

## Fax Cover Sheet

To: Rachel Leiton, Jim Bibeault,  
Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-1465  
(904) 357-4704  
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Date: 10-21-10

Phone: (270) 450-0850

Pages: \_\_\_ Pages including the Cover Sheet

Re: Greg Lahndorff  
File: xxx-xx-6558

CC: Attention Ms. Leiton

☐ Urgent    ☒ For Review    ☐ Please Comment    ☒ Please Reply    ☐ Please Recycle

### Comments:

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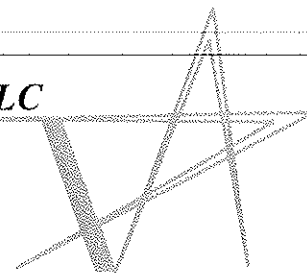
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**COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**

"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

October 21, 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/Claimant: Gregory K. Lahndorff  
File Number: XXX-XX-6558

Dear Ms. Leiton, Mr. Bibeault and Madam Solis,

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>). As "Authorized Representative" (AR) for claimant Gregory Lahndorff, I hereby respectfully submit the attached "EE-1 form" and "Claimant Attachments (CA-001- CA-004)" that support the claimant's Part B and Part E claims for compensation and medical benefits for Chronic Beryllium Disease (CBD). Mr. Lahndorff's respiratory disease diagnosis prior to January 1, 1993, allows Mr. Lahndorff to have his Energy Employee Occupational Illness Compensation Program (EEOICP) CBD claim evaluated based on statutory requirements 42 USC § 7384i (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.)"....

**EEOICPA Procedures and Prior Case Reference Supporting Gregory Lahndorff's CBD Claim for Compensation and Medical Benefits**

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."

**(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.**  
**(emphasis added)...**

...."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 (emphasis added)** based upon the reduction in force notice.[2]...."

....."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(emphasis added).** 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.  
(emphasis added)**

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). (emphasis added)**

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

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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/facility/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. (emphasis added) 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."** (emphasis added)

### **Gregory K. Lahndorff's Medical Reports, Radiology Report and Tissue Analysis Report Established Lung Disease and Chronic Obstructive Pulmonary Disease (COPD) Reflecting Compliance With Pre-1993 CBD Criteria**

Gregory K. Lahndorff provides Claimant Attachment (CA) – 001 which is a variety of pre-1993 medical and x-ray reports; CA-002 is a Spirometer test dated 12/18/91; and CA-003 contains various other medical notes showing his continual medical treatment; CA-004 are pulmonary prescription information; CA-005 is a memo from Peter Turcic dated 08/25/05 in support of the claim for CBD as follows:

1/ CA-001, On 12/15/76 a X-ray of the chest showed parenchymal and hilar calcifications. A chest X-ray on 2/12/81 showed calcified granulomatous disease. There were changes present in a X-ray report dated 3/11/85. On 7/30/91 calcified hilar nodes are present.

**Conclusion: Compliance pursuant with § 7384L(13)(B) , Criteria I.**

2/ CA-002, The Spirometer test depicts a result below the predicted normal range.

**Conclusion: Compliance pursuant with § 7384L(13)(B), Criteria II.**

3/ CA-003, The various post-1993 medical and X-ray reports show Mr. Lahndorff's continued medical treatment for his respiratory conditions.

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**Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I & IV.**

4/ CA-004, Greg Lahndorff presents his prescription information for his Albuterol and Advair

**Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's IV.**

5/ CA-005, "Memorandum from DEEOICP Director Peter Turic" dated 8/25/05 regarding causal relationship between respiratory disorders and CBD.

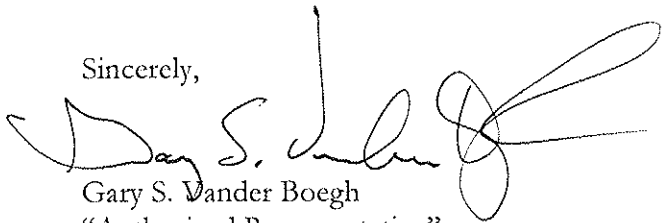
**Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I, II.**

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

Based on the above medical evidence, Greg Lahndorff has met his statutory burden of proof for EEOICPA Part B Compensation in the amount of \$150,000 and EEOICPA Part E compensation based on the whole body impairment established by a physician of his choice Dr. Craig Uejo not to exceed \$250,000, per the statutory requirements USC § 7384l (13) (B). **More importantly, Greg Lahndorff is entitled to medical benefits for his "statutorily established" illness of Chronic Beryllium Disease, that includes all consequential illnesses related to his CBD per the Peter Turic memorandum regarding "Chronic Pulmonary Disease", dated 8/25/2005**

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

Sincerely,



Gary S. Vander Boegh

"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis by facsimile (202) 693-6111

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

Malcolm Nelson, EEOICP Ombudsman (by email and facsimile)  
David Nolan, Esq. (by email w/attachments)

**Claim for Benefits Under the Energy Employees  
Occupational Illness Compensation Program Act**

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs



**Note:** Provide all information requested below. Do not write in the shaded areas.

OMB Number: 1215-0197  
Expiration Date: 08/31/2010

**Employee Information** (Please Print Clearly)

**1. Name** (Last, First, Middle Initial)

Lahndorff Gregory

**2. Social Security Number**

[REDACTED]

**3. Date of Birth**

[REDACTED]  
Month Day Year

**4. Sex**

☒ Male ☐ Female

**5. Dependents**

☐ Spouse ☐ Children ☐ Other:

**6. Address** (Street, Apt. #, P.O. Box)

[REDACTED]

(City, State, ZIP Code)

[REDACTED]

**7. Telephone Number(s)**

a. Home: [REDACTED]

b. Other: ( ) -

**8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related** (check box and list specific diagnosis)

☐ **Cancer** (List Specific Diagnosis Below)

a.

b.

c.

☐ **Beryllium Sensitivity**

☒ **Chronic Beryllium Disease (CBD)**

☐ **Chronic Silicosis**

☐ **Other Work-Related Condition(s) due to exposure to toxic substances or radiation** (List Specific Diagnosis Below)

a.

b.

c.

**9. Date of Diagnosis**

Month Day Year

12 15 1976

**Awards and Other Information**

10. Did you work at a location designated as a Special Exposure Cohort (SEC)?

☒ YES ☐ NO

11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?

☐ YES ☒ NO

12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)?

☐ YES ☒ NO

13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)?

☐ YES ☒ NO

14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?

☐ YES ☒ NO

15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?

☐ YES ☒ NO

If yes, provide RECA Claim #: [REDACTED]

16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?

