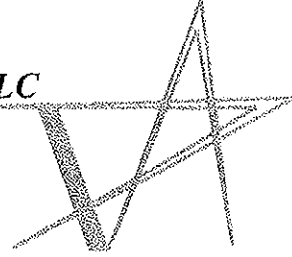


**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

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## Fax Cover Sheet

To: U.S. Dept of Labor  
Pamela Burr  
From: Gary S. Vander Boegh

Fax: (904) 357-4704  
Date: 12-15-10

Phone: (270) 450-0850  
Pages:      Pages including the Cover Sheet

Re: Marty Shelton CC:  
File: xxx-xx-6308

Urgent  For Review  Please Comment  Please Reply  Please Recycle

**Comments:**

12/15/10

Pamela,

PER YOUR REQUEST, I PROVIDE THE "X-RAY"  
RADIOLOGY REPORTS THAT REFLECT MARTY  
SHELTON'S COMPLIANCE WITH CBD PRE-  
CRITERIA I. PLEASE CALL IF YOU HAVE  
QUESTIONS OR FEEL ~~THE~~ CRITERIA I HAS NOT  
BEEN MET!

Gary S. Vander Boegh

LOURDES HOSPITAL  
1530 LONE OAK ROAD  
PADUCAH, KY 42003

DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: LEBUHN, CARL B MD  
DOB: [REDACTED] AGE: 41 SEX: M  
ACCT: [REDACTED] LOC: 0411 01  
EXAM DATE: 01/28/2005 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000640230 CT-ABD W/CONTRAST  
000640231 CT-PELVIS W/CONTRAST

History: Pancreatitis. Fever. Evaluate for abscess.

Findings: Multiple axial images of the abdomen and pelvis were obtained following IV and oral contrast administration. The images demonstrate presence of bilateral pleural effusions and bibasilar atelectasis. Liver demonstrates mild fatty infiltration. Spleen is normal in appearance. Gallbladder is grossly normal. There is marked inflammation seen about the entire pancreas with diffuse edematous enlargement consistent with pancreatitis. Phlegmon type inflammatory changes are seen about the head. In addition, low-density fluid is seen in a partially loculated state that extends along the right paracolic gutter and adjacent to the transverse colon. There is minimal fluid in the left paracolic gutter as well. The right paracolic collection extends into the pelvis. Free fluid is not seen within the lower pelvis however. No small bowel or colonic obstruction is seen. Very little inflammation extends into the retroperitoneal fat. Renal function is symmetric without hydronephrosis. Aorta is normal in caliber. There is no lymphadenopathy. No free air is seen within the peritoneal cavity. Bladder is grossly normal. Bony structures are intact.

Impression: Significant inflammation seen about the pancreas with phlegmonous change and partially loculated fluid about the head, which also tracks along the paracolic gutters and across the transverse colon mesentery. No obvious pseudocyst formation is seen, and no definite abscess is identified. However, the loculated fluid adjacent to the head could develop into an abscess and follow-up CT is recommended. Bilateral small pleural effusions and basilar atelectasis.

\*\* REPORT SIGNATURE ON FILE 01/28/2005 (11:49:00) \*\*

-----  
Reported By: LOUIS LESKOSKY, MD

CC: LEBUHN, CARL B MD  
OLIVER, RANDY E MD  
STATON, THOMAS MD

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: LEBUHN, CARL B MD  
DOB: [REDACTED] AGE: 41 SEX: M  
ACCT: 1094807 LOC: 0411 01  
EXAM DATE: 01/27/2005 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000640005 CHEST PA AND LATERAL

History: Fever. Evaluate for pneumonia.

Findings: Two views examined. Patchy infiltrate is present in the left lower lobe consistent with atelectasis or pneumonia. Small right pleural effusion is present. Left lung is clear. No pneumothorax. Bony structures are intact.

Impression: Left lower lobe pneumonia.

