

PLAINTIFF'S
EXHIBIT
WV-01194

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43150

PRODUCED IN CANADA under the direction of
Jacques Paul Riley and Gordon Haff.
October 18, 1999, in JAMICA v. A. S. Green,
at St. 21-01194

02 209 0751

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

12 August, 1971

John P. McNally, M.D.
Owens-Corning Fiberglass
Berlin, N.J. 08009

Dear Doctor McNally:

In Re: Robert A. Ulin age 40
Richter Road, RD #3
Vincentown, N.J. 08086

Herewith reports of examinations made on the above named patient at this office on July 28, 1971 as per your request.

Occupational History: Past 20 years all sorts of plant at Owens-Corning and 5 years as wrapper and warehouse man.

Past Medical History: Usual childhood diseases. Emigration, age 7; one year out of school kidney problem 2 years ago; Appendectomy 1947. Left inguinal hernia 1959; Cholecystectomy 1961; Burn injury treated at Burlington County Hospital following accident. Has smoked cigarettes and cigars for years.

Chief Complaints: None offered.

General Physical Examination: Head and Neck: Eyes and ears are normal. Thyroid normal. No adenopathy. Cranial nerves intact. Chest: Expansion normal. Breath sounds are normal. No rales. Fluoroscopic examination of the chest reveals the heart to be normal in size and pulsation. Both diaphragms are well. X-rays of the chest reveal the heart and supracardiac structures to be normal. The hilar areas are not remarkable. Minimal degree of generalized, fine lacy fibrosis, especially in the both lower lobes. Blunting of the left costophrenic sulcus. The right apical area projects small nodular densities with associated apical pleural cap thickening. The lateral projection reveals increased fibrolinear markings into the lower lobes. Comparing films dating to 1955 there appears to have been a gradual increase in the degree of fibrosis bilaterally in the bases. Impression: Pulmonary Fibrosis, pleural thickening bilaterally, bases. Pneumothorax, minimal, occupational, asbestososis.

Pulmonary Function Study: Predicted Vital Capacity- 4350cc; Performed 3000 cc. 69%. Maximal Vital Capacity- Normal. Maximum Ventilatory Volume- 100L/min; Slight reduction. Flow rates A & B both normal. Impression: Pulmonary Fibrosis pattern.

Cardiac Examination: Essentially normal. S.P. 140/80. Abdomen: Signs of operative intervention noted. Non-tender. No distention.

GU System: Essentially normal. Fundus on 10/10/71: Essentially normal. Small blood vessel disease in distal arteries. Urine Clarity: No sediment, no clots. P. 10. 6 Intermediate ac-

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E. SPENCER PAISLEY, M.D., F.C.C.P.
401 WHITE HORSE PIKE
MADISON HEIGHTS, N. J. 08055

#2: Robert A. Uhlig.

Laboratory work to follow.

Impression: 1. Pneumoconiosis, minimal, asbestosis, occup. lung.

Evaluation of environmental working conditions is warranted and
close follow up recommended.

Thank you for the privilege of this evaluation.

Very truly yours,

E. Spencer Paisley
E. Spencer Paisley, M.D.

Enclosure: Graph.

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— Litigation —
Robert Wille (Berlin)

02 209 0754