Denver Clinic Medical Centers, P.C.

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His dermatologist states chloracne by history + fungus infection of feet

Ford - Pydraul
1242-54

March 4, 1987

Tom Henderson, Esquire
Henderson & Goldberg
1030 Fifth Avenue
Pittsburgh, PA 15219

Dear Mr. Henderson:

Thank you very much for referring Vernon Pettus to me for evaluation.

I interviewed and examined him on February 27, 1987. I have also reviewed the past medical records which you supplied.

Based upon my examination I have determined that Mr. Pettus had substantial exposure to polychlorinated biphenyls during his work at the Ford Motor Company plant. Mr. Pettus worked as a die casting operator at the Sheffield casting plant from September 1957, until June of 1979. During the course of this work he was frequently exposed to PCB containing cooling fluids which were utilized as quenching agents for the recently cast materials. The process which was underway at the plant utilized molten metal which was transferred from a Reynolds Aluminum Company factory to the Ford Motor Company plant where it was handled in large dies, some of which were as large as a human being. Mr. Pettus had occasion to be exposed to the molten metal, to the PCB containing quench oil which boiled off and sizzled off the product, and to the breakdown fumes of the PCBs.

this is not true

Mr. Pettus indicated that on many occasions, he actually had to climb into the dies and clean them and remove the oil, utilizing his hands and rags, and other materials.

Mr. Pettus currently has clinical evidence of hepatitis, and of skin damage from PCBs.

Because of various headaches, and other complaints, and of low grade peptic ulcer disease, Mr. Pettus has been taking cimetidine, and Tylenol. Both of these medications are hepato-toxic. When their effect is superimposed on the underlying PCB induced toxic hepatitis, a considerable aggravation occurs.

DEPOSITION EXHIBIT 13 KELLY
PENNSAD-Bryonne, N.J.

The patient has indicated that he had headache for many years. He has had hypertension for which he takes Inderal for a number of years.

In addition to his hepatitis, Mr. Pettus has evidence of neurological disorder, the findings on neurological examination are consistent with a demyelinating disorder which effects his right hand and forearm. This is characterized by a continuous tremor. His reflexes show an absence of the right biceps, and triceps reflexes. All other reflexes are normal. He does have sensory changes, as well, and some evidence of a problem with attention and concentration. He also has evidence of impaired finger tapping bilaterally. This appears to be a result of peripheral rather that central change.

Mr. Pettus also demonstrates evidence of neurasthenia.

The neurological examination revealed postural and terminal intention tremor characteristic of toxic exposure, and an action dystonia, in addition to his peripheral neuropathy.

His past history reveals evidence of chloracne which has largely resolved. In addition to his neurological, skin, and liver disease, Mr. Pettus has evidence of mild small airway disease. In view of the fact that he was undoubtedly exposed to breakdown products of PCBs since the molten aluminum would have reached temperatures above that at which PCBs degrade, I believe that his small airway disease is in part related to his PCB exposure.

In summary then, Mr. Pettus has neurological disease, skin disease, toxic hepatitis, and small airway disease related to or associated with his PCB exposure.

In my opinion, Mr. Pettus had a significant and pathological exposure to PCBs during his employment at the Ford Motor Company. It is further my opinion that the PCBs contributed to or caused to a significant degree the illness from which he currently suffers.

If you have any questions, please do not hesitate to call.

Sincerely,

Daniel T. Teitelbaum, M.D.

/ls

MEDICAL DICTATION

RE: Vernon Pettus

BY: Dr. Daniel Teitelbaum

DATE: 3/4/87

Vernon Pettus is a 56 year old white male, retired Ford Motor Company employee who was exposed to PCBs while working at the Sheaffeld plant, from September 1957 to June of 1979. He presents with a chief complaint of liver disease.

Present Illness:

Mr. Pettus indicated that in 1980,he was hospitalized because of chest pain. He went to the emergency room for 2 visits. Following the second visit he was put into the hospital. He was very nervous and had significant chest pain. The work-up was stated to be negative for myocardial infarction, but positive for liver disease. He was given a diagnosis of toxic henatitis. His physician inquired in depth about his drinking history. He told the physician he did not drink. He was told to take no medications, and to take no other toxic materials. At that time he stopped taking Tagamet. He had been taking Tagamet for approximately 1 year when the toxic hepatitis was diagnosed. At the beginning of the period he took Tagamet, 4 times a day, and later he took it cpnsiderably less often. He reverted to taking the medication only when he was having peptic difficulty. He indicated that he takes occasional Tylenol. He took 2 to 3 Tylenol at a time. He takes BC powders, approximately twice a day, and extra strength Tylenol twice a day. He began to take Tylenol in 1979. Before that he took aspirin. He has had persistent severe headaches for 12 to 14 years. He has had hypertension for several years. He takes 1/2 tablet of Inderal per day. His blood pressure normally runs 140/120 to 138/90.

