael Edward
WM 45
3-25-1987

CC:

Lawsuit, entered in 1986.

HPI:

Pt states that his difficulties began in the mid-1970s. He initially noted that he was chronically fatigued, tired easily and developed a generalized weakness with an aching in his left arm. Shortly thereafter he began to notice that his joints ached. He then developed sleepiness, although he thought he was getting sufficient sleep. Pt went to an allergist to investigate these difficulties, and was treated but without help.

In 1982 the pt developed a reddish tint to his skin, mostly under his clothes but also on his ears and over his neck. There was an associated burning "like a fever," but not itching. These episodes occurred approximately once monthly. Typically these symptoms would develop during the day and be present on going to bed at night and he would be symptom free by morning.

Shortly thereafter the pt saw Dr. Sherron, of Beaumont, who diagnosed hepatitis and instructed the pt to give up alcohol. The pt states that he quit drinking, but did not go back to Dr. Sherron for follow-up visits. In the past year he has been under the care of Dr. Guillot, also of Beaumont. Dr. Guillot has made no comment with respect to his liver, and the pt has never brought the matter up to him. Whether he has mentioned his joint pain to his physician is uncertain, but states that it has never been investigated.

The pt complains of stomach pain, which he describes as a "hurting," with gas. There is also chronic nausea, with occasional vomiting which he believes to be secondary to his ear problem. Despite his abdominal complaints his appetite is normal and there has been no change in his weight.

Pt states that for the past 8 years he has suffered from pain in his right ear, described as a "hurting" with an associated sharp pain. There is also a "breathing" noise in the right ear. Associated with his ear pain is constant dizziness, present without cessation throughout the 8-year period. Dr. Guillot has treated him with various antibiotics and drops but to no avail. Significantly, the

pt continues his hobby of SCUBA diving, descending to depths of up to 100 feet.

His sinuses stay stopped up.

Further, the pt reports that his memory is bad, especially for written material. Auditory memory seems to him to be within normal limits.

Psychosocial Hx:

Pt was born in Atlanta, where he lived until age 14. Family consisted of mother, father and 1 brother. His father was a professor at Georgia Tech. When the pt was 13 his father took a job at Lamar University in Beaumont, which occasioned the move of the family to Texas. Father was killed in an automobile accident at age 41, when the pt was 9 years old. His stepfather is an electrical contractor. Mother is now 66, and well. She is described as a good, caring person, one who cared "too much." She was the family disciplinarian, however. The brother, now 48, lives in Panama City, Florida and is the manager of a steel pipe manufacturing company.

Pt describes his childhood as happy, until the loss of his father. They were quite close, although they "didn't get in each other's way."

Pt attended South Park High School, Beaumont, graduating in 1959. He attended Lamar Tech for one year and then became an electrician, working with his stepfather. He later returned to Lamar Tech in the trade school division, and in 1964 graduated as an electrician.

Pt worked from 1964-1976 as a construction electrician in and around Beaumont. From 1976-1986 he worked as business manager for his union. He liked this work a great deal, leaving only because he was not reelected. In 1986 he became an investigator for the law firm of Reaud, Morgan and Quine, working with them on industrial lawsuits.

The pt married at age 22. His wife is 3 years younger. They have had a good marriage. There is one daughter, 18, who is employed as a paralegal assistant in Port Arthur and attends Lamar University.

Pt's hobbies are golf and SCUBA diving.

Past Med. Hx:

Pt suffered the usual childhood diseases. At age 4 he had a T & A; age 10, removal of benign tumor from the left ear; age 12, double hernia repair; 1965 and again 1972, pt suffered a back injury which was treated in each case by 4-5 days' traction. In 1984 he passed a kidney stone.

ROS:

See HPI:
Pt complains of a dull aching nuchal and temporal headache which occurs every 2-3 days. It is treated successfully with Tylenol.

Pt complains of bad teeth, stating that he has had at least 13 root canals over the past 10 years, but later reduced that number to 10 "or even 8."

ROS otherwise unremarkable.

Habits: pt has not smoked since age 21. From age 15-21 he smoked up to 20 cigarettes/day, "as a smart aleck."

Alcohol: None since 1982, because of his doctor's report of liver disease. He drank sparingly before that, but on occasions would overdrink.

There is no drug history otherwise.

MS Exam:

Pt was a well developed, well nourished male appearing of stated age who was neatly and appropriately dressed. He entered into the interview situation readily and was cooperative throughout. There was no abnormality of behavior or demeanor. Speech was normal. He appeared mildly to moderately dysthymic, complaining of "sleepiness" and chronic fatigue. Mood was mildly depressed. Affect congruent with mood. Thought processes were entirely within normal limits: there was no disruption, tangentiality, circumstantiality, self-referential productions or paranoia. Formal testing for organic brain syndrome was unremarkable. He seemed surprised that his memory tested as well as it did, stating "if those things had been written down I would never have been able to remember them." He added that he would like to return to school, but cannot because his mind wanders. He also worries about why his word selection is bad. Attention span was within normal limits. There was no concreteness. Judgment and insight were normal.

In Summation:

Mr. Wise presents as a mild to moderately depressed individual who has a passive personality. He tires easily, is chronically fatigued, complains of "sleepiness" even though he's getting plenty of sleep. His evaluation is compatible with a tendency to significant somatization. For example, his stomach hurts, he complains of chronic nausea with occasional vomiting, yet his appetite is fine and there has been no change in his weight. As another example, he complains of "constant" dizziness, with intermittent ear pain, yet he continues to SCUBA dive, descending to depths of up to 100 feet.