☐ YES ☒ NO

**Employee Declaration**

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

**Resource Center Date Stamp**

[Signature]  
Employee Signature

10/11/2010

Date

Form EE-1  
April 2005





UNION CARBIDE CORPORATION  
NUCLEAR DIVISION

X-RAY EXAMINATIONS BD: [REDACTED]

Medical No.	Name	Reading
3-31-75 Pre-Emp.	LAHNDORFF, GREGORY KENT	X-rays of the chest - appear normal. RHR:reb
3/12/76		X-rays of the 1st first digit, left hand - appear normal. RHR:reb
6/7/76		X-rays of a portion of the left leg - show no bone nor joint injury. There appears to be an area of slight swelling over the tibia anteriorly middle one-third. RHR:reb
8-17-76		X-rays of a portion of the left leg appear normal. RHR:arl
12/15/76 IPE		X-rays of the chest - show a few parenchymal and hilar calcifications without evidence of active lung disease. RHR:icz
4-7-77		KUB: Gas pattern is normal. There are no opaque calculi. There is no free air. The osseous structures appear normal. Impression: Negative KUB. PB:pem
11/7/77		Right Elbow: AP and Lateral views of the right elbow are normal. PB:ejw
4/4/79 Per.		Chest; PA and Lateral views of the chest show no detectable change since a previous chest examination. WFC:ejw
5-16-79 Spec		Thumb: Multiple views of the thumb, show no fractures. Follow up filming is suggested if symptoms persist, however. WFC:ejw

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CLAIMANT ATTACHMENT 001

PAGE NO 100 5



UNION CARBIDE CORPORATION  
NUCLEAR DIVISION

P	SITE		
VIS	BADGE NO.	CHART	
3	401-68-6558	4785	
LAST NAME		INITIALS	
LAHNDORFF		G K	
SEX	GROUP	BIRTH DATE	AGE
1			

X-RAY EXAMINATIONS

READING:

2-26-80

Left Elbow: Negative for fracture or dislocation.

PB:ejw

1-15-81

Left Third Finger: There is a deformity of the distal phalanx which appears old. I do not identify any definite acute abnormalities. If occult fracture is clinically suspected, follow up filming in one week is suggested.

PB:ejw

2-12-81

Chest: PA and Lateral views of the chest show calcified granulomatous disease in the hilum bilaterally. Active parenchymal disease is not identified in either lung and no detectable change has occurred since the previous chest examination of over one year ago.

WFC:ejw

4-8-82  
Per.

Chest: The heart is normal in size and shape. The lungs are normally expanded and are free of active parenchymal disease. The mediastinal structures are not displaced and both hemidiaphragms are normal. There is no pleural change and the bony thorax is intact.

Impression: Normal Chest.

PB:ejw

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CLAIMANT ATTACHMENT 001

PAGE NO. 285

14941

X-RAY: REPORT

NAME: Lahndorff, G.K.  
MEDICAL NO: 4785  
DATE: 3/11/85

CHEST:  
Minimal fibrocalcific changes are present. There is no evidence of active disease.

IMPRESSION:  
Negative chest.

PB:ah

DATE: 05-05-86

RIGHT WRIST FOR INJURY: No obvious fracture is discerned, old or recent. The carpal bones are normal. There is no fracture of the distal radius or ulna. The metacarpal bones are also normal.

IMPRESSION: NEGATIVE RIGHT WRIST.

KHC/lsc

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CLAIMANT ATTACHMENT 001

PAGE NO. 385

3-7-88 cy to pd for lmd 20



WESTERN BAPTIST HOSPITAL  
WHERE YOUR NEEDS COME FIRST  
2501 KENTUCKY AVE.  
PADUCAH, KENTUCKY 42001

NAME: Lahndorff, G. K.  
CHART: 4785  
DATE: 03/30/88

MARTIN MARIETTA X-RAY REPORT

CHEST:  
Calcific scarring is present bilaterally. No active disease is seen and  
no change from 03/11/85. *gl.*

RAD/040688  
(X-RAY REPORT)

WP32.040688.3X

R. A. Davis, M.D.  
CLAIMANT ATTACHMENT 001  
PAGE NO. 485

NAME: Lanhdorff, G.K.  
CHART: 4785 , 14741  
DATE: 07/30/91



**WESTERN BAPTIST HOSPITAL**  
*WHERE YOUR NEEDS COME FIRST*  
2501 KENTUCKY AVE.  
PADUCAH, KENTUCKY 42001

MARTIN MARIETTA X-RAY REPORT

PA AND LATERAL CHEST:

Calcified hilar nodes are noted. A few scattered calcified granulomata are present. The heart is normal in size. The lungs are clear. No significant bony abnormality is identified.

IMPRESSION:

Negative two-view chest.

RN

*M*

Tim Crossett, M.D.

TC/ah  
DD: 08/05/91  
DT: 08/05/91

MARTIN MARIETTA X-RAY REPORT

CHART COPY

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CLAIMANT ATTACHMENT 001

Co-PAGE NO. 9/31/91 505

# Best Test Summary

Tech ID: 1 Test Loc: 1  
 Patient Name: G.K. Lahndorff  
 Patient ID: 14741  
 Age (yrs): 43 Date: Dec 18, 1991  
 Height (in): 71 Time: 8:04 AM  
 Sex: male  
 Pred Values: Knudson (100%) expiratory  
 Puritan-Bennett PB900A  
 Software revision: B01

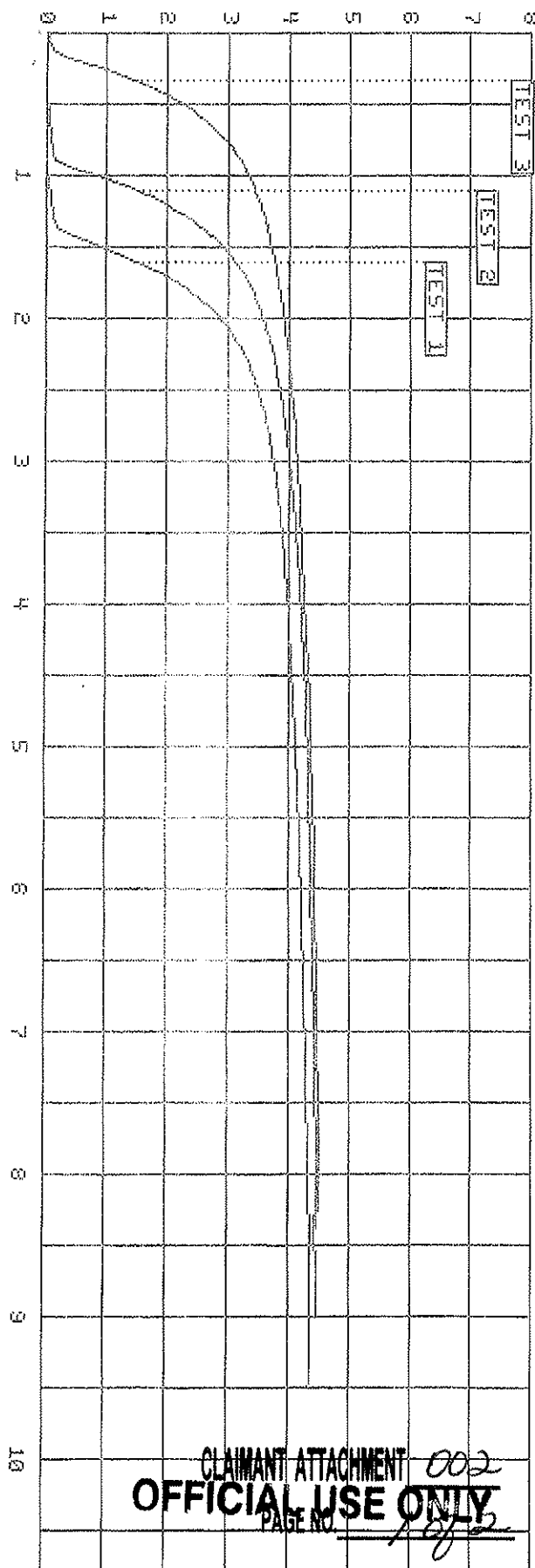
## Pre-Medication Results

	Actual	Pred	% Pred	Test
FVC:	4.48	5.02	89.3	3
FEV1:	3.43	4.01	85.5	3
%FEV1:	76.7%	80.02	95.8	
FEV 3:	4.13	4.78	86.3	3
25-75%:	2.88	4.92	58.5	3
75-85%:	0.62	1.12	55.6	3
PEF:	8.72	9.45	92.2	3
FEF 25%:	6.43	8.75	73.5	3
FEF 50%:	3.70	6.40	57.8	3
FEF 75%:	1.01	3.28	30.9	3

