Form OD-4

INSTRUCTIONS: In accordance with Section 1465.99 of THE OHIO WORKMEN'S COMPENSATION ACT, every employer shall keep a record of ALL injuries required by his employees in the course of their employment and report these injuries to The Industrial Commission [illegible] provided for that purpose. THIS IS AN APPLICATION FOR PAYMENT OF COMPENSATION AND MEDICAL EXPENSES. [illegible] Form when disease causes disability of more than seven days. Part I of this form must be completed and signed by the disabled employee. Part II of this form must be executed by the employer by whom applicant was employed when his disability began, or his authorized agent. Part III of this form must be executed by the attending physician. Applications for compensation for occupational disease are forever barred unless filed with The Industrial Commission of Ohio within SIX MONTHS after disability due to the disease began, EXCEPT in cases of claims for disability from SILICOSIS or DISEASES of the RESPIRATORY TRACT resulting from injurious exposure to dusts in which cases applications are forever barred unless filed within ONE YEAR after total disability began.

Do not write in this column

Age

Sex & c. c.

Dependents

Location (Occ.)

Date Report Filed

Date of Disab.

Report Lag

Hearing Lag

Payment Lag

Occupation

Experience

Agency (Disease)

Agency Part

Type of Disease

Nature of Disab.

Part of Body

Full Wage

Average Wage

Treatment

Complications

Degree of Disab.

Days Lost

WORKMEN'S COMPENSATION
THE INDUSTRIAL COMMISSION OF OHIO

Claim No

O.D. .....

PART I

Claimant's Report of Occupational Disease

1 CLAIMANT'S NAME WOODIE THOMPSON (First) (Middle Initial) (Last)

2 Home Address 12518 Emery Road (Number) (Street) (City) (County) (State)

3 Age Social Security No 416 30 0413 Employer FORD MOTOR CO

Occupation Welder (Welder, etc.) No and relationship of dependents

4 From what disease are you suffering? Asbestosis

5. What parts of the body are affected? lungs

Give date your symptoms first appeared 3, 1977 Name of employer when symptoms appeared FORD MOTOR

How long in employ of this employer before symptoms first appeared?

6 Location of plant where you worked, when disability began Cuyahoga Brookpark, Ohio (County and City)

7 When were symptoms first reported to employer? March, 1975

8 Describe exactly how you were exposed to the substance, which in your opinion caused your disease I was welding engine blocks. We used abestos to keep the heat off. The abestos would turn into dust and I inhaled it.

9 Give name and address of physician who first diagnosed your disease as being occupational, and date diagnosis made Dr. Grove Cleveland Clinic 9500 Euclid Ave Cleve. O

10 Have you previously suffered from the disease for which this application is made, or any other occupational disease? 3, 1977 If so, give details (dates of attacks, name and address of physician)

11 Date quit work. has not returned For what reason? Unable to work

12 Date returned to work Type of work

13 Occupation when disability began. Welder Type of work you were doing when disability began: Welder Length of time in this type of work (a) immediately prior to onset of symptoms 23 yrs

(b) During lifetime Same

14 Were you exposed to dust in your work? Type of dust Abestos

Describe briefly how you were exposed Abestos sheets covered the hot blocks The sheets turned to dust and I inhaled the dust.

Over what periods were you exposed in your employment? 23 years

Date of last exposure to dust 2, 1977

15 If you were exposed to the substance which allegedly caused this disease in other employments, give the names and addresses of the other employers, and dates of employments

16. Have you filed a previous application concerning this or any other occupational disease?

If so, give claim number:

By signing this application I expressly waive on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me or who hereafter attend or examine me, from disclosing any knowledge or information which they thereby acquired. I have read all the statements contained herein and know the same to be true and correct. I hereby authorize the Industrial Commission to pay any amounts which may be awarded direct to the persons rendering services pursuant to this application for payment out of the State Occupational Disease Fund.

(If applicant signs by mark two witnesses must sign here.) Woodie Thompson (Signature of applicant. If unable to sign, mark must be made.)

Street Address 12518 Emery Ave

Date report sent to employer City or Town Cleveland, Ohio 44135

PART II.

Employer's Report of Occupational Disease

1. Name of employer: Ford Motor Company (Name as shown on Insurance Certificate)

2. Office address.

3. Nature of business: (Farming, coal mining, etc.) Type of organization: (Corp., partnership.)

4. The earnings of the injured employee for services rendered at time of occupational disease are being reported on all reports of Risk No. Manual No.

Manual No. 3081

SI

5007 0449

SCF-FORD-1375

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
AND
THE INDUSTRIAL COMMISSION OF OHIO

ORIGINAL RECORD OF PROCEEDINGS

Claimant _____ Claim No. _____

Street and No. _____

City _____ (State) _____

Employer _____ Date of Injury _____

Street and No. _____

City _____ (State) _____

Findings of Facts and Minutes

Present for Claimant _____

Present for Employer _____

On this day this claim was heard and findings and orders were made as follows:

Dated at _____, this _____ day of _____, 19__

Industrial Commission of Ohio

Bureau of Workers' Compensation

Administrator

9007 0450

[illegible] MEDICAL HISTORY

[illegible] physician is not for treatment as a patient and is not privileged. [illegible] are full, true, correctly recorded and that this record may be retained in the files of the Ford [illegible]

[illegible] of the following diseases or conditions:
[illegible] NO Epilepsy NO Skin Diseases NO Operations NO Arthritis NO
[illegible] NO Diabetes NO Accidents NO Tuberculosis NO
[illegible] NO Fainting Spells NO Back Ailments NO ?

[illegible] Scar on [illegible] - cut [illegible] [illegible]

[illegible] [illegible] Thomas
[illegible] [illegible] New Hire ✓ Rehire Reinstate
Date 7-21-52 Interviewer

PRE-EMPLOYMENT PHYSICAL EXAMINATION

Height 69½ Inches. Weight 177 Lbs. Age 24 Sex ✓ M F X-Ray
Blood Pressure 120 Development: Good Fair Poor
Vision: Rt. [illegible] With Glasses Near Vision
Lt. [illegible] With Glasses [illegible]
Chest—Inspection [illegible] Auscultation [illegible]
Heart—Murmurs [illegible] Rhythm [illegible]
Abdomen—(Note scars, tenderness, tension, tumors, etc.)
[illegible]

Inguinal Region—(Note Glands, Condition of rings, hernia, size and type, etc.)
rings firm

Extremities and Trunk—(Note any deformities, limitations of motion or amputations.)
good development + motion

Varicosities none
Female: D.L.M. Periods Regular Scanty Heavy Painful Disabling
Urine: Blood Serology Skin
Compensated Injuries—(Describe and give per cent disability if any.) None - 4 F.

None

Remarks:

9-11-52 SAFETY PYRAMID [illegible]

Work Classification: A B C D

Examined By [illegible] M.D.

0007 0451 PQ

[illegible] K .31

[illegible] HIRST [illegible] L 1.37
[illegible] 11, OHIO

OR 1-7540

PHONE NO		PHONE NO	DATE OF ENTRY [illegible]

PLANT DATE	FORD UNIT	FORD SEN DATE	BIRTH DATE	U.S. CIT YES NO	MALE FEMALE	SINGLE MARRIED	TRADE SCHOOL	[illegible]
7-[illegible]-52			5-10-28	X	X	X		X

DATE OF ACTIC	DEPT	RATE	DATE RATE EFFECTIVE	OCCUPATION CODE & GROUP NO	OCCUPATION
[illegible]-52	89	1.405	7-22-52	23-0-077	Laborer
		.23	6-1-52		
[illegible]-4-52	88	1.555	8-11-52	78-0-112	Grinder - Rough
	88		8-11-52	To Bodge 88-511	
CL		.26	9-1-52		
[illegible]-3-52		1.605	9-1-52		
[illegible] 9-26-52		1.655	9-29-52		
[illegible]		.25	12-1-52		
[illegible]-9-53		1.705	4-13-53	04-0-038	Checker
CL		.24	4-13-53		
LP 7-11-53			7-30-53		
GI		1.945	6-1-53		
[illegible]		.05	6-1-53		
[illegible]		.06	9-7-53		
[illegible] 7-29-53		1.945	8-3-53	54-0-017	Welder-Arc & Acet (Furnace)
[illegible] 8-31-53		1.995	8-31-53	9-1	
LP 9-10-53	9-14		9-18-53		
[illegible]-30-53		2.045	9-28-53		
[illegible] 9-25-53	10-1	2.045	9-28-53	54-0-017	Welder-Arc + Acet [illegible]
[illegible]-23-53		2.045	11-30-53	54-0-059	Welder-Furnace [illegible]
[illegible]		2.095	12-21-53		
[illegible]		2.145	1-18-54		
[illegible] 1-15-54		2.145	1-18-54	54-0-059 4A (1)	Welder-Furnace
CL		.08	12-9-53		
CL		.07	3-1-54		