Pt shows a tendency to embellish his symptomatology. For example, he stated during the evaluation that he has had "13 root canals over the past 10 years," but on closer questioning he said that maybe it was "just 10," or maybe "just 8." The pt's memory is "bad" but on formal testing it appeared to be within normal limits. He explained that his auditory memory was much better than his visual memory. It goes without saying that the response to any degree of physical illness is heightened in an individual who is depressed, especially in a passive-dependent personality.

Impression:

1. Dysthymia (neurotic depression), mild to moderate
2. Passive-dependent personality

(0000)1091853-0-4444
SEX M AGE 45 YRS
PRINTED: 24MAR87 07:03

SPECIMEN DATE	23MAR87
WEEKDAY/DAY OF STAY	MON 1
TIME	1246HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
BLOOD CELL PROFILE			
4.5-	11.0 K/UL	WBC	6.0
4.40-	5.00 M/UL	RBC	4.15L
14.0-	18.0 G/DL	HGB	12.1L
41.0-	51.0 %	HCT	36.0L
82.0-	100.0 FL	MCV	86.7
27.0-	34.0 PG	MCH	29.2
32.0-	36.0 %	MCHC	33.6
150-	400 K/UL	PLATELET	270
BLOOD SMEAR PERCENT DIFF			
35-	65 %	SEGS	66H
25-	45 %	LYMPHS	24L
0-	10 %	MONO	10
BLOOD SMEAR MORPHOLOGY			
		PLT ESTIMATE	ADEQUATE
		POLYCHROMASIA	SLIGHT

* = VALUE OUTSIDE REFERENCE RANGE
I = RESULT CORRECTION

Methodist

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

00237

Cumulative Pathology Report

Cumulative Report

[illegible] MICHAEL ANN EDWARD
ONE BAYLOR PLAZA
HOUSTON TX
77030

WISE M.E.
(0000)1091853-0-4444
SEX M AGE 45 YRS
PRINTED: 25MAR87 07:15

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1246HRS

CHEMISTRY

REFERENCE RANGE		TEST		
-- ELECTROLYTE/PROFILE CHEMISTRIES --				
8-	24 MG/DL	BUN	10	
0.5-	1.5 MG/DL	CREATININE	1.2	
65-	110 MG/DL	GLUCOSE	96	
4.0-	9.0 MG/DL	URIC ACID	6.6	
160-	275 MG/DL	CHOLESTEROL	182	F
55-	320 MG/DL	TRIGLYCERIDES	307	
8.7-	10.7 MG/DL	CALCIUM	9.2	
2.5-	4.5 MG/DL	PHOSPHORUS	3.4	
6.0-	8.4 G/DL	TOTAL PROTEIN	6.4	
3.5-	5.1 MG/DL	ALBUMIN	4.3	
0.2-	1.2 MG/DL	TOTAL BILIRUBIN	0.4	
30-	115 U/L	ALK PHOS	98	
5-	40 U/L	ALT (SGPT)	38	
5-	35 U/L	AST (SGOT)	24	
75-	200 U/L	LD	136	

F = FOOTNOTES
23MAR87 1246 CHOLESTEROL SEE INTERPRETIVE DATA AT END OF REPORT
* = VALUE OUTSIDE REFERENCE RANGE
@ = RESULT CORRECTION

CHEMISTRY

ONE BAYLOR PLAZA
HOUSTON TX
77030

(0000)1091853-0-4444
SEX M AGE 45 YRS
PRINTED: 25MAR87 07:15

SPECIMEN DATE	23MAR87
WEEKDAY/DAY OF STAY	MON 1
TIME	1246HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
BLOOD CELL PROFILE			
4.5-	11.0 K/UL	WBC	6.0
4.40-	6.00 M/UL	RBC	4.15L
14.0-	18.0 G/DL	HGB	12.1L
41.0-	51.0 %	HCT	36.0L
82.0-	100.0 FL	MCV	86.7
27.0-	34.0 PG	MCH	29.2
32.0-	36.0 %	MCHC	33.6
150-	400 K/UL	PLATELET	270
BLOOD SMEAR PERCENT DIFF			
35-	65 %	SEGS	66H
25-	45 %	LYMPHS	24L
0-	10 %	MONO	10
BLOOD SMEAR MORPHOLOGY			
		PLT ESTIMATE	ADEQUATE
		POLYCHROMASIA	SLIGHT

H = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

INTERPRETIVE DATA

CHOLESTEROL AGE	MODERATE RISK FOR CHD	HIGH RISK FOR CHD
2-19 YRS	GREATER THAN 170mg/dl	GREATER THAN 185mg/dl
20-29 YRS	GREATER THAN 200mg/dl	GREATER THAN 220mg/dl
30-39 YRS	GREATER THAN 220mg/dl	GREATER THAN 240mg/dl
39+YRS	GREATER THAN 240mg/dl	GREATER THAN 260mg/dl

* = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

James E. Harrell, M.D.
Chief of Radiology Services

03-23-87

NAME: WEBB, N.E.
ID #: 00218330
REF PHY: SMITH, FRANK EDWARD MD
PCP: SCORPIO
SEX: M
DOB: 10-23-[illegible]
ROOM #: E/T OP
EXAM DATE: 03-23-87

EXAM: KNEE
RIGHT KNEE

ORDER #: 410474

Also includes #410476, Left Knee, 3/23/87

IMPRESSION:

Examinations of both knees show no significant abnormality.

ORDER #: 410472 Exam: ELBOW
RIGHT ELBOW

Also includes #410473, Left Elbow, 3/23/87

IMPRESSION:

Examinations of the right and left elbows show no evidence of bone destruction, arthritis, nor other significant abnormality.

03-23-87

LOYD, H.M., M.D.

Methodist

The Methodist Hospital

Department of Radiology
6565 Fannin
Houston, Texas 77030

Radiology Consultants

00241