PLAINTIFF'S EXHIBIT WRG-15

DISCHARGE SUMMARY

ylor, Glenn

Admission Date: February 11, 1959

Primary Complaints: Shortness of breath, very severe, progressively increased over the last two years; loss of weight, about 20 pounds in the last two years and right pleuritic pains over the base of the lung since January 1958. The patient has been working for 18 years in a vermiculite rock and screening mill where somalite is manufactured.

Physical Examination Findings: Revealed breath sounds in the right lower base to be decreased. Has dullness to percussion in this area. Tactile and vocal fremitus is also decreased. Cardiac examination was within normal limits. There was atrophy of the right testicle and an oblong like swelling of the left testicle measuring about three to six centimeters in size. This mass is well outlined and transilluminates to light. Examination of the extremities reveal the femorals to be four plus. The anterior and posterior tibials are one plus in the lower extremities. There is an ankylosis of the left ankle and there is limitation of movement both laterally and with flexion and extention. There is slight movement with extention and flexion movement which is limited. There is a healed incisional scar on the left lateral aspect of the left ankle which is a result of an old fracture.

Tentative Admission Diagnosis:
1. Far advanced pulmonary tuberculosis, probably active.
2. Asbestosis to be determined.

Final Admission Diagnosis:
1. Histoplasmosis
2. Questionable asbestosis.

X-ray Findings: Initial x-ray films made on February 11, 1959, revealed some infiltration noted throughout both lung fields and considerable infiltration in the right lung field, particularly in the right lower lung field which involves almost the entire lower lobe with considerable diffuse involvment of the right upper lobe. There appears to be a possible effusion on the right. Scattered throughout the left lung field, there is considerable infiltration. There are also many diffuse well defined lesions which suggest a possible silicosis.

Laboratory Findings: Repeated microscopic examination of sputum concentrates and gastric aspirates were negative on February 13, 16, 17 and on March 12, 1959. The urinalysis was well within normal limits as was also the hemogram and the sedimentation rate was 17 millimeters at the end of an hour. The blood type was "O" Rh positive. The PPD skin test for tuberculosis was positive and the histoplasmosis skin test was also positive. The skin test for coccidioidomycosis was negative. The BUN was [illegible] milligrams and the VDRL was negative. Sputum concentrates which had been previously mailed in by Dr. Cairns of Libby Montana were reported negative on January 27, March [illegible] and March 16, 1959 for tuberculosis. The bronchoscopy was performed on March 5, 1959 and granulation tissue was noted on the case of the bronchus, from which biopsies were taken and aspirations were submitted for diagnosis and these were reported back [illegible] and asbestos granules were not noted. The left chest was aspirated on March 12, 1959 and only a small

Taylor, Elena

amount of fibrin-like material and a blood clot was removed, and this was reported negative.

Medical Treatment: Was entirely symptomatic and supportive.

Course in the Hospital: She progressively up-hill. So improved with a rest period. His cough, which was minimal and productive of a moderate amount of white tenacious sputum, continued about the same. His shortness of breath was also a constant feature.

Discharge Date: March 20, 1959
Length of Stay: 36 days
Result of Treatment: Satisfactory
Reason for Discharge: Maximum hospital benefit

Final Diagnosis on Discharge: 1. Histoplasmosis
2. Asbestosis

Recommendations: 1. Patient should return for a lung biopsy, which he did not prefer to have done at this time, to determine definitely the diagnosis of asbestosis.

O. W. Setser, M.D.

gvs pa

cc: Dr. J. M. Cairns

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