

PLAINTIFF'S
EXHIBIT

WV-01193

PLAINTIFF'S
EXHIBIT

451410

OWENS-CORNING FIBERGLAS

E. SPENCER PAISLEY, M.D., F.C.C.P.
301 WHITE HORSE PIKE
HADDON HEIGHTS, N. J. 08035

NOV 12 1971

9 July, 1971

John P. McNally, M.D.
Owens-Corning Fiberglas
Berlin, New Jersey 08009

Re: Charles Siefert age 53
31 Woodman Ave.
Hampton, N.J. 08057.

Dear Doctor McNally:

In Re: Herewith reports of examinations on the above named patient at this office on 25 June, 1971 as per your request.

Occupational History: Employee by Owens-Corning for many years in former & power Dept.; feeder and carbon cutter, and selector and laminator areas.

Past Medical History: Usual childhood diseases. Double inguinal hernia repair 1959; Hemorrhoids operated twice in Army, and age in in 1961. Pneumonia and bronchitis 1969 and 1970. Has had frequent bouts of bronchitis during the winter months. Did smoke but stopped 30 years ago. Rarely sees physician for illness.

Chief Complaints: Only during winter months wheezing with his bronchitis. Present no respiratory complaints.

General Physical examination: Head and Neck: Edentulous. Wears glasses. No adenopathy. Cranial nerves intact. Thyroid normal.

Chest: Bilateral equal expansion No rales. Breaths sounds are normal.

Fluoroscopic examination of the chest reveals the heart to be slightly enlarged, normal pulsation. Both diaphragms move but are sluggish. Xrays of the chest reveals the heart to be too normal in size. The supracardiac strictures appear normal. The hilar areas are increased in density bilaterally. A calcified gland is present in the left hilum associated with a Ghon tubercle in the left lower lobe. The left upper lobe presents increased fibrolinear streaking and some nodularity in most of the upper lobe. Some degree of fibrosis in the lower lobe also. The right lung field is essentially normal except for the lower lobe areas which also shows fibrosis and nodularity, associated with irregularity of the right heart border. The lateral projection also reveals similar findings in the lower lobes.

Impression: Pneumoconiosis, moderate, asbestosis, occupational.

Cardiomegaly +1.

Primary pulmonary tuberculosis, inactive, LLL.

Pulmonary Function Study:

Predicted Vital Capacity- 3940cc; Performed VC- 3420=86%.

Timed Vital Capacity-Normal.

Maximum Breathing Capacity- 156.8 L/Min. Normal.

Flow rates A & B both normal.

Impression: Normal graph.

Cardiac examination essentially normal. B.P. 140/88.

Abdomen: Essentially normal. No visceromegaly.

GU System essentially normal male.

Bones and Joints: Essentially normal.

Skin: Clear. No edema.

P. P. D. Intermediate 1+.

02 209 0733

E. SPENCER PAISLEY, M.D., F.C.C.P.
501 WHITE HORSE PIKE
HADDON HEIGHTS, N. J. 08035

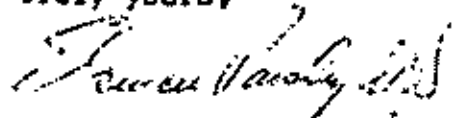
#2: Charles Siefert.

In view of the above findings it would be advisable to re-
locate his work type in another more favorable environment.

Impressions:

1. Pneumoconiosis, moderate, asbestosis, occupational.
 2. Cardiomegaly +1.
 3. Primary Pulmonary tuberculosis, Inactive, III.
- Thank you for the privilege of this evaluation.

Very truly yours,



E. Spencer Paisley, M.D.

Enclosures: Graph
Statement.

Dr. J. L. Konzen - Toledo

F. A. Clift, R. N. - Berlin

April 10, 1970

CHARLES SEIFERT

I am attaching copies of all Mr. Seifert's reports on chest x-rays. On last report (March 20, 1970), please note Dr. Goldenberg's statement that, "re-examination at a shorter interval may be helpful".

May I please have your recommendation?

Forrest A. Clift, R. N.
Forrest A. Clift, R. N.

4/12/70

Talked with FAC & indicated that when our plant physician was asked he should call me up. He had reviewed Mr. Seifert's records but before seeing the patient. Should be done within first two weeks on the job.

