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DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
CHEST DISEASES

MARCH 13, 1990

Freeman & Bass Esq.  
24 Commerce St.  
Newark, N.J. 07102

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Re: Age 61  
File NO. 39678 C

Gentlemen:

At your request was re-examined in my office on February 2, 1990. He had been examined on October 25, 1985 and a report was sent to you dated December 30, 1985. Since that time he has had continued employment and exposure in the workplace to deleterious substances. Mr. worked for Sherwin Williams Paint Co. for 38 1/2 years and was exposed to dirt, dusts, fumes, asbestos, chemicals, benzene, pigments and many irritants. He worked near the condemned Diamond Alkaline plant where dioxin and other hazardous chemicals were in the air. He developed difficulty breathing over the years as well as an ulcer, and had ulcer surgery in 1970. He was told of an abnormal blood count in the past. The complaints include difficulty breathing, cough and shortness of breath; problems with vision and hearing; pain in the neck, back and extremities; stomach cramps; fatigue and weakness; and worry about all the conditions.

He has an occasional cough which is worse in the morning, productive of yellow sputum. He has chest pain, tightness, congestion, pressure and wheezing. He uses 1 pillow to ease his breathing. He is short of breath walking 1 block, climbing stairs, lifting and carrying. He has palpitations when he coughs. He has arthritis in his shoulder and neck. He had ulcers in 1970 and 1978. He continues to have a "low blood count". He had left hernia surgery in the past, a heel spur removed on the left, surgery to his right hand and left elbow. He had 2 eye operations as well. He smoked for a few years in his 'teens and drinks an occasional 6-pack of beer. He is on iron and vitamins twice a day as well as Tagamet.

PHYSICAL EXAMINATION

Appearance: he is average in height and weight

Height 68" Weight 160 pounds Resp. 16  
Pulse 80, irreg. B.P. 120/64

Head and neck: the neck is supple; there is no adenopathy

Eyes: pupils are equal and react normally

ENT: clear to examination; partial edentia

Chest and lungs: no rales, rhonchi or wheezes

Cardiac: regular rhythm with no murmurs or gallop sounds

Abdomen: soft, non-tender; no organs or masses palpable; surgical scars

Extremities: no clubbing, cyanosis or edema; scars left heel, left elbow

Urinalysis: albumin and glucose -0

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2nd exam

Chest x-ray: the heart is normal in size. The left hemidiaphragm is elevated. There are bilateral hilar calcifications, more so on the left. Interstitial and bronchopulmonary markings are prominent bilaterally. There is a fine reticular pattern throughout both lungs, mostly in the lower lobes, compatible with a pneumoconiosis. The skeletal structures appear normal.

Pulmonary function testing: There were 3 computerized spiograms done, the best effort was used for computation. A copy of the spiogram graph is appended to this report. There is evidence for restrictive disease.

CONCLUSIONS:

Based upon the history and the findings, it is my opinion that [REDACTED] has chronic occupational bronchitis with restrictive airways disease, pulmonary fibrosis, pneumoconiosis, with the probability of pulmonary asbestosis, for which I would estimate a disability of 45% of total. Based upon his history it is my opinion that this condition is a result of the dirt, dusts, fumes, asbestos and irritants in his work at Sherwin Williams Paint Co. The symptoms, pulmonary function testing and chest x-ray substantiate the diagnosis. Exposure to asbestos poses a threat to future health due to the known carcinogenic effects. He should have yearly chest x-rays to monitor this possibility.

I recommend orthopedic, opthalmologic, otolaryngeal and neuropsychiatric consultations.

Sincerely yours,

SIDNEY E. FRIEDMAN, M.D.  
SEF:jb

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