

Investigator - asbestos survey

8/7/69 Dr. Gelsinger

Subject No. 1. Chest, roentgenograms dated 10-26-56 and 3-16-67 available for comparison. Minor areas of predominantly fibrotic and fibronodular infiltration are seen in each pulmonary apex. These infiltrations were present in 1956 although during the 11 year interval between 1956 and 1967 there was some increase in the fibrotic infiltrations in the right upper lung. The appearance would be compatible with a stabilized pulmonary tuberculosis. No other significant pulmonary abnormalities.

E.H. Resnick #2012

Subject No. 2. Chest, 11-21-68, 10-7-63, and 5-14-68. Infiltrations were present in the right lung apex in 1958 giving the appearance of an inflammatory process, probably tuberculosis infiltration. These infiltrations had cleared by the examination in 1963. Minor fibrotic and fibrocalcific infiltrations are seen in the left apex.

D. Stevenson #5174

A fine fibrotic and fibronodular prominence of the linear markings can be seen in the middle and lower thirds of each lung. Most pronounced in the lung bases along the superior margins of the hemidiaphragms. These were present in 1958 but increased in prominence by the examination in 1968. The appearance is that of an interstitial fibrosis and would be compatible with an asbestosis although this would not be considered diagnostic since this type of interstitial fibrosis could be the result of many other factors or diseases.

Subject No. 3. Chest, 10-8-63. No significant abnormalities.
B. Duplessie #5151

Subject No. 4. Several minor fibrotic strands are noted at the left lung base and one area of fibrosis is present in the right lower lung medially. There is a minimal blunting of the left costophrenic sulcus probably as the result of old pleural thickening. These minor areas of fibrosis are presumably the result of old inflammatory disease and would not be considered of any specific significance.

T. Carter #5155

Subject No. 5. Chest, 2-17-67. There are no significant abnormalities.
L. Agnew #5205

Subject No. 6. Chest, 9-12-67. No significant abnormalities.
C. Stevenson #2047

Subject No. 7. Chest, 11-7-67. No significant abnormalities.
L. Bourdier #1536

Subject No. 8. Chest, 2-9-68. No significant abnormalities.
S. Butler #1725

Subject No. 9. Chest, 2-9-68. No significant abnormalities.
L. Hubbs #2067

Subject No. 10. Chest, 2-14-68. No significant abnormalities.
S. Accardo #2065

Subject No. 11. Chest, 6-17-68. No significant abnormalities.
J. Aucoin #5152

E-00293

Subject No. 12. Chest, 9-24-68. No significant abnormalities.
F. Hill #4868

Subject No. 13. Chest, 4-1-68. No significant abnormalities.
Tellier #101

Subject No. 14. Chest, 12-13-67. No significant abnormalities.
Riche #3817

Subject No. 15. Chest, 10-2-67. No significant abnormalities.
Munn, Jr. #408

DW Lehley MD

8-7-69
Cumulative purpose -

ETH 000105

ETC 15632

E-00294