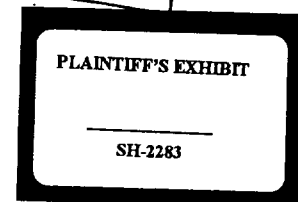
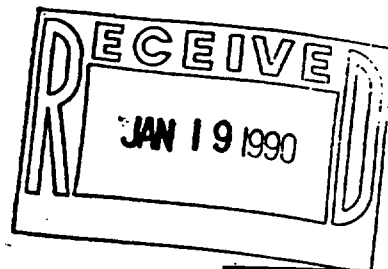




Kelsey-Seybold Clinic Doctor's Center

7000 Fannin Street
Houston, Texas 77030
(713) 791-8700



January 17, 1990

Robert A. Hughes, M.D.
Shell Oil Company
Deer Park Manufacturing Complex
P.O. Box 100
Deer Park, Texas 77536

RE: Employee

Dear Bob:

Thank you so much for asking me to see I examined him on the 16th of January. Review of his history indicates that he is a 62 year old white man who smoked less than a package of cigarettes a day for more than 40 years, quitting about four years ago. He has not had respiratory symptoms and denies cough, wheezing, shortness of breath, and chest pain. In his early years he worked for Diamond Shamrock from 1952 to 1976 and for Shell from 1976 to the present, working as an insulator. During his early years he was exposed daily to visible dust in the air and was involved in cutting asbestos board which produced large amount of dust. He worked largely indoors early on. Since working for Shell, he has had very little dust exposure, if any.

His general health has been good. He had surgery to remove his tonsils and adenoids and has had a hiatal hernia repair. He has had multiple lipomata.

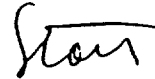
On physical examination, there was no clubbing or edema. He had no adenopathy. Multiple lipomata were present. The tonsils were absent and he had an abdominal surgical scar consistent with a surgical history. Mid to late inspiratory rales were audible over the inferior portion of his lower lobes, predominantly on the left. There was no wheezing.

LAM 032109

ABS-055502

Review of his chest x-rays demonstrate en face shadows consistent with uncalcified pleural disease which is compatible with his history of asbestos exposure. In addition, the presence of late inspiratory rales may well represent early asymptomatic pulmonary fibrosis, also consistent with a history of asbestos exposure. As noted above, he remains asymptomatic. No further evaluation is indicated (although a CT scan of his chest would document the pleural changes to a better degree and would help to identify intra-pulmonary abnormalities, if present). He should remain in the asbestos surveillance program, of course, and be evaluated clinically, with spirometry and by x-ray on an annual basis. Again, many thanks for asking me to see him with you.

With best regards,



Stanton P. Fischer, M.D., F.A.C.P.
Physician In Chief

Clinical Professor of Medicine
Baylor College of Medicine

SPF/gf

LAM 032110

ABS-055503

S-13260 (4/89)
006051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE		EMPLOYEE NUMBER	LOCATION <i>DPME</i>
REASON FOR REVIEW			
1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality <i>Blunting R lat C.P. angle</i> <i>Pleural plaque - left</i> 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 ☐ YES ☐ NO	
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 <i>See Hist</i>	
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 <i>Not known</i>	
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 <i>Prob. not</i>	
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: <i>Occupational exposure history & radiographic changes consistent with diagnosis of "Pleural Marginal"</i>			
Recommendation: <i>Suggested diagnosis of "Pleural Marginal" be made on OSHA log</i>			
REVIEWED BY <i>[Signature]</i>		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 <i>Jan/90</i>	IF POSSIBLE FIBROSIS	DATE <i>Sept/85</i>
Patient counseled:		Patient counseled:	
OSHA Form 200:		OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	
EMPLOYEE REFERRED TO DR. (Please send copy of consultation when available)		DR'S NAME	
COMMENTS: <i>Refined</i>			
ABS-055504			

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM☐ OTHER

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032111

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle, Last)			EMPLOYEE NUMBER		DATE OF X-RAY READING 11-28-89	
COMPANY ☐ SHELL OIL COMPANY ☐ SHELL CHEM. COMPANY ☐ SHELL DEV. COMPANY ☐ OTHER (Specify) _____			TYPE OF EXAMINATION ☐ ASBESTOS ☐ SILICA ☐ OTHER (Specify) _____			

