SM-32 (REV 5-78)

PLAINTIFF'S EXHIBIT

SH-2779

Shell Oil Company
Interoffice Memorandum

JULY 18, 1990

FROM: L. C. WADDELL, JR., M.D.

TO: DR. ROBERT HUGHES - DEER PARK MANUFACTURING COMPLEX

SUBJECT: PULMONARY REGISTRY REVIEW - EMPL

This case is reviewed because of possible pleural plaques.

There are several areas on chest x-ray that are suspicious of pleural plaques. The first area that was noted on the chest x-ray is an area of apparent soft tissue thickening in the right lower lung field. As early as 1984 there was some diagnostic effort expended concerning that shadow. This led to a pulmonary consultation from Dr. Brian Walker, a pulmonary disease consultant at that time at the Kelsey-Seybold Clinic in Houston. Dr. Walker indicated that the review of the chest x-ray showed some possible shadows in that area as early as 1981 but was clearly seen on the film in 1983. A CT scan of the chest showed a small, wide-based pleural mass of low density without calcium. Dr. Tucker said the etiology of this is "possibly a benign mesothelioma or perhaps (old traumatic area of) scar tissue."

Over the years, this shadow has persisted essentially unchanged. There are also several apparent pleural based shadows noted on the chest x-ray in the left chest. On the chest x-ray dated 2/1/88, between the 7th and 8th posterior ribs and between the 8th and 9th left posterior ribs there are two shadows which run essentially parallel to each other running tangentially across the chest wall. Superior and medial to the lower of the two shadows is a small shadow inferior to the rib margin. Most recently (chest x-ray dated 5/24/90), a small area of linear calcification approximately 4mm in length has been described which is consistent with an area of diaphragmatic pleural calcification of the type that can be seen from exposure to asbestos.

A detailed occupational exposure history is down in the chart which was done by Mr. R. E. Evans on 5/24/90, which indicated that during : employment at Shell he did have opportunity for at least bystander type occupational exposure to asbestos.

In summary, this is a retired Shell refinery employee who does have a past history of occupational exposure to asbestos and whose chest x-ray

shows bilateral changes which are consistent with the type pleural reactions that can occur from inhaled asbestos fibers.

Accordingly, this case should be considered as a pleural plaque case both for purposes of counselling, which he probably has already received, and for purposes of OSHA 200 Log recording.

We are returning along with this consultation report a copy of the pulmonary registry form with our portion completed. Please indicate in the appropriate portions the date of counselling and the date of entry for the OSHA 200 Log entry.

Thank you for sending us this information for our review. If you have questions, please give me a call.

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

LCW/pam

Enclosures

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ABS-055610

S-13280 (4/89)
006051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION
		DPMC Retired

• 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/FVC 66%

3. Other reason for review

4. Time of service Since 1953

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 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 is consistent with A Left Sided diaphragmatic Pleural Plaque

• Recommendation: OSHA Log 200 Entry "Pleural Plaque"

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	7/26/89	Patient counseled	
OSHA Form 200	July 89	OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

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

COMMENTS:

ABS-055611

CONTEMPLATED FOLLOW-UP ☑ PERIODIC EXAM ☐ OTHER

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

LAM 032218

S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME *(First, Middle, Last)* | EMPLOYEE NUMBER | DATE OF X-RAY READING: 11-1-90

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 10 | DAY 24 | YR 90

1B. FILM QUALITY — 1 | 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*

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ COMPLETE 2B and 2C NO ☐ 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 ☐ 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)

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

b DIFFUSE

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

3D PLEURAL CALCIFICATION

	SITE O R — EXTENT	SITE O L — EXTENT
a DIAPHRAGM	0 1 2 3	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 ☐ COMPLETE 4B and 4C NO ☐ PROCEED TO SECTION 5

4B OTHER SYMBOLS (OBLIGATORY)

0	ax	bu	ca	cn	co	cp	cv	cr	ef	em	es	fr	hi	ho	id	ih	kl	pi	px	rp	tb

Report items which may be of present clinical significance in this section ☐ (SPECIFY od.)

Date Personal Physician notified? MONTH | DAY | YR

1 CLINICAL INTERPRETATION | **2 B-READING COMMENTS**

I DO NOT SEE ANY EVIDENCE OF PNEUMOCONIOSIS NOR ANY OTHER SIGNIFICANT ABNORMALITY. LITTLE INTERVAL CHANGE IS NOTED SINCE 9-27-88.

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN: E. SHEPPER, M.D./A. J. THOMANN, M.D.

ADDRESS: SHELL OIL COMPANY, P. O. BOX 100

CITY/STATE/ZIP CODE: DEER PARK, TEXAS 77536

• PHYSICIAN'S SIGNATURE: E. Shepper, MD / A. Thomann, MD

SIGNED

DATE SIGNED: 11-1-90

ABS-055613

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT

LAM 032219