Variability: FVC 1.05% FEV1 0.68%

Report based on: **OFFICIAL USE ONLY**

3 pre FVC test(s)



CLAIMANT ATTACHMENT 002  
**OFFICIAL USE ONLY**  
 PAGE NO. 1872

Ohio Medical Products

PN 617-0021-300

NAME H. K. Samardoff

AGE 34

HT. 71"

SEX M

WT. 140

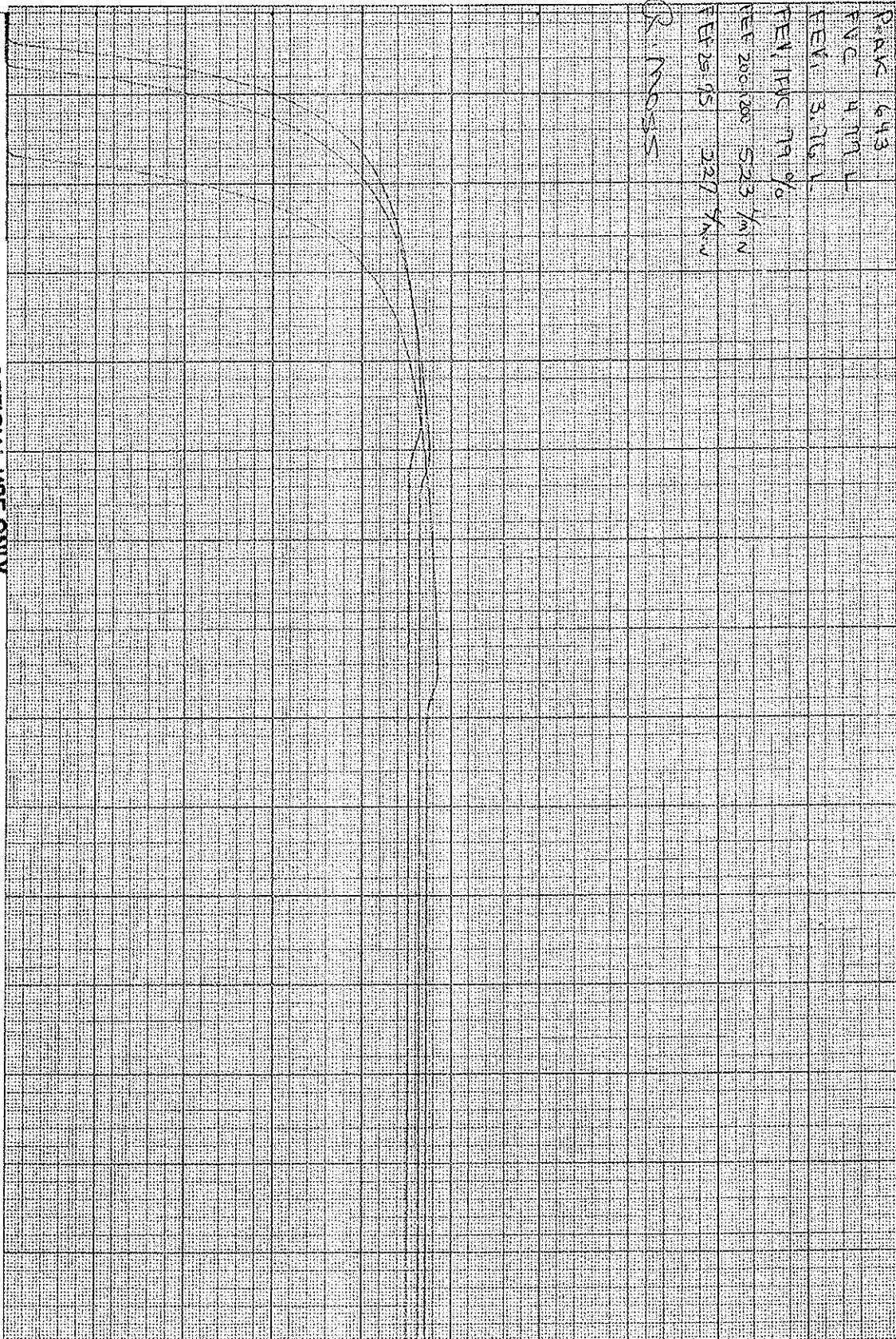
BSA

23°

DATE

4-8-82

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CLAIMANT ATTACHMENT 002

PAGE NO. 2 of 2



NAME: Lahndorff, G. K.  
CHART: 14741  
DATE: 05/05/93

**WESTERN BAPTIST HOSPITAL**

MARTIN MARIETTA X-RAY REPORT

2501 Kentucky Avenue  
Paducah, KY 42003-3200

ROUTINE CHEST


CHEST, PA AND LATERAL VIEWS:

The current exam is compared to prior studies.

Calcific scarring is noted bilaterally, unchanged.

However, in the right lower lung field, there is a new nodular density seen on the PA view only, projected between the posterior eighth and ninth ribs. The nature of this is non-specific. It could represent some superimposed density, but the possibility of parenchymal based mass should be excluded. I would recommend initial follow up PA chest radiograph. If this density is reconfirmed, then CT correlation would be suggested.

No other abnormality is seen.

  
\_\_\_\_\_  
R. A. Davis, M.D.

RAD/la  
DD: 05/10/93  
DT: 05/10/93  
TT: 19:22

MARTIN MARIETTA X-RAY REPORT  
20013542B

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CLAIMANT ATTACHMENT 003

PAGE NO. 126/15

CHART COPY



NAME: Lahndorff, G. K.  
CHART: 4785 14741  
DATE: 07/28/93

## WESTERN BAPTIST HOSPITAL

2501 Kentucky Avenue  
Paducah, KY 42003-3200

### MARTIN MARIETTA X-RAY REPORT

FOLLOW UP CHEST

#### CHEST, TWO VIEWS:

Comparison is made to a prior study from 5/5/93. There is a persistent nodular density projecting over the anterolateral portion of the right sixth rib. There is an adjacent small, densely calcified granuloma. The lungs are otherwise clear.

#### IMPRESSION:

1. Persistent, apparent nodule projecting over the right mid lung. A CT correlation has been previously suggested if this nodule remains present.

*pm*  
8-6-93  
Neg. CT scan  
2 m.  
5-18-93



William E. Adams, M.D.

WEA/la  
DD: 08/02/93  
DT: 08/02/93  
TT: 18:54

MARTIN MARIETTA X-RAY REPORT  
10019581B

CHART COPY

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CLAIMANT ATTACHMENT 003

PAGE NO. 2 of 15

WESTERN BAPTIST HOSPITAL  
2501 KENTUCKY AVENUE  
PADUCAH, KY 42003-3200

NAME: LAHNDORFF, GREGORY  
CHART: [REDACTED]  
ROOM: PT:P OPT/REFER  
DOB: [REDACTED]  
TEST: 766310 CHEST PA AND LATERAL /ER  
EXAM DATE: 12/15/99 TRANS NBR: 1098790  
DOCTOR: JAMES N. EICKHOLZ / JAMES N. EICKHOLZ  
DOCTOR: JAMES N. EICKHOLZ

RADIOLOGY REPORT

cla/2414  
ADMITTING HISTORY:  
Chest congestion.

