THOMAS LEE KURT MD, MPH
PROFESSIONAL ASSOCIATION

Board Certified, American Board of Preventive Medicine
Board Certified, American Board of Clinical Toxicology

PLAINTIFF'S EXHIBIT
JMC-150

August 18, 1980

Larry Cain, Esq.
Kennedy, Minshew, Campbell & Cain
Professional Building, Suite 207
Sherman, Texas 75090

Re: Larry Gene Badgett

Dear Mr. Cain:

I have enclosed the report that you requested after reviewing the history and Chest X-rays of Mr. Badgett. Since he has all the classical findings of pulmonary asbestosis on his chest X-ray; and, I interpretated them as a certified "A" reader of pneumoconioses chest X-rays by the National Institute of Occupational Safety and Health, you might not need to proceed any further. Traditionally, however, pulmonary function tests can be performed to assess functional capacity. Sputum cytology can also be performed to look for asbestos bodies and/or any evidence of pre-malignant cells in his phlegm.

Consequently, it is evident that:

(1) With moderate to severe pulmonary asbestosis, Mr. Badgett should not continue his work for Johns-Manville, and can be considered totally permanently disabled as a worker around insulation materials.

(2) That Mr. Badgett can be vocationally re-trained to another occupation; and, if this occurs he should be considered 50% (a greater percentage would depend upon pulmonary function testing) partially permanently disabled, if not working around insulation materials.

(3) That Mr. Badgett has increased risk of lung cancer and mesothelioma associated with his asbestosis exposure as future happening.

(4) Under no circumstances should Mr. Badgett ever consider resuming smoking, since he stopped smoking 15 years ago.

(5) An annual chest X-ray should be performed to look for any evidence of developing cancer and that sputum cytology should be considered for similar reasons.

(6) Even though he has been removed from exposure from asbestos in the future, it is likely that the scarring process and fibrosis that exists in his lungs related to asbestos will continue to slowly advance.

Sincerely,

Thomas L. Kurt, M.D.

PRODUCED
JM - 83

3645 Stratford Avenue, Dallas, Texas 75205 (214) 528-3585

THOMAS LEE KURT MD. MPH
PROFESSIONAL ASSOCIATION

Board Certified, American Board of Preventive Medicine
Board Certified, American Board of Clinical Toxicology

RADIOLOGICAL INTERPRETATION

Larry Gene Badgett, age 45, height 6 ft. 2 in., weight 200 lb.

By history the patient is a white male who is complaining of shortness of breath, wheezing, pleuritic pain and a sensation of fullness in his chest. His work exposure includes years of inhalation of asbestos fiber in his employment. His exact number of years of employment was not stated. There is a past history of pleural effusions requiring draining. He currently works for the Johns-Manville Corp., being employed by them for the last 15 years. He stopped smoking cigarettes 15 years ago.

Chest X-ray PA and lateral. Films from Medical Plaza Hospital, 1111 Gallagher Road, Sherman, TX 75090, film no. 80-3786, date taken 7-20-80.

The PA view is very slightly underpenetrated. The cardiac silhouette is not remarkable except for a mildly prominent main pulmonary artery noted in the PA and accompanying prominent right ventricular shadow on the lateral. The trachea spirals slightly to the right at the suprasternal notch. Both hemidiaphragms are blunted at the angles and the right hemidiaphragm is elevated suggesting possible right phrenic nerve involvement. There is pleural thickening bilaterally, markedly so on the left. Parenchymal lung infiltrates are seen bilaterally, especially on the right where conglomerate linear calcium streaks are noted in the fibrotic battice. Outlining of the right short fissure is noted either from fluid or chronic thickened scar. The hazy appearance of the right lung field suggests the superimposed presence of fluid as well; however, this could be the result of overlying chronic pleural scarring.

Conclusion: Moderate to severe chronic pleural and parenchymal involvement with fibrosis and calcification characteristic of pulmonary asbestosis.

Thomas L. Kurt, M.D., M.P.H., F.A.C.P.M.

PRODUCED
JM - 83

3645 Stratford Avenue, Dallas, Texas 75205 (214) 528-3585