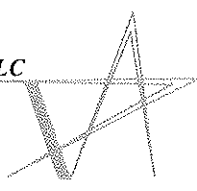


COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
"A Native American Woman Owned Company"



Fax Cover Sheet

To: Hilda Solis & Mr. Bibeault

From: Gary S. Vander Boegh

Fax: (904) 357-4704
(202) 693-6111

Date: 9-07-10

Phone:

Pages: ___ Pages including the Cover Sheet

Re: Joe E. Tilley

CC: Attention Jim Bibeault

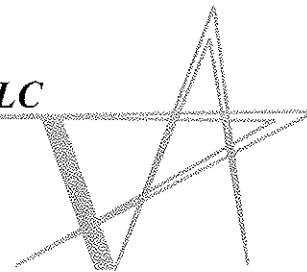
Urgent For Review Please Comment Please Reply Please Recycle

Comments:

[Handwritten signature] 9/16/10

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Woman Owned Company"



Gary Vander Boegh, Vice President
Commonwealth Environmental Services, LLC
4645 Village Square Drive, St. F
Paducah, Kentucky 42001
Telephone: (270) 450-0850
Facsimile: (270) 450-0858

September 12, 2010

U. S. Department of Labor,
Frances Perkins Building, 200 Constitution Ave., NW
Room S-2018
Washington, DC 20210
Facsimile (904) 357-4704

Attention: Jim Bibeault & Madam Secretary Hilda Solis

Employee: Joe E. Tilley
File Number: XXX-XX -3903

Dear Mr. Bibeault and Ms Solis,

As "Authorized Representative" (AR) for employee/ claimant Joe E Tilley, I hereby submit the attached EE-1 form for Chronic Beryllium Disease (CBD) based on statutory requirements 42 USC § 7384l (13) (B) as follows:

- (B) For diagnoses before January 1, 1993, the presence of—
- (i) **occupational or environmental history**, or epidemiologic evidence of beryllium exposure; and
 - (iii) **any three of the following criteria:**
 - (I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities.**
 - (II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.**
 - (III) Lung pathology consistent with chronic beryllium disease.
 - (IV) Clinical course consistent with a chronic respiratory disorder.**
 - (V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

The Department of Labor has further stated, "For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added.)"....

Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. Once it is established that the employee had a chronic respiratory disorder prior to 1993, the CE is not limited to use of medical reports prior to 1993 to meet the three of five criteria."

The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium materials were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>).

(Excerpt)

DOCKET NUMBER: 57973-2005
Decision Date: January 7, 2005

NOTICE OF FINAL DECISION

This is the decision of the Final Adjudication Branch concerning your claim for compensation under Part B of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended, 42 U.S.C. § 7384 *et seq.* (EEOICPA or the Act). This decision affirms the recommended acceptance issued on November 30, 2004.

STATEMENT OF THE CASE

On May 28, 2004, you filed a claim for survivor benefits, as the widow of [Employee], Form EE-2, under Part B of the EEOICPA. You identified "breathing problems" and chronic beryllium disease (CBD) as the claimed conditions. You also filed a Form EE-3 indicating that your husband was employed by F.H. McGraw at the Paducah Gaseous Diffusion Plant in Paducah, Kentucky from 1951 to "I don't remember."

The Department of Energy (DOE) was unable to verify employment, however, they did confirm that F.H. McGraw held a number of contracts, during this time, at the Paducah Site. You submitted Social Security records indicating that your husband was employed by F.H. McGraw from the fourth quarter of 1951 to the third quarter of 1954. Social Security reported maximum reportable earnings (\$3600.00) for 1952, 1953 and 1954. The DOE also submitted a "Personnel Clearance Master Card" from F.H. McGraw and Company that indicated [Employee] was terminated on December 17, 1954 due to a reduction in force; this notice also indicated that a Q Clearance was granted on February 14, 1952.[1]

Based upon the DOE response that F.H. McGraw held a number of contracts from 1951 to 1954 and the security Q clearance notification, the district concluded that the DOE had a business or contractual arrangement with F.H. McGraw. The district office further concluded that your husband worked with F.H. McGraw at the Paducah Gaseous Diffusion Plant for at least one day on December 17, 1954 based upon the reduction in force notice.[2]

The death certificate submitted showed that [Employee] died on October 12, 1999, and the immediate cause of death as congestive heart disease. The death certificate indicated that the surviving spouse was [Claimant]. You submitted a marriage certificate showing that [Employee] and [Claimant] were married on March 23, 1940.