DATE: 12/15/99

CHEST, TWO VIEWS:  
TRANS # 1098790  
No previous films. Remote granulomatous disease is identified.  
No evidence of failure or pneumonia.

IMPRESSION:  
1. No active disease.

Read by ROBERT A. GARNEAU M.D.  
RAG/cla 12/15/99 13:20

LAHNDORFF, GREGORY

CHEST PA AND LATERAL Page: 1  
\*\*\*\*\* CHART COPY \*\*\*\*\*

CLAIMANT ATTACHMENT 003  
PAGE NO. 38/15

NOV 26 1999

WT 176 B/P 112/78 C/O *Obetter*

11/29/99 GREG LAHNDORFF

He comes in with generalized fatigue. He is having quite a bit of sinus drainage and congestion. Denies headache, chest pain, or other complaints.

EXAM: HEENT: He is tender over the maxillary as well as frontal sinus cavities and they do not transilluminate very well. CV: RRR. Chest: Clear.

A: Acute sinusitis/fatigue. P: Gave him some antibiotics and decongestants. Checked his thyroid today.

JE/jkf D: 11/29/99 T: 11/30/99

DEC 14 1999

WT 176 B/P 134/76 C/O *Obetter, cong*

12/14/99 GREG LAHNDORFF

He comes in. Still having quite a bit of cough, cold and congestion. Gave him some antibiotics and it seemed to have loosened up. He still is having some pain with deep inspiration. No tenderness to deep palpation along the anterior chest wall. Occasional wheeze is noted.

EXAM: HEENT: Otherwise unremarkable. Chest: Clear.

A: Chronic bronchitis. P: We are going to set him up for a chest x-ray for further delineation of his problem. He inquires about a heavy metal screen in the future.

JE/jkf D: 12/14/99 T: 12/15/99

JAN 06 2000

WT 173 B/P 132/80 C/O *cong, cough, HA*

1/6/00 GREG LAHNDORFF

Presents with cough, cold and congestion. Had it approximately one month ago. Completely cleared. Now returned for two days.

EXAM: HEENT: OP is extremely erythematous. CV: RRR. Chest: Occasional wheeze.

A: Acute bronchitis. P: OmniCef and continue with his cough meds that he has at home. JE/jkf D: 1/6/00 T: 1/7/00

JAN 13 2000

C/O *Obetter, diarrhea, chills, N/V*

1/13/00 GREG LAHNDORFF

Reviewed the ER notes. Apparently he came in with some diarrhea with a viral syndrome. Is concerned about the possibility of C. difficile. The C. difficile is not available yet.

EXAM: HEENT: Unremarkable. CV: RRR. Chest: Clear. Abdomen: Soft and benign.

A: Persistent diarrhea. P: Trial of some Lomotil. DC the JE/jkf D: 1/13/00 T: 1/14/00 Levoquin for now.

CLAIMANT ATTACHMENT 004

PAGE NO. 4815

LAHNDORFF, GREGORY  
8037222012 M 52Y  
DR. J MCCracken  
ODS 02/25/48

NAME: Lahndorff, Gregory  
CHART: 49031  
DOCTOR: Conyer  
ROOM: Prime Care I  
DOB: [REDACTED]

X-RAY REPORT

ADMITTING PROBLEM/HISTORY:  
USEC physical examination.

DATE: 09/26/00

CHEST:

Frontal and lateral views of the chest demonstrates small bilateral calcified granulomas. The heart size and pulmonary vasculature are within normal limits. No lung consolidation or effusion is seen and the bony structures are unremarkable.

IMPRESSION:

1. No active disease.

Dictated by: W. Jeffrey Brannick, M.D.

WJB/tlk

09/27/00

CLAIMANT ATTACHMENT 003

3-30-01 wt 181 B/P  
MRI of head c + s 4-3-01 @ 3p. ~~had mri~~ c/o ~~error~~ HA's  
Dr Wm Hogancamp 4-16-01 @ 9AM ~~no present noted for Carrie~~ ~~Stetler Dr~~  
Pittman referral faxed 4/18/01 — cm.

03/30/01 GREG LAHNDORFF

Comes in, still having quite a bit of migraine headaches. They happen everyday. They are located in the back part of his head and radiate to the front. It is rather severe in nature. It actually woke him from sleep with nausea, vomiting and generalized malaise. He has had these for several years. They have increased in frequency and duration. TMs clear. OP slightly erythematous. CV: RRR without M/L/G. Chest clear. Abdomen soft, NT and ND with +BS. Extremities: No C/C/E. Neuro exam is completely normal.

ASSESSMENT:

- 1) PERSISTENT MIGRAINE HEADACHES — I gave him some Vioxx for these as well as some left shoulder irritation he has had. Also added some Verapamil 180 qhs for prophylaxis. Referred him to Dr. Hogancamp.

JE/kmn D: 3/30/01 T: 4/02/01

PR 3 0 2001 wt 184 B/P 124/74 c/o cough, congestion

04/30/01 GREG LANDORFF

Comes in cough, cold and congestion mostly in his lungs, productive of yellow/green sputum, been there a couple of days, gradually worsened, no improvement with over the counter medicines. TMs: Clear. OP benign. Neck supple. CV: RRR without M/L/G. Chest end expiratory wheeze. Abdomen: Soft, NT, ND with +BS. Extremities: No C/C/E.

ASSESSMENT:

- 1) ACUTE BRONCHITIS — Gave him some Avelox. Recheck here pending.

JE/kmn D: 4/30/01 T: 5/02/01

JUN 1 1 2001 wt 186 B/P 128/88 c/o tick bite

06/11/01 GREG LAHNDORFF

Comes in with a tick bite in his right flank region. It is very tender to deep palpation, erythematous, radiating around to the front. Denies any other complaints. There has been no fever, chills or other rashes. He brings a tick with him. It is a rather large tick not consistent with a deer tick. TMs clear. OP benign. Neck supple. CV: RRR without M/L/G. Chest clear. Abdomen: Soft, NT and ND with +BS. Extremities: No C/C/E. Some cellulitis surrounding the bite area of the tick.

ASSESSMENT:

- 1) CELLULITIS — Doxycycline 100 mg b.i.d.

JE/kmn D: 6/11/01 T: 6/13/01

CLAIMANT ATTACHMENT 003

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LAHNDORFF, G.K.  
4785

UNITED STATES ENRICHMENT CORPORATION

DATE: 12/4/01

HISTORY: ROUTINE

CHEST, TWO VIEWS:

Frontal and lateral projection radiographs were obtained and compared to prior chest films. The lungs are free of acute infiltrates with calcified granuloma in the right lower lobe. Calcified subcarinal lymph nodes are also appreciated. The lungs are clear of acute infiltrate. The heart is normal in size. The pulmonary vasculature is appropriate without evidence of heart failure. The bony structures are intact.

IMPRESSION:

1. Stable radiographic appearance without acute cardiopulmonary process.

Paul J. Johnson, M.D. \_\_\_\_\_  
PJJ/lra

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CLAIMANT ATTACHMENT 003

PAGE NO. 78 15

MAR 08 2002

BP 128/88

C/O 2 mo prn jaw sore

03/08/02 GREG LAHNDDORFF

Comes in, jaw pain, sinus congestion pain in dependent position, worse in cold weather. EXAM: TMs clear. OP: post nasal drip, tender over the maxillary as well as frontal sinus cavities. Neck: supple. CV: RRR. Chest: Clear. Abdomen: Soft and benign. Extremities: No C/C/E.