During his work at the Ford Motor Company, he was a die casting operator. The die casting was done by pouring molten metal into steel dies. Then a pressure type stamping process was used. This is a hot metal activity. The metal was delivered hot. It was kept hot when it was delivered from a nearby aluminum smelter. The metal was kept in holding furnaces which were induction type electric furnaces. metal was obtained from Reynolds Metal Company. The dies were coated with PCB oils which function as releasing compound. In addition, PCBs were utilized in the cooling of the dies. Temperatures between 1000 and 1200 degrees were regularly achieved. When the PCBs were added or poured over the dies, they sizzled "like a hot frying pan". There would immediately be a "sweetish" smell in the air (this is highly suggestive that there was phosgene in the air . On many occasions, the tanks would blow and gallons of PCB would be blown into the plant. The PCB smoked. It burned their eyes; they coughed, and had severe respiratory discomfort. No respiratory were usually provided. Paper respirators could be obtained towards the end of his working time. Cotton coveralls, safety glasses and no hat were the general gear. Mr. Pettus has

multiple burn scars on his arms because of the splashed material on his skin. Mr. Pettus indicated that temperatures in the area in the summertime were frequently as high as 130 degrees. In he winter time they were considerably cooler. Product which had been covered with PCB oils was frequently set out wet, allowed to air dry.

Mr. Pettus denies ever having been a welder. He stated that welding did take place in his area.

The patient states that on many occasions he had to actually enter into the large die machines to clear the dies out, and to clean the strike out. In these instances there was a great deal of PCB exposure. One of these dies might have been as large as a human being. He states that many photographs were taken in the plant. (These should be obtained if possible)

He states that he cannot work. he is weak, he has headaches, he tingles in his feet and hands. He feels tense much of he time. He has right arm tremor which is persistent and is quite obvious. This commenced approximately 3 to 4 years ago. He states that he cannot hold up a song book in church because of this. He can't walk any distance. His appetite is good. He cannot sleep at night. His weight has been stable. He has nausea, vomiting or diarrhea.

Review of systems:

He indicates that he is having problems with his throat. His hearing has been bad for many years. He does not have the energy to work. he has an occasional cough. He wakes up with a cough. He stopped smoking approximately 20 years prior to this interview. Prior to that, he smoked 1 package of cigarettes for 20 years.

The patient denies ever working with lead or other toxic metals.

Social History:

His social history reveals that he drinks 2 to 3 ounces of alcohol per month. He is recently divorced. He is remarried. He has central heating and air conditioning.

The patient has complained of shortness of breath which has been insidious in onset. This is somewhat improved recently, but is unclear precisely how much discomfort he has. Pulmonary testing should be performed close to the time of trial in Mr. Pettus.

Medications:

Occasional Tagamet, 2 Tylenol per day, BC powders, twice a day; Inderal for hypertension.

Physical examination at this time reveals a well developed, muscular male appearing younger than his stated age. Blood pressure was 138/90; pulse 72 and regular; temperature was 98; respirations were 14. Estimation of the head, ears, eyes, nose, and throat was unremarkable except for the fact that he was edentulous. The chest revealed rales at both bases. The heart was in regular sinus rhythm. There were no thrills, rubs, or murmurs

noted. Liver was not tender, no masses were noted. Skin showed multiple scars and burns, and some small papular eruptions. Neurological examination revealed him to be alert and oriented. The cranial nerves were intact. There was continuous tremor of the right hand and forearm from the elbow to the fingers. There were absent reflexes in the triceps on the right. The remainder of the reflexes were 2+ and equal. Cerebellar examination was normal except for marked dysmetria on both sides. There were no lymph nodes enlarged. The rectal examination was not done. There were no gloves provided.