You submitted a medical report dated February 23, 1991, from Lowell F. Roberts, M.D., which indicates a history of chronic obstructive pulmonary disease (COPD), shortness of breath, and dyspnea. A February 23, 1991 X-ray report, from D.R. Hatfield, M.D., indicates a diagnosis of COPD. A February 25, 1991 CT-scan, from Barry F. Riggs, M.D., indicates abnormal nodular densities of the right lower lobe and a diagnosis of COPD. A February 26, 1991 medical report from M.Y. Jarfar, M.D. indicated that pulmonary function tests showed mild obstructive defects and mild diffusing lung capacity defects. You also submitted an X-ray report dated September 6, 1994, from Robert A. Garneau, M.D., that indicated diagnoses of COPD and Interstitial Fibrosis. A November 27, 1994 medical report from David Saxon, M.D., indicated findings of rales and wheezing. A December 2, 1994 medical report from Dr. Saxon, indicates hypoxemia to the left lower lung. A December 2, 1994 medical report from Lowell F. Roberts, M.D., indicated diagnoses of shortness of breath, congestive heart failure, dyspnea and cough, and rales in the lung base. An August 13, 1995 X-ray report from Charles Bea, M.D., indicates a diagnoses of bibasilar infiltrates. A December 30, 1996 X-ray report from Sharron Butler, M.D., indicates an increase of lung markings since the September 14, 1992 study. In the March 1, 1998 X-ray report from Dr. Butler diagnoses of "advanced chronic lung changes, mild interstitial prominence diffusely, and patch density of the posterior right lung" are indicated. An August 19, 1998 CT-scan from James D. Van Hoose, indicates diagnoses of pleural thickening and pulmonary calcifications. An August 6, 1999 pulmonary function test from William Culberson, M.D. indicates a diagnosis of moderately severe restrictive disease. An October 12, 1999 discharge summary from Eric B. Scowden, M.D. indicates diagnoses of progressive shortness of breath, congestive heart disease, COPD, and history of right-sided empyema complicating pneumonia necessitating prolonged chest tube drainage with a continued open sinus tract." Based upon these reports the district office concluded that you had CBD prior to January 1, 1993.[3]

On November 30, 2004, the district office issued a recommended decision concluding that your husband was a covered beryllium employee, that he was exposed to beryllium, and that he had symptoms and a clinical history similar to CBD prior to January 1, 1993. They further concluded that you are entitled to compensation in the amount of \$150,000 pursuant to § 7384s of the EEOICPA.

Section 30.316(a) of the EEOICPA implementing regulations provides that, "if the claimant does not file a written statement that objects to the recommended decision and/or requests a hearing within the period of time allotted in 20 C.F.R. § 30.310, or if the claimant waives any objection to all or part of the recommended decision, the Final Adjudication Branch (FAB) will issue a decision accepting the recommendation of the district office, either whole or in part." 20 C.F.R. § 30.316(a). On December 1, 2004, the FAB received your signed waiver of any and all objections to the recommended decision. After considering the evidence of record, your waiver of objection, and the NIOSH report, the FAB hereby makes the following:

FINDINGS OF FACT

1. You filed a claim for benefits under Part B of the EEOICPA on May 28, 2004.
2. Your husband was employed at the Paducah Gaseous Diffusion Plant for at least one day on December 17, 1954.
3. Medical evidence has been submitted establishing a diagnosis of chronic beryllium disease before January 1, 1993.

4. You were married to the employee from March 23, 1940, until his death on October 12, 1999.

Based on these facts, the undersigned makes the following:

CONCLUSIONS OF LAW

Section 7384s of the Act provides for the payment of benefits to a covered employee, or his survivor, with an "occupational illness," which is defined in § 7384l(15) of the EEOICPA as "a covered beryllium illness, cancer. . .or chronic silicosis, as the case may be." 42 U.S.C. §§ 7384l(15) and 7384s. 42 U.S.C. § 7384l.