A & P: UPPER RESPIRATORY - gave him some Biaxin.

JE/jt D: 03/08/02 T: 03/11/02

05/02/02 GREGORY LAHNDORFF DOB: 02/25/1948

Returns to clinic today complaining of nausea, right upper quadrant and right thoracic pain. Has been going on for over 7 days. He is unable to eat but 25% of his meal. Gets nauseated with any significant po intake. Has had low grade fevers. Seen by Dr. Muchler at the plant he works at, had a CBC and urinalysis which were reported to be negative. O: T: 98.3. BP: 122/72. P: 80. WT: 184. HEENT: TM's clear. OP benign. Neck supple. CV: RRR. Lungs: CTAB. Abdomen: He does have right upper quadrant and right thoracic tenderness to palpation without guarding or rebound. Extremities: No C/C/E. Neurological exam is without focal neurological deficit.

ASSESSMENT:

1. RIGHT UPPER QUADRANT ABDOMINAL PAIN - check a CMP, amylase, lipase, CBC, chest x-ray and right upper quadrant ultrasound.
2. NAUSEA - Phenergan 25 q 6 hr prn nausea. Have him followup when results of these studies are known with Dr. Eickholz.

J. KYLE TURNBO, M.D./jt D: 05/02/02 T: 05/03/02

MAY 09 2002

BP 116/86 C/O 2 mo prn d. fu or test  
HIDA scan LH 5-14-02 @ 8:30  
WBH 5-21-02 C928A

2 mo prn d. fu or test  
No pretest required  
WBH in network - per Denha  
5-13-02 - CP

05/09/02 GREG LAHNDURFF

Comes in, elevated serum iron, as well as liver function test. Long discussion about hemochromatosis. He is taking some iron supplementation in his multi-vitamin. Denies any headache or chest pain. Still having quite a bit of right upper quadrant tenderness. Saw Dr. Turnbo, ultrasound negative. Chest x-ray negative. EXAM: TMs clear. OP: benign. Neck: supple. CV: RRR. Chest: Clear. Abdomen: Tender right upper quadrant, no rebounding or guarding. Extremities: No C/C/E. A & P: RIGHT UPPER QUADRANT TENDERNESS - obtain a HIDA scan. ELEVATED LIVER FUNCTIONS - Hepatitis and hepatic profile, rule out hemochromatosis with iron studies. Recheck here in 1 month, sooner if any problems.

JE/jt D: 05/09/02 T: 05/10/02

5-23-02 Dr. Niben

CLAIMANT ATTACHMENT 003

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FEB 27 2003 wt 184

B/p 130/80

C/o head cong.

02/27/03 GREG LAHNDORFF

Head congestion, cough, low grade fever, no true chills. Has been present 4 to 5 days, no improvement with OTC medicines. Denies headache, chest pain, SOB or others. TMs clear. OP slight erythema with yellowish green post nasal drip. Tender over the maxillary as well as frontal sinus cavities. Neck supple. CV: RRR. Chest end expiratory wheeze. Abdomen soft and benign.

A & P: UPPER RESPIRATORY - gave him Biaxin XL 500 2 tablets po q day and recheck here if he doesn't improve.

JE/ jt D: 02/27/03 T: 02/28/03

JUL 01 2003

wt = 185

B/p 126/72

refill meds

msg left to DR Thomas Miller (neurologist) @ Nashville - they will call us back. WIS - 327 - 9543 (DX = migraines) July 21/03 1:00

07/01/03 GREG LAHNDORFF

Comes in with migraine headache, trapezius muscle spasm. Apparently there is a gentleman down in Nashville who is injecting necks with Botox and he wants an appointment down there. It was made today, he seems to be doing fairly well overall. Blood pressure is controlled. The frequency of his headaches are much less. Recently had blood work done at the VA where his TSH was elevated and he has symptomatic hypothyroid. TMs clear. OP benign. Neck supple. CV: RRR. Chest clear. Abdomen soft and benign.

A & P: HYPOTHYROIDISM - bumped his Synthroid up to 175 micrograms. CERVICAL NECK/ MIGRAINE/ TRAPEZIUS MUSCLE HEADACHES - sent him down to doctor in Nashville for his opinion. Apparently the Botox injection has worked for another plant member.

JE/ jt D: 07/01/03 T: 07/02/03

7/28/03 July 29th @ 8:45 AM Cervical spine w/o Present # of Present & required for Concha

SEP 05 2003 wt 191

B/p 128/80

C/o FU - V-thyroid

09/05/03 GREG LAHNDORFF

Comes in, needs his thyroid refilled. He has actually felt much better when we increased it and then it leveled out. He denies headache, chest pain, SOB or others. He is retired from USEC, but he has entertained some other job opportunities.

HEENT: TM clear. OP: no lesions, moist mucus membranes. PERRL. No tenderness over sinus cavities. NECK: supple, no LN, no JVD, no masses palpated. CV: RRR without M/L/G. PULM: Clear to auscultation ant/post., no W/R/R. ABDOMINAL: soft, NT/ND, +BS all 4 quadrants. EXTREMITIES: No C/C/E. MAEW. NEURO: CN II through XII normal. No focal or motor deficits. DERM: No skin lesions noted.

A & P: HYPOTHYROIDISM - check TSH. MIGRAINE HEADACHES - they have been worse since his stress has flared up, so we are going to keep track of the some Flexeril to take during the day and he can use the Zanaflex at night. SEASONAL ALLERGIES - continue with the Zyrtec. Recheck here in 1 month.

JE/ jt D: 09/05/03 T: 09/08/03

CLAIMANT ATTACHMENT 003

PAGE NO. 9815



SEP 30 2003

wt = 191

B/p = 130/80

Decadron 10mg po qd  
Depomedrol 8mg  
of flu-like sx

09/30/03 GREG LAHNDORFF

Presents with coryza type symptoms of clear rhinorrhea, nasal congestion, post nasal drip, coughing when lying supine, generalized malaise, body aches and pains. No improvement with OTC preparations. TMs are clear. OP is erythematous. Nares have clear rhinorrhea. No facial tenderness could be elicited. Neck supple, no JVD, no carotid bruits, no masses. CV: RRR without murmur, lift or gallop. Chest clear to auscultation without rales, rhonchi or wheeze. Abdomen: soft, flat, non-tender, non-distended. Extremities without C/C/E.

A & P: **UPPER RESPIRATORY INFECTION** – Kenalog injection, Biaxin, recheck here if no improvement.

JE/ jt D: 09/30/03 T: 10/01/03

FEB 05 2004 wt 194

B/p 128/86

90 head + chest cong.

D&D-Im - (R) Hcp - C. Edwards CMA

02/05/04 GREG LAHNDORFF

Presents with coryza type symptoms of clear rhinorrhea, nasal congestion, post nasal drip, coughing when lying supine, generalized malaise, body aches and pains. No improvement with OTC preparations. TMs are clear. OP is erythematous. Nares have clear rhinorrhea. No facial tenderness could be elicited. Neck supple, no JVD, no carotid bruits, no masses. CV: RRR without murmur, lift or gallop. Chest clear to auscultation without rales, rhonchi or wheeze. Abdomen: soft, flat, non-tender, non-distended. Extremities without C/C/E.