JK

02 209 0735



Intra-company correspondence

to Dr. J. L. Konzen - Toledo

from F. A. Clift, R. N. - Berlin

date April 10, 1970

subject CHARLES SEIFERT

cc:

I am attaching copies of all Mr. Seifert's reports on chest x-rays. On last report (March 20, 1970), please note Dr. Goldenberg's statement that, "re-examination at a shorter interval may be helpful".

May I please have your recommendation?

Forrest A. Clift, R. N.
w

02 209 0736

OWENS ANNUAL CHEST

NAME SEIFERT, CHARLES AGE 58 ADDRESS 31 Woodman Ave. Hammonton, NJ
LOCATION Pri. DATE March 20, 701-RAY # 204 RE. Schwartz

Chest:

Re-examination of the chest again reveals parenchymal scarring at both bases with calcified nodular densities at the left base and in the left hilar region. Small nodular densities are seen in the left upper lung field and there is calcification parallel to the chest wall near the left apex which probably represents calcified pleura. The nodular densities in the left upper lung field appear more prominent than the previous study of May, 1968 but some of the change may be due to difference in technique. However, a chest film from May, 1967 reveals less abnormal density in the same region so that some change may be occurring and re-examination at a shorter interval than one year may be helpful. No other changes are noted.

K. T. GOLZENBERG, M.D.

WEST JERSEY HOSPITAL

SOUTHERN DIVISION
BERLIN, N. J.

DEPARTMENT OF RADIOLOGY

02 209 0737

*Copy mailed to
Dr. Hoffmann - per request
of Hammonton - per request
Employee Charles Seifert and
permanently R. G. Green
RECEIVED
APR 11 1970
OWENS-CORNING FIBERGLAS
BERLIN, N. J.*

X-RAY OWENS ANNUAL CHEST

C. Schmitt
NAME STIEFFERT, CHARLES AGE 55 ADDRESS 31 Woodmen Ave, Harrison, NJ
LOCATION prl. DATE May 23, 68 RAY # 14 A DR Schwartz

CHEST: PA AND LEFT LATERAL UPRIGHT VIEWS REPEAT STUDY

DIAGNOSIS: Old Ghon complex as previously described in the left lung. The heart is moderately enlarged in a diffuse manner. Again, we see irregular densities over the right cardiac border and right hemidiaphragm suggesting some pleural thickening. This is compatible with our previous report. No evidence of acute parenchymal disease is noted at this time. The present study and our last examination will be compared and if any changes are noted, follow-up report will be forwarded.

R. Schmitt
R. SCHAUPT, M.D.

*Copy sent -
Dr. Schmitt
at 310 E. 10th St.
Harrison, N.J.
10/23/68
10/23/68*

RECEIVED

MAY 27 1968

WEST JERSEY HOSPITAL
EDGEWOOD DIVISION
BERLIN, N. J.
DEPARTMENT OF RADIOLOGY
OWENS-CORNING FIBERGLAS
BERLIN, N. J.
02 209 0738

X-RAY OWENS ANNUAL CHEST

NAME SIEBERT, CHARLES AGE 54 ADDRESS 31 Woodman Ave, Hammonden, NJ
LOCATION Pri DATE 5-27-67 X-RAY # 11A DR Schwartz

CHEST: A single PA film of the chest shows a Ghon complex in the left chest. There is a hazy increase in density overlying the right lower lung and probable pleural thickening along the right lateral chest wall. The heart is border line in size and probably slightly enlarged. Pulmonary vasculature also has a prominent appearance. On the basis of a single film it is difficult to be specific about these findings, but the chest does not appear to be normal in all respects.

J. P. Hughes
J. P. Hughes, M.D.

02 209 0739

WEST JERSEY HOSPITAL
EDGEWOOD DIVISION
BERLIN, N. J.
DEPARTMENT OF RADIOLOGY

Room W5630
University Hospital
Ann Arbor, Mich.

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Telephone: 764-2290

Date: April 9, 1968

Referred by: Owens-Corning Fiberglas

Name: SIEFERT, Charles

Address: Berlin, New Jersey

Social Security No.: ~~161-09-5299~~
161-09-5299

RADIOGRAPHIC INTERPRETATION

Total X-rays Received: 1

___ A. Normal

Dates of Films

☒ B. Abnormality of no clinical significance

5-17-67

___ 1. Rib anomaly

☒ 5. Calcification, nodes

___ 2. Lung anomaly

☒ 6. Calcification, lung

___ 3. Acquired bone lesion

___ 7. Senescent aorta

☒ 4. Pleural scarring

___ 8. Other

☒ C. Significant abnormality: See continuation sheet

Cardiac enlargement

Reported by: Paul A. Scholtens, M.D.