Pursuant to § 7384l(13)(B) of the EEOICPA, to establish a diagnosis of CBD before January 1, 1993, the employee must have had "an occupational or environmental history, or epidemiologic evidence of beryllium exposure; and (iii) any three of the following criteria: (I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities. (II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect. (III) Lung pathology consistent with chronic beryllium disease. (IV) Clinical course consistent with a chronic respiratory disorder. (V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred)." 42 U.S.C. § 7384l(13)(B).

The evidence of record establishes that the employee was a covered beryllium employee who had at least three of the five necessary medical criteria to establish pre-1993 CBD under the EEOICPA. Therefore, you have provided sufficient evidence to establish that your husband was diagnosed with pre-1993 CBD, pursuant to § 7384l(13)(B) of the EEOICPA.

The undersigned has reviewed the facts and the district office's November 30, 2004 recommended decision and finds that you are entitled to \$150,000 in compensation.

The decision on the claim that you filed under Part E of the EEOICPA is being deferred until issuance of the Interim Final Regulations.

Washington, DC

Tom Daugherty
Hearing Representative
Final Adjudication Branch

[1] The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium material were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>).

[2] Per Chapter 2-100.3h (January 2002) of the Federal (EEOICPA) Procedure Manual, "The OWCP may receive evidence from other sources such as other state and federal agencies" to support a claim under the EEOICPA.

[3] Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. Once it is established that the employee had a chronic respiratory disorder prior to 1993, the CE is not limited to use of medical reports prior to 1993 to meet the three of five criteria."

Evidence of Joe E. Tilley X-Ray Records, CT Scan, and Misc. Medical Reports For Lung Abnormalities Lungs Nodules, Chronic Bronchitis and Fibrotic Process Diagnosed in 1986 Before January 1, 1993

Joe E. Tilley provides Claimant Attachment (CA) – 001 that consists of his medical records, x-ray reports, and his clinical treatment for his lung abnormalities associated with chronic bronchitis and chronic obstructive pulmonary disease (COPD) prior to January 1, 1993.

1/ CA -001, pg 1 of 4, X-ray report dated March 28, 1984, Paul Boom, MD Western Baptist Hospital. **...”SCATTERED WITHIN BOTH LUNGS ARE SEVERAL EXTREMELY FAINT NODULES....”.....”AT THIS POINT, I FEEL THIS IS MOST LIKELY CHRONIC BRONCHITIS.....”**

2/ CA-001, pg 2 of 4, X-ray report dated November 15, 1984, **“THERE IS A SMALL GRANULOMA IN THE LEFT LOWER LOBE...”**

3/ CA-001, pg 3 of 4, X-ray report dated September 18, 1995, **...“THERE ARE ONE OR TWO SMALL CALCIFIED GRANULOMA N THE LEFT LUNG, WHICH ARE OLD...”**

4/ CA-001, pg 4 of 4, X-ray report dated May 7, 1996, ...”There are multiple calcified granulomas consistent with a healed process....”

5/ CA-002, Summary Report by Steven Markowitz, MD, **“PHYSICAL EXAM FINDING OF WHEEZING....”.....”Your breathing test indicates a pattern of obstructive lung dysfunction...” ...”your medical history of cough with phlegm production for many years is consistent with chronic bronchitis. These findings can be associated with chronic obstructive lung disease....”**

6/ CA-002, pg 3 of 3, Dr. Markowitz letter dated June 30, 2000, **...”YOUR PHYSICAL EXAM SHOWED WHEEZES.....”.....”EVIDENCE OF AN OPACITY (AREA OF INCREASED OPAQUENESS) WAS NOTED OVER THE RIGHT MID -LUNG AREA....”.....”YOUR BREATHING TEST WAS ABNORMAL...”**

7/ CA-003, pages 1 thru 4, present evidence of Mr. Tilley clinical medical treatments for chonic obstructive pulmonary disease and chronic bronchitis with “Prednisone” (corticosteroid therapy) and inhalers/ bronchodialators.