A & P: **UPPER RESPIRATORY INFECTION** – Biaxin, D & D injection, Anaplex samples given. **HYPOTHYROIDISM** – has been 6 months since his last thyroid, PSA, thyroid panel.

JE/ jt D: 02/05/04 T: 02/06/04

FEB 26 2004

wt 196

B/p 132/90

head & chest congest  
yellow sputum  
x 2 months

2-26-04 Ct of Dennis 2/27 @ 2:30  
at Insurance Company  
Present per Derek  
1800-426-7259 — gl

CLAIMANT ATTACHMENT 003

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02/26/04 GREG LAHNDORFF

Comes in with another episode of sinus congestion, apparently has had CAT scan of the sinuses in the past. Had a couple of different CAT scans, has been referred to ENT. Has a lot of drainage to the posterior aspect of his throat. TMs clear. OP does have post nasal drip with some erythema. Neck supple. Shotty lymphadenopathy. No JVD or carotid bruits. CV: RRR. Chest clear. Abdomen soft and benign.

A & P: **CHRONIC SINUSITIS** - Going to obtain CAT of the sinuses and put him on some Cefzil and some Astelin, continue with the Zyrtec. Recheck after his CAT scan is back.

JE/jt D: 02/26/04 T: 02/27/04 Appt made c Dr. Pessor; March 25<sup>th</sup> 1pm

MAY 24 2004 wt 194

Bp 134/84

C/o (R) Shoulder pain

05/24/04 GREG LAHNDORFF

Comes in, right shoulder pain, worse with flexion, extension, gradually worse. No improvement with OTC medicines. Right shoulder is painful, offered cortisone injection. He wants to hold. Sent him down for an x-ray. Stretches given. Medrol Dosepak.

Recheck if no improvement.

JE/jt D: 05/24/04 T: 05/25/04

MAY 04 2004 wt 190

C/o sinus inf.

06/04/04 GREG LAHNDORFF

Presents with sinus congestion and nasal discharge, clear to yellowish in color, a lot of excessive post nasal drip precipitated with cough when lying supine. Low grade fever, tried various OTC preparations without much benefit, generalized body aches and pains.

Vitals noted above. TMs are slightly erythematous. Sinuses are without facial tenderness. OP slightly dry mucus membranes with erythema in the posterior aspect. Nares have clear rhinorrhea. Neck supple, no JVD or carotid bruits, no masses palpated. CV: Regular without murmur, lift or gallop. Chest is clear with a faint transmitted upper airway wheeze, no rales or rhonchi. Abdominal exam is soft, flat, non-tender, no hepatosplenomegaly. Extremities are without C/C/E. Moves all 4 extremities well.

A & P: **UPPER RESPIRATORY INFECTION** - Levaquin, Astelin. Recheck if no improvement.

JE/jt D: 06/04/04 T: 06/07/04

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JUL 06 2004

wt = 192

B/p = 138/78

① shoulder pain  
② chest congestion

07/06/04 GREG LAHNDORFF

Presents with sinus congestion and nasal discharge, clear to yellowish in color, a lot of excessive post nasal drip precipitated with cough when lying supine. Low grade fever, tried various OTC preparations without much benefit, generalized body aches and pains. Vitals noted above. TMs are slightly erythematous. Sinuses are without facial tenderness. OP slightly dry mucus membranes with erythema in the posterior aspect. Nares have clear rhinorrhea. Neck supple, no JVD or carotid bruits, no masses palpated. CV: Regular without murmur, lift or gallop. Chest: end expiratory wheeze. Abdominal exam is soft, flat, non-tender, no hepatosplenomegaly. Extremities are without C/C/E. Moves all 4 extremities well.

A & P: UPPER RESPIRATORY INFECTION ACUTE BRONCHITIS – Avelox.

PROCEDURE NOTE: Complained about right shoulder pain. X-rays are unremarkable. Physical therapy has been no improvement. After proper consent, we injected 1 cc of Kenalog into the acromioclavicular joint. He tolerated the procedure well. Recheck here if no improvement.

JE/ jt D: 07/06/04 T: 07/07/04

JUL 26 2004

wt 189

B/p 142/80

C/O sinus test results  
C. Edmonson

Appt 2 Dr. Shibien - 8-17-04 @ 830

07/26/04 GREG LAHNDORFF

Comes in positive Hemocult times 3. Has a history of a rectal fissure. Scope was done 3 years ago by Dr. Shibien.

HEENT: normocephalic, atraumatic. PERRL. EOMI. Tympanic membranes clear. OP: moist mucus membranes, no lesions. Nares are patent without significant discharge.

NECK: Supple, no LN, no JVD, no masses palpated. CV: Regular S1, S2 without M/L/G. PULM: No rhonchi or wheezes present. Clear both anterior and posterior to auscultation. ABDOMINAL: Soft, NT, +BS all 4 quadrants, no rebounding or guarding.

EXTREMITIES: No C/C/E. Moves all 4 extremities well. NEURO: CN II through XII appear to be grossly intact. No focal or motor deficits appreciated. Normal gait. DERM:

Clear skin, no lesions on exposed areas noted.

A & P: HEMOCCULT POSITIVE – Set up colonoscopy. Apparently he is going to be moving out of the country in September.

JE/ jt D: 07/26/04 T: 07/27/04

CLAIMANT ATTACHMENT 003

DATE 12/15

SEP 02 2004 wt 187

B/p 134/74

C/o head cong.

09/02/04 GREG LAHNDORFF

Presents with sinus congestion and nasal discharge, clear to yellowish in color, a lot of excessive post nasal drip precipitated with cough when lying supine. Low grade fever, tried various OTC preparations without much benefit, generalized body aches and pains. Vitals noted above. TMs are slightly erythematous. Sinuses are without facial tenderness. OP slightly dry mucus membranes with erythema in the posterior aspect. Nares have clear rhinorrhea. Neck supple, no JVD or carotid bruits, no masses palpated. CV: Regular without murmur, lift or gallop. Chest is clear with a faint transmitted upper airway wheeze, no rales or rhonchi. Abdominal exam is soft, flat, non-tender, no hepatosplenomegaly. Extremities are without C/C/E. Moves all 4 extremities well.

A & P: **UPPER RESPIRATORY INFECTION** - Biaxin, Lodrane.

JE/ jt D: 09/02/04 T: 09/02/04

OCT 26 2004

wt 192

B/p 132/80

decadron 10mg  
depo medrol 80mg  
I'm sure 28

head & chest congested  
2 weeks

10/26/04 GREG LAHNDORFF

Comes in, cough, cold congestion, low grade fever, no true chills, gradually worsened, the only thing that ever works well is Biaxin.

HEENT: normocephalic, atraumatic. PERRL. EOMI. Tympanic membranes clear. OP: moist mucus membranes, no lesions. Nares are patent without significant discharge.

NECK: Supple, no LN, no JVD, no masses palpated. CV: Regular S1, S2 without M/L/G. PULM: No rhonchi or wheezes present. Clear both anterior and posterior to auscultation. ABDOMINAL: Soft, NT, +BS all 4 quadrants, no rebounding or guarding.

EXTREMITIES: No C/C/E. Moves all 4 extremities well. NEURO: CN II through XII appear to be grossly intact. No focal or motor deficits appreciated. Normal gait. DERM: Clear skin, no lesions on exposed areas noted.

A & P: **SINUSITIS** - placed him on some Biaxin and gave him a D & D injection.

Recheck here in 1 month.

