



Shell Oil Company
Interoffice Memorandum

FEBRUARY 10, 1993

MOST CONFIDENTIAL

FROM: L. C. WADDELL, JR., M.D., MEDICAL DIRECTOR
CLINICAL MEDICINE, CORPORATE MEDICAL DEPARTMENT

TO: A. THOMANN, M.D., MEDICAL DIRECTOR
DEER PARK MANUFACTURING COMPLEX

SUBJECT: PULMONARY REGISTRY REVIEW
EMPLOYEE NUMBER

This case is reviewed because of a chest X-ray report that suggested possible pleural thickening on the left mid-lung field consistent with a possible pleural plaque.

was employed at the Shell Deer Park Manufacturing Complex from 1952 to 1987.

The only chest X-ray in the folder is PA and lateral view taken March 13, 1985. The radiologist Dr. M. S. Soosaipillai stated "there is an ill-defined area of density overlying the left mid-lung field in the perihilar region. This could be due to some pleural thickening. Suggest old films in order to compare this area."

The PA film of that date shows an area of increased opacity with poorly defined borders the general size of which is approximately 4 cm. in width and 3.5 cm. in its superior inferior axis. This has the general appearance of a pleural or extra pleural shadow rather than a parenchymal density.

This radiographic finding is consistent with the type of pleural thickening that can occur with asbestos exposure. There are obviously other possible causes as well. The Pulmonary Registry form indicates in its answer to question 5 that the employee has worked in a facility that used asbestos, so it is at least possible that a pleural plaque could be related to his job exposure. Judging from the time frame in which he worked at Deer Park, it is certainly possible as well on that basis.

The Pulmonary Registry form indicates that left
Shell Oil service in 1987.

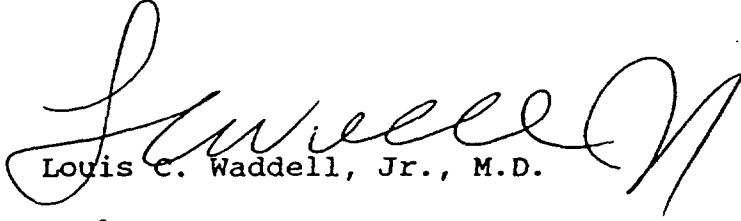
ABS-055376-

LAM 031983

If OSHA regulations require recording on the 200 Log occupational conditions 6 years in the past, then this should be recorded. However, I am not the person with whom to consult concerning the exact time cutoff requirements for OSHA 200 Log recording. That would be best handled by the OSHA Log keeper at your location.

However, this shadow is consistent with an asbestos related pleural plaque and should be recorded on the OSHA 200 Log unless it is the case that the time elapsed is sufficiently long so that requirement no longer applies.

Thank you for sending this case for review.



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

Enclosures

ABS-055377 --

LAM 031984



S-13280 (4/89)
000051

revised & reviewed 2/12/91
MPH to A. Thompson

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE

EMPLOYEE NUMBER

LOCATION

DONE

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:

a) Possible pleural abnormality ☒

b) Possible fibrosis

2. PULMONARY FUNCTION TEST ABNORMALITY:

a) FVC less than 75% of predicted

b) Other FEV1 75%
FVC

3. Other reason for review

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 list

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 findings, tuberculin & chemistry are all consistent w/ diagnosis of "unilateral pleural plaque"

• Recommendation:

Record diagnosis on OSHA log
2) caused exposure (if he has not been already)

REVIEWED BY

IF PLEURAL CHANGE

DATE

IF POSSIBLE FIBROSIS

DATE

Patient counseled:

By Dr. Shipper on
Verified by Thompson 15 Feb 91 6 Dec 90

Patient counseled:

OSHA Form 200:

for

13 Feb 90

OSHA Form 200:

Worker's Compensation:

Worker's Compensation:

EMPLOYEE REFERRED TO DR.

DR'S NAME

(Please send copy of consultation when available)

Never evaluated by pulmonologist. (Still true as of 8 Feb 91. Thompson)

COMMENTS:

Do not on retirement follow-up.

ABS-055378

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM

☐ OTHER

LAM 031985



S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING 12-12-90
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 DAY YR 12 6 90	1B. FILM QUALITY ☒ 2 ☐ 3 ☐ U/R If Not Grade 1 Give Reason _____	1C. IS FILM COMPLETELY NEGATIVE? YES ☐ Proceed to Section 5 NO ☒ Proceed to Section 2
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?	YES ☐ COMPLETE 2B and 2C NO ☒ PROCEED TO SECTION 3
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2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY <table border="1"><tr><td>P</td><td>S</td></tr><tr><td>Q</td><td>I</td></tr><tr><td>r</td><td>U</td></tr></table> SECONDARY <table border="1"><tr><td>P</td><td>S</td></tr><tr><td>Q</td><td>I</td></tr><tr><td>r</td><td>U</td></tr></table> b. ZONES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> R L	P	S	Q	I	r	U	P	S	Q	I	r	U							c. PROFUSION <table border="1"><tr><td>0/-</td><td>0/0</td><td>0/1</td></tr><tr><td>1/0</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>2/2</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3/4</td></tr></table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/4	2C. LARGE OPACITIES SIZE <table border="1"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr></table> PROCEED TO SECTION 3	O	A	B	C
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?	YES ☒ COMPLETE 3B, 3C and 3D NO ☐ PROCEED TO SECTION 4
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3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <table border="1"><tr><td>O</td><td>R</td><td>X</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1"><tr><td>X</td><td>R</td><td>L</td></tr></table>	O	R	X	X	R	L	3C. PLEURAL THICKENING Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT <table border="1"><tr><td>X</td><td>R</td></tr><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>X</td><td>L</td></tr><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	X	R	O	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	X	L	O	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	b. DIFFUSE SITE IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT <table border="1"><tr><td>X</td><td>R</td></tr><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>X</td><td>L</td></tr><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	X	R	O	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	X	L	O	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3
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3D. PLEURAL CALCIFICATION a. DIAPHRAGM b. WALL c. OTHER SITES SITE <table border="1"><tr><td>X</td><td>R</td></tr></table> EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	X	R	0	1	2	3	0	1	2	3	0	1	2	3	a. DIAPHRAGM b. WALL c. OTHER SITES SITE <table border="1"><tr><td>X</td><td>L</td></tr></table> EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	X	L	0	1	2	3	0	1	2	3	0	1	2	3	PROCEED TO SECTION 4
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4A. ANY OTHER ABNORMALITIES?	YES ☐ COMPLETE 4B and 4C NO ☒ PROCEED TO SECTION 5
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4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"><tr><td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>pl</td><td>px</td><td>rp</td><td>td</td></tr></table> Report items which may be of present clinical significance in this section ☐ (SPECIFY od) _____ Date Personal Physician notified? MONTH DAY YR	O	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	pl	px	rp	td
O	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	pl	px	rp	td	

1. CLINICAL INTERPRETATION There are arteriosclerotic changes of the aorta. There is a small calcified granuloma at the right lung base. There is a focal convexity of the left diaphragm which is if anything a little less pronounced than on previous films of 2-3-87.	2. B-READING COMMENTS ABS-055379
• PLEASE TYPE OR PRINT NAME OF PHYSICIAN DR. A. J. THOMANN, M.D. SHELL OIL COMPANY, P.O. BOX 100 ADDRESS DEER PARK, TEXAS 77536 CITY/STATE/ZIP CODE	• PHYSICIAN'S SIGNATURE SIGNED 12-12-90 DATE SIGNED

LAM 031986