

TEXAS LUNG INSTITUTE

11200 WESTHEIMER
SUITE 414
HOUSTON, TEXAS 77042
(713) 975 6021

GARY K. FRIEDMAN, M.D.
OCCUPATIONAL MEDICINE CONSULTANT
DISEASE OF THE CHEST
PRESIDENT

July 31, 1989

Re: SS#
Independent Medical Evaluation

Dear

I have had the opportunity to see your client, in pulmonary consultation on July 31, 1989 at the Texas Lung Institute, Occupational and Environmental Medicine Clinic at UT Med School/Hermann Hospital for the purpose of assessment of possible occupational lung disease.

As you know, is a 62-year-old white male who retired this year. He was accompanied by his wife at the time of examination.

had been employed at the Shell Oil Refinery-Deerpark where he went to work in 1952 as a boilermaker. He also worked in the Bull Gang. In 1944, he worked as a tack welder at the Todd Shipyard and, in 1947, worked as a millwright until 1952. During the course of almost all of his occupations, he has had significant exposures to asbestos while either working with the material himself, removing the material or being exposed to other workers who were either applying or removing the material.

The patient describes his asbestos exposure as significant, frequently being able to see the dust.

The patient has done some welding, primarily iron, steel and stainless welding.

The patient has never sandblasted or been overcome by noxious fumes. He did become somewhat short of breath when working with resins and phenol.

The patient had a brief smoking history, starting at age 22 and stopping smoking at age 28. He only smoked one-half pack a day and is computed to have about a 3-pack-year history or less. He has never been diagnosed with asthma, emphysema, TB, lung cancer or other serious pulmonary disease. He was found to have a "spot" on his lung by Shell Oil but was not told the nature of the spot. Subsequently, he had periodic chest x-rays.

LAM 032153

ABS-055546

Mr.
Re:

SS#

Page 2
7/31/89

The patient denies significant respiratory symptoms at this time and his exercise tolerance is reasonably well preserved.

Except for a broken nose, he does not have any significant prior medical history and his review of systems is negative at this time.

PHYSICAL EXAMINATION: On physical examination, he was a very pleasant, well-nourished white male, in no distress. Height was 69 inches, weight 155 pounds, blood pressure was 146/98. Head, eyes, ears, nose and throat were essentially unremarkable, except for his prior broken nose. Neck was supple, JVP not elevated. The chest was clear to auscultation and percussion. The heart had a regular rhythm, no gallop, rub or murmur. The abdomen was soft, liver and spleen not enlarged. The extremities showed no clubbing, cyanosis or edema. Neurologic examination was grossly intact.

CHEST X-RAY: PA, lateral and oblique views of the chest were reviewed. There is significant linear calcification within both hemidiaphragms. Extensive en face plaques which are calcified are noted on the left. Pleural thickening along the left lateral chest wall is observed as well.

SPIROMETRY: The patient's spirometry is within normal limits. Forced vital capacity of 4.16 liters is 94% of predicted. There is no significant change following bronchodilators. FEV-1 is normal at 3.50 liters. The FEV-1/FVC ratio is normal at 84%.

OPINION: It is my opinion that your patient has benign asbestos-related pleural disease without significant impairment of lung function. At this time, there is no evidence of lung cancer, mesothelioma or other asbestos-related malignancy.

The patient has been fully advised as to the consequences of his prior asbestos exposure and is recommended to return in one year. He is to pay attention to his stools for possible blood due to increased risk of GI malignancy.

Thank you for allowing me to participate in his care.

Sincerely yours,



G. K. Friedman, M.D.

GF:ge
R: 8/02/89
T: 8/11/89

LAM 032154

ABS-055547



S-13280 (4/89)
006051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION <u>DPAC</u>
------------------	-----------------	----------------------

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality <u>✓</u> b) Possible fibrosis	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
2. PULMONARY FUNCTION TEST ABNORMALITY: (1988) a) FVC less than 75% of predicted <u>FVC = 83% / 0</u> <u>FEV₁ = 74% / 0</u> b) Other <u>FEV₁ / FEV</u> <u>70.</u>	8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION <u>See Work Hist</u>
3. Other reason for review	9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list
4. Time of service <u>1953</u>	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
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	

• RESULT OF REVIEW: Job Exposure History And Radiographic Appearance are consistent with Bilateral Pleural Plaques

• Recommendation: 1) record on OSHA 200 Log as "Bilateral Pleural Plaques"
2) counsel employee (if that has not been done)

