PLAINTIFF'S EXHIBIT

SH-2319

DIAGNOSTIC PULMONARY CLINIC, P.A.
INTERNAL MEDICINE AND DISEASES OF THE CHEST
7777 SOUTHWEST FREEWAY, SUITE 442
HOUSTON, TEXAS 77074
777-4217

P. O. JONES, M.D., F.A.C.P.

R. S. CONTE, M.D.

March 14, 1984

Dr. Barry Kern
Medical Dept.
P.O. Box 100
Deer Park, Texas 77536

Dear Barry,

I saw in my office on March 1,1984 for complaints of coughing and chest congestion. Examination at the time of his visit revealed mildly decreased breath sounds, but his condition was overall unchanged from his previous evaluation. He ~~has~~ asbestosis of the lungs which we have known about in the past. This does not appear to have increased in severity since his last visit. He does however, at the present time demonstrate significant problems with sinusitis and bronchitis complicating his underlying lung picture for which he has been placed on the appropriate medications of Erythromycin, Medrol dosepak and a decongestant.

I feel that upon improvement by these medications, he should go back to his previous level of activity and therefore have no significant disability. I will be happy to see him in follow-up if indeed he does not grossly improve on the current regimen.

Respectfully yours,

Robert S. Conte, M.D.

RSC/bc

LAM 032187

ABS-055580

S-13280 (4/89)
006051

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE	EMPLOYEE NUMBER	LOCATION
		DPM C

• REASON FOR REVIEW

1. CHEST X-RAY REPORT INDICATING:
   a) Possible pleural abnormality: Plaque ?
   b) Possible fibrosis:
2. PULMONARY FUNCTION TEST ABNORMALITY:
   a) FVC less than 75% of predicted: OK
   b) Other:
3. Other reason for review:
4. Time of service: Sinu 1957
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
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
   Chlorine
   Fiberglass
8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION
   See Work Hx
9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☐ YES ☑ NO
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 ☑ YES ☐ NO
    Asbestos home siding
    Thomann → / 25 Jan 91

• RESULT OF REVIEW: Job Hx & CXR Findings support Dx of Bilateral Pleural Plaques

• Recommendation: 1) Counsel Employee (Already done) 2) OSHA 200 Log Entry as Bilateral Pleural Plaq

REVIEWED BY ▶ [signature]

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: Dr Thomann →	8 Feb 91	Patient counseled:	
OSHA Form 200: Profs to I.H. by ajt - 13 Feb 91		OSHA Form 200:	
Worker's Compensation:		Worker's Compensation:	

EMPLOYEE REFERRED TO DR. *(Please send copy of consultation when available)* ▶ DR'S NAME: Dr B Bradley

COMMENTS:

ABS-055581

CONTEMPLATED FOLLOW-UP ☐ PERIODIC EXAM ☐ *OTHER* _____

INSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT

LAM 032188

S-12972 (11-86)

ILO PULMO' RY SURVEILLANCE WORKSHEE

EMPLOYEE NAME (First, Middle, Last)	EMPLOYEE NUMBER	DATE OF X-RAY READING
		8-24-90

COMPANY: ☐ SHELL OIL COMPANY ☐ SHELL CHEM COMPANY ☐ SHELL DEV COMPANY ☒ OTHER (Specify) DPMC

TYPE OF EXAMINATION: ☒ ASBESTOS ☐ SILICA ☐ OTHER (Specify)

1A. DATE OF X-RAY — MONTH 05 DAY 24 YR 90

1B FILM QUALITY — 1 | 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	
p	s	p	s
q	t	q	t
r	u	r	u

b ZONES: R | L

c PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C LARGE OPACITIES — SIZE: 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: O | R | L

b COSTOPHRENIC ANGLE — SITE: O | R | L

3C PLEURAL THICKENING Chest Wall

a CIRCUMSCRIBED (plaque)

	R				L			
SITE	O	R			O	L		
IN PROFILE	O	A	B	C	O	A	B	C
i WIDTH	0	1	2	3	0	1	2	3
ii EXTENT								
FACE ON iii EXTENT	0	1	2	3	0	1	2	3

b DIFFUSE

	R				L			
SITE	O	R			O	L		
IN PROFILE	O	A	B	C	O	A	B	C
i WIDTH	0	1	2	3	0	1	2	3
ii EXTENT								
FACE ON iii EXTENT	0	1	2	3	0	1	2	3

3D PLEURAL CALCIFICATION

	R	EXTENT			L	EXTENT		
SITE	O				O			
		0	1	2	3	0	1	2	3
a DIAPHRAGM		0	1	2	3	0	1	2	3
b WALL		0	1	2	3	0	1	2	3
c OTHER SITES								

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	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 ☐ (SPECIFY od)

Date Personal Physician notified? MONTH | DAY | YR

1 CLINICAL INTERPRETATION

Small noncalcified pleural plaques have been questioned bilaterally on previous films. I am not certain that I can see any on this examination. The heart size is normal. The lungs remain clear.

2 B-READING COMMENTS

• PLEASE TYPE OR PRINT

NAME OF PHYSICIAN: E. SHEPPER, M.D. / R. A. HUGHES, M.D.

ADDRESS: SHELL OIL COMPANY, P. O. BOX 100

CITY/STATE/ZIP CODE: DEER PARK, TEXAS 77536

• PHYSICIAN'S SIGNATURE

SIGNED

DATE SIGNED

ABS-055582

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT

LAM 032189

3-12-82 CHEST (PA): The heart was not enlarged, and the lung fields were generally clear. No abnormality of the diaphragm or chest cage was noted.

Impression: Negative chest.

5-1-84 CHEST (PA): No significant change was seen from the general appearance reported two years ago. The heart was not enlarged, and the lung fields were generally clear.

Impression: Negative chest.

9-11-85 CHEST (2 views): The cardiomediastinal silhouette is within normal limits. The lung fields are clear and there is no evidence of pleural fluid. No calcified or noncalcified pleural plaques are noted. No significant interval change is seen comparing films dating back to 3-12-82.

Conclusion: Negative chest.

8-19-86 CHEST (PA AND BOTH OBLIQUES): The lung fields are clear There is no evidence of heart enlargement, pleural fluid, pneumothorax or pleural plaques. There are some degenerative changes of the dorsal spine. Not much interval change is seen comparing PA films dating back to 3-12-82

Conclusion: Negative chest.