JE/ jt D: 10/26/04 T: 10/27/04

NOV 23 2004

wt 191  
Dr Reck

B/p 130/74  
Dec 15 @ 1:00pm

one throat  
swallow

CLAIMANT ATTACHMENT 003

PAGE NO. 13815

11/23/04 GREG LAHNDORFF

Comes in with another episode of pharyngitis, sore throat, gradually worsened, no improvement with OTC medicines. Denies other complaints.

HEENT: normocephalic, atraumatic. PERRL. EOMI. Tympanic membranes clear. OP: moist mucus membranes, no lesions. Extreme erythema posterior pharynx. Nares are patent without significant discharge. NECK: Tenderness along the cervical neck. CV: Regular S1, S2 without M/L/G. PULM: No rhonchi or wheezes present. Clear both anterior and posterior to auscultation. ABDOMINAL: Soft, NT, +BS all 4 quadrants, no rebounding or guarding. EXTREMITIES: No C/C/E. Moves all 4 extremities well. NEURO: CN II through XII appear to be grossly intact. No focal or motor deficits appreciated. Normal gait. DERM: Clear skin, no lesions on exposed areas noted. A & P: CHRONIC DAILY HEADACHES – We have tried various treatment options. He apparently was referred to a headache specialist at Vanderbilt and ended up seeing a pain management specialist. I explained to him that there is no sense in traveling that far when we have available options here. Recommended Dr. Keck upstairs, he is going to see if he is a provider on his insurance. PERSISTENT PHARYNGITIS – put him on Biaxin for a week and gave him prescription to hold. If he doesn't improve at the end of the week, he is going to take a 1 month course of therapy.

JE/jt D: 11/23/04 T: 11/24/04

JAN 27 2005 wt 194

B/p 134/82

C/o Chronic cough

01/27/05 GREG LAHNDORFF

Comes in with a chronic cough, went through a month of Biaxin, minimal improvement. HEENT: normocephalic, atraumatic. PERRL. EOMI. Tympanic membranes clear. OP: moist mucus membranes, no lesions. Nares are patent without significant discharge. NECK: Supple, no LN, no JVD, no masses palpated. CV: Regular S1, S2 without M/L/G. PULM: Mild end expiratory wheeze. ABDOMINAL: Soft, NT, +BS all 4 quadrants, no rebounding or guarding. EXTREMITIES: No C/C/E. Moves all 4 extremities well. NEURO: CN II through XII appear to be grossly intact. No focal or motor deficits appreciated. Normal gait. DERM: Clear skin, no lesions on exposed areas noted.

A & P: CHRONIC COUGH – Differential includes reactive airway disease and reflux. Going to put him on some Aciphex, Advair and get a chest x-ray. Followup pending the outcome of these.

JE/jt D: 01/27/05 T: 01/28/05

FEB 18 2005 wt 197

B/p 130/74

C/o Advair + Zantac 150mg

02/18/05 GREG LAHNDORFF

Comes in, weight is up 3 pounds, followup on his chronic cough, we seem to have isolated it down to the Aciphex over the Advair being the more helpful agent. The Advair actually causes some dryness in his sinus cavities.

HEENT: normocephalic, atraumatic. PERRL. EOMI. Tympanic membranes clear. OP: moist mucus membranes, no lesions. Nares are patent without significant discharge. NECK: Supple, no LN, no JVD, no masses palpated. CV: Regular S1, S2 without M/L/G. PULM: No rhonchi or wheezes present. Clear both anterior and posterior to auscultation. ABDOMINAL: Soft, NT, +BS all 4 quadrants, no rebounding or guarding. EXTREMITIES: No C/C/E. Moves all 4 extremities well. NEURO: CN II through XII appear to be grossly intact. No focal or motor deficits appreciated. Normal gait. DERM: Clear skin, no lesions on exposed areas noted.

A & P: GERD – as the etiology of his cough. Placed him Aciphex. He has failed Zantac therapy. REACTIVE AIRWAY DISEASE – I think most of this is related to reflux. We are going to encourage activity. Get some of his weight off and recheck here in 3 months.

JE/jt D: 02/18/05 T: 02/22/05

CLAIMANT ATTACHMENT  
PAGE NO. 148/15

MAR 10 2005 wt 197

B/p 136/84

C/o sore throat

Appt = Dr. Resser 3-11-05 @ 1130

C. Edwards MD

03/10/05 GREG LAHNDORFF

Comes in, persistent sore throat, has been treated with both proton pump inhibitors and antibiotics with minimal improvement. TMs clear. OP slightly erythematous but no real impressive. Neck supple. CV: RRR. Chest clear. Abdomen negative.

A & P: PERSISTENT PHARYNGITIS LARYNGITIS - Sent him to Dr. Resser for direct visualization and try some Spectracef in the interim.

JE/jt D: 03/09/05 T: 03/10/05

OCT 27 2005 wt 200.6

B/p 140/80

C/o Jup

10/27/05 GREGORY LAHNDORFF

Presents with sinus congestion and nasal discharge, clear to yellowish in color, a lot of excessive post nasal drip precipitated with cough when lying supine. Low grade fever, tried various OTC preparations without much benefit, generalized body aches and pains. Vitals noted. TMs are slightly erythematous. Sinuses are without facial tenderness. OP: Slightly dry mucous membranes with erythema in the posterior aspect. Nares have clear rhinorrhea. Neck supple, no JVD or carotid bruits, no masses palpated. CV: Regular without murmur, lift or gallop. Chest is clear with a faint transmitted upper airway wheeze, no rales or rhonchi. Abdominal exam is soft, flat, nontender, no hepatosplenomegaly. Extremities are without C/C/E. Moves all 4 extremities well.

A & P: UPPER RESPIRATORY INFECTION- Avalox and Sitrex.

JE/llh D:10/27/05 T:10/29/05

JAN 16 2006 wt. 193.6 B/p. 130/90

C/o abd pain  
diarrhea

ER - Dec 29 started antibiotics

01/16/06 GREGORY LAHNDORFF

02/25/1948

Greg has been to the emergency room for evaluation for abdominal pain. Extensive work up was provided. He has been placed on antibiotics. He is unclear which antibiotics, which tests were preformed. He brings in a stool specimen today for my evaluation. He has been followed by Dr. Shibben in the past, colonoscopy one year ago. His complaints include abdominal cramping, discomfort, generalized with persistent loose stools. It is postprandially. He is having two to three loose bowel movements a day. No rectal bleeding, no fever reported. PHYSICAL: LUNGS: Clear. HEART: Regular rate and rhythm. ABDOMEN: Soft, normal active bowel sounds. No mass effect. Extremities without clubbing, cyanosis or edema.

A & P: ABDOMINAL PAIN WITH RECENT EMERGENCY ROOM EVALUATION

DIVERTICULITIS RESOLVING- will start Librax t.i.d. Continue antibiotics, obtain stool specimen, check general blood work and follow him along.

KENNETH COOK, M.D. KC/psb

Bob Bell

CLAIMANT ATTACHMENT 003

PAGE NO.