1A. DATE OF X-RAY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	MONTH	DAY	YR				1B. FILM QUALITY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">☒ 1</td> <td style="width: 15%; text-align: center;">2</td> <td style="width: 15%; text-align: center;">3</td> <td style="width: 15%; text-align: center;">u/r</td> </tr> </table>	☒ 1	2	3	u/r	1C. IS FILM COMPLETELY NEGATIVE? YES ☐ Proceed to Section 5 NO ☒ Proceed to Section 2
MONTH	DAY	YR										
☒ 1	2	3	u/r									

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" style="border-collapse: collapse; text-align: center;"> <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" style="border-collapse: collapse; text-align: center;"> <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>			p	s	q	t	r	u	p	s	q	t	r	u	c. PROFUSION <table border="1" style="border-collapse: collapse; text-align: center;"> <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/-</td><td>2/2</td><td>2/3</td></tr> <tr><td>3/2</td><td>3/3</td><td>3/+</td></tr> </table>			0/-	0/0	0/1	1/0	1/1	1/2	2/-	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <table border="1" style="border-collapse: collapse; text-align: center; margin: 0 auto;"> <tr><td>O</td><td>A</td><td>B</td><td>C</td></tr> </table>			O	A	B	C
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r	u																																			
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1/0	1/1	1/2																																		
2/-	2/2	2/3																																		
3/2	3/3	3/+																																		
O	A	B	C																																	
			PROCEED TO SECTION 3																																	

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" style="display: inline-table; text-align: center;"><tr><td>O</td><td>R</td><td>X</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>X</td><td>L</td></tr></table>	O	R	X	O	X	L	3C. PLEURAL THICKENING . . Chest Wall a. CIRCUMSCRIBED (plaque) SITE <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>R</td></tr></table> IN PROFILE <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr></table> i. WIDTH <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> ii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> iii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table>	X	R	O	A	B	C	O	1	2	3	O	1	2	3	O	1	2	3	O	1	2	3																
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b. DIFFUSE SITE <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>R</td></tr></table> IN PROFILE <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr></table> i. WIDTH <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> ii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> iii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table>	X	R	O	A	B	C	O	1	2	3	O	1	2	3	O	1	2	3	O	1	2	3	SITE <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>L</td></tr></table> IN PROFILE <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>A</td><td>B</td><td>C</td></tr></table> i. WIDTH <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> ii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table> iii. EXTENT <table border="1" style="display: inline-table; text-align: center;"><tr><td>O</td><td>1</td><td>2</td><td>3</td></tr></table>	X	L	O	A	B	C	O	1	2	3	O	1	2	3	O	1	2	3	O	1	2	3
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3D. PLEURAL CALCIFICATION										
		SITE	☒ R	EXTENT						
a. DIAPHRAGM			☐	0	1	2	3			
b. WALL			☐	0	1	2	3			
c. OTHER SITES			☐	0	1	2	3			

		SITE	☒ L	EXTENT						
a. DIAPHRAGM			☐	0	1	2	3			
b. WALL			☐	0	1	2	3			
c. OTHER SITES			☐	0	1	2	3			

PROCEED TO
SECTION 4

4A. ANY OTHER ABNORMALITIES? YES ☐ COMPLETE 4B and 4C NO ☒ PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

O	ax	bu	ca	cn	co	co	cv	di	ei	em	es	fr	ni	no	od	rh	kl	pl	ps	rp	tb
---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Report items which may be of present clinical significance in this section ☐ (SPECIFY od)

Date Personal Physician notified?

MCNTH	DAY	YR
1	1	1

1. CLINICAL INTERPRETATION	2. B-READING COMMENTS
Previous films are not available for comparison. Judging from previous reports, the appearance of the chest is most likely unchanged.	
• PLEASE TYPE OR PRINT	• PHYSICIAN'S SIGNATURE
NAME OF PHYSICIAN	<u>As Sullivan, Jr.</u>
ADDRESS	SIGNED
	<u>11-28-89</u>
CITY/STATE/ZIP CODE	DATE SIGNED
	ARS-055505