Diagnoses:

1) Toxic syndrome 2^{o} to PCB with: where is lab data
   a) Toxic hepatitis
   b) Peripheral neuropathy
   c) Neurosthenic syndrome
   d) Demyelinating disorder, type unknown
   e) Cognitive/behavioral defect
   f) Chloracne
   g) Small airway Disease
   h) Action dystonia
2) Headache
3) Hypertensive cardiovascular disease
4) Peptic ulcer by history

Name: VERNON PETTUS Date of Birth: 12/05/30

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

This 56 year-old man worked for Ford Motor Company from 1957 to 1979. For much of this time he came into contact with hydraulic oils. He has had problems with shortness of breath, possible hepatitis, peptic ulcer, and anxiety. He has noticed increased sensitivity to the sunlight in the past two years burning easier than formerly. He occasionally gets blisters on the exposed skin and the skin of the trunk. During the time he worked with oils he had many blackheads on the forehead. These gradually resolved after no longer being exposed to oils. He has had several cysts excised from his back in the early 70's. He has also had frequent episodes of athlete's foot during the last fifteen or twenty years.

Examination reveals scattered hypopigmented atrophic scars over the upper back and chest. He has moderate wrinkling and mottling of the face and arms. There is a 4 x 4 mm brown macule on the left lower chest with slight irregularity of the borders and pigmentation. There is a 4 or 5 x 5 mm firm dermal nodule on the inner aspect of the left thigh. Scattered skin tags are present both axilla. He has moderate scaling and slight redness of the soles of both feet and whitish discoloration and thickening and subungual debris involving the toenails of the left first and third toe and the right first toe.

I have examined and evaluated Mr. Pettus with reference to his possible dermatologic problems. I have likewise reviewed various hospital, medical, and related records of Mr. Pettus. I also performed a potassium hydroxide from the toe webb between the left fourth toe web.

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

1. Chloracne by history
2. Recurrent skin lesions of the upper chest and back related to sun exposure, possible transient acantholytic dermatosis (Grover's disease)
3. Dermatofibroma, inner aspect of left thigh
4. Junctional nevus, left lower chest
5. Acrochordon (skin tags), axilla
6. Dermatophytosis of feet and toenails

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. Pettus' previous exposure to PCBs and/or their contaminants:

1. Chloracne by history
2. Dermatophytosis of feet and toenails

These opinions are within a reasonable degree of medical probability.

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

THE UNIVERSITY OF ROCHESTER
MEDICAL CENTER
300 CRITTENDEN BOULEVARD
ROCHESTER, NEW YORK 14642
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: Vernon H. Pettus
DOB: 5 December 1930

Thank you for the opportunity to evaluate Vernon H. Pettus, who I assessed on 26 February 1987. In addition to examining Mr. Pettus, 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. Pettus.

Mr. Pettus 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), th 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. Pettus was also evaluated with an array of standardized neuro-psychological 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. Pettus's records and Dr. Teitelbaum's evaluation, it is my opinion that Mr. Pettus suffered from a dysthymic disorder which increased in severity over a 10-12 year period before remitting, followed by a a residual persistent neurasthenic syndrome. Neuropsychological test results were within normal

limits, although Mr. Pettus demonstrated significant bilaterally slowed finger tapping indicative of peripheral sensory motor dysfunction.

I have also considered the relevant medical and scientific literature regarding exposures to PCBs, dibenzofurans, and dibenzodioxins, and adverse health effects associated with the exposure to those chemicals. It is my opinion that the above conditions are related to, i.e., caused or contributed to, his previous exposure to PCB's and/or their contaminants. This opinion is within a reasonable degree of medical certainty.

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

Eric D. Caine, MD

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

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

DEPARTMENT OF NEUROLOGICAL SCIENCES

19 March 1987

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

RE: Vernon Pettus

Dear Mr. Henderson:

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

I have examined and evaluated Mr. Pettus 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. Pettus suffers from:

1. Postural tremor and terminal intention tremor (action tremor);
2. Action dystonia;
3. Peripheral neuropathy;
4. Neurasthenic syndrome.

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. Pettus's previous exposure to PCBs and/or their contaminants caused or contributed to all of the above diagnoses.

These opinions are within a reasonable degree of medical probability.

Sincerely,

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

/gl

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

PETTUS, Vernon
March 23, 1987

Mr. Pettus is a friendly, obese, 58 year old white male whose chief complaints are shortness of breath and peptic ulcer, which is apparently under control. He says he has a hiatal hernia but it appears to be epigastric.

Mr. Pettus is 58 years of age and has multiple medical complaints including frequent headaches, dizziness, joint pain and stiffness, tingling in the arms and legs, weakness of the arms and legs as well as anxiety and depression.