\*\* REPORT SIGNATURE ON FILE 01/27/2005 (12:39:00) \*\*

-----  
Reported By: LOUIS LESKOSKY, MD

CC: LEBUHN, CARL B MD  
OLIVER, RANDY E MD  
STATON, THOMAS MD

TECHNOLOGIST: ASHLEY WALKER  
TRANSCRIBED DATE/TIME: 01/27/2005 (1253)  
TRANSCRIPTIONIST: FAM1205  
PRINTED DATE/TIME: 01/27/2005 (1254) BATCH NO: 9098

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DEPARTMENT OF  
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270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/10/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000961016 CT-ABD W/O CONTRAST  
000961017 CT-PELVIS W/O CONTRAST

History: Pancreatitis.

CT abdomen and pelvis: Axial images of the abdomen and pelvis were obtained following oral contrast only. No IV contrast is administered. Comparison made to 1/28/2005 exam.

There are small bilateral pleural effusions. There is bibasilar atelectasis. A nasogastric tube is present with the tip in the distal portion of the stomach.

There are extensive peripancreatic inflammatory changes and fluid. The pancreas is difficult to localize from the extensive inflammatory process. Inflammatory changes extending down the retroperitoneum into the lower pelvis. There is a small amount of ascites within the upper abdomen and lower pelvis. No discrete loculated fluid collection is identified, however evaluation for pseudocyst is limited without IV contrast. The orally ingested contrast is present within the small bowel and colon. There is under distention of the colon which limits the evaluation of the mucosa. Contrast is seen within a normal caliber appendix. There is no small bowel dilatation. There is a Foley catheter in the bladder. No pelvic mass is identified.

The nonenhanced liver, spleen, and right adrenal gland are unremarkable. The left adrenal gland is obscured by the inflammatory process associated with the pancreas. No focal renal contour abnormality is identified. Perinephric stranding could relate to the retroperitoneal inflammation. Scattered vascular calcification is seen within the normal caliber abdominal aorta.

### Impression:

1. Extensive peripancreatic inflammatory changes and fluid. No discrete loculated fluid collection is identified, however, evaluation is suboptimal without IV contrast. Findings are consistent with severe pancreatitis.
2. Small amount of ascites.
3. Small bilateral pleural effusions with bibasilar atelectasis.

\*\* REPORT SIGNATURE ON FILE 11/10/2008 (15:48:00) \*\*

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/11/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000961273 PORTABLE 1 VIEW CHEST

History: Pleural effusion.

Portable chest, one view:

Portable examination is obtained at 0937 on 11/11/2008. The exam is compared to 2/14/2005. The lungs are hypoaerated and suggest mild congestive failure. There is patchy infiltrate in the right upper lobe probably related to the volume overload. Early pneumonia is not excluded. Heart size is normal. The mediastinum is exaggerated by shallow inspiration. A nasogastric tube is in the stomach.

Impression:  
Hypoaeration.

Congestive heart failure.

Abnormal density in the right upper lobe could be related to congestive failure or an area of pneumonia.

\*\* REPORT SIGNATURE ON FILE 11/11/2008 (13:08:00) \*\*

-----  
Reported By: D. R. HATFIELD, MD

CC: RUST, MICHEAL SHANE

TECHNOLOGIST: COPE, CATHY R.T. (R)  
TRANSCRIBED DATE/TIME: 11/11/2008 (1310)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/11/2008 (1310) BATCH NO: 10482

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/20/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000963553 PORTABLE 1 VIEW CHEST

History: Pancreatitis.

Single portable chest radiograph was obtained and compared to yesterday's examination. The endotracheal tube, NG tube, and right IJ deep line are again appreciated and well positioned. The level of inspiration is shallow. Bibasilar airspace disease, suspect atelectasis and possible effusion, greater on the right. The radiographic appearance is felt to be essentially unchanged.

Impression: Stable one day appearance of the chest.

\*\* REPORT SIGNATURE ON FILE 11/20/2008 (08:18:00) \*\*

-----  
Reported By: PAUL JOHNSON, MD

CC: RUST, MICHEAL SHANE

TECHNOLOGIST: REBECCA STEGER RT (R)  
TRANSCRIBED DATE/TIME: 11/20/2008 (0820)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/20/2008 (0821) BATCH NO: 10491

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270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 12/09/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000968188 PORTABLE 1 VIEW CHEST

History: Check lung status.