Request for Approval of Part B and Part E Compensation and Medical Benefits for Chronic Beryllium Disease (CBD)

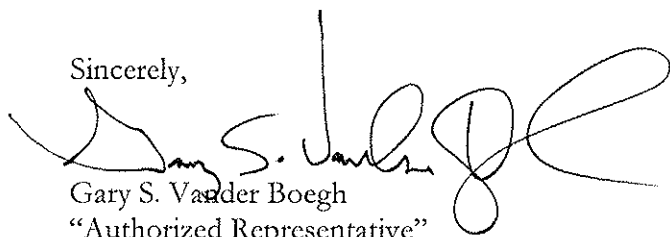
Based on the above medical evidence, Joe E. Tilley has met his burden of proof for EEOICPA Part B Compensation in the amount of \$150,000 and EEOICPA Part E compensation based on the maximum whole body impairment of 100% in the amount of \$250,000, per the statutory

requirements USC § 7384l (13) (B) and Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual established for all sick nuclear workers per the Act.

More importantly, Joe E. Tilley is entitled to medical benefits for his diagnosed illness of Chronic Beryllium Disease, that includes all consequential illnesses that are related to his CBD.

Please feel free to contact me at 270-559-1752 or 270-450-0850.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary S. Vander Boegh". The signature is fluid and cursive, with a large, stylized "G" and "B".

Gary S. Vander Boegh

"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis w/Attach (Priority Mail) & fax (202) 693-6111

U.S. Department of Labor
200 Constitution Avenue, NW
Room S-2018
Washington, DC 20210

NAME: TILLEY, J. E.
MEDICAL NO: 4183
DATE: 3/28/84



WESTERN BAPTIST HOSPITAL

2501 KENTUCKY AVE.
PADUCAH, KENTUCKY 42001X-RAY REPORT

CHEST:

The cardiovascular structures are normal. Scattered within both lungs are several extremely faint nodules. These are all small, ranging in size from about 3 millimeters to 7 to 8 millimeters. The majority are on the right side. On review of old films, the interstitial markings are somewhat prominent, but these nodules are not definitely seen to this extent. As stated, they are extremely faint. At this point, I feel that this is most likely some type of reticulonodular fibrotic process, perhaps related to chronic bronchitis or heavy smoking, although the nodules are worrisome for possible early metastatic disease. This should certainly not be considered diagnostic however. I believe however, that further evaluation is indicated. I would suggest full lung tomography as the next step in evaluation. If this is not helpful, CT scanning of the thorax would be another means of study.

A handwritten signature in cursive that reads "Paul Boom, M.D." with a circled "M.D." at the end.

PAUL BOOM, M.D.

PB/040484

WP33.040584.3X

X-RAY REPORT

12557
NAME: Tilley, J. E.
MEDICAL NO: 4183
DATE: 11/15/84

CHEST:

The six months follow-up examination shows no significant abnormality. Small spurs are present in the thoracic spine and there is a small granuloma in the left lower lobe. This is all stable. The calcification at the anterior end of the right 1st rib is also stable.

IMPRESSION:

Negative for age.

PB:ah

OFFICIAL USE ONLY

CLAIMANT ATTACHMENT 001

PAGE NO. 2 OF 4

X-RAY REPORT

NAME: Tilley, J.E.
MEDICAL NO: 4183
DATE: 9/18/85

CHEST:

The cardiovascular structures are normal. There are one or two small calcified granulomas in the left lung which are old. There is moderate degenerative disc disease in the mid thoracic spine and some associated spur formation. I see no acute abnormality.

PB:ah

11-20-86

LEFT THUMB, FOUR VIEWS: *There is some very soft speckled calcification just around the distal tuft. This may be mild crushing of the unguis tuft, otherwise, the distal phalanx is intact.*

KHC/bp

R.B.

OFFICIAL USE ONLY

R.B.

CLAIMANT ATTACHMENT 001

PAGE NO. 3 of 4

NAME: Tilley, JE
CHART: 4183
DATE: 05/07/96

WESTERN BAPTIST HOSPITAL
MARTIN MARIETTA X-RAY REPORT

HISTORY:
Routine.


