

Shell Oil Company • Shell Chemical Company

A Division of Shell Oil Company



Deer Park Manufacturing Complex
P.O. Box 100
Deer Park, Texas 77536

R. A. Hughes, M.D.
Medical Director
Deer Park Manufacturing Complex
(713) 246-6304

July 6, 1990

Bernard L. Bradley, M.D.
4003 Woodlawn
Pasadena, Texas 77504

RE:

Dear Dr. Bradley:

This forty (40) year old male has shown some evidence of pleural prominence along the right lateral chest wall. He started at Shell in 1973, so he has only been here for about seventeen (17) years. We are sending along chest x-rays with him, and also the copies of spirometry. We would like your opinion as to the cause of this. He denies any injury, and certainly no operation to the chest at all, and I felt that we should at least get a baseline on him at this stage whether or not it is related to asbestos.

Thanks very much in anticipation.

Yours sincerely,



Robert A. Hughes, M.D.

RAH:mlb

Enclosures

cc: Employee Medical Record

ABS-055533

LAM 032140

S-13280 (4/80)
008061

CONFIDENTIAL - MEDICAL

PULMONARY REGISTRY

NAME OF EMPLOYEE		EMPLOYEE NUMBER	LOCATION <i>DPMc</i>
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• REASON FOR REVIEW			
1. CHEST X-RAY REPORT INDICATING: a) Possible pleural abnormality <i>✓</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	
		8. PLEASE LIST JOB TITLES AND NO. OF YEARS IN THAT POSITION <i>See list</i>	
2. PULMONARY FUNCTION TEST ABNORMALITY: a) FVC less than 75% of predicted b) Other		9. Is there any history of other respiratory illness that could account for the X-ray abnormalities under consideration? If so, list ☐ YES ☐ NO	
3. Other reason for review		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	
4. Time of service <i>1954</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>It is my opinion that Bilateral pleural plaques are present</i>			
• Recommendation: <i>rec.) OSHA 200 Log Epy</i> <i>2) Annual Epy</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	IF POSSIBLE FIBROSIS
Patient counseled:		<i>Dec/90</i>	Patient counseled:
OSHA Form 200:	<i>Ys</i>	<i>Apr/85</i>	OSHA Form 200:
Worker's Compensation:			Worker's Compensation:
EMPLOYEE REFERRED TO DR. (Please send copy of consultation when available)		DR'S NAME <i>B. Bradley copy enclosed</i>	
COMMENTS:			

ABS-055534

CONTEMPLATED FOLLOW-UP

☒ PERIODIC EXAM☐ OTHERINSTRUCTIONS: PART 1 - WHITE COPY - LOCATION MEDICAL DEPARTMENT
2 - YELLOW COPY - CORPORATE MEDICAL DEPARTMENT

LAM 032141



S-12972 (11-85)

ILO PULMONARY SURVEILLANCE WORKSHEET

EMPLOYEE NAME (First, Middle)		EMPLOYEE NUMBER	DATE OF X-RAY READING 7-10-89
COMPANY ☐ SHELL OIL COMPANY ☐ SHELL CHEM. COMPANY ☐ SHELL DEV. COMPANY ☐ OTHER (Specify)		TYPE OF EXAMINATION ☐ ASBESTOS ☐ SILICA ☐ OTHER (Specify)	
1A. DATE OF X-RAY MONTH DAY YR 07 10 89	1B. FILM QUALITY 1 2 3 4/5 If Not Grade 1 Give Reason: Single film was developed	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 q i r u p s q i 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) SITE IN PROFILE i. WIDTH ii. EXTENT FACE ON iii. EXTENT O R O A B C 0 1 2 3 0 1 2 3 0 1 2 3 O L O A B C 0 1 2 3 0 1 2 3 0 1 2 3 b. DIFFUSE SITE IN PROFILE i. WIDTH ii. EXTENT FACE ON iii. EXTENT O R O A B C 0 1 2 3 0 1 2 3 0 1 2 3 O L O A B C 0 1 2 3 0 1 2 3 0 1 2 3		
3D. PLEURAL CALCIFICATION SITE O R EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES O L EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 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 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

There is a calcified granuloma in the right lower lung field and the medial aspect of the right diaphragm is somewhat indistinct. An uncalcified pleural plaque is again believed present in the right upper lung field. Except for the indistinct diaphragm on the current examination not much interval change is seen since 6-17-87.

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-055535

INSTRUCTIONS: WHITE COPY - FOR CORPORATE MEDICAL DEPARTMENT

LAM 032142