



Shell Oil Company
Interoffice Memorandum

PLAINTIFF'S EXHIBIT

SH-2278

FEBRUARY 1, 1990

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

TO: DR. ROBERT HUGHES, MEDICAL DIRECTOR
DEER PARK MANUFACTURING COMPLEX

SUBJECT: PULMONARY REGISTRY REVIEW
EMPLOYEE NUMBER

This case is reviewed because of possible pleural plaques.

_____ began employment at Shell in 1952, and has worked as a pipe fitter, a general helper, a pumper gauger and craft foreman since that time. He retired in 1988.

I have had an opportunity to review the chest x-rays that are contained in his film folder. The chest x-rays show bilateral lateral wall opacities that are compatible with combination of profile pleural plaques and on-face pleural plaques as well. The contour at the apex of the left hemidiaphragm is irregular which is consistent with - but certainly not diagnostic of diaphragmatic pleural plaque formation. There is also a suggestion of pleural plaques on the oblique views.

The chest x-rays have been reviewed by two radiologists, both of whom are NIOSH certified B-Readers. They agree that there are non-calcified pleural plaques bilaterally. Neither film reader indicated that there were radiographic findings of parenchymal fibrosis.

His spirometry as reported on his asbestos surveillance physical examination sheet dated 9/1/87 shows a forced vital capacity and a FEV₁. Both were greater than 100% of predicted.

In summary, this is a person who is retired from _____ with a job history that is consistent with having had some occupational exposure to asbestos with chest x-ray changes that are compatible with bilateral pleural plaques.

I would suggest that he be entered on the OSHA 200 Log as bilateral pleural plaques. If he has not already been advised about the presence of plaques, he should be. Judging from the physical examination report of 9/1/87, it would appear that he has already been informed about the findings.

LAM 032098

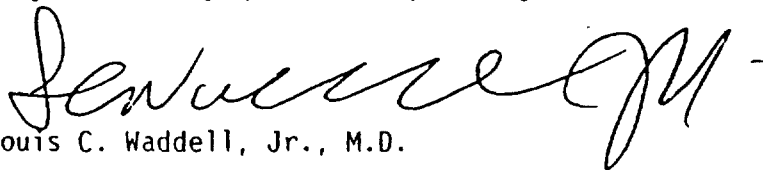
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ABS-055491

Along with this consultation report we are enclosing a copy of the Pulmonary Registry Form with out portion completed. After the OSHA 200 Log record entry is made, please indicate that in the appropriate box on the form and return a copy to us for our files.

Thank you for your continuing help with this program.

If you have any questions, please give me a call.



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

LCW:pl

Enclosure



S-13280 (4/89)
008061

PULMONARY REGISTRY

CONFIDENTIAL - MEDICAL

117192
LW

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION 17PMC
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• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality <u>possible Bil. NON CALCIFIED pleural</u> b) Possible fibrosis <u>PLAQUE</u>	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: a) FVC less than 75% of predicted b) Other	8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION
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	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 <u>Sub 10/5/81</u>
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: case previously reviewed OCT 1989 - VU PLAQUES ON ASBESTOS thought to be present - since that time

• Recommendation: New CXR are consistent with Bil. NON CALCIFIED PD - DRPC consider the case AS Bilateral pleural plaques

REVIEWED BY Dr. Causey & Dr. OSHA 200 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>by Thumann</u>	<u>3 Jan 91</u>	Patient counseled:	
OSHA Form 200:		OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

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

COMMENTS:

ABS-055493

CONTEMPLATED FOLLOW-UP ☐ PERIODIC EXAM ☐ OTHER ☐

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032100



S-12972 (11-8)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)		EMPLOYEE NUMBER	DATE OF X-RAY READING 11-29-89																																																																																																																				
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 11 29 89	1B. FILM QUALITY ☒ 2 ☐ 3 ☐ 4/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: <table border="1"><tr><td>p</td><td>x</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>x</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>x</td><td>x</td></tr></table> R L		p	x	q	i	r	u	p	s	q	x	r	u					x	x	2C. LARGE OPACITIES c. PROFUSION <table border="1"><tr><td>0/-</td><td>0/0</td><td>x</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> SIZE: ☒ A ☐ B ☐ C PROCEED TO SECTION 3		0/-	0/0	x	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+																																																																																						
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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: ☒ R ☐ L b. COSTOPHRENIC ANGLE SITE: ☒ R ☐ L		3C. PLEURAL THICKENING - Chest Wall a. CIRCUMSCRIBED (plaque) SITE: <table border="1"><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr></table> B C IN PROFILE: <table border="1"><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr></table> 2 3 " WIDTH: <table border="1"><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr><tr><td>0</td><td>x</td></tr></table> 2 3 " EXTENT: <table border="1"><tr><td>x</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr></table> FACE ON: <table border="1"><tr><td>x</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr></table> " EXTENT: <table border="1"><tr><td>x</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr><tr><td>0</td><td>x</td><td>2</td><td>3</td></tr></table> b. DIFFUSE SITE: <table border="1"><tr><td>x</td><td>R</td></tr><tr><td>0</td><td>A</td></tr><tr><td>0</td><td>B</td></tr><tr><td>0</td><td>C</td></tr></table> L IN PROFILE: <table border="1"><tr><td>0</td><td>A</td></tr><tr><td>0</td><td>B</td></tr><tr><td>0</td><td>C</td></tr></table> B C " WIDTH: <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> " 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> FACE ON: <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> " 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>		0	x	0	x	0	x	0	x	0	x	0	x	0	x	0	x	0	x	x	1	2	3	0	x	2	3	0	x	2	3	x	1	2	3	0	x	2	3	0	x	2	3	x	1	2	3	0	x	2	3	0	x	2	3	x	R	0	A	0	B	0	C	0	A	0	B	0	C	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
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4A. ANY OTHER ABNORMALITIES? YES ☒ COMPLETE 4B and 4C NO ☐ PROCEED TO SECTION 5																																																																																																																							
4B. OTHER SYMBOLS (OBLIGATORY) O a bu ca cn co cp cv di el em es fr hu ho id ih kl ☒ pk rd td Report items which may be of present clinical significance in this section: ☐ (SPECIFY od) _____ Date Personal Physician notified? MONTH DAY YR																																																																																																																							

1. CLINICAL INTERPRETATION The heart size is normal. There appears to be a little elevation of the left diaphragm and there is some thickening and depression of the minor fissure. There are minimal small opacities in the lower lung fields. I believe that there are some noncalcified pleural plaques bilaterally which are seen to better advantage with this technique as compared with last year examination.		2. B-READING COMMENTS	
• PLEASE TYPE OR PRINT NAME OF PHYSICIAN ADDRESS CITY/STATE/ZIP CODE		• PHYSICIAN'S SIGNATURE SIGNED DATE SIGNED	
DR. J. A. HUGHES, M.D. P.O. BOX 100 DEER PARK, TEXAS 77536		[Signature] 11-29-89 ABS-055494	

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT

LAM 032101