GI—GENERAL INCREASE
D—DECREASE
TR—TRANSFER
O—OCCUPATION CHANGE

LP—LEAVE OF ABSENCE PERS
LM—LEAVE OF ABSENCE MED
LO—LAID OFF

[illegible]

8007 0452

PC

	DATE OF ACTION	DEPT	RATE	DATE RATE EFFECTIVE	OCCUPATION CODE & GROUP NO	OCCUPATION
LP	3-15-54			3-31-54		
[illegible]			2.195	6-1-54		
C.L.	6-7-54	06¢				
				7-12-54		
C.L.	9-6-54	07¢				
[illegible]			2.255	6-1-55		
[illegible]			[illegible]	12-6-54 6-55		
C.L.	9-5-55	07¢				
C.L.	[illegible]	07				
C.L.	[illegible]-56	06				
[illegible]			2.315	[illegible]		
C.L.	[illegible]	[illegible]		[illegible]		
[illegible]	[illegible]	11¢				
[illegible]						
[illegible]						
[illegible]			2.375	6-1-57		
C.L.	[illegible]-57	[illegible]				
O	7-24-57		2.425	8-5-51	54-0-054-9 4A(1)	Welder Furnace Ut.
C.L.	12-2-57	10¢				
C.L.	[illegible]	[illegible]				
O	3-15-58	4588	2.375	3-24-58	54-0-059 4A(1)	Welder Furnace
[illegible]						
[illegible]						
O	5-26-58		2.425	6-2-58	54-0-059-9 4A(1)	Welder Furnace Ut.
P	7-14-58			7-21-58		
C.L.	9-1-58	10¢	2.635	G.I. 7-1-58	6¢ C.O.L. 15¢	[illegible]
C.L.	12-1-58	[illegible]				
C.L.	3-2-59	10¢				
[illegible]	5-27-59			6-2-59		
C.L.	6-1-59	10¢				
[illegible]			[illegible]	8-1-59		
C.L.	9-7-59	12¢				
C.L.	12-7-59	12¢				
[illegible]			2.77	9-1-60		

H—HIRE
R—RAPIDE
P—REINSTATE
I—INCREASE
GI—GENERAL INCREASE
D—DECREASE
TR—TRANSFER
O—OCCUPATION CHANGE
OS—OCCUPATION SURVEY
LP—LEAVE OF ABSENCE PERS.
LM—LEAVE OF ABSENCE MED
LO—LAID OFF
[illegible]

3007 0453

For 0413

SOC SEC NO 416 30 0413
TITTSON, Woodie
ADDRESS 14014 Hirst Avenue,
Cleveland 11, Ohio

CARD 1 2 3 4 5 6 7 8 9 10 11 12 13 14

NAME CHANGED (1-6-)

ADDRESS CHANGE 12518 Emery Ave (33) HS PHONE NO Local

PHONE NO

DATE OF ENTRY SENIORITY OCCUPATION

PLANT UNIT	PLANT SEN DATE	SENIORITY UNIT	FORD SERV DATE	BIRTH DATE	U S CIT YES	NO	MALE	FEMALE	SINGLE	MARRIED	TYPE SERVICE	VET YES	NO	STATE
	7-22-52		7-22-52	5-10-2[illegible]	X		X		X				X	

SUGGESTIONS NO AMT NO AMT

ACTION CODE	DATE OF ACTION	DEPT	RATE	DATE RATE EFFECTIVE	OCCUPATION CODE & GROUP NO	OCCUPATION
			2.77		54-0-059-9 4A(1)	WELDER FURNACE UTILITY
1 0	4-10-61	4789	2.715	4-17-61	54-0-059 4A(1)	WELDER FURNACE
2			2885	11-4-61	OL 11-2-61	
3 0	6-27-62	4788	2.94	7-2-62	54-0-059-9 4A(1)	WELDER FURNACE-UTILITY
4 GI			3015	9-3-62		
5 0	9-17-62	4789	2.955	9-24-62	54-0-059 4A(1)	WELDER FURNACE
6 GI			303	9-24-63		

FOLD ALONG DOTTED LINE

7						
8						
9			3.20	1-24-66	54-0-059	welder furnace
10 LA	10-31-65			11-8-65		
11 LA	1-17-66	4789			Ladue P39-851	
12 TR	1-17-66	4789	3.20	1-24-66	54-0-059 4A1	welder furnace
13 GI			331	9-5-66		
14 GI	20 Years 18		3.69	10-25-67		
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

6007 0454

FORD MOTOR COMPANY HOURLY ST. TLS CARD

CT Previous editions may be used

ACTION CODES
H—HIRE
RH—REHIRE
RI—REINSTATE
I—AUTO. INCREASE
GI—GENERAL INCREASE
D—DECREASE
TR—TRANSFER
O—OCCUPATION CHANGE
M—MERIT INCREASE
OS—OCCUPATION SI CITY
LA—LEAVE OF ABSENCE
LM—LEAVE OF ABSENCE MIL
LO—LAID OFF

| | | |

CLEVELAND CLINIC HOSPITAL

THOMPSON, Mr. Woody Age 48 Case No. 1-426-6/5

Bronchoscopy; left thoracotomy; biopsy Date 04-05-77

General Room

Surgeon Dr. L. K. Groves Assistants Dr. M. Peter-Mr. Filisky

PREOPERATIVE DIAGNOSIS: Left sided pleural effusion, etiology undetermined.

POSTOPERATIVE DIAGNOSIS: Mesothelioma.

PATHOLOGICAL DIAGNOSIS:

OPERATIVE FINDINGS:

HISTORY: The patient is a 46-year old black male who has had progressive shortness of breath on the left side with pleural effusion on chest x-ray. This was tapped and 2000 cc. of fluid was removed from there. This was chocolate colored and cytology was negative. Bronchoscopy was unremarkable. When the chest was opened, about 2500 cc. of chocolate colored fluid escaped and there was diffuse infiltration of fibrosis all over the pleural surface. The left lung was contracted and small in size. A biopsy showed on frozen section mesothelioma.

PROCEUDRE: Under general anesthesia, bronchoscopy was performed using a rigid bronchoscope. This was unremarkable.

The patient was intubated, positioned for a thoracotomy on the lateral side with the left side up. Routine thoracotomy incision was made and the chest was entered in the fifth interspace. On opening the pleura, about 2500 cc. of chocolate fluid escaped. This was aspirated. The left lung appeared small in size and had diffuse fibrosis around it. The entire pleural surface was found to be studded with multiple infiltrative lesions. Three of these lesions were biopsied and frozen section showed mesothelioma. Two chest tubes were placed for drainage purposes and the chest wound then closed in routine fashion. The patient tolerated the procedure well and was transferred to the Intensive Care Unit in good condition.

Dictated: Dr. M. Peter for Dr. L. K. Groves/04-05-77
Typed: 04-08-77/mal
I.D. 04-05-77/001

MAR 9 1978

8007 0456

PATHOLOGICAL REPORT

THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No.

49 Room No. Service Dr. Hewlett Date 12-20-77

PATHOLOGICAL DIAGNOSIS:

FINAL PATHOLOGIC DIAGNOSES

550-8772A

370-8772A
420-8772A
275-8772A
060-8772A
659-8772A
657-8772A — MESOTHELIOMA EXTENSIVELY INVOLVING MEDIASTINUM, PLEURA, PERICARDIUM, DIAPHRAGM, AND PERITONEUM, WITH SEROSAL COATING OF ABDOMINAL VISCERA. METASTASIS TO PARA-ESOPHAGEAL AND LEFT SUPRACLAVICULAR LYMPH NODES AND EPISTERNAL SUBCUTANEOUS TISSUE. LUNG BIOPSY April 1977, Surgical Path. #77-5123.

350-4971 — INTRA-PULMONARY ASBESTOS BODIES.

410-43x
410-900.6 — CARDIOMEGALY (580 gm.) WITH LEFT VENTRICULAR HYPERTROPHY (2.0 cm.).
Dilatation of right ventricle, right atrium, and left atrium.
Congestion of liver (1550 gm.), kidneys, spleen, and lungs.
Edema, right lung (660 gm.).
Atelectasis, right lower lobe.
Cerebral edema (1780 gm.).

Arterial and arteriolar nephrosclerosis.

Cortical nodular hyperplasia, adrenal glands, mild.

Diverticulosis, sigmoid colon.

Hydroceles, bilateral.

Hyalinized granuloma (1 cm.), liver.

HSL

KP/ Howard S. Levin, M.D.

MAR 9 197

0007 0457

[illegible]LAND CLINIC HOSPITAL
PATHOLOGICAL REPORT

Name THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No. A-10985

Age 49 Room No _____ Service Dr. Hewlett Date 12-20-77

PATHOLOGICAL DIAGNOSIS:

Date and time of death:	12-20-77 at 1:35 a.m.
Date and time of autopsy:	12-20-77 at 11:00 a.m.
Restrictions:	None
Performed by:	K. Pontius, M.D.

