

CAUSE NO. 4886*RM98

BONNIE CAMPBELL; THOMAS KARRY	§	IN THE DISTRICT COURT OF
HALL; JERRY DEAN HUFFMAN;	§	
JOSEPH ARNOLD MULLINS; CHESS	§	
WASHINGTON; AND ARNOLD	§	
WILEY WALDREP,	§	
PLAINTIFFS.	§	
	§	
VS.	§	BRAZORIA COUNTY, TEXAS
	§	
MONSANTO COMPANY, ET AL.	§	149TH JUDICIAL DISTRICT

**PHARMACIA CORPORATION'S, f/k/a MONSANTO COMPANY,
CERTIFICATE OF WRITTEN DISCOVERY**

TO THE HONORABLE JUDGE OF SAID COURT:

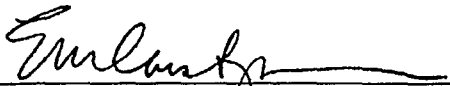
Pharmacia Corporation, one of the Defendants in this matter, files this its Certificate of Written Discovery and does hereby certify that on August 31, 2000 Monsanto Company sent a copy of:

**Defendant Monsanto Company's Supplemental Response to Plaintiffs' Request
for Disclosure Under Rule 194**

to Plaintiffs' counsel by certified mail/return receipt requested and to all other known counsel of record by regular mail in the above-captioned case.

Respectfully submitted,

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PHARMACIA CORPORATION

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing has been duly served on all counsel of record by either certified mail, return receipt requested, or by regular mail on this 37 day of August, 2000:

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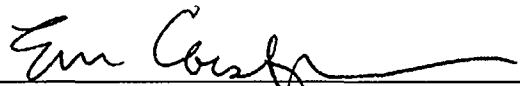
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I hereby certify that a true and correct copy of the above and foregoing has been duly served on Plaintiffs' counsel by certified mail/return receipt requested and to all other known counsel by regular mail on this 31st day of ~~June~~ *August*, 2000.

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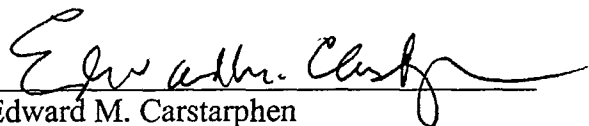
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Mr. Edward Carstarphen
Woodard, Hall & Primm, PC
7100 Chase Tower
600 Travis
Houston, Texas 77702

August 28, 2000

Re: Mr. Thomas K. Hall
DOB: 07/14/30 SS#: 422-36-2046
D/E: August 23, 2000

Dear Mr. Carstarphen,

I reviewed this 70-year-old man for independent medical evaluation regarding asbestos exposure.

Mr. Hall is from Lake Jackson, Texas. From 1947 through 1962, he was a roughneck in the oil field industry. From 1962 to 1975, he worked in the construction industry as a painter/sandblaster. During that time he did a lot of sandblasting and generally wore a desert hood. He retired in 1975. Although he did not use asbestos products himself to his knowledge, he was in close proximity to people using them.

He smokes and has since 1955 estimating on average a pack of cigarettes a day. (45 pack years)

Mr. Hall has been troubled with shortness of breath on exertion, frequent cough and phlegm. He has noticed this problem over the last couple of years or so. He has never been told he has emphysema. He has no routine chest pain suggestive of angina.

Independent Medical Evaluation

Mr. Thomas K. Hall
August 28, 2000

He takes blood pressure medication. He has also been given breathing medicine but he does not use it.

Past health: He has been generally in good health. He had back surgery in 1959. Otherwise he denies surgeries, hospitalizations, broken bones, pneumonias or chest injuries.

Functional inquiry is otherwise unremarkable.

PHYSICAL EXAMINATION: He is a pleasant man in no acute distress. Height 5'10 1/2". Weight 160 lbs. B/P 164/88, heart rate 84, respiratory rate 20. Head and neck are unremarkable. The chest reveals decreased air entry. There are no rales, rhonchi or other adventitial sounds. Heart sounds S1, S2, no gallops or murmurs. Abdomen and extremities are unremarkable with no clubbing or edema.

