Shell Oil Company
Interoffice Memorandum

FEBRUARY 13, 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 diaphragmatic pleural plaque.

_____ joined Shell employment in September 1947 and retired in 1987. He has worked as a general helper, pipefitter's helper, a pipefitter and ultimately became a zone foreman and then a maintenance supervisor.

The radiographic findings of concern is a fairly subtle one involving the left diaphragm surface. Dr. Conoley described it as follows on a film report from 1987, "There is a focal convexity of the superolateral aspect of the left hemidiaphragm without evidence of calcification. This structure has been present in the prior examinations dating back to 1979. The significance is indeterminate."

There is also a chest X-ray report dated February 3, 1987 by Dr. M. A. Mullican which says in part, "There is a localized convexity along the lateral aspect of the left diaphragm which could be a non-calcified plaque. The localized convexity along the left diaphragm appears much more pronounced then on previous films."

I have had the opportunity to review the chest X-rays and agree that the changes on the left hemidiaphragm are consistent with the type of radiographic findings that may be associated with asbestos exposure. I do not see any other radiographic evidence to suggest lateral wall pleural plaques or parenchymal fibrosis.

Because of his work history, the proper chronology and the consistent radiographic findings, it is my professional opinion that this be considered a "pleural plaque" case with the OSHA 200 log recording and the informing of the patient of the findings.

Along with this consultation report, I am enclosing the pulmonary registry form with our portion of the form completed. Please return a copy to us for our records after you have had an opportunity to complete the rest of your portion of the form.

If you have any questions please give me a call.

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

LCW:SAM
Enclosures

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ABS-055383

S-13280 (4/89)
009051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION
		D.P.M.C.

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:
   a) Possible pleural abnormality V
   b) Possible fibrosis possible left lower lung

2. PULMONARY FUNCTION TEST ABNORMALITY:
   a) FVC less than 75% of predicted
   b) Other FEV1/FVC 71

3. Other reason for review

4. Time of service 43yrs (retired)

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 Work Hist

9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☐ 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: chest X-ray and work-exposure History are consistent with Diagnosis of "Pleural Plaques"

• Recommendation: Rec'd rec "Pleural Plaques" on OSHA 200 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: By Dr. Shepper Acquainted on 25 Feb 91 / apt →	18 Jan 91	Patient counseled:	
OSHA Form 200: Yes	Jan / 90	OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

EMPLOYEE REFERRED TO DR. ▶ DR'S NAME
(Please send copy of consultation when available)

COMMENTS: Has not been seen by pulmonologist

ABS-055384

CONTEMPLATED FOLLOW-UP ☑ PERIODIC EXAM ☐ OTHER

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT
2 - YELLOW COPY - CORPORATE MEDICAL DEPARTMENT

LAM 031991

S-12972 (11 86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)	EMPLOYEE NUMBER	DATE OF X-RAY READING
		2-1-89

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 02 DAY 01 YR 89

1B FILM QUALITY — [X] 1 2 3 U/R — If Not Grade 1 Give Reason:

1C. IS FILM COMPLETELY NEGATIVE? YES ☐ Proceed to Section 5 NO [X] Proceed to Section 2

2A ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ COMPLETE 2B and 2C NO [X] 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 O A B C

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [X] COMPLETE 3B 3C and 3D NO ☐ PROCEED TO SECTION 4

3B. PLEURAL THICKENING

a DIAPHRAGM (plaque) — SITE O R L

b COSTOPHRENIC ANGLE — SITE O R L

3C. PLEURAL THICKENING . . Chest Wall

a CIRCUMSCRIBED (plaque)

	R	L
SITE	O	O [X]
IN PROFILE	O A B C	O A B C
i WIDTH	0 1 2 3	0 1 2 3
ii EXTENT		
FACE ON	0 1 2 3	0 [X] 2 3
iii EXTENT		

b DIFFUSE

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

3D. PLEURAL CALCIFICATION

	SITE R	EXTENT	SITE L	EXTENT
a DIAPHRAGM	O	0 1 2 3	[X]	0 1 2 3
b WALL		0 1 2 3		0 1 2 3
c OTHER SITES		0 1 2 3		0 1 2 3

PROCEED TO SECTION 4

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

4B. OTHER SYMBOLS (OBLIGATORY)

[X]	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	no	id	ih	kl	pi	px	rp	tb

Report items which may be of present clinical significance in this section [X] (SPECIFY od)

Date Personal Physician notified? MONTH DAY YR

1 CLINICAL INTERPRETATION

except for a 5mm. density overlying the left 4th anterior rib which I am not sure was present on the film of 2-16-88, I do not see any significant interval change. There are calcified plaques in the aorta. There is no evidence of pleural fluid or pneumothorax. There are noncalcified pleural plaques on the left and some strandy increased markings in the left lower

2 B-READING COMMENTS

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN

ADDRESS

CITY/STATE/ZIP CODE

• PHYSICIAN'S SIGNATURE

SIGNED

DATE SIGNED 2-2-89

ABS-055385

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT

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Shell Medical

Medical Department
Deer Park Manufacturing Complex
Shell Oil Company / Shell Chemical Company

Continuation of B-reading form

lung field believed to be an area of fibrosis. Followup PA and lateral films are suggested to additionally evaluate the nodular density overlying the left 4th rib.

MSM 2-2-89

ABS-055386

LAM 031993