He has a variety of symptoms of depression for the last 4-5 years including sadness, insomnia, anxiety, headaches and dizziness. Although at one time he had been reported to have cardiovascular disease, at present this is not a major problem.

On physical examination, Mr. Pettus is found to be somewhat obese and is cooperative. His blood pressure is 160/100, respiratory rate is 8 per minutes and pulse rate is 92 per minutes and regular. There is no adenopathy. The lungs are clear to auscultation and percussion. There are no rubs, murmurs or gallops on cardiac examination. The liver size is normal and there is no liver rub or bruit present. There is no splenomegaly or ascites. He has a mild intention tremor on the right but otherwise, he is neurologically intact. His CBC is normal but his SMA-13 discloses an SGPT of 155 units/L, as well as an SGOT of 62 units/L. His other liver function tests are normal. It is noted that he had a history of "toxic hepatitis" made in 1980. The etiology of this hepatitis is not evident. It is suggested that Mr. Pettus have further evaluation of his liver function tests through the aid of his family physician or a gastroenterologist. It is possible that a liver scan and hepatitis blood tests may be of value to him for future delineation of hepatic dysfunction.

Preliminary Diagnosis

1. Hypertension, probably essential
2. Toxic hepatitis, residual
3. Dysthymia

Tape transcription
Cecil Scott, et al vs Monsanto Company, et al

Pettus, Vernon Hugh
WM 56
3-24-87

CC:

Pt comes in for psychiatric evaluation because of "the lawsuit."

HPI:

Mr. Pettus states that his symptomology referable to the CNS began 8, 10 or even 12 yrs ago with "nervous" problems. This he described as a mild anxiety and depression manifesting itself as chronic worrying with a feeling of vague apprehension. It seems to be worse on arising from bed in the mornings, especially when he realizes that he cannot "do the things I used to do." He elaborates that he does not have the energy that he formerly had, that he gets out of breath, that formerly he would "try to go ahead and do things anyway," but now does not because he is simply "not in physical shape."

Additional manifestations of the patient's reported depression include decreased ability to sleep, decreased interests and rumination about his health. Mr. Pettus states that he goes to bed at 10 or 11 o'clock, is able to go to sleep, but sleep is turbulent and he suffers from early morning awakening. He apparently never feels that he gets a good, restful night's sleep. He may awaken at 1, 2 or 3 a.m. and be quite unable to go back to sleep, or on the other hand he may be conscious of tossing and turning all night long until 4:30 or 5:00 a.m. when finally he "gives up" and gets up. His hobbies and interests have included fishing and woodworking, but lately he has lost interest in these activities. The loss of interest in woodworking is complicated by the fact that he has very little strength, such as that required for hammering. The patient ruminates to a significant degree about "this PCB," which he describes in almost anthropomorphic terms as if it is an existence that has somehow invaded him.

Significantly, although the patient reports depressive symptomology, there has been no change in his appetite, no weight loss, no feelings of guilt, hopelessness, despair, no suicidal ideation, no loss of interest in sex, and no diminution of sexual activity (every 3-4 days), or any of

the other usual vegetative signs of endogenous depression.

Pt. is currently is not under the care of a psychiatrist, and in fact has never been seen by a psychiatrist before except that 3-4 weeks ago he has apparently evaluated by a psychiatrist and by a psychologist in Chicago in somewhat the same manner as today's evaluation and for somewhat the same purpose. He cannot remember the name of the psychiatrist or the psychologist or the location of the evaluation. He reports that he is not on any psychopharmacologic medication, and has never taken any.

Psychosocial Hx:

Pt was born in a rural community in northern Alabama, Lauderdale County, in a small village of Green Hill, near Florence. His father's occupation was that of merchant and farmer, the mother a housewife. Pt.'s family consisted on his parents and 7 siblings. Father was a cotton and grain farmer as well as a merchant. He is described as having been a good father, well thought of in the community, something of a leader. He was a strong understanding individual whom the pt respected greatly.
He never saw his father drink or smoke. Father died in 1973, he believes of a stroke, at age 72. He had been in a nursing home for the past 2 yrs of his life. Pt states that his father's "mind left him," especially after mother's death in 1973. Mother is described as a "salt of the earth" individual. She never worked outside the home. She died also in 1973, age 67, also of a stroke.