Portable view of the chest is obtained. The tracheostomy tube and nasogastric tubes are satisfactorily positioned. The right lung is clear. Left posterior pleural effusion is present. The left diaphragm is less distinct than noted on December 8.

Impression: Posterior left pleural effusion. This is a change from December 8.

\*\* REPORT SIGNATURE ON FILE 12/09/2008 (08:16:00) \*\*

-----  
Reported By: PARK, FREDERIC

TECHNOLOGIST: ELIZABETH HAMM  
TRANSCRIBED DATE/TIME: 12/09/2008 (0819)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 12/09/2008 (0820) BATCH NO: 10510

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RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/12/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000961508 PORTABLE 1 VIEW CHEST

History: Intubated.

CXR: AP view of the chest is obtained and compared to an 11/11/2008 exam.

The endotracheal tube is in appropriate position below the thoracic inlet. An enteric tube descends into the abdomen.

Basilar opacities are favorable for atelectasis. There is slightly improving appearance to the central pulmonary vascular structures. There may be small pleural effusions. There is no pneumothorax. The mediastinal contours are unremarkable. The heart appears normal in size.

Impression:

1. Appropriate positioning of the endotracheal tube.
2. Bibasilar, right greater than left atelectasis with questionable small pleural effusions. Resolving CHF type change.

Comments: A preliminary report was issued to the floor. I do agree with this preliminary report, however, the CHF type change was not described.

\*\* REPORT SIGNATURE ON FILE 11/12/2008 (09:03:00) \*\*

-----  
Reported By: BRIEN, JENNIFER

CC: RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 11/12/2008 (0904)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/12/2008 (0906) BATCH NO: 10483

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/13/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000961779 PORTABLE 1 VIEW CHEST

History: Check endotracheal tube placement.

Portable chest, one view:

Portable examination of the chest is obtained at 0321 on 11/13/2008 and compared to 11/12/2008. The lung fields remain hypoaerated. There are small pleural effusions. The lungs show congestive heart failure. Right subclavian catheter, nasogastric tube, and endotracheal tube are in good position.

Impression:

Hypoeration with small pleural effusions secondary to congestive heart failure.

Support tubes in good position.

\*\* REPORT SIGNATURE ON FILE 11/13/2008 (07:31:00) \*\*

-----  
Reported By: D. R. HATFIELD, MD

CC: RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER

TRANSCRIBED DATE/TIME: 11/13/2008 (0734)

TRANSCRIPTIONIST: 2434RLC

PRINTED DATE/TIME: 11/13/2008 (0736) BATCH NO: 10484

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DEPARTMENT OF  
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270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/26/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000965174 PORTABLE 1 VIEW CHEST

History: Pancreatitis.

Findings: Today's exam is compared to a prior study dated one day earlier. An endotracheal tube, right subclavian deep line, and NG tube remain in place. The lungs are hypoventilated causing accentuation of the bronchovascular markings and cardiac silhouette. There is some persistent mild volume overload with widening of the vascular pedicle. Small bilateral pleural effusions are present.

Impression: Stable one day appearance of the chest.

\*\* REPORT SIGNATURE ON FILE 11/26/2008 (10:44:00) \*\*

-----  
Reported By: HAROLD HALFHILL, MD

CC: RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 11/26/2008 (1046)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/26/2008 (1048) BATCH NO: 10497

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270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 12/06/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000967685 PORTABLE 1 VIEW CHEST

Clinical History: Check lung status. Pancreatitis.

Comparison is made to 12/5/08.

There have been no tube or line changes. There is continued bibasilar atelectasis. There is mild elevation of the right hemidiaphragm versus subpulmonic effusion. There is new linear opacity in the left upper perihilar region most likely due to atelectasis.

Impression:

1. Bibasilar atelectasis and atelectasis in the central left upper lobe.
2. Elevation of the right hemidiaphragm versus subpulmonic effusion.

