

DIAGNOSTIC PULMONARY CLINIC, P.A.
INTERNAL MEDICINE AND DISEASES OF THE CHEST
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PLAINTIFF'S EXHIBIT

SH-2318

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R. S. CONTE, M.D.

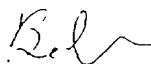
March 24, 1982

Re:

Dear

Thank you very much for sending over He is a very interesting gentleman who has had a history of hypertension, recent resection of an abdominal aortic aneurysm, as well as chronic back problems. He has a 33 year history of welding and a 40 year history of cigarette smoking, but denies any significant symptomatology with the exception of increase in shortness of breath. He claims to have not known about having pulmonary asbestosis until approximately six months prior to his office visit. He denied any weight loss or other symptomatology referable to his pulmonary condition. His chest examination reveals decreased breath sounds, more so on the left than on the right. His chest x-ray reveals increased scarring in both lower lung fields associated with bilateral pleural plaques and diaphragmatic calcifications consistent with pulmonary asbestosis, these were present on the chest x-ray in October of 1979. At the present time I am trying to procure pulmonary function test results from Dr. Gross at Shell Oil, as well as Dr. Townsend, his family doctor, and will compare these to the overall condition. I feel that at the present time he unquestionably has asbestosis as mentioned above, to what degree the welding may have played a role in his shortness of breath will be very difficult if not impossible to determine because of the underlying asbestosis and his long past history of cigarette smoking. Following the receiving of his pulmonary function test, I will try to make a further assessment and send this along to you with a copy of his pulmonary function tests. Again, thank you very much for allowing me to follow this interesting gentleman.

Respectfully yours,



Robert S. Conte, M.D.

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