4

Room W5630
University Hospital
Ann Arbor, Mich.

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Telephone: 764-2290

Date: May 10, 1967

Referred by: Owens-Corning Fiberglas

Name: SIEFERT, Charles

Address: Berlin, New Jersey

Social Security No.: 161-09-5299

RADIOGRAPHIC INTERPRETATION

Total X-rays Received:

___ A. Normal

Dates of Films

1

☒ B. Abnormality of no clinical significance

5-4-66

___ 1. Rib anomaly

☒ 5. Calcification, nodes

___ 2. Lung anomaly

☒ 6. Calcification, lung

___ 3. Acquired bone lesion

___ 7. Senescent aorta

☒ 4. Pleural scarring

☒ 8. Other

Borderline Cardiomegaly

☒ C. Significant abnormality: See continuation sheet

Reported by: Theodore Ditchek, M.D.

02 209 0740

WEST JERSEY HOSPITAL
CAMDEN, NEW JERSEY

X-RAY REQUISITION AND REPORT

Date 10/14/69

Submitted for
(Please
Underline)

X-Ray Diagnosis
Treatment

Dressings { may
may not } be removed

Previously Rayed 10/14/69

Clinical Diagnosis

Remarks:

Attending Physician [Signature]

M. D.

FINDINGS

Charge

X-Ray No. 10/14/69

CHEST: The chest shows no evidence of pulmonary parenchymal disease. The cardiac silhouette is within the limits of normal proportional measurements. The mediastinum is not widened or shifted. The diaphragm is smooth, the costophrenic angles are clear and the bony thorax is normally defined.

Conclusion: Normal chest.

60.11

02 209 0741

IF MAILED COPY DESIRED, INSERT FULL NAME AND COMPLETE ADDRESS OF ATTENDING PHYSICIAN

SCI RT2, H. (P. W. W.)

USE ADDRESSOGRAPH STAMP, IF AVAILABLE

DEPARTMENT OF RADIOLOGY
EDGEWOOD GENERAL HOSPITAL
BERLIN NEW JERSEY

DIAGNOSTIC REQUEST

(For THERAPY — Use concentration sheet
For ISOTOPE — Use alpha isotope form)

X-ray Unit No.
A64-1456

NAME SLIVERT, CHARLES

AGE 52 HISTORY NO.

ADDRESS 31 WOODMAN AVE.

HAUKSTONCH, N.J.

Exposure here before?

No ☐ Yes, date:

Walt ☐
Wheat Club ☐
Carter ☐

Room No.

Clinic

Accident ☐
Work ☐

Industrial ☐
Chair ☐

Present illness: Pertinent history (include duration, temperature control) and physical findings.

Previous significant illness, operation, or treatment

Provisional Diagnosis

Type of Examination Requested

Attending	Resident or Intern	Date of Examination
M.D.	M.D.	11-18-64

Date of Examination 11-18-64

X: Normal chest.

Comment: There are calcifications in the left lung but no evidence of active infection. The heart is within normal limits of size, shape and position. The bony thoracic cage is normal. The trachea and mediastinal structures are midline.

Radiologist

02 209 0742

Room 1634
University Hospital
Ann Arbor, Mich.

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Telephone: Normandy 3-1531
Extension: 7201

Date: February 6, 1964

Referred by: Owens-Corning Fiberglas

Name: SIEFERT, Charles

P.O. Box 100
Address: Berlin, New Jersey

Social Security No.: 161-09-5299

RADIOGRAPHIC INTERPRETATION

Total X-rays Received: 1+15=16

___ A. Normal

Dates of Films

☒ B. Abnormality of no clinical significance

12-9-63
5-15-62
9-29-61 (5)
2-21-61
9-11-59
4-20-54
9-13-57
6-29-56
5-9-55
12-12-51
2-26-51
5-14-48

- | | |
|-----------------------------|--|
| ___ 1. Rib anomaly | ___ 5. Calcification, nodes |
| ___ 2. Lung anomaly | ☒ 6. Calcification, lung |
| ___ 3. Acquired bone lesion | ☒ 7. Senescent aorta |
| ___ 4. Pleural scarring | ___ 8. Other |

___ C. Significant abnormality: See continuation sheet

Reported by: *Walter M. Whitehouse, M.D.*
Walter M. Whitehouse, M.D.