2501 Kentucky Avenue
Paducah, KY 42003-3200

CHEST:

Frontal and lateral views of the chest are obtained. There is no active pulmonary process. There are multiple calcified granulomas consistent with a healed process. Heart and mediastinum are normal. Bone structures show mild degenerative change. Compared to the previous examination of 05/06/93 there has been no significant change.

IMPRESSION:

- 1. No active process.



D. R. Hatfield, M.D.

DRH/ts
DD: 05/07/96
DT: 05/07/96
TT: 10:35

MARTIN MARIETTA X-RAY REPORT
10043662B

OFFICIAL USE ONLY

CLAIMANT ATTACHMENT 001

PAGE NO. 4 of 4



Worker Health Protection Program at DOE Gaseous Diffusion Plants

PACE
P.O. Box 1475
Nashville, TN 37202

Robert Wages, Principal Investigator

Sylvia Kieding, Project Coordinator
Phone #: (303) 759-2604

Center for the Biology of Natural Systems
Queens College
Flushing, NY 11367

Steven Markowitz, MD, Project Director
Board-Certified in Occupational and Internal Medicine

Participants' toll free phone #:
1-888-241-1199

June 30, 2000

Joe Tilley

Dear Mr. Tilley,

We are writing to notify you of the results of your medical screening examination that you had on June 6th, 2000 at the Prime Care Center at West Park Village. This medical screening examination consisted of a physical exam, a breathing test (spirogram), a chest x-ray, a hearing test (audiogram), and laboratory tests of blood and urine. These tests were done to evaluate whether you may have developed certain medical conditions as a result of your work at the Paducah Gaseous Diffusion Plant. Please note that this evaluation is not intended to serve as a comprehensive assessment of your overall health. We hope that a summary of the results of these various tests and recommendations for further evaluation (when appropriate) will be helpful to you.

Physical Exam

Your physical exam showed wheezes. Your stool was tested for blood, and none was found.

Chest X-ray

Your chest x-ray showed no acute lung disease. The B reading, which is a special interpretation to note the presence of work-related dust diseases of the lungs, showed no evidence of dust-related abnormality. Evidence of an opacity (area of increased opaqueness) was noted over the right mid-lung area.

Breathing Test

Your breathing test was abnormal. It showed a mild decrease in the airflow through your lungs. The volume of air in your lungs was normal.

Hearing Test

Your hearing test was abnormal. At normal speech tones, it showed a severe hearing loss in the right ear and a moderate to severe hearing loss in the left ear. At higher pitched tones, it showed no response in the left ear and a severe hearing loss in the right ear.

CLAIMANT ATTACHMENT 002

PAGE NO. 1 OF 3

p. 2, Mr. Tilley

Blood and Urine Tests

Your blood chemistry tests, which included kidney and liver function tests, were essentially normal, as were your red and white blood cell counts. Your urinalysis test was normal.

Summary and Recommendations

The physical exam finding of wheezing can be related to certain types of lung conditions. The abnormality of your breathing test indicates a pattern of obstructive lung dysfunction. Also, your medical history of cough with phlegm production for many years is consistent with chronic bronchitis. These findings can be associated with chronic obstructive lung disease. This condition can be caused by occupational exposure to certain agents. You indicate that you worked at the gaseous diffusion plant for many years and were exposed to a number of irritants at the plant. Your history of exposure to toxic agents at the gaseous diffusion plant, especially acids and bases, if airborne and on a regular basis, contributed to the development of this condition. We recommend a one-time pneumococcal vaccine, a yearly influenza vaccine and prompt treatment of any chest colds.

The chest x-ray B read finding of an opacity over the right mid-lung area should receive follow-up as soon as possible. Please discuss this finding with your physician to have these films compared with previous films in order to determine proper follow-up, which may include a CAT scan.

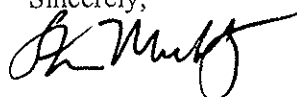
The abnormal hearing test could have been caused by a variety of factors, including noise exposure and aging. Given your history of noise exposure at the gaseous diffusion plant, it is likely that occupational noise exposure contributed to your hearing loss. Since the left ear could not be evaluated at higher pitched tones, we recommend follow-up with an audiologist for a more complete assessment. If you decide to pursue this, we would like a copy of the results.