The family is described as a hard-working, rather devout family (Baptist), regular in their church attendance and given to the work ethic. Father was a strict disciplinarian but in no wise abusive. Family activities centered around the local community, largely church and agrarian social activities. The pt grew up in the country, was active in hunting, fishing, and esp. during school years was active in sports. He played noseguard on the football team and was also on the basketball team. His siblings, 3 sisters and 4 brothers, are reported all to have done well in life, none of them suffering from any behavioral or emotional difficulty. The patient is #6 of the 8 children, and the youngest son. A brother died at age 61 from cancer "all over" but the others are living and well.

Pt attended Green Hill elementary and high schools, graduating from high school in 1950. He was an average student, did not find school life and academics particularly enjoyable, but neither did he find it very distasteful. He was relatively noncommittal about his school life, could not remember how many were in the school or even in his graduating class. He "guessed" that about 100 graduated

along with him. In 1950 the pt entered Univ. of North Alabama, in Florence, intending to major in accounting. He dropped out almost immediately, however, and joined the U.S. Navy. The reasons for his dropping out of school are not at all clear. In fact he himself "can't explain it." At any rate he joined the navy at age 19 and served from 1950-1954, mostly on a destroyer/mine layer in and around Korea, with his major responsibility being a member of an underwater demolition team. He liked the service, and in fact considered staying in the navy as a career and would have if he had had "a little more shore duty." Apparently he did not like prolonged sea duty. He was discharged honorably as a First Class Petty Officer.

Following his navy discharge the pt attended Larrimore Business College (1954-1957), majoring in accounting. Following graduation he worked for a few weeks on the railroad as a clerk and then when Ford Motor Co. opened their local plant he went to work for Ford. He was employed at Ford from 1957-1979, starting as a clerk and finishing his career as a supervisor in the die-cast dept. He believes Ford is a good co. to work for, but nonetheless he enjoyed his tenure at Ford only modestly, only "so-so."

Socially the pt began to date at about age 16, going out in groups in the normal local fashion. He has been married twice. Marriage #1 was from age 23-52, and ended in divorce in 1983. His wife was 1 1/2 yrs younger than he. He is very noncommittal about his life with his wife, stating that they "thought" they loved each other, but his wife was a musician, and finally wound up "stepping out on him." Another contributor to the divorce was the fact that "I had nerve problems." Two children were born to this marriage, a daughter 29 who is married, without children, doing well; and a son, 25, who is a musician in Muscle Shoals, married, but without children.

The pt's second marriage occurred 11 months ago, to a school teacher, age 46, ten years his junior. She has two grown sons.

Pt. retired at age 48. He gives as the ostensible reason for his retirement the fact that he broke his right ankle on the job and was hospitalized for purposes of surgical repair. But his heart "flared up" and the operation was delayed. It was finally decided by the doctors that the operation was either unnecessary or was unwise, I am not clear which. At any rate the pt rec'd a medical disability retirement from Ford Motor Co. and since that time has not worked.

status evaluation. He was well oriented, knew his location, time, date, place, generally what is going on in the world. His memory for the details of his own history seemed to be well within normal limits. His fund of general information seemed within normal limits for an individual of his current status of inactivity and self-preoccupation. Recall was deficient. He could remember hat, but not "rose", nor 1492. His general memory complaint is one of preoccupation and lack of attention rather than a frank memory deficit. For example, he goes to the cabinet and cannot remember what he went for; or he starts to put something in the cabinet and finds himself opening the refrigerator door. When one tests his attention, however, it is within normal limits. There is no concreteness, and judgment and insight seem to be within normal limits. In other words, this patient does not show significant signs of organic brain syndrome. So his diagnosis is dysthymia, mild, without endogenous component. II. No diagnosis, or dependent personality. No dx on 3,4,5.

Unresolved issues:

There is no real justification for getting psychological testing in this pat. except to try to determine his underlying personality structure better. I suspect though, on the basis of his having started in college and stopped, having accepted business college rather than a formal academic college, and having wound up in the same spot in a "so-so" job for 22 years, as well as his ready acceptance of inactivity following a medical disability retirement at age 48, that this pt has a dependent personality.