PULMONARY FUNCTION: Best-forced vital capacity is 3.69L(87%P), FEV1 is 1.93L(58%P) and FEV1/FVC ratio is 52%. There was an 8% improvement in FEV1 after bronchodilator. Diffusing capacity is 63%P. Digital oxygen saturation on room air is 95%. These findings are compatible with moderately severe airflow obstruction with a small degree of acute reversibility. There is no evidence of restriction. Diffusing capacity is mildly reduced suggesting emphysema. Oxygenation is adequate at rest on room air.

RADIOGRAPHIC EVALUATION: Four-view chest x-ray reveals a normal heart size. The left hilum is somewhat full. There may be some calcification associated with it. The costophrenic angles are adequately preserved. There is no diffuse pleural thickening. There are no circumscribed pleural or diaphragmatic plaques, no calcification and no masses. The lung parenchymal markings are within normal limits.

SUMMARY: This is a 70 year old long term smoker who has cough, phlegm and shortness of breath on exertion. His physical examination reveals reduced air entry in keeping with airflow obstruction. Pulmonary function confirms moderately severe airflow obstruction in keeping with chronic obstructive pulmonary disease. Chest x-ray shows possible mild enlargement of the left hilum. It is otherwise in keeping with COPD.

Based upon this information, Mr. Hall does not have asbestosis nor any other asbestos related disease nor silicosis. He has chronic obstructive pulmonary

Independent Medical Evaluation

Mr. Thomas K. Hall
August 28, 2000

disease. He should discontinue smoking. He may benefit from bronchodilator therapy. Although the left hilar changes are probably related to previous granulomatous disease, he should have this further evaluated by his physician to rule out a malignancy. I discussed this with him.

If I can be of further assistance, please let me know.

Sincerely,

A handwritten signature in cursive script, reading "Robert M. Ross M.D.", written in dark ink.

Robert M. Ross, M.D.

Respiratory Consultants of Houston
Pulmonary Function Laboratory
6550 Fannin Street Suite 2403
Houston, TX 77030
713-790-6250

Pulmonary Function Report

Last Name:	Hall	First Name:	Thomas
Identification:	422-36-2046		
Date of Birth:	07/14/1930	Age:	70 Years
Height:	70.5 inch	Weight:	160 lbs
Race:	Caucasian	Sex:	male
Physician:	Dr. Ross	Operator:	TRS
Pred. Module:	RCH_2		

Date	08/23/2000
Time	08:53:05AM

Spirometry

	Pred	Pre BD	%Pred	Post BD	%Pred	%Chg
FVC.....[l]	4.25	3.39	80	3.69	87	9
FEV 1.....[l]	3.35	1.79	53	1.93	58	8
FEV 1 / FVC.....[%]		52.7		52.4		-1
FEF 50.....[l/s]	4.15	0.94	23	0.83	20	-12
FEF 25-75.....[l/s]	3.31	0.74	22	0.67	20	-8
PEF.....[l/s]	8.39	2.78	33	4.07	49	47
FVC.....[l]	4.25	2.20	52	2.44	57	11
PIF.....[l/s]		1.69		2.15		27
FET.....[s]		8.17		8.71		7

