Kelsey-Seybold Clinic, P.A.

6624 Fannin Street
Houston, Texas 77030
(713) 797-1551

January 26, 1988

R. A. Hughes, M.D.
Medical Department
Deer Park Manufacturing Complex
P.O. Box 100
Deer Park, Texas 77536

RE:
KS Clinic

Dear Dr. Hughes:

Thank you so much for asking me to see I have enclosed a copy of your October 27th letter for reference. As you know, smokes two packages of cigarettes daily, but has few symptoms other than for some shortness of breath and occasional early morning cough. Through the years, he has worked in areas adjacent to insulators, pipefitters, and has been involved in scraping insulation off of old pipes. But, he does not have the consistent, intense exposure to asbestos as commonly seen. The pleural densities have been present since 1978 and have changed very little. On physical examination there are no rales to suggest early pulmonary fibrosis. Although a diagnosis of asbestosis cannot be made with certainty, it is certainly possible that the pleural densities are related. I have urged that he stop smoking at once, since it is the combination of cigarette smoking and asbestos exposure which leads to the most hazards so far as health is concerned. I believe that it would be wise to continue him in an annual surveillance program consisting of a PA and lateral chest x-ray and basic spirometry.

Thank you again for asking me to see with you.

With best regards,

Stanton P. Fischer, M.D., F.A.C.P.
Medical Director

Clinical Professor of Medicine
Baylor College of Medicine

SPF/gf
Enclosure

LAM 032161

ABS-055554

S-13260 (4/89)
008051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION
		APMC.

• 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 — OK
   b) Other — OK
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 ☐ 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
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
8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION — See list
9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list — Not known ☐ 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

• RESULT OF REVIEW: Job exposure History & radiographic findings support Diagnosis of "Bilateral calcified pleural plaques"

• Recommendation:

Record Diagnosis on OSHA Log

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:		Patient counseled:	
OSHA Form 200: No Diag in 1983		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-055555

CONTEMPLATED FOLLOW-UP ☑ PERIODIC EXAM ☐ OTHER _____

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032162

S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)	EMPLOYEE NUMBER	DATE OF X-RAY READING
E.		5-18-89

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 05 DAY 18 YR 89

1B. FILM QUALITY — 1 ☒ 3 U/R — If Not Grade 1 Give Reason: Scapula overlap

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		SECONDARY	
p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES: R L

c. PROFUSION

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 A B C — PROCEED TO SECTION 3

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 O R L

b. COSTOPHRENIC ANGLE — SITE R L

3C. PLEURAL THICKENING . . . Chest Wall

a. CIRCUMSCRIBED (plaque) — SITE O R L; IN PROFILE i. WIDTH A B C; ii. EXTENT 0 1 2 3; FACE ON iii. EXTENT 0 1 2 3

b. DIFFUSE — SITE O R L; IN PROFILE i. WIDTH A B C; ii. EXTENT 0 1 2 3; FACE ON iii. EXTENT 0 1 2 3

3D. PLEURAL CALCIFICATION

SITE O R	EXTENT 0 1 2 3
a. DIAPHRAGM	
b. WALL	
c. OTHER SITES	

O L	EXTENT 0 1 2 3
a. DIAPHRAGM	
b. WALL	
c. OTHER SITES	

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES? YES ☐ COMPLETE 4B and 4C NO ☒ PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

O | ax | bu | ca | cn | co | cp | cv | di | ef | em | es | fr | hi | ho | id | ih | kl | pi | px | rp | tb

Report items which may be of present clinical significance in this section ☐ (SPECIFY od.)

Date Personal Physician notified? MONTH DAY YR

1. CLINICAL INTERPRETATION

There are bilateral calcified plaques relatively unchanged since the previous film of 4-23-87.

2. B-READING COMMENTS

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN: E. SHEPPER, M.D. / R. A. HUGHES, M.D.

ADDRESS: SHELL OIL COMPANY, P. O. BOX 100

CITY/STATE/ZIP CODE: DEER PARK, TEXAS 77536

• PHYSICIAN'S SIGNATURE

SIGNED

DATE SIGNED 5-19-89

ABS-055556

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT
YELLOW COPY - FOR LOCATION MEDICAL DEPARTMENT

LAM 032163