REVIEWED BY J. Sullivan 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:	<u>Jan/88</u>	Patient counseled:	
OSHA Form 200:	<u>Jan/88</u>	OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

EMPLOYEE REFERRED TO DR. D. S. Fisher Jan 26/88.
(Please send copy of consultation when available)

COMMENTS:

ABS-055548

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM

☐ OTHER

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032155



S-12972 (11-86)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING																																																																								
COMPANY ☐ SHELL OIL COMPANY ☐ SHELL CHEM. COMPANY ☐ SHELL DEV. COMPANY ☐ OTHER (Specify) _____		TYPE OF EXAMINATION ☐ ASBESTOS ☐ SILICA ☒ OTHER (Specify) DIAGNOSIS																																																																									
1A. DATE OF X-RAY MONTH DAY YR 11 20 87	1B. FILM QUALITY If Not Grade 1 Give Reason: 1 2 3 U/R	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 <table border="1"><tr><td>p</td><td>s</td></tr><tr><td>q</td><td>t</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>t</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 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/+</td></tr></table>		p	s	q	t	r	u	p	s	q	t	r	u							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 <table border="1"><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr></table> PROCEED TO SECTION 3		0	A	B	C																																						
p	s																																																																										
q	t																																																																										
r	u																																																																										
p	s																																																																										
q	t																																																																										
r	u																																																																										
0/-	0/0	0/1																																																																									
1/0	1/1	1/2																																																																									
2/1	2/2	2/3																																																																									
3/2	3/3	3/+																																																																									
0	A	B	C																																																																								
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 <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table>		0	R	L	0	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>0</td><td>R</td><td></td><td></td></tr><tr><td>0</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></table> <table border="1"><tr><td>0</td><td>R</td><td></td><td></td></tr><tr><td>0</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></table> <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>		0	R			0	A	B	C	0	1	2	3	0	R			0	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>0</td><td>R</td><td></td><td></td></tr><tr><td>0</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></table> <table border="1"><tr><td>0</td><td>R</td><td></td><td></td></tr><tr><td>0</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></table> <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>		0	R			0	A	B	C	0	1	2	3	0	R			0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3
0	R	L																																																																									
0	R	L																																																																									
0	R																																																																										
0	A	B	C																																																																								
0	1	2	3																																																																								
0	R																																																																										
0	A	B	C																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
0	R																																																																										
0	A	B	C																																																																								
0	1	2	3																																																																								
0	R																																																																										
0	A	B	C																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
3D. PLEURAL CALCIFICATION SITE <table border="1"><tr><td>0</td><td>R</td><td></td><td></td></tr></table> EXTENT a. DIAPHRAGM <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> b. WALL <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> c. OTHER SITES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> SITE <table border="1"><tr><td>0</td><td>L</td><td></td><td></td></tr></table> EXTENT a. DIAPHRAGM <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> b. WALL <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> c. OTHER SITES <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> PROCEED TO SECTION 4				0	R			0	1	2	3	0	1	2	3	0	1	2	3	0	L			0	1	2	3	0	1	2	3	0	1	2	3																																								
0	R																																																																										
0	1	2	3																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
0	L																																																																										
0	1	2	3																																																																								
0	1	2	3																																																																								
0	1	2	3																																																																								
4A. ANY OTHER ABNORMALITIES? YES ☐ COMPLETE 4B and 4C NO ☒ PROCEED TO SECTION 5																																																																											
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"><tr><td>0</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>no</td><td>id</td><td>ih</td><td>kl</td><td>pi</td><td>px</td><td>rp</td><td>tb</td></tr></table> Report items which may be of present clinical significance in this section ☐ (SPECIFY od) _____ Date Personal Physician notified? MONTH DAY YR 1 1 1				0	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	no	id	ih	kl	pi	px	rp	tb																																																		
0	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	no	id	ih	kl	pi	px	rp	tb																																																						

1. CLINICAL INTERPRETATION PA chest, lateral and oblique views: 3-view chest dated 11/20/87 with a PA study dated 9/30/87. The examination demonstrates the presence of widening of the pleural stripe along each lateral thoracic wall without evidence of calcification or effusion. The finding is essentially stable since 1978. It is unlikely to be due to asbestosis but continued annual follow-up is recommended.		2. B-READING COMMENTS	
• PLEASE TYPE OR PRINT NAME OF PHYSICIAN Patrick M. Conoley, M.D. ADDRESS 6624 Fannin CITY STATE ZIP Houston, TX 77030		• PHYSICIAN'S SIGNATURE SIGNED 11/27/87 F. DESIGNED ABS-055549	

LAM 032156