We hope that this evaluation has addressed some of your concerns about your health. As a way to protect your overall health, we recommend periodic check-ups with your personal physician.

If you intend to file a workers' compensation claim, we recommend that you contact an attorney immediately. If you need assistance, you may contact the PACE coordinator, Phillip Foley at (270) 851-3187.

We thank you for your interest and participation in the Worker Health Protection Program. Enclosed is a copy of your results. If you have any further questions or comment about your results, please call us (toll-free) at 1-888-241-1199.

Sincerely,



Steven Markowitz, M.D.

enc.

cc: Dr. Richard Hudson

CES0042

Worker Health Protection Program at DOE Gaseous Diffusion Plants



PACE
P.O. Box 1475
Nashville, TN 37202

Robert Wages, Principal Investigator

Sylvia Kieding, Project Coordinator
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June 30, 2000

Joe Tilley
[REDACTED]

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Hearing Test

Your hearing test was abnormal. At normal speech tones, it showed a severe hearing loss in the right ear and a moderate to severe hearing loss in the left ear. At higher pitched tones, it showed no response in the left ear and a severe hearing loss in the right ear.

PROGRESS NOTES
 JOE TILLEY
 05/25/95

34292WHC

SUBJECTIVE: He has been stable since discharged from the hospital. He has been using his 3 inhalers on a regular basis. He is off Prednisone and antibiotics.

OBJECTIVE: WT 199.5. BP 122/82. Pulse 88. His chest is quite clear today. He did have hematuria and is to see Dr. Brigance next week because of this.

PLAN: He is to continue his pulmonary medicines the same. He will return in 3 months. I plan to repeat his PFTs in the future because he has been a smoker in the past and I want to see if his pulmonary functions improve significantly after smoking cessation.

9-24-95 No Show letter made 8/22/95 JP

@x

TILLEY, Joe

07/01/96

He has been having some persistent problems with congestion which has gradually worsened recently. I have not seen him in more than a year. He did stop smoking several months ago but has continued to have congestion. He has been using inhalers on a regular basis including Atrovent, Proventil and AeroBid. On examination, his weight is 202. Blood pressure is 114/72. He did have scattered rhonchi with some wheezes bilaterally. Chest x-ray was obtained in the office showing no evidence of infiltrates.

ASSESSMENT:

1. Acute bronchitis in patient with chronic lung disease.

PLAN: He is to take Ceftin for ten days. Also gave him tapering Prednisone for next several weeks. I gave him refills for his inhalers including AeroBid, Atrovent and Proventil and he is to return in four months. WHC/kpl

9-25-96 JP

05/05/97

34292WHC

JOE TILLEY

SUBJECTIVE: I have not seen him in several years. He does use Atrovent, Proventil, and Aerobid, on a regular basis. He has been having problems with continued congestion at times.

OBJECTIVE: WT 204. BP 112/78. Pulse 80. He does have COPD with recurrent exacerbations. I told him to continue to take Atrovent, Proventil, and Aerobid the same. Return to see me in four months. We did a CXR today because it had been more than a year since he had one. CXR shows evidence of several small nodular densities although it is quite stable with an x-ray obtained more than a year ago.

ASSESSMENT: COPD with stable CXR.

PLAN: No change in therapy. Return in six months. I did give him Uniphyl 400 mg to try at HS on a PRN basis.

WHC/rlt

CLAIMANT ATTACHMENT 003

PAGE NO. 1024

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue
Paducah, Kentucky 42003

NAME: Tilley, Joe E.
CHART: 755808-7
DOCTOR: William H. Culbertson, M.D.
ADM: 04/27/95
DIS: 05/02/95
ROOM: _____

DISCHARGE SUMMARY

FINAL DIAGNOSIS:

1. Chronic obstructive pulmonary disease with acute bronchospasm and infection.
2. Status post cholecystectomy.

HISTORY:

This white male with a previous history of heavy smoking and gallbladder surgery presented to the emergency room because of cough, congestion and diffuse wheezing. He had been treated on an outpatient basis with oral bronchodilators through the RediCare Center. He had not had a regular physician in the past. He had been a smoker up until approximately one month prior to this admission. He presented to the emergency room with rather intense bronchospasm and was admitted for treatment with intravenous bronchodilators and further measures.