Impression:

Dysthymia
Passive-dependent personality

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1245HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
-------- BLOOD CELL PROFILE --------			
4.5-	11.0 K/UL	WBC	7.4
4.40-	5.00 M/UL	RBC	5.05
14.0-	18.0 G/DL	HGB	16.0
41.0-	51.0 %	HCT	46.9
82.0-	100.0 FL	MCV	92.8
27.0-	34.0 PG	MCH	31.7
32.0-	36.0 %	MCHC	34.1
150-	400 K/UL	PLATELET	190
----- BLOOD SMEAR PERCENT DIFF -----			
35-	65 %	SEGS	49
25-	45 %	LYMPHS	37
0-	10 %	MONO	10
0-	5 %	EOS	4
------ BLOOD SMEAR MORPHOLOGY ------			
		PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
! = RESULT CORRECTION

Methodist

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

Cumulative Pathology Report

HOUSTON TX
77030

(0000)1091854-8-7082
SEX M AGE 56 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE	23MAR87
WEEKDAY/DAY OF STAY	MON 1
TIME	1245HRS

CHEMISTRY

REFERENCE RANGE		TEST		
-- ELECTROLYTE/PROFILE CHEMISTRIES --				
8-	24 MG/DL	BUN	15	
0.5-	1.5 MG/DL	CREATININE	1.5	
65-	110 MG/DL	GLUCOSE	95	
4.0-	9.0 MG/DL	URIC ACID	9.0	
160-	275 MG/DL	CHOLESTEROL	213	F
60-	290 MG/DL	TRIGLYCERIDES	180	
8.7-	10.7 MG/DL	CALCIUM	9.2	
2.5-	4.5 MG/DL	PHOSPHORUS	3.6	
6.0-	8.4 G/DL	TOTAL PROTEIN	6.7	
3.5-	5.1 MG/DL	ALBUMIN	4.2	
0.2-	1.2 MG/DL	TOTAL BILIRUBIN	0.5	
30-	115 U/L	ALK PHOS	63	
5-	40 U/L	ALT (SGPT)	155	H
5-	35 U/L	AST (SGOT)	62	H
75-	200 U/L	LD	169	

F = FOOTNOTES
23MAR87 1245 CHOLESTEROL SEE INTERPRETIVE DATA AT END OF REPORT
H = VALUE OUTSIDE REFERENCE RANGE
# = RESULT CORRECTION

Methodist

The Methodist Hospital
Department of Pathology
Houston, Texas 77030

Cumulative Pathol Report

00177

ONE BAYLOR PLAZA
HOUSTON TX
77030

PETTUS VERNON H
(0000)1091854-8-7082
SEX M AGE 56 YRS
PRINTED: 25MAR87 07:14

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1245HRS

HEMATOLOGY

REFERENCE RANGE		TEST	
-------- BLOOD CELL PROFILE --------			
4.5-	11.0 K/UL	WBC	7.4
4.40-	6.00 M/UL	RBC	5.05
14.0-	18.0 G/DL	HGB	16.0
41.0-	51.0 %	HCT	46.9
82.0-	100.0 FL	MCV	92.8
27.0-	34.0 PG	MCH	31.7
32.0-	36.0 %	MCHC	34.1
150-	400 K/UL	PLATELET	190
----- BLOOD SMEAR PERCENT DIFF -----			
35-	65 %	SEGS	49
25-	45 %	LYMPHS	37
0-	10 %	MONO	10
0-	5 %	EOS	4
------ BLOOD SMEAR MORPHOLOGY ------			
		PLT ESTIMATE	ADEQUATE

M = 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

JMR/mhf

Methodist

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Department of Radiology
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00180

(0000)1091834-0-7082
SEX M AGE 57 YRS
PRINTED: 24MAR87 07:02

SPECIMEN DATE 23MAR87
WEEKDAY/DAY OF STAY MON 1
TIME 1154HRS

HEMATOLOGY

REFERENCE RANGE	TEST		
-------- BLOOD CELL PROFILE --------			
4.5- 11.0 K/UL		WBC	6.5
4.40- 5.00 M/UL		RBC	4.90
14.0- 18.0 G/DL		HGB	15.5
41.0- 51.0 %		HCT	45.4
82.0- 100.0 FL		MCV	92.7
27.0- 34.0 PG		MCH	31.6
32.0- 36.0 %		MCHC	34.1
150- 400 K/UL		PLATELET	201
----- BLOOD SMEAR PERCENT DIFF -----			
39- 63 %		SEGS	58
0- 11 %		BANDS	1
25- 45 %		LYMPHS	25
0- 10 %		MONO	16H
------ BLOOD SMEAR MORPHOLOGY ------			
		PLT ESTIMATE	ADEQUATE

* = VALUE OUTSIDE REFERENCE RANGE
\$ - RESULT CORRECTION