Diffusion SB

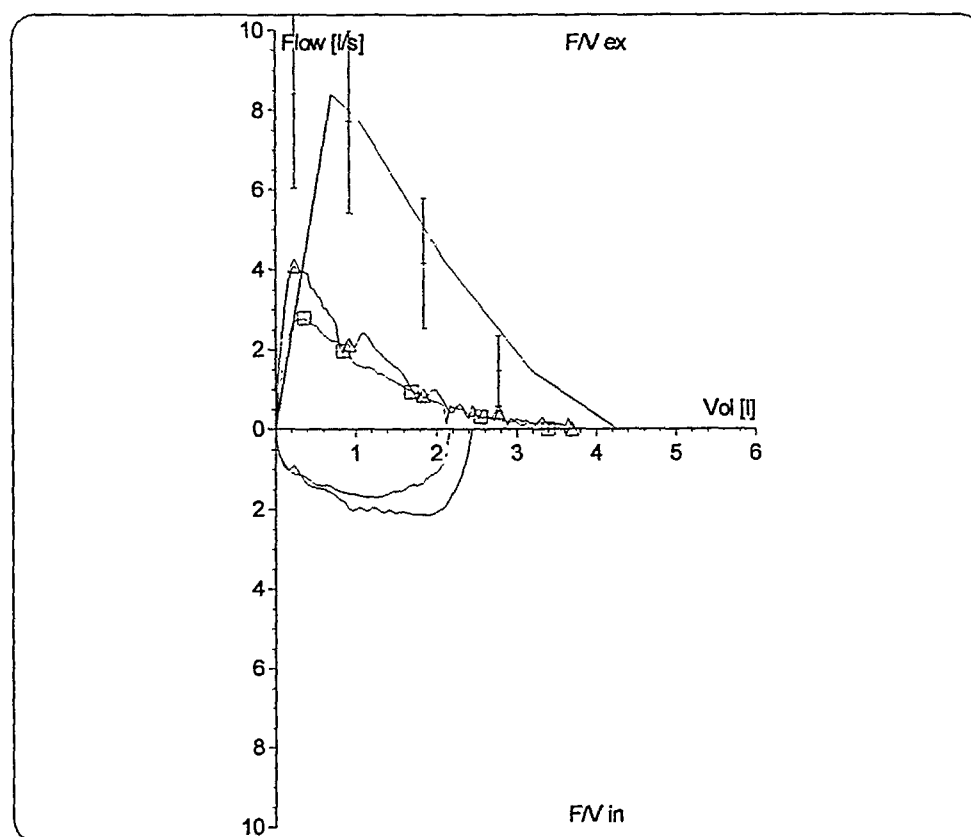
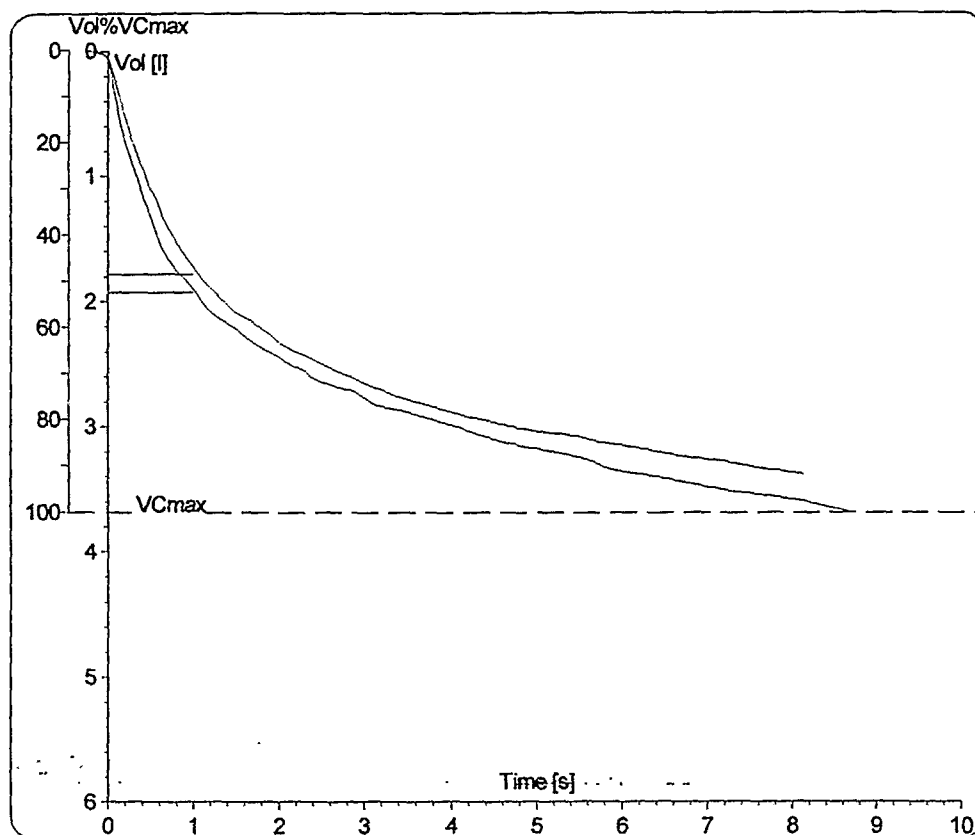
	Pred	Measured	%Pred
DLCOu SB....[ml/min/mmHg]	26.43	16.52	63
VA.....[l]		5.44	
DLCO/VA...[ml/min/mmHg/l]	3.91	3.04	78
VIN.....[l]	4.25	2.74	64