15815

# LAHNDORFF, GREG

Rx #: 7826658    If you have any questions, please feel free to contact your pharmacist at (270)444-0046  
or EICKHOLZ, JAMES N at (270)441-4850

Date: 10/13/2010    Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

**Directions : INHALE TWO PUFFS THREE TIMES DAILY AS NEEDED**

**PROAIR HFA**  
ALBUTEROL (al-BYOO-ter-ole)

**AER**

**17**

**COMMON USES:** This medicine is a bronchodilator used to treat or prevent the symptoms of asthma, emphysema, and other breathing conditions. This medicine is also used to prevent the symptoms of exercise-induced asthma. It may also be used to treat other conditions as determined by your doctor.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. An extra patient leaflet is available with this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **THIS MEDICINE IS FOR ORAL INHALATION ONLY.** Do not spray in the eyes. If you get this medicine in the eyes, rinse immediately with cool tap water. **PRIME THE INHALER** according to the directions in the extra patient leaflet. Before using this medicine, be sure that the canister is properly placed in the inhaler unit. Shake well before each use. Remove the protective cap from the mouthpiece and check to make sure there are no hidden foreign objects. Breathe out slowly and completely. Place the mouthpiece fully into the mouth and close the lips around it, unless your doctor has told you otherwise. Your doctor may have told you to hold the inhaler 1 or 2 inches (2 or 3 centimeters) away from the open mouth or to use a special spacing device. As you start to take a slow deep breath, press the canister and mouthpiece together at exactly the same time. This will release a dose of this medicine. Continue breathing in slowly and deeply and hold for as long as comfortable (up to 10 seconds), then breathe out slowly through pursed lips or your nose. If more than 1 inhalation is to be used, wait 1 minute and repeat the above steps. Keep the spray away from your eyes. **STORE THIS MEDICINE** upright between 59 and 77 degrees F (15 and 25 degrees C). Do not freeze. Contents are under pressure. Do not puncture. Do not use or store near heat or open flame. Do not expose the container to temperatures above 120 degrees F (48 degrees C). The container may burst. Store the inhaler with the mouthpiece down. Do not use after the expiration date on the container or box. **THIS MEDICINE MAY CAUSE** dry mouth or an unpleasant taste in your mouth. Rinsing your mouth with water after each dose may help relieve these effects. **CLEAN THE INHALER** according to the directions in the extra patient leaflet. **IF THE INHALER BECOMES BLOCKED**, wash the plastic case as directed. Do not use this medicine with any other mouthpiece. Do not use this mouthpiece with any other medicine. Keep track of how many sprays you have used. Do NOT place the canister in water to try to determine how much medicine you have left. Do not stop using this medicine without checking with your doctor. **IF YOU MISS A DOSE OF THIS MEDICINE AND YOU ARE USING IT REGULARLY**, use it as soon as possible. If several hours have passed or if it is nearing time for the next dose, do not double the dose to catch up, unless advised by your health care provider. Do not use 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or are allergic to any ingredient in this product. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. **IF YOU EXPERIENCE SIGNS OF WORSENING ASTHMA** and find this medicine is not working as well, and you need to use it more often, **SEEK IMMEDIATE MEDICAL ATTENTION.** This may be a sign of worsening asthma which is a very serious condition. **KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS** while you are using this medicine. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are using this medicine. **AVOID LARGE AMOUNTS OF caffeine-containing foods and beverages**, such as coffee, tea, cocoa, cola drinks, and chocolate. Before switching brands of this medicine, consult your doctor or pharmacist. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. DO NOT BREAST-FEED** while taking this medicine.

CLAIMANT ATTACHMENT 004

PAGE NO. 183

Payment is due upon receipt - pay online at [www.express-scripts.com](http://www.express-scripts.com)

Member ID

Client ID

Order Number

A/R ID

Balance

250.00

\*\* 0000505219 2568718

Gregory

Lahndorff

1. **Bill Me Later®:** Register online or contact Customer Service for details. Bill Me Later® is subject to credit approval.
2. **Check Card/Credit Card:** We accept Discover® Network, MasterCard, Visa, and American Express.
3. **Check/Money Order:** Make payable to Express Scripts. Mail payment to: P.O. Box 66580 St. Louis, MO 63166-6580

00025000 0000505219 2568718

### Manage Your Express Scripts Account.....Your Way!

Go to [www.express-scripts.com](http://www.express-scripts.com) to switch to home delivery, order refills, and learn how you could save money -- all with the click of a button.

**It's easy and it's secure!**

Invoice Date

Member ID

Order Number

A/R ID



[www.express-scripts.com](http://www.express-scripts.com)



Customer Service: 1-800-892-5118

04/15/10

144349530000

2568718

0000505219

Prescription

Patient Name

Strength

Form

Qty

Patient Amount

904113318

Gregory Lahndorff

ADVAIR DISKUS

60'S

250/50

INH

3

15.00

Previous Balance:  
Charges For This Order:  
Payment Received:  
Total Amount Due:

235.00  
15.00  
0.00  
250.00

We were unable to process the check card/credit card on file. Please

CLAIMANT AGREEMENT 004

You have the right to consult with one of our pharmacists about your medication(s). Telephone consultation with a registered pharmacist is available 24 hours a day. To speak to a pharmacist, please call the toll-free Customer Service number shown above. In the case of a medical emergency, call 911 immediately.

IMG105 (INVOICE) REV 01/19/09



James N. Eickholz, M.D.

546 Lone Oak Road  
Paducah, Kentucky 42003  
Phone 270-441-4850

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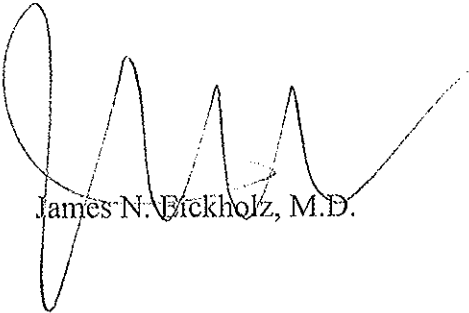
October 19, 2010

To Whom It May Concern:

I am treating Mr. Lahndorff for Chronic Obstructive Pulmonary Disease and bronchitis and I have him taking the following inhalers for this reason. Advair 50/250, one inhalation twice daily for maintenance and Pro Air Inhaler, two inhalations three times daily as needed for rescue.

If I may be of further assistance in this matter, do not hesitate to contact my office.

Sincerely,



James N. Eickholz, M.D.


Judy Vander Boegh

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From: "Saved by Windows Internet Explorer 7"  
Sent: Wednesday, November 25, 2009 8:02 AM  
Subject: Chapter 2-1000 Exhibit 1

Memorandum from DEEOIC Medical Director  
Regarding Causal Relationship Between  
Established CBD and Other Respiratory Disorders

# Memorandum

**Date:** 08/25/2005  
**To:** Peter Turcic, Director of DEEOIC, Department of Labor  
**From:** Sylvie I. Cohen, MD, MPH   
**RE:** Chronic Pulmonary Diseases

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This memo is to address the rationale between the accepted medical condition under part B of the program for Chronic Beryllium Disease (CBD) and its contribution and aggravation of other chronic pulmonary diseases

CBD is considered to be a disease that is involved with the destruction of viable pulmonary tissue that normally aides an individual in the process of gas exchange and blood oxygenation

There are other chronic pulmonary diseases that are involved with lung tissue destruction or replacement that for the purpose of this memo we shall call "Other Chronic Pulmonary Diseases." Diseases that should be considered as members of this set are: asbestosis, silicosis, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and pulmonary fibrosis

Since both CBD and Other Chronic Pulmonary Diseases share in the destruction and or replacement of viable lung tissue, it can be concluded that the presence of CBD contributed or aggravated one of the illnesses named in the list of Other Chronic Pulmonary Diseases which led to an individual's death

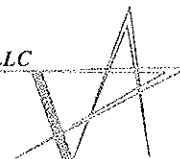
CLAIMANT ATTACHMENT