CLINICAL DIAGNOSES

Mesothelioma, respiratory failure, and metabolic acidosis

GROSS EXAMINATION

EXTERNAL EXAMINATION: The body is that of a 49-year-old, black male, weighing approximately 160 pounds and measuring 66 inches in length. The body appears wasted, except for a protuberant abdomen. the hair is black and shows a male balding pattern. The conjunctivae are clear but show marked edema. The irides are brown; the pupils are unremarkable. The ears, nose, and mouth show no abnormalities. The teeth are natural and in fair repair. The neck is of normal configuration and there is a palpable node within the left supraclavicular fossa. The thorax is symmetrical and normal in configuration. There is a well-healed thoracotomy scar running around the left thorax and measuring 30.0 cm. in length. Inferior to this are two well-healed scars, one measuring 1.0 cm. and one measuring 2.0 cm., apparently representing tubal orifices. The breasts are of normal configuration and there are no palpable masses. The abdomen is markedly protuberant and a fluid wave is present. There is a 3.0 cm. ecchymosis located inferior to the umbilicus in the midline. The external genitalia are of normal conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. There is a trace of pedal edema. The skin is of normal pliability and texture and shows some depigmentation across the upper extremities in that there are patches of lighter colored skin fronting on the darker pigmented skin. There is no icterus. Other than the described supraclavicular node, there is no palpable lymphadenopathy. There are numerous ecchymoses present in both antecubital fossae and on the radial aspects of both wrists.

INTERNAL EXAMINATION: Pleural Cavities: Upon removing the sternal plate, there is noted to be numerous nodules of gritty white neoplasm present both beneath the sternum and external to the sternum. The tumor likewise encases the ribs. The right pleural cavity contains approximately 1500 cc. of a slightly cloudy serosanguineous fluid. The right lung is matted to the apex and vertebral side of the pleural cavity. There are numerous small tumor nodules studding the lower lobe of the right lung as well as studding the parietal pleura in the lower aspect of the pleural cavity. The left lung is not observed due to encasement by tumor. This is filling the pleural space from apex to base and adhering to the pericardium.

Mediastinum: Numerous tumor nodules are present within the mediastinum and adherent to the sternum, as previously described.

Peritoneal Cavity: There is an accumulation of approximately 5000 cc. of slightly red-tinged serous ascites. The peritoneum

S007 0455

Name [illegible], Noodle Clinic No. 1-426-176-2 Path #

Age 69 Room No. Service Dr. Hewlett Date

PATHOLOGICAL DIAGNOSIS: Gross Examination - Page two

as well as the omentum, mesentery, and serosal surfaces of all abdominal viscera are studded by nodules of tumor. The abdominal viscera occupy their normal anatomical positions. The diaphragmatic leafs are elevated. The margin of the liver is in proper relationship to the costal margin and the margin of the spleen is nondetectable due to encasement by tumor.

CARDIOVASCULAR SYSTEM: Heart: Weight 500 grams. The coronary arteries have a normal anatomic distribution and multiple cross sections show no significant narrowing of lumina and no evidence of thrombosis.

The epicardium shows numerous adhesions to the pericardium and, in fact, the pericardial space is obliterated by these adhesions. There is no tumor present on the epicardial surface. There is a normal amount of subepicardial fat and its distribution is normal. The myocardium is of normal consistency and appearance. The right atrium, right ventricle, and the left atrium show normal dilatation. The left ventricle shows a normal configuration, although the left ventricular wall is markedly hypertrophied. The great vessels enter and leave the heart in a normal manner. The septa are intact, and there are no congenital abnormalities. The left and right ventricles are 2.0 cm. and 0.3 cm. thick, respectively. The heart valves are thin, pliable and delicate, and [illegible] of deformity. Valvular measurements are as follows: aortic 7.5 cm., mitral 13.0 cm., pulmonic 10.0 cm., and tricuspid 14.5 cm. ✓

Aorta and Its Major Branches: The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or areas of significant atherosclerosis present.

Vena Cavae and Their Major Tributaries: The superior and inferior venae cavae and their major tributaries are patent throughout. No significant areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY TRACT: Larynx: The laryngeal airway is unobstructed. The vocal cords are present.

Trachea and Major Bronchi: The trachea and major bronchi are free of obstruction. They have a normal caliber.

Lungs: Right 660 grams. The left lung is not [illegible] due to an [illegible] procedure. The right lung is diffusely studded with tumor nodules of various sizes. The largest nodule measures 4.0 cm. in greatest dimension. There is no pneumothorax present. There are no [illegible] consolidation. The parenchyma of the right lung shows a [illegible] pattern. The lower lobe is markedly hypostatic and edematous. The pleural surfaces of the right lung are free of exudate and fibrosis. The left lung will be described at a later date following fixation.

HEMOLYMPHORETICULAR SYSTEM: Spleen: The spleen which is 0.5 gm. contains a [illegible] tumor nodule measuring [illegible] cm. The tumor is firmly adherent to the capsule of the spleen. On section, the splenic pulp is of normal consistence and appearance.

Lymph Nodes: A 2.0 cm. lymph node is present [illegible] from the submandibular area and on cut surface appears to be replaced by neoplasm. At the cardioesophageal junction, a lymph node measuring 1.5 cm. is

CLEVELAND CLINIC HOSPITAL
PATHOLOGICAL REPORT

Name THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No. A-[illegible]

Age 49 Room No. Service Dr. Hewlett Date 12-20-77

PATHOLOGICAL DIAGNOSIS: Gross Examination - Page three

present and on cut surface shows part of the parenchyma to be replaced by firm white tissue.

Bone Marrow: The vertebral bone marrow presents a normal appearance.

GASTROINTESTINAL TRACT: The esophagus is free of lesions. The stomach has a normal configuration and the serosa of the stomach is coated by tumor nodules. The mucosa is thrown into rugal folds. There are no areas of ulceration. The retroperitoneal portion of the duodenum shows no involvement by tumor; however, the peritoneal extension of the duodenum shows serosal coating by tumor nodules. The jejunum, ileum, and colon show marked coating of their serosal surfaces by tumor. Numerous diverticula are present within the sigmoid colon. The appendix likewise shows marked serosal wrapping by tumor. The anus is normal.

LIVER: Weight 1550 grams. The capsule is studded with tumor nodules, the largest measuring 0.5 cm. The liver configuration is normal. Multiple cross sections reveal a hyperemic cut surface but no accentuation of the lobular architecture. The inferior surface of the liver shows a thick tumor coat.

The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. The viscus contains a normal amount of green-black bile. The cystic duct, the right and left hepatic ducts, and the common duct are patent and free of calculi and other intrinsic lesions.

PANCREAS: The pancreas is soft and mushy and on cut surface the lobulated pattern is present but the parenchyma appears yellow and soft with areas of hemorrhagic discoloration. There is no evidence of fat necrosis. The ducts are patent.

GENITOURINARY SYSTEM: Kidneys: Right 140 grams. Left 150 grams. The right and left kidneys are similar. The capsules strip with moderate difficulty to reveal finely granular subcapsular surfaces. There is a 1.0 cm. depressed wedge-shaped scar in the cortex of the left kidney. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The cut surface of the kidneys shows marked hyperemia of the parenchyma. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The pelvic fat surrounding the bladder is studded with nodules of tumor. The mucosa is intact and free of ulceration. There is a small submucosal hemorrhage present in the posterior wall of the bladder.

Prostate and Seminal Vesicles: A portion of the prostate is examined and sections of this reveal rubbery, firm, gray-white parenchyma, free of unusual characteristics.

Testes: There are bilateral hydroceles present but otherwise no abnormalities.

ENDOCRINE SYSTEM: Adrenals: Right 10.0 grams. Left 15.0 grams. The adrenal cortices show marked convolution and nodularity. They are bright yellow in color. The medullae are unremarkable.

Thyroid: Weight 23.0 grams. Multiple cross sections of the lateral lobes and isthmus reveal no parenchymatous nodules or

MAR 9 1977

PO

PATHOLOGICAL REPORT

[illegible] Clinic No. 1-426-475-2 Path. No. [illegible]

[illegible] Room No. Service Dr. Hewlett Date 12-[illegible]-77

PATHOLOGICAL DIAGNOSIS: Gross Examination - Page four

[illegible] lesions.

Parathyroids: Two parathyroid glands are identified, which are grossly unremarkable.

Pituitary: The pituitary is unremarkable.

CENTRAL NERVOUS SYSTEM: Brain: Weight 1700 grams. There is [illegible] flattening of the gyri. There is no uncal notching but the right cerebellar tonsil is somewhat softened.

The major cerebral arteries show no significant atherosclerosis or congenital anomalies.