Room 1634
University Hospital
Ann Arbor, Mich.

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Telephone: Normandy 3-1531
Extension: 7201

Date: June 1, 1965

Referred by: Owens-Corning Fiberglas Corp.

Name: SIEFERT, Charles

Address: Berlin, New Jersey

Social Security No.: 161-09-5299

RADIOGRAPHIC INTERPRETATION

Total X-rays Received: 1

___ A. Normal

Dates of Films

☒ B. Abnormality of no clinical significance

11-18-64

- | | |
|---|--|
| ___ 1. Rib anomaly | ___ 5. Calcification, nodes |
| ___ 2. Lung anomaly | ☒ 6. Calcification, lung |
| ___ 3. Acquired bone lesion | ☒ 7. Senescent aorta |
| ☒ 4. Pleural scarring | ___ 8. Other |

___ C. Significant abnormality: See continuation sheet

Reported by: *Walter M. Whitehouse, M.D.*
Walter M. Whitehouse, M.D.

02 209 0743

HAZEL 8-4548

DIPLOMATE AMERICAN BOARD
OF RADIOLOGY

RICHARD M. SPROCH, M.D.
350 KINGS HIGHWAY EAST
HAMMONTON, NEW JERSEY

12/10/63

Henry C. Schwartz, M.D.
Owens-Corning Fiberglas Corp.
Berlin N.J.

Re: Charles F. Siefert 31 Woodman Avenue Hammonton N.J.
Examined: 12/9/63

Dear Dr. Schwartz,

A follow up examination of the chest involving an upright PA view in comparison with the report of the study of 9/29/61 in the case of Charles F. Siefert reveals:

There is a slight to moderate degree of cardiac enlargement in the region of the left ventricle. An old calcified Cohn complex is seen in the left hilum and adjacent left lower lung field. The lung fields are otherwise clear showing no signs of pneumonitis, malignancy, pleural reaction, pleural fluid or other pulmonary, parenchymal or pleural pathology. The mediastinal structures are normal and in the midline. The domes of the diaphragm and bony thorax are normal.

Summary: A follow up examination of the chest again shows a suggestion of cardiac enlargement of a slight to moderate degree involving the left ventricle. No active pulmonary pathology is detected.

Thank you very much for referring this patient to me.

Sincerely yours,

Richard M. Sproch
Richard M. Sproch, M.D.

RMS/rnb

02 209 0744

HADDONFIELD 9-4542

DIPLOMATE AMERICAN BOARD
OF RADIOLOGY

RICHARD M. SPROCH, M. D.
220 KINGS HIGHWAY, EAST
HADDONFIELD, NEW JERSEY

June 1, 1962

Dr. Hery C. Schwartz
Owens-Corning Fiberglas Corp.
Berlin N.J.

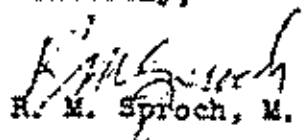
Re: Charles Seifert 31 Woodman Ave Hammonton N.J.
Examined 5/15/62

An X-ray examination of the chest involving an upright P.A.
view in the case of the above named person reveals:

The lung fields are clear. The bronchovascular markings are
within the normal range. The heart is normal in size, shape
and position. Both domes of the diaphragm are normal. There has
been no change since 2/21/61

Summary: Normal Chest. No change since 2/21/61

Sincerely,


R. M. Sproch, M. D.

RMS/jfb

02 209 0745

HAZEL 9-4848

DIPLOMATE AMERICAN BOARD
OF RADIOLOGY

RICHARD M. SPROCH, M.D.
350 KINGS HIGHWAY EAST
HADDONFIELD, NEW JERSEY

8/11/81

LARRY J. SCHWARTZ, M.D.
CHIEF - RADIOLOGY
HADDONFIELD, N.J.

Re: Mr. Richard M. Sproch 350 Kings Highway East
Haddonfield, N.J.

Dear Mr. Schwartz,

On 8/11/81, I performed a chest X-ray of the chest, showing the ribs involving
the right 10th rib, the right 11th rib, the right 12th rib and the left 10th rib.
The right 10th rib is fractured in the middle of the rib. The left 10th rib reveals:

There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:

There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:

There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:
There is a fracture of the right 10th rib in the middle of the rib. The left 10th rib reveals:

Sincerely yours,

Richard M. Sproch
Richard M. Sproch, M.D.

cc: HAZEL

02 209 0746

HAZEL B-1522

DIPLOMATE AMERICAN BOARD
OF RADIOLOGY

RICHARD M. SPROCH, M.D.
350 KINGS HIGHWAY, EAST
MADISONFIELD, NEW JERSEY

March 3, 1961

Dr. Henry G. Schwartz
Owens-Iorning Fiberglas Corp.
Berlin, N.J.