\*\* REPORT SIGNATURE ON FILE 12/06/2008 (11:24:00) \*\*

-----  
Reported By: DUNCAN, VERNON MD

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 12/06/2008 (1127)  
TRANSCRIPTIONIST: 6913CBC  
PRINTED DATE/TIME: 12/06/2008 (1127) BATCH NO: 10507

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DEPARTMENT OF  
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NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 12/05/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000967249 PORTABLE 1 VIEW CHEST

Clinical indication: Lung status, prior exam on 12/4/08.

Findings: Right IJ central venous catheter is seen, tip of the SVC. Tracheostomy tube is again noted, tip above the carina. An NG tube is seen and the tip extends below the diaphragm and is in the stomach. There appears to be distention of the stomach with air. Stable slight elevation of the right hemidiaphragm. There is improved appearance of bilateral interstitial opacities. No effusion or pneumothorax is seen.

Impression: Appropriately positioned support tubes and lines with slight improved interstitial opacities.

\*\* REPORT SIGNATURE ON FILE 12/05/2008 (11:01:00) \*\*

-----  
Reported By: WILLIAMS, BRAD

CC: KELLY, KEITH MD

TECHNOLOGIST: REBECCA STEGER RT(R)  
TRANSCRIBED DATE/TIME: 12/05/2008 (1103)  
TRANSCRIPTIONIST: FAM1205  
PRINTED DATE/TIME: 12/05/2008 (1103) BATCH NO: 10506

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/25/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000964383 PORTABLE 1 VIEW CHEST

History: Intubated.

CXR: AP view of the chest is obtained and compared to the 11/24/2008 exam.

The endotracheal tube, enteric tube, and right subclavian central lines are stable in position. There are similar small layering pleural effusions with probable bibasilar atelectasis. The appearance of the chest is similar to yesterday's study. The cardiomediastinal contours are unchanged. There is no pneumothorax.

Impression:

1. Stable exam when compared to 11/24/2008.
2. Small layering pleural effusions with bibasilar atelectasis.

\*\* REPORT SIGNATURE ON FILE 11/25/2008 (10:59:00) \*\*

-----  
Reported By: BRIEN, JENNIFER

CC: KELLY, KEITH MD  
RUST, MICHEAL SHANE

TECHNOLOGIST: REBECCA STEGER RT(R)  
TRANSCRIBED DATE/TIME: 11/25/2008 (1100)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/25/2008 (1102) BATCH NO: 10496

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/24/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000964382 PORTABLE 1 VIEW CHEST

History: Pancreatitis.

Findings: Today's exam is compared to a prior study dated one day earlier. A right subclavian deep line, endotracheal tube, and NG tube are in place. Bibasilar atelectasis is present and I suspect small effusions. No free air is seen within the hemidiaphragms.

Impression:

1. Bibasilar atelectasis with small effusions.
2. No interval line changes.

\*\* REPORT SIGNATURE ON FILE 11/24/2008 (09:54:00) \*\*

-----  
Reported By: HAROLD HALFHILL, MD

CC: KELLY, KEITH MD  
RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 11/24/2008 (0955)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/24/2008 (0957) BATCH NO: 10495

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/18/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000962794 PORTABLE 1 VIEW CHEST

History: Pancreatitis, on a ventilator.

A portable upright chest radiograph was obtained and compared to yesterday's examination. The endotracheal tube, NG tube, and right-sided central venous catheter are again appreciated. The level of inspiration is shallow with increased masses again noted in the lung bases, suspect atelectasis particularly on the right. The radiographic appearance is felt to be essentially unchanged.

Impression: Stable one day appearance of the chest.

\*\* REPORT SIGNATURE ON FILE 11/18/2008 (09:59:00) \*\*

-----  
Reported By: PAUL JOHNSON, MD

CC: KELLY, KEITH MD  
RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 11/18/2008 (1001)  
TRANSCRIPTIONIST: 2434RLC  
PRINTED DATE/TIME: 11/18/2008 (1002) BATCH NO: 10489

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: MEALS, LEE TOLAR MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0504 01  
EXAM DATE: 12/15/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000969714 PORTABLE 1 VIEW CHEST

Portable chest x-ray.