Spinal Cord: The spinal cord and its coverings are unremarkable.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

ADDENDUM: Left Lung: The left lung is removed from the pleural cavity with great difficulty due to an encasement by neoplasm. The lung is formalin insufflated for three days prior to sectioning. Cross sections through the entire lung show a 0.5 to 2.0 cm. coating by gritty white neoplasm. The tumor has also encased the pericardium and the diaphragm. The entire pleural surface of the lung is covered by tumor, and tumor nodules extend into the subpleural parenchyma at several areas. In one of these areas there is a rim of compressed lung parenchyma which is quite firm as compared to the surrounding lung tissue. The lung parenchyma away from the tumor shows uniform air spaces without evidence of subpleural bullae. The bronchi are pulmonary arteries show no significant abnormality. Several peribronchial lymph nodes are present at the bifurcation of the main stem bronchus and on cut surface show significant anthracotic pigmentation. Sections of the lung are submitted for microscopic study.

KF:eat

2007 2461

CLEVELAND CLINIC HOSPITAL
PATHOLOGICAL REPORT

Name THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No A-1[illegible]3

Age 49 Room No. Service Dr. Hewlett Date 12-20-

PATHOLOGICAL DIAGNOSIS:

MICROSCOPIC DESCRIPTION

CARDIOVASCULAR: Sections of the left ventricular wall and interventricular septum show hypertrophy of the muscle bundles manifested by an increased amount of cytoplasm and enlarged nuclei. The epicardial surface shows fibrous scar.

RESPIRATORY: A section of trachea shows it to be wrapped by mesothelioma which is characterized by dense fibrous tissue containing malignant cells with vesicular nuclei and basophilic cytoplasm, which are arranged in papillary structures and tubular structures. Special stains for hyaluronic acid show that the major secretory component of the tissue is indeed hyaluronic acid.

A section of diaphragm shows neoplasm to be coating both its pleural and peritoneal surfaces.

Sections of left lung reveal the pleural surface to be replaced by neoplasm which superficially invades the lung parenchyma. Sections of the left lung taken away from the tumor show severe congestion of the alveolar septal capillaries and edema fluid in the alveolar spaces. There are frequent asbestos bodies present. These stain positively with an iron stain.

Sections of the right lung show similar severe congestion and edema as well as organizing intra-alveolar exudate and areas of hyaline membrane formation. The parenchyma of the right lung likewise shows frequent asbestos bodies. There is no evidence of interstitial fibrosis, however.

LYMPH NODES: A paraesophageal lymph node and left supraclavicular lymph node show metastatic mesothelioma.

LIVER: Sections of hepatic parenchyma show centrilobular congestion without necrosis. The capsular surface of the liver shows studding with tumor nodules. These do not penetrate the capsule into the parenchyma. In addition, there is a hyalinized granuloma present in a subcapsular location.

SPLEEN: The capsular surface of the splenic sections is coated with mesothelioma. The parenchyma of the spleen shows severe congestion.

PANCREAS: Sections of pancreatic parenchyma show autolytic changes.

ADRENAL: Sections of adrenal gland show a nodular cortical hyperplasia characterized by small nodules of adrenocortical cells studding the adrenal cortex.

GASTROINTESTINAL SYSTEM: A section of peritoneum shows its surface to be entirely replaced by mesothelioma. A section of jejunum shows serosal mesothelioma. A section of appendix likewise shows it to be entirely enveloped by mesothelioma.

GENITOURINARY SYSTEM: Sections of the right and left kidneys show numerous cortical scars and hyaline sclerosis of the renal arteries and arterioles. There is moderate congestion of the glomerular capillary loops.

MAR 9 1978

CLEVELAND CLINIC HOSPITAL
PATHOLOGICAL REPORT

Name THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No A-10985

Age 49 Room No. Service Dr. Hewlett Date 12-20-77

PATHOLOGICAL DIAGNOSIS: Microscopic Description - Page two

BONE MARROW: A section of vertebral body bone marrow is normocellular with a slight erythroid hyperplasia.

SKIN: A section of subcutaneous tissue taken from the episternal area shows nodules of mesothelioma.

BRAIN: Routine sections of rectus gyrus, basal ganglia, hippocampus, mammillary bodies, midbrain, cerebellum, pons, medulla, and spinal cord show no significant changes.

KP:eat

MAR 9 1978

s007 0463

CLEVELAND CLINIC HOSPITAL
PATHOLOGICAL REPORT

Name THOMPSON, Woodie Clinic No. 1-426-475-2 Path. No A-10982

Age 49 Room No. Service Dr. Hewlett Date 12-20-77

PATHOLOGICAL DIAGNOSIS:

BRAIN AFTER FIXATION: The dura shows no lesions, and the sagittal sinus is patent. The leptomeninges show some thickening and clouding over the frontal and temporal aspects of the brain. They are not thickened, however, at the base of the brain. The convolutional pattern shows some flattening of the gyri. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show mild segmental atherosclerosis and appear to be patent throughout. Serial coronal sections through the cerebral hemispheres show poor fixation of the brain but a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brain stem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetric and of normal size and configuration.

SPINAL CORD: Serial 1.0 cm. cross sections through the spinal cord and the cauda equina show no gross abnormalities.

KP:eat

MAR 9

8007 0464

DEGREE— NONE PARTIAL COMPLETE

DATES— FROM TO

HOME HOSPITAL TRANSFER SKILLED NURSING FACILITY DEATH AUTOPSY

FELLOW ATTENDING PHYSICIAN

(IF PATIENT DIED OR WAS HOSPITALIZED FOR 48 HOURS OF LONGER COMPLETE REVERSE OF DICTATE DISCHARGE SUMMARY)