Re: Charles F. Siefert 31 Woodman Ave., Madisonfield, N.J.
Examined 2-21-61

An X-ray examination of the chest involving an upright PA view
in the case of the above named person reveals:

There is a slight to moderate degree of left ventricular en-
largement of the heart. There is an old calcified Ghon complex
within the left hilum and adjacent lung field. The remainder of
the lung fields are clear and without evidence of active
pulmonary tuberculosis, pneumonitis, malignancy or other apparent
pulmonary, parenchymal, pleural or mediastinal pathology. There
has been no change in the appearance of the chest since 9-11-50.

Summary: Chest - No evidence of active pulmonary tuberculosis
or other pathology. There is slight to moderate
degree of left ventricular enlargement of the heart.
No change since 9-11-50.

Sincerely,

R. M. Sproch
R. M. Sproch, M.D.

rms/emc

02 209 0747

Room 1634
University Hospital
Ann Arbor, Mich.

Telephone: NOrmandy 3-1531
Extension: 7201

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Date: October 12, 1959

Referred by: Owens-Corning

Name: SIEFERT, Charles F.

Address: Berlin, N. J.

Total Xrays
Received: 1

RADIOGRAPHIC INTERPRETATION

☐ A. Normal

☒ B. Abnormality of no clinical significance

☐ 1. Rib anomaly

☐ 2. Lung anomaly

☐ 3. Acquired bone lesion

☐ 4. Pleural scarring

☒ 5. Calcification, nodes

☒ 6. Calcification, lung

☐ 7. Senescent aorta

☐ 8. Other

Dates of Films

9-11-59

☐ C. Significant abnormality: See continuation sheet

Reported by: *Walter M. Whitehouse* M.D.

Room 1634
University Hospital
Ann Arbor, Mich.

Telephone: NOrmandy 3-1531
Extension: 7201

INSTITUTE OF INDUSTRIAL HEALTH
UNIVERSITY OF MICHIGAN

Date: 6-19-62

Referred by: Owens-Corning
P.O. Box 25

Name: SIEFERT, Charles F.

Address: Berlin, New Jersey

Total Xrays
Received: 1

RADIOGRAPHIC INTERPRETATION

☐ A. Normal

☒ B. Abnormality of no clinical significance

☐ 1. Rib anomaly

☐ 2. Lung anomaly

☐ 3. Acquired bone lesion

☐ 4. Pleural scarring

☐ 5. Calcification, nodes

☒ 6. Calcification, lung

☒ 7. Senescent aorta

☐ 8. Other

Dates of Films

5-15-62

☐ C. Significant abnormality: See continuation sheet

Reported by: *Walter M. Whitehouse* M.D.

02 209 0748

HADDONFIELD 9-4848

DIPLOMATE AMERICAN BOARD
OF RADIOLOGY

RICHARD M. SPROCH, M.D.
380 KINGS HIGHWAY, EAST
HADDONFIELD, NEW JERSEY
9/21/59

Henry C. Schwartz, M. D.
Corning-Fiberglass Corp.
Berlin, N. J.

Re: Charles F. Hiefert 31 Woodman Avenue Haddonfield N.J.
Examined: 9/13/59

Dear Dr. Schwartz,

There is a slight to moderate degree of left ventricular enlargement of the heart. There is an old calcified Ghon complex within the left hilum and adjacent lung field. The remainder of the lung fields are clear and without evidence of active pulmonary tuberculosis, pneumonia, malignancy or other apparent pulmonary, parenchymal, pleural or mediastinal pathology. The domes of the diaphragm, costo phrenic angles and bony thorax are normal.

Summary: Examination of the chest shows no evidence of active pulmonary tuberculosis or other active pulmonary, parenchymal or pleural pathology. There is a slight to moderate degree of left ventricular enlargement of the heart.

Thank you very much for referring this patient to me.

Sincerely yours,

Richard M. Sproch, M. D.

R.M.S./rmb

02 209 0749

Litigation-
Charles Siefert (Berlin)

02 209 0750