



Shell Oil Company
Interoffice Memorandum

JANUARY 24, 1990

TO: DR. ROBERT HUGHES, DEER PARK MANUFACTURING COMPLEX

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

SUBJECT: PULMONARY REGISTRY REVIEW, , EMPLOYEE

This case is reviewed because of a possible pleural abnormality noted in the left chest.

Several film readers have commented on radiopacities in the left mid-lung field in its lateral aspect that are consistent with en face pleural plaques. For example the chest X-ray report dated 02/15/89 by Dr. M. A. Mullican said, "there are believed to be non-calcified pleural plaques on the left." The chest X-ray report of Dr. Patrick M. Conoley dated 02/04/88 said, "examination demonstrates densities projected over the left chest suggesting en face pleural plaque formation."

joined Shell employment in the maintenance department in 1942. He retired in 1985.

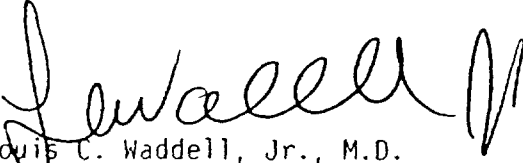
His spirometry done in February 1989 showed a vital capacity of 112% of predicted and a FEV1 of 102% of predicted.

It is my opinion, after having reviewed the chest X-rays, that there are changes in the left chest consistent with en face pleural plaques. His job history at the refinery would suggest a possible exposure to asbestos in the appropriate time frame for chest X-rays done in the late 1970s and 1980 to demonstrate findings.

I recommend that this case be recorded on the OSHA 200 log as "pleural plaques" and judging from the record that I was sent he has probably already been counseled about his chest X-ray and the implications of a pleural plaque. If he has not, that should be done and appropriate documentation made in the clinical record.

We are returning along with this consultation report a copy of the pulmonary registry form with our portion completed. After the OSHA 200 log entry is made please indicate that that had occurred in the appropriate portion of the form and return a copy to us for our files.

Thank you for your help.


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

LCW:SYC

Enclosures

LAM 031996

S-13280 (4/89)
009051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION <i>D P R E.</i>
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• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality ☒ 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 <i>Unknown</i>
2. PULMONARY FUNCTION TEST ABNORMALITY: a) FVC less than 75% of predicted b) Other <i>90% pred FVC 72%</i>	8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION <i>See list which not up to date</i>
3. Other reason for review	9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☐ YES ☒ NO
4. Time of service	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
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	

• RESULT OF REVIEW: *case reviewed. per OSHA log I would see the following entry "Bilateral pleural plaques, possible asbestosis"*

• Recommendation:

REVIEWED BY <i>[Signature]</i>	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: <i>6/2/89 & earlier</i>		Patient counseled: <i>6/2/89</i>	
OSHA Form 200: <i>1</i>	<i>July/87</i>	OSHA Form 200: <i>1</i>	
Worker's Compensation: <i>2</i>		Worker's Compensation: <i>2</i>	
EMPLOYEE REFERRED TO DR. <i>[Signature]</i> DR'S NAME			
(Please send copy of consultation when available)			
COMMENTS: <i>per annual follow-up.</i>			
ABS-055390			

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM☐ OTHER

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 031997

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)	EMPLOYEE NUMBER	DATE OF X-RAY READING
COMPANY ☐ SHELL OIL COMPANY ☐ SHELL CHEM. COMPANY ☐ SHELL DEV. COMPANY ☐ OTHER (Specify)		TYPE OF EXAMINATION ☒ ASBESTOS ☐ SILICA ☐ OTHER (Specify)

A. DATE OF X-RAY MONTH DAY YEAR 11 02 89	B. FILM QUALITY If Not Grade 1 Give Reason ☒ 2 ☐ 3 ☐ 4	C. IS FILM COMPLETELY NEGATIVE? YES ☒ Proceed to Section 5 NO ☐ Proceed to Section 2
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A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☒ COMPLETE 2B and 2C NO ☐ PROCEED TO SECTION 3
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B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY <table border="1"> <tr><td>p</td><td>x</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>x</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><td></td></tr> <tr><td>x</td><td>y</td><td></td></tr> <tr><td>R</td><td>L</td><td></td></tr> </table> c. PROFUSION <table border="1"> <tr><td>0/-</td><td>0/0</td><td>x</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	x	q	t	r	u	p	x	q	t	r	u				x	y		R	L		0/-	0/0	x	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
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2/1	2/2	2/3																																
3/2	3/3	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 ☒ X b. COSTOPHRENIC ANGLE SITE ☐ O ☐ R ☒ X	3C. PLEURAL THICKENING ... Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE <table border="1"> <tr><td>O</td><td>x</td><td></td><td></td></tr> <tr><td>O</td><td>A</td><td>x</td><td>C</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> ii. EXTENT FACE ON <table border="1"> <tr><td>0</td><td>1</td><td>x</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> iii. EXTENT <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table>	O	x			O	A	x	C	0	1	2	3	0	1	x	3	0	1	2	3	0	1	2	3	b. DIFFUSE SITE IN PROFILE <table border="1"> <tr><td>O</td><td>R</td><td></td><td></td></tr> <tr><td>O</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> </table> ii. EXTENT FACE ON <table border="1"> <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> iii. EXTENT <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table>	O	R			O	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
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3D. PLEURAL CALCIFICATION SITE ☐ O ☒ X EXTENT <table border="1"> <tr><td>Q</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>0</td><td>1</td><td>x</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	Q	1	2	3	0	1	x	3	0	1	2	3	SITE ☐ O ☒ X EXTENT <table border="1"> <tr><td>0</td><td>1</td><td>x</td><td>3</td></tr> <tr><td>x</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	1	x	3	x	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
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4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"> <tr> <td>☐ O</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>☐ ef</td><td>☐ em</td><td>☐ es</td><td>☐ fr</td><td>☐ hi</td><td>☐ ho</td><td>☐ id</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 YEAR 11 02 89	☐ O	☐ ax	☐ bu	☐ ca	☐ cn	☐ co	☐ cp	☐ cv	☐ di	☐ ef	☐ em	☐ es	☐ fr	☐ hi	☐ ho	☐ id	☒ kl	☐ pl	☐ px	☐ rp	☐ tb
☐ O	☐ ax	☐ bu	☐ ca	☐ cn	☐ co	☐ cp	☐ cv	☐ di	☐ ef	☐ em	☐ es	☐ fr	☐ hi	☐ ho	☐ id	☒ kl	☐ pl	☐ px	☐ rp	☐ tb	

1. CLINICAL INTERPRETATION • PLEASE TYPE OR PRINT NAME OF PHYSICIAN E. SHEPPER, M.D. / R. A. HUGHES, M.D. ADDRESS SHELL OIL COMPANY, P. O. BOX 100 DEER PARK, TEXAS 77536 CITY/STATE/ZIP CODE	2. B-READING COMMENTS • PHYSICIAN'S SIGNATURE [Signature] SIGNED 6/4/89 DATE SIGNED ABS-055391
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INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT
 YELLOW COPY - FOR LOCATION MEDICAL DEPARTMENT
 PINK COPY - EXAMINING PHYSICIAN'S FILE

LAM 031998