ADMISSION MASTER RECORD

PATIENT'S NAME	ROOM BED	PATIENT NUMBER	SOCIAL SECURITY NO.	BIRTHDATE	SEX AGE
THOMPSON WOODIE MR.	5Q21				

HEIGHT WEIGHT

ADMITTING DIAGNOSIS

EMERGENCY NOTIFICATION

FATHER

MOTHER

VETERAN

BIRTHPLACE

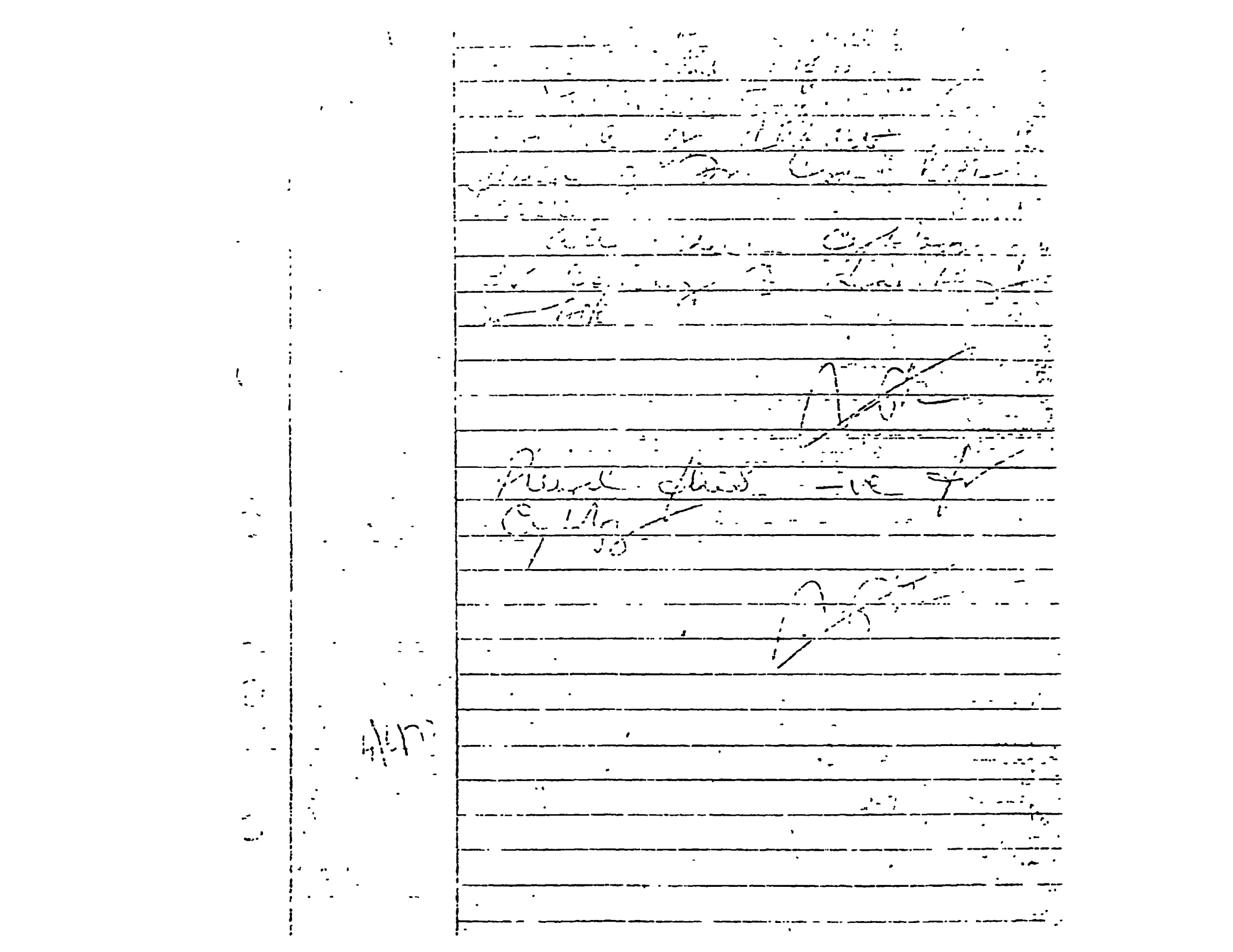
CLEVELAND CLINIC FOUNDATION

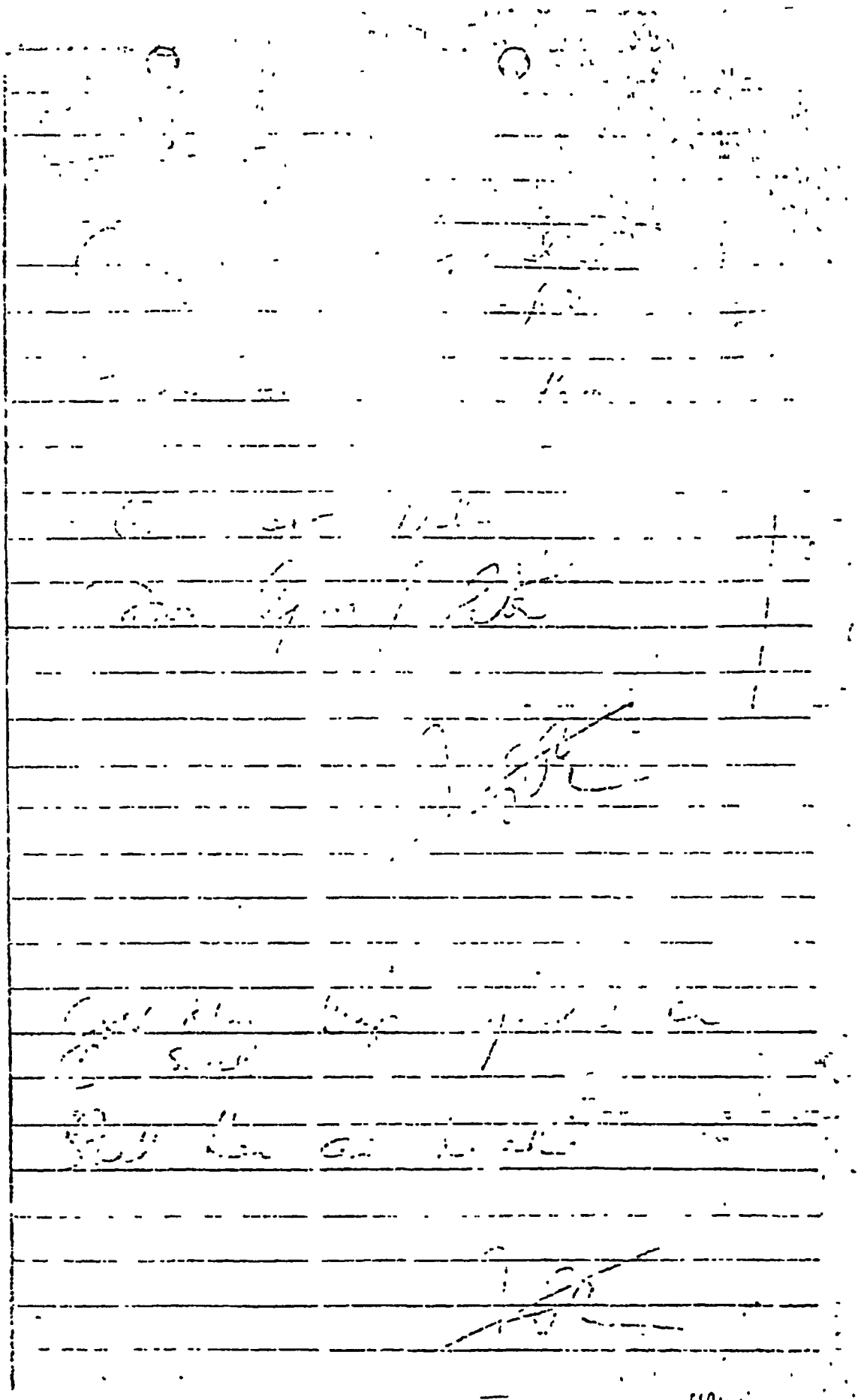
PATIENT NO.

ADMISSION – DISCHARGE RECORD

8007 0465 PQ

MAR 9 1978

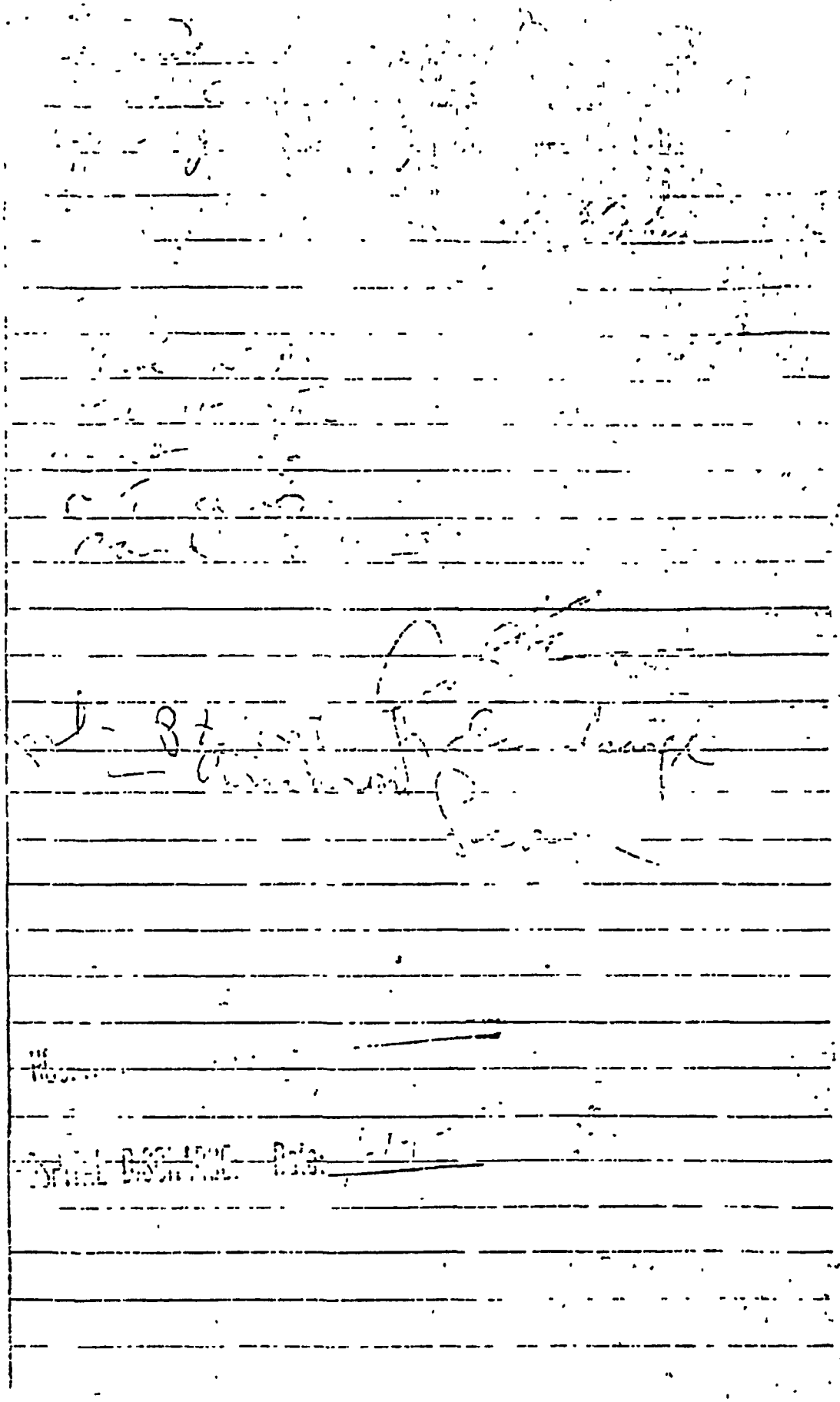




5007 3467

MAR 9 1978

9007 7465



8027 0459 PQ MAR 9 1970

JAMES D. WISMAR, M.D.
8001 OLD OAK BOULEVARD, SUITE 8H
MIDDLEBURG HEIGHTS, OHIO 44130

Telephone 826 2777

February 10, 1978

Robert F. Hisnay
Supervisor, Ins. Relations Dept.
Cleveland, Ohio 44142

Re: Mr. Woodie Thompson

Dear Mr. Hisnay:

Enclosed please find copies of Mr. Thompson's admitting history and physical exam, hospital discharge summary and letters from the Cleveland Clinic relative to his care at that institution. My last contact with him was on March 19, 1977.