HOSPITAL COURSE:

Chest x-ray showed chronic obstructive pulmonary disease but no active infiltrates. The CBC with differential was normal. He did have evidence of microscopic hematuria but this had been evaluated previously by Dr. Seabury with a totally negative work-up. He is felt to have microscopic hematuria unrelated to any significant renal pathology. He has had CT of his kidneys and cystoscopies in the past. His other laboratory studies were essentially unremarkable. His PSA was 1.06, cholesterol is 227. Arterial blood gases revealed a pA02 of 65 on room air. Pulmonary function studies prior to discharge revealed an FEV-I of 54%, 1.83 liters.

The patient was felt to have primarily asthmatic bronchitis but in addition to chronic obstructive pulmonary disease due to cigarette smoking. He was treated with intravenous, followed by oral corticosteroid therapy. He also received intravenous Claforan, followed by oral antibiotics. He gradually did improve and at the time of discharge, his pulmonary status was stabilizing, though he continued to have some wheezing. He did receive pulmonary rehabilitation measures during his hospitalization and was strongly encouraged to remain off the cigarettes.

CONTINUED...

DISCHARGE SUMMARY

Tilley, Joe E.
755808-7
M:

DISCHARGE SUMMARY

Page 2

DISPOSITION:

I: DISCHARGE MEDICATIONS:

1. Atrovent Inhaler, 2 puffs q.i.d.
2. Proventil Inhaler, 2 puffs q.i.d.
3. Aerobid Inhaler, 3 puffs b.i.d.
4. Prednisone to be tapered over 15 days.
5. Ceftin, 250 mg b.i.d. x7 days.

II: He is to return to see me in several weeks on an outpatient basis. He does have a high cholesterol and this will need to be monitored, in addition to his asthmatic bronchitis.

William H. Culbertson, M.D.

WHC/lw
DD: 05/02/95
DT: 05/04/95

CLAIMANT ATTACHMENT 003

PAGE NO. 3 OF 4

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue
Paducah, Kentucky 42003

NAME: Tilley, Joe E.
CHART: 755808-7
DOCTOR: William H. Culbertson, M.D.
ADM: 04/27/95
DIS:
ROOM: 445-1

HISTORY AND PHYSICAL EXAMINATION

HISTORY:

This is a white male with a previous history of chronic lung disease, who has been a heavy smoker in the past, but does not smoke a present. He has had gallbladder surgery in the past. He was seen in the RediCare center several weeks ago and was treated with Biaxin in addition to Proventil. He has had progressive wheezing and is now admitted for treatment with intravenous antibiotics, bronchodilators and further measures.

PAST HISTORY:

Pertinent in that he has been a smoker in the remote past. He has a history of chronic lung disease with exacerbations of wheezing and asthma.

PHYSICAL EXAMINATION:

Blood pressure 156/100, respirations 16, pulse 100, temperature 98.1.
HEAD AND NECK: No palpable adenopathy, jugular venous distension, or carotid bruits.

CHEST: Reveals wheezes diffusely bilateral with prolongation of expiration.

CARDIAC: No murmurs or gallops.

ABDOMEN: Soft. He does have a scar from previous gallbladder surgery.

EXTREMITIES: No clubbing, cyanosis, or edema.

NEUROLOGICAL: No focal deficits.

ASSESSMENT:

1. Intrinsic asthma and chronic lung disease with diffuse bronchospasm.
2. History of cholecystectomy.

William H. Culbertson, M.D.

WHC/lw

DD: 04/27/95

DT: 04/28/95

HISTORY AND PHYSICAL EXAMINATION

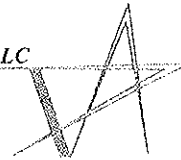
CLAIMANT ATTACHMENT 003
PAGE NO. 4 OF 4

*** FAX TX REPORT ***

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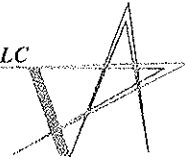
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