

FILE NAME: Norfolk & Southern - WC Case - Ancel Wheeler (NS)

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Dr. W.R. Whitman, Chief Surgeon
Norfolk and Western Railway Company
Roanoke, Virginia

Dear Dr. Whitman:

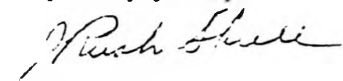
I have reviewed the series of films of the chest made on MR. ANCEL WHEELER, by Drs. Mahrer, Krause and Lubert of Cleveland, Ohio on April 16, 1951. This series included a pair of stereoscopic films, one P-A and one lateral film of the chest.

The stereoscopic pair of films showed moderate cardiac hypertrophy with accentuation of the pulmonary vascular structures radiating outward from the root of the lung on each side and extending as far as the mid third lung zone areas. The lung fields showed no evidence of interstitial infiltration. There is slight thickening of the interlobar fissure on the right, and old, minimal pleural reaction at the right costophrenic sulcus. The single P-A film of the chest is clearly diagnostic and also shows no evidence of the characteristic infiltration found in asbestosis. The cardio-thoracic ratio is at the upper limits of normal. All of the films show a very large prepericardial fat pad. The diaphragms are on a normal level.

A review of the films made at the Good Samaritan Hospital in Cincinnati on September 28, 1951, bearing the x-ray number B4378, showed a symmetrical thorax and the diaphragms are on a normal level. There is slight obliteration of the right costophrenic angle which could be on the basis of an old, healed, minimal pleural reaction. The interlobar fissure between the middle and lower lobe is slightly thickened. The heart measurements are at the upper limits of normal. Very large prepericardial fat pads are demonstrated at each cardiophrenic angle. The lung fields are essentially negative throughout except for slight accentuation of all the pulmonary vascular structures. The outer third lung zone areas on each side are entirely negative.

IMPRESSION: From my review of the films made April 16, 1951 and September 28, 1951, (1) Old, healed, minimal pleurisy right base with accentuation of the pulmonary vascular structures, which could be on the basis of an old infection - etiology undetermined. (2) Moderate cardiac hypertrophy with no evidence of decompensation. (3) Accentuation of all pulmonary vascular structures consistent with long standing cardiovascular disease. (4) No x-ray evidence of asbestosis was demonstrated in any of the films.

Very truly yours,



J. Rush Shull, M. D.