Sincerely yours,

James D. Wismar, M. D.

JDW/ktl

FEB 14 1978

3007 0470

CLEVELAND CLINIC

THE CLINIC CENTER • 9500 EUCLID AVENUE CLEVELAND OH 44106 U.S.A. • 216/444-2200 • CABLE CLEVCLIN

DEPARTMENT OF HEMATOLOGY
AND MEDICAL ONCOLOGY

January 9, 1978

James D. Wismar, M.D.
7225 Old Oak Boulevard
Middleburg Hts., OH 44130

RE: Mr. Woodie Thompson
CLINIC #1-426-476-2

Dear Doctor Wismar:

I regret to inform you that your patient, Mr. Woodie Thompson, with the malignant mesothelioma was admitted to the Cleveland Clinic Hospital through the Emergency Room on December 17, 1977 in a preterminal condition. He was given supportive care but expired on December 20, 1977. Permission for an autopsy was granted. We regret that there was nothing we could do for Mr. Thompson at this late stage of his disease.

Sincerely yours,

James S. Hewlett, M.D.

JSH/ha/M-6395

FEB 14 1978

8007 0471 PQ

[illegible], [illegible] 114-2 1So
77-[illegible]-3
Admitted 3/4/77

Dr. Wismar

43 year old Black male admitted to the hospital because of left pleural effusion.

HISTORY OF PRESENT ILLNESS: He states that he was well until approximately a week prior to admission to the hospital when he began to experience cough and exertional dyspnea, These symptoms increased, were not associated with any chills or fever and prompted him to be seen in the E.R. on 2/26/77. At that time, it was felt that his problem was tracheobronchitis. He was started on antibiotics and cough expectorants. He was seen by the undersigned on the day prior to admission to the hospital with no significant improvement. AT that time, clinical signs were consistent with left pleural effusion and x-ray examination showed massive density of the left hemithorax with shift of the mediastinum to the right. It was felt he should be hospitalized for further investigation and treatment.

PAST HISTORY: is significant in that the patient has had known hypertension for a period of 6 -7 years. He was additionally treated with antihypertensive therapy and has not taken any medication in the past six months. In 1973, he was hospitalized at SWGH for a "checkup". At that time, he was told that he had a mild diabetes and was treated with diet, but did not follow up any further medical care for this problem and has not had any symptoms suggestive of polyuria, polydipsia or unexplained weight loss. His health has otherwise been good. No allergies. No injuries.

HABITS: DOes not use tobacco. Drinks alcohol only socially and currently his only medications include Erythromycin and cough expectorant from the emergency room physician.

FAMILY HISTORY: His father died in his 60s from complications of hypertension. Mother is living at 65 yrs. in good health. He has 3 male and 1 female sibling all of whom are well. Patient is married, has 3 children, all of whom are in good health. The patient works as a welder for Ford Motor foundry.

SYSTEM REVIEW: HEENT- does relate some diminished vision especially in the right eye recently, but no other symptomatology. C-P- his only distress has been slight right sided pleuritis like chest pain, cough has been productive of only scant amount of mucoid sputum. GI - negative. GU- not remarkable. MS- not remarkable.

6007 0472 PQ

Well developed, well nourished, alert, cooperative Negro male in no acute distress. Vital signs - B/P 200/130 in both arms; pulse rate 88 regular respirations 16 but not labored at rest.

SKIN: No remarkable findings.

EYES: Bilaterally responsive pupils. Arcus senilis was present. Funduscopic examination showed copper wiring with marked tortuosity and AV crossing defects and scattered waxy exudates, but no microaneurysms or hemorrhages. No papilledema.

E.N.T.- nothing remarkable.

NECK: Supple, no thyromegaly or adenopathy present. Supraclavicular pulsations were absent on the left side, present on the right.

CHEST: Expansion appeared to be somewhat limited with definite diminished breath sounds and dullness over the left hemithorax with markedly reduced whispered pectoriloquy and E to A change. No rales or rhonchi were audible.

HEART: Difficult to assess, mediastinum was definitely shifted to the right and the heart sounds were more pronounced on the right than on the left. There is no manifest enlargement. First and second heart sounds appeared to be normal. S2 was more pronounced over the pulmonic region. S3 S4 were absent and no murmurs were present.

ABDOMEN: Showed slight tenderness to deep palpation in the right upper quadrant. No definite organs, masses were felt. Bowel sounds appeared to be normoactive.
External genitalia not remarkable.

EXTREMITIES- peripheral vascular examination was within normal limits.

RECTAL: No remarkable findings.

IMPRESSION:

1. Left pleural effusion, etiology unknown. R/O underlying tuberculosis, malignancy with metastatic disease, empyema etc. associated with bronchopneumonia.
2. Hypertensive cardiovascular disease.
3. Diabetes mellitus, historical.
4. Hypertensive retinopathy.

Left pleural effusion, etiology unknown
2. Hypertensive vascular disease
3. Diabetes mellitus, noninsulin dependent
4. Leukopenia, mild, possibly related to Dx. #1

3007 0474

Medical and surgical including repeated thoracentesis, diagnostic workup

The patient is a 48 year old black male admitted to the hospital on 3-4-77 and discharged on 3-19-77. He was admitted because of chest pain and exertional dyspnea. History and physical examination are as dictated.

Laboratory data are as follows: Chest x-ray showed a massive left pleural effusion with shift in the mediastinal structures to the right. Intravenous pyelograms including aminography, oral cholecystogram, upper GI series, Barium enema and liver scan were all within the normal range and chest x-ray following adequate thoracentesis revealed no significant new findings and no expansion of the left chest was noted. EKG was within normal limits. Examination of the pleural fluid showed no evidence of any malignancy. The LDH was 332 units and amylase was 126. Hematocrit of the pleural fluid was 2.4%. Cultures were nonreactive. A tuberculin test was negative. Hemograms showed persistent mild leukopenia with a white count of 3700. Hemoglobin was normal and differential showed no abnormal cells with the exception of the third hemogram which showed a 10% eosinophil count on differential. Electrolyte pattern showed nothing remarkable. SMA-12 showed creatinine to be 1.5, all other parameters were essentially within range. Serum amylase was 84. Serology was nonreactive. Rheumatoid factor was negative. Urinalysis showed nothing significant.

Hospital Course: The patient was tapped on two occasions with 600 and 1200 cc's of fluid removed and sent for studies. The fluid was a dark, reddish, mahogany appearing color. The patient tolerated the procedure well. With a negative workup otherwise, it was felt that thoracotomy with exploration was indicated and arrangement were made and he was seen in consultation by Dr.

(CONTINUED)

[illegible]berg to do this procedure, however, the patient refused to [illegible] operation done on the day of its schedule. Accordingly he will [illegible]ransferred at his request to the Cleveland Clinic for probable exploration and further diagnostic workup as indicated. The liklihood of this [illegible] lymphoma appears to be quite high.

Condition on Discharge - Unchanged.

Discharge medications include HydroDIURIL 50 mg. bid for control of hypertension.

D: 3-21/4-1d-77

J. D. Wismar, M. D.

0007 0475 PQ

Casting Division
Ford Motor Company

Cleveland Casting Plant
5600 Engle Road
Brook Park, Ohio
Mailing Address
P.O. Box 9900
Cleveland, Ohio 44142

February 4, 1978

J. E. Slingluff, M.D.
2223 Fulton Road, N. W.
Canton, Ohio 44709

Re: Woodie Thompson
S.S. #416-30-0413
12518 Emory Avenue
Cleveland, Ohio 4135

Dear Doctor Slingluff:

Prior to his demise, our employe, Woodie Thompson, was seeking lost time and other benefits from us for a physical problem which he was experiencing. We understand he had been under your care for this problem.

In order to properly evaluate his claim, it would be very helpful if you would provide us with a report of your findings, including Mr. Thompson's history.

Enclosed is a waiver signed by Mr. Thompson authorizing release of this information. Please enclose your fee bill for the compiling of this information along with your report and it will have our prompt attention.

Very truly yours,

FORD MOTOR COMPANY

Robert M. Hisnay
Industrial Relations Department
Cleveland Casting & Engine Plants

RMH:pr
Enc.