History: Pancreatitis. Short of breath.

04: 24 hours compared with 12/13/2008.

Stable heart and mediastinum.

Tracheostomy tube and right jugular central line unchanged.

Mild basilar infiltrate or atelectasis with partial clearing at the right lower lobe.

No pneumothorax. No new or increased lung disease.

Summary:

1. Persistent left basilar infiltrate.
2. Partial clearing of the right lower lobe.

\*\* REPORT SIGNATURE ON FILE 12/15/2008 (08:49:00) \*\*

-----  
Reported By: R. ERIC SHIELDS, MD

TECHNOLOGIST: SMITH, MELISSA  
TRANSCRIBED DATE/TIME: 12/15/2008 (0851)  
TRANSCRIPTIONIST: n/a  
PRINTED DATE/TIME: 12/15/2008 (0852) BATCH NO: 10516

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DEPARTMENT OF  
RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0504 01  
EXAM DATE: 12/13/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000969265 PORTABLE 1 VIEW CHEST

History: Pancreatitis

Findings: Today's exam is compared to a prior study dated 2 days earlier. A tracheostomy tube as well as a right IJ deep line are in place. There is left basilar atelectasis. A small right-sided effusion is noted blunted the right lateral costophrenic angle. There is some mild elevation of the right hemidiaphragm which is likely chronic.

Impression:

1. Feeding tube removed.
2. Left basilar atelectasis.
3. Small right effusion.

\*\* REPORT SIGNATURE ON FILE 12/13/2008 (09:49:00) \*\*

-----  
Reported By: HAROLD HALFHILL, MD

CC: KELLY, KEITH MD

TECHNOLOGIST: REBECCA STEGER RT(R)  
TRANSCRIBED DATE/TIME: 12/13/2008 (0952)  
TRANSCRIPTIONIST: 5711BKH  
PRINTED DATE/TIME: 12/13/2008 (0953) BATCH NO: 10514

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RADIOLOGY  
270-444-2177

NAME: SHELTON, MARTY J  
PHYS: KELLY, KEITH MD  
DOB: [REDACTED] AGE: 45 SEX: M  
ACCT: 1496964 LOC: 0142 01  
EXAM DATE: 11/27/2008 STATUS: ADM IN  
RADIOLOGY NO:  
UNIT NO: 044756

## RADIOLOGY REPORT

EXAMS: 000965442 PORTABLE 1 VIEW CHEST

History: Intubated.

CXR: AP view of the chest is obtained compared to 11/26/2008 exam.

Tracheostomy tube appears appropriate in position. A right subclavian central line and enteric tubes are stable in appearance. Small layering pleural effusions are present. Right lower lobe opacities may represent atelectasis. The pulmonary vascularity is slightly less prominent. Cardiomeastinal contours are unchanged.

Impression:

1. Life support lines described above.
2. Small layering pleural effusions with right basilar atelectasis.

\*\* REPORT SIGNATURE ON FILE 11/27/2008 (10:18:00) \*\*

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Reported By: BRIEN, JENNIFER

CC: KELLY, KEITH MD  
RUST, MICHEAL SHANE

TECHNOLOGIST: CHASITY D CHANDLER  
TRANSCRIBED DATE/TIME: 11/27/2008 (1019)  
TRANSCRIPTIONIST: 5711BKH  
PRINTED DATE/TIME: 11/27/2008 (1021) BATCH NO: 10498

Medical records copy

PAGE 1

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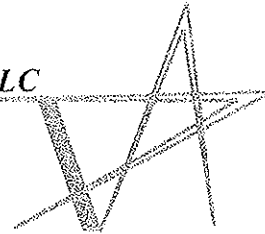
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To: U.S. Dept of Labor  
*Pamela Burr*

From: Gary S. Vander Boegh

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Fax: (904) 357-4704 Date: 12-15-10

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*Pamela*

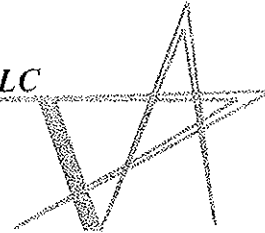
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*Pamela,*  
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