COMMENTS

BP=164/88 HR=84 Resp=20 O2Sat=95%
Albuterol via nebulizer given, pt. tolerated well. Pt. clinically unable to plateau.

Last Name: Hall
Identification: 422-36-2046

First Name: Thomas
Date of Birth: 07/14/1930



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ME Thomas K. Hall DOB 7/14/30 SSN 422-36-2046

1A. DATE OF X-RAY <u>8/23/00</u>	1B. FILM QUALITY ☒ 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 <table border="1" style="display: inline-table; margin-right: 20px;"> <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> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>p</td><td>s</td></tr> <tr><td>x</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> b. ZONES <table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> <tr><td>x</td><td>x</td></tr> <tr><td>x</td><td>x</td></tr> </table> R L		p	s	q	x	r	u	p	s	x	t	r	u			x	x	x	x	2C. LARGE OPACITIES SIZE ☒ A ☐ B ☐ C PROCEED TO SECTION 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 ☐ O ☐ R ☐ L b. COSTOPHRENIC ANGLE SITE ☐ O ☐ R ☐ L	3C. PLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (plaque) SITE IN PROFILE i. WIDTH ii. EXTENT FACE ON iii. EXTENT <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>O</td><td>R</td></tr> <tr><td>O</td><td>A</td></tr> <tr><td>O</td><td>B</td></tr> <tr><td>O</td><td>C</td></tr> <tr><td>0</td><td>1</td></tr> <tr><td>0</td><td>2</td></tr> <tr><td>0</td><td>3</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>O</td><td>L</td></tr> <tr><td>O</td><td>A</td></tr> <tr><td>O</td><td>B</td></tr> <tr><td>O</td><td>C</td></tr> <tr><td>0</td><td>1</td></tr> <tr><td>0</td><td>2</td></tr> <tr><td>0</td><td>3</td></tr> </table>		O	R	O	A	O	B	O	C	0	1	0	2	0	3	O	L	O	A	O	B	O	C	0	1	0	2	0	3
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3D. PLEURAL CALCIFICATION SITE EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>O</td><td>R</td></tr> <tr><td>0</td><td>1</td></tr> <tr><td>0</td><td>2</td></tr> <tr><td>0</td><td>3</td></tr> </table> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>O</td><td>L</td></tr> <tr><td>0</td><td>1</td></tr> <tr><td>0</td><td>2</td></tr> <tr><td>0</td><td>3</td></tr> </table>			O	R	0	1	0	2	0	3	O	L	0	1	0	2	0	3												
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4A. ANY OTHER ABNORMALITIES? YES ☒ COMPLETE 4B and 4C NO ☐ PROCEED TO SECTION 5																														
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1" style="width:100%; text-align: center;"> <tr> <td>O</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>ho</td><td>id</td><td>ih</td><td>kl</td><td>pi</td><td>px</td><td>rp</td><td>tb</td> </tr> </table>			O	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	pi	px	rp	tb						
O	ax	bu	ca	cn	co	cp	cv	di	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 ☐ OD (SPECIFY od.)		Date Personal Physician notified? <table border="1" style="display: inline-table;"> <tr> <td>MONTH</td><td>DAY</td><td>YR</td> </tr> </table>	MONTH	DAY	YR																									
MONTH	DAY	YR																												
4C. OTHER COMMENTS <u>Opilum minimally prominent</u> <u>Suggest further evaluation</u> <u>Minimal parenchymal changes</u> <u>Consistent with COPD.</u>																														
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? YES ☐ NO ☒ PROCEED TO SECTION 5																														

FILM READER'S INITIALS

RML

DATE READ 8/23/00