MAR 7 1978

3037 0476

[illegible]	WOODIE THOMPSON		11/08/77	11/08/77
	NAME		DATE RECEIVED	DATE RETURNED
TEST	RESULTS		NORMAL RANGE OR COMMENT	
[illegible] SERUM	96	L MEQ/L	98- 108 ME	
[illegible]	TO FOLLOW			
[illegible]	136	MEQ/L	135- 145 ME	
POTASSIUM	3.7	MEQ/L	3.5- 5.0 ME	
ELECTROLYTE RAT.	60			
HEMOPHILE SEE ATTACHMENT				
SGPT	13	IU	00- 25 IU	
TRIGLYCERIDE	119	MG/DL	10- 190 MG	
DIFFERENTIAL SEE ATTACHMENT				
CO 2	28	MMOL/L	21- 31 MM	
SGGT	167	IU/L		
SGGT	NORM.M 17-55 F 13-45			
IND BILIRUBIN	.80	H MG/DL	0.00-0.60 MG	
DIRECT BILIRUBIN	.20	MG/DL	0.00-0.40 MG	
UR CHARACTER	CLDY			
UR COLOR	ORNGE		-YEL	

AMS OHIO

AUTOMATED MEDICAL SERVICES OF OHIO, INC.
Box 615 Mansfield, Ohio 44901

J E SLINGLUFF,DO
2223 FULYON AVE.N.W
CANTON OH
44720

ACCT NO 5204127
PAGE NO

R J THABET, M.D., F.C.A.P. F.A.S.C.P.
MEDICAL DIRECTOR

548984	WOODIE THOMPSON		11/08/77	11/08/77
ACC NO	NAME		DATE RECEIVED	DATE RETURNED
TEST	RESULTS		NORMAL RANGE OR COMMENT	
UR SP. GRAV.	1.010		.015-.030	
UR PH	5.0		- 6.0	
UR ALBUMIN	NEG		-NEG	
UR SUGAR	NEG		-NEG	
UR ACETONE	NEG		-NEG	
UR BILE	NEG		-NEG	
R OCCULT BLD	NEG		-NEG	
UR WBC	NEG		0- 1	
UR RBC	NEG		0- 1	
UR EPITH	NEG		0- 1	
UR BACTERIA	1+		-NEG	
UR AMORPH	4+		-NEG	
UR CRYSTALS	NEG		-NEG	
UR CASTS	NEG		-NEG	
UR MUCOUS	NEG		-NEG	
UR MISC.	NEG			

AMS OHIO

AUTOMATED MEDICAL SERVICES OF OHIO, INC.
Box 615 Mansfield, Ohio 44901

J E SLINGLUFF,DO
2223 FULYON AVE.N.W
CANTON OH
44720

ACCT NO 5204127
PAGE NO

R J THABET M.D. F.C.A.P. F.A.S.C.P.
MEDICAL DIRECTOR

548984	WOODIE THOMPSON		11/08/77	11/08/77
ACC NO	NAME		DATE RECEIVED	DATE RETURNED
TEST	RESULTS		NORMAL RANGE OR COMMENT	
UR MISC.	NEG			
BUN/CREAT RAT.	TO FOLLOW			
CALCIUM SERUM	9.4	MG/DL	8.5-10.5 MG	
PHOSPHORUS	3.9	MG/DL	2.5- 4.5 MG	
GLUCOSE	129	H MG/DL	65- 110 MG	
BUN	13	MG/DL	10- 20 MG	
URIC ACID	7.3	MG/DL	2.5- 8.0 MG	
CHOLESTEROL	171	MG/DL	150- 300 MG	
TOT PROT	6.6	GM/DL	6.0- 8.0 GM	
ALBUMIN	3.13	L GM/DL	3.50-5.00 GM	
BILIRUBIN TOTAL	1.0	MG/DL	0.2- 1.0 MG	
ALK PHOS	213	H MU/ML	30- 115 MU	
LDH	284	H MU/ML	90- 200 MU	
SGOT	31	MU/ML	10- 50 MU	
GLOBULIN	3.5	H GM/DL	1.3- 3.2 GM	
AG RATIO	0.9-1			

AMS OHIO

AUTOMATED MEDICAL SERVICES OF OHIO, INC.
Box 615 Mansfield, Ohio 44901

J E SLINGLUFF,DO
2223 FULYON AVE.N.W
CANTON OH
44720

ACCT NO 5204127
PAGE NO

R J THABET M.D. F.C.A.P. F.A.S.C.P.
MEDICAL DIRECTOR

3007 0477

DOCTORS HOSPITAL
ROSSILLON, OHIO
X-RAY REPORT

Examination of NAME					
Thompson, Woodie			Chest, Abdomen		
X-RAY NO.	DATE	HOSPITAL NO	ROOM NO	O.P.D.	DR
77-13403	11/26/77	119865	160-2		Slingluff

Report

Chest: In two projections revealed the presence of an increased density noted within the left lower lung field. Infiltrate was noted throughout the left lung field. On the lateral projection, the suggestion of a left pleural effusion was noted. A left lateral decubitus projection is recommended for further evaluation. Discoid streaking was noted within the right mid lung field.

Adomen: In supine projection revealed the presence of homogenous density noted throughout the entire abdomen. This may represent evidence of peritoneal fluid. An absence of gas was noted within the left mid abdomen. This may represent the presence of a mass in this area and an IVP is recommended for further evaluation. Hypoplastic 12th ribs were noted bilaterally. Other variation not identified.

RPL/gp

MAR 7 1978

Signature of Roentgenologist

0007 0473

DOCTOR'S HOSPITAL OF STARK COUNTY, MASSILLON, OH...

CYTO PATHOLOGY REPORT

Chart No. 119865

Name Thompson, Woodie Room No. 160-02 SP Lab. No. 77-P-11330

Surgeon, Dr. Slingluff Age 49 Sex M Race N Date 11-26-77

Resident, Dr. Intern, Dr.

Pre-Operative Diagnosis (Clinical)

Operation

Post-Operative Diagnosis (Clinical)

Tissue Removed Paracentesis fluid

MICROSCOPIC:

We identify numerous histiocytes together with erythrocytes and small cell clusters with somewhat indistinct nuclei. Others of these cells appear having a vacuolated-type cytoplasm and the nuclei appear displaced to the peripheral margin. Some of the cells also appear to have prominen nucleoli. Inflammatory cells are also seen, being part of the background.

The large clusters of cells described appear most consistent with adeno-carcinoma, mucus-producing type cell.

IMPRESSION:

PARACENTESIS FLUID, POSITIVE CYTOLOGY. (2Y60-8143)

M. R. Durishin, D. O.
Pathologist
11-29-77
lk

MAR 1978

5007 0479

DOCTOR'S HOSPITAL
MASSILLON, OHIO
X-RAY REPORT

Examination of NAME					
Thompson, Keddie			Chest, ABdomen		
X-RAY NO	DATE	HOSPITAL NO.	ROOM NO	O.P.D.	DR.
77-13403	12/12/77	120260	142-1		Slingluff

Report

Chest: in AP projection utilizing the portable apparatus:

Comparison made to previous examination on 11/30/77. The left lung was unchanged as compared to previous examination. Pleural effusion with left lower lobe infiltrate was again noted. Right lung field revealed marked increase in infiltrative changes throughout the portion of the lung as compared to previous examination. Consolidated infiltrate was noted within the right base extending up toward the apex. this was most likely secondary to pneumonitis or pulmonary infarction. The cardiomediastinal silhouette was unchanged.

Abdomen: in supine projection revealed a generalized haziness noted throughout the abdomen. Psoas margins were not noted. The liver border or splenic border could not be visualized. We could not visualize the renal contours. These findings suggest peritoneal fluid. No evidence of gaseous distention was noted. Other variation not identified.

RFL/gp

MAR 7 1978

Signature of Roentgenologist

NUCLEAR MEDICINE

NAME			
[illegible], Pandie		Lung scan; Liver/spleen scan	
77-1132	12/14/77	129269	142-1	Slingluff

Lung scan:

Right lung:

1. Diminished perfusion seen in right upper lung field and in right base. There is infiltration and effusion in these areas on the chest x-ray and differential diagnosis would exist between tumor versus infarction versus pneumonitis.

Left lung:

1. Increased perfusion is seen throughout lower portion of left lung field. There is effusion and infiltration present on chest x-ray and these findings again present differential diagnosis exists between pneumonia versus infarction. Clinical correlation is suggested.

Liver/Spleen Scan:

1. Some areas of increased uptake are seen in left lobe of liver. This is sometimes seen with obstruction of the superior vena cava. A study of the superior vena cava utilizing Technetium is recommended for further evaluation. Liver is otherwise unremarkable.

2. Spleen appears to be within normal limits.

RJr/gp

NIH (1978 .

PHYSICIAN'S COPY

0007 0431

WORKING DIAGNOSIS: 1. Carcinoma of liver and lungs.

FINAL DIAGNOSIS: 1. Carcinomatosis with hepatic lesions, primary site lung.

The patient was admitted because of abdominal distention with shortness of breath. Ascites was believed to be the primary difficulty. He was seen on consult by Dr. Thomas Halter who recommended a paracentesis.

His 2 hour postprandial blood sugar was 110. BUN was 19. Electrolytes showed sodium at 144, potassium at 4.4, chlorides at 104, CO2 at 26. VDRL was nonreactive. The urine was slightly hazy, pH of 5, specific gravity 1.030. Protein 1+. White blood cells occasional. Casts showed 20 hyaline casts with eosinophils occasional and 1+ uric acid. The calcium was 8.9, phosphorus was 4.7. Total protein was 8.0. The albumin was 2.9. Globulin was 5.1, A to G ratio was 0.6. Cholesterol was 166. Uric acid was 8.3. Total bilirubin 0.2, SGOT was 18. LDH was 144. Alkaline phosphatase was 99. CBC showed 5.5 thousand white cells, 4.2 million red cells, 10.0 grams of hemoglobin, 31% hematocrit. 74 MCV, 23.3 MCH wich is very low, 31.4 MCHC with 73 segs, 2 bands, 21 lymphocytes, 4 monocytes. 1 nucleated red blood cell per 100 white cell Adequate platelets. 1+ hypochromia. 2+ anisocytosis, 2+ poikilocytosis, 2+ microcytosis, wit slight stippling. Repeat studies were essentially unchanged. Paracentesis was accomplished. The patient had had a previous paracentesis which was positive for malignant cells on his previous admission to this hospital. Chest x-rays were taken and were essentially unchanged as far as the left lung was concerned and question of pleural effusion of the lower left lung was noted with an infiltrate and ascites was suspected. A lung scan was taken, showed diminished profusion of the right lung upper field and right base. Left lung showed decreased profusion throughout the lower portion of the left lung. The liver-spleen scan showed increased up taken in the left lobe of the liver. Question of obstruction of the superior vena cava.

The patient's course was one of continued difficulty with this ascites and complications of his malignancy. He was transferred to Cleveland Clinic for further work up and continued evaluation.

J.E. Slingluff, D.O.

d: 1-7-78
t: 1-11-78
JES/gl

MAR 7 1978

NOTES MUST BE SIGNED BY PHYSICIAN

0007 0492 PQ

Date of Admission: 11-25-77
Date of Discharge: 12-6-77

This patient was admitted with obvious ascites. History of carcinoma of the lung. Gave hist of having had a thoracotomy at Cleveland Clinic. Was seen on consult by Dr. Halter who felt that a paracentesis was indicated, as the ascites was probably secondary to metastasis to liver.

The Urine was yellow and clear with pH of 5. Specific gravity 1.018. Protein negative, sugar negative, acetone negative, blood negative, bilirubin negative, urobilinogen negative. The urine was loaded with uric acid.The serum sodium was 142, potassium 3.7, chloride 99. CO2 was 28. The glucose was 83. The BUN was 18, calcium was 8.7, phosphorus 3.3, total protein 6.1. Albumin low at 2.3, globulin high at 3.8, A to G ratio was 0.6, also abnormal. Cholest 171, uric acid was 8.3, which is elevated. Total bilirubin was 0.4. SGOT was 12, LDH was 13 alkaline phosphatase was 80. Triglycerides were 153. CBC showed 8,100 white cells per high powered field, 4.16 million red cells per high powered field. 9.9 grams of hemoglobin. 30.2 hematocrit, 72 MCV, 23.9 MCH, 32.8 MCHC with 73 neutrophils, 21 lymphocytes, 2 monocytes and 4 eosinophils showing hypochromia poikilocytosis, microcytosis and anisocytosis. A protein electrophoretic study was abnormal showing total protein low at 5.7, albumins low at 2.49, globulins showed slight elevation of the alpha 1 at 0.45, normal alpha 2 at 0.82, normal bet at 1.05, normal gamma at 0.99. A to G ratio abnormal at 0.7. T3 was 30.4, T4 was 7.7, T7 was 7.8. Repeat study showed continuous low albumin. He was supplemented with IV albumin which improved until the time of discharge. Chest x-ray showed increase density noted within the left lower lung field. Infiltrate was noted throughout the left lung field and discoid streaking was noted in the right lung. The abdomen was suggestive of ascites. Repeat chest x-rays showed the cardiomegaly to be evident. Some tortuosity of the thoracic aorta. Suggest of effusion was noted. Lung scans were taken showing almost no uptake in the left lung field Decrease uptake in the right lung field suggestive of pleural effusion. EKG showed an abnorm EKG with generalized nonspecific ST-T wave changes consistent with ischemia and/or electrolyte imbalance. Paracentesis was accomplished twice by Dr. Halter and the paracentesis fluid showed a positive cytology consistent with adenocarcinoma of the mucous producing type.

The patient's course was some improvement with relief of some of the symptoms following remo of fluid. He was discharged to be followed as an out patient.

J.E. Slingluff, D.O.

d: 12-23-77
t: 12-28-77
JES/gl

MAR 7 1978

8007 0483

NOTES MUST BE SIGNED BY PHYSICIAN

Inter Office

Personnel and
Organization Staff

Mr. Paul E. Toth

April 28, 1978

Subject: Asbestos Exposure-Cleveland Casting Plant

An investigation of Mr. Woody Thompson's death was conducted at the Cleveland Casting Center on April 25, 1978. Short meetings were held with D. Simmons, D.O., Messrs. G. Short, Security Supervisor, R. Hisnay, Supervisor Worker's Compensation, R. Finnessy, Worker's Compensation Administrator/also former floor supervisor in Mr. Thompson's department, and R. McDaniel, Floor Supervisor, Department 4789.

In general, the operation of concern was a two-shift operation consisting of repair welding on cast parts. This operation was initiated in 1951 and was terminated in November of 1976. (The job was free effort and no production standards existed for it.) Approximately 35 to 45 people were employed on this job at a time. A total number of employes holding this classification was not obtained. An attempt was made to determine if all employes formerly employed in this operation could be identified. This question could not be fully answered but it appears that identification will be somewhat difficult requiring review of individual records.

An attempt was made to define conditions of the operation (furnace welding) which would influence employe asbestos exposure. A plant layout of the cleaning room is attached with the position of employes doing repair welding shown in red.

Mr. Thompson's job was repair welding on heads or blocks. These parts were preheated in a furnace to facilitate welding (maintain welding temperature and stress relief of parts). To provide radiant heat shielding while performing the operation sections of asbestos millboard was used. The sections of boards would vary in size and shape due to the type of repairs being made. The asbestos board would have been shaped by the employe to expose minimal surface area of the part.

Information concerning medical responsibilities in this case was received from Dr. Simmons. A review of the record indicated that on May 6, 1977, Cleveland Casting Plant medical department was informed of the diagnosis of Mr. Thompson's mesothelioma.

Mr. Thompson's medical jacket contains five chest x-rays, the most recent being 1974. It was normal procedure to give yearly x-rays to employes in this area. It would seem that procedural problems (difficulty with scheduling, noncompliance by production personnel with medical requests) precluded getting x-rays for every year of Mr. Thompson's exposure.

I was informed that medical records of other employes in the area should contain the same type of data.

Dr. Simmons also checked the OSHA log during our interview and found that Mr. Thompson's death was not reported or recorded. This case was not considered recordable.

Discussions with Mr. Hisnay revealed that no other cases are pending on asbestos related disease from this or any other area of the plant. However, it was reported that two other deaths of former department 4789 employes have occurred. These do not appear to be asbestos related. Death certificates are enclosed.

Discussions with Mr. W. Kosicky, Material Control Clerk, revealed that the material used was asbestos millboard, 42" x 48" x ¼", supplied by Allan Packing Company. The current manufacturer is Philip Carey.

Allan Packing Company has been the supplier for the years of production use except for an approximate three-week interruption of supply.

Mr. Kosicky's estimate of usage was 50 sheets per month during the production welding operation.

Keith Lee

lb
Attachments

2037 0485

Attachment

The shaping of the board was done by simply scoring the asbestos millboard with a sharp object and breaking it. It was stated by both Messrs. McDaniel and Finnessy that no grinding, sawing, or power cutting of any type was performed on the boards.

Mr. Finnessy and Mr. McDaniel both stated:

a. The area was clean relative to other areas in the plant

b. Employes did not wear respirators. However, welding faceshields or goggles were worn by the welders

c. Housekeeping in the area was above average

d. No training in the hazards of asbestos was conducted for the employes

e. Employes were supplied with Company issued coveralls and those may have been taken home

f. Little abuse of the asbestos boards occurred, except to write names of messages on them with the acetylene gas (this left a black residue on the boards)

g. The boards were not used as bumpers or parts stops

h. Some employes, as personal preference, ate or smoked at their job location

i. Each employe did his own shaping of the asbestos boards. In some instances, the set-up man might prepare a few boards for the welders but generally each man made his own

j. No air blowoffs were remembered

k. The area was well supplied with air-supply ventilation to provide air for cooling. There was no exhaust ventilation

l. Neither man could remember any habit unique to Mr. Woody Thompson which would have increased his exposure greater than other employes in the area

m. The asbestos was disposed of with any regular rubbish generated in the department, no special provisions were made for it

n. Furnaces used in the area were not lined or insulated with asbestos

o. Material was delivered to the area in 42" x 48" x $\frac{1}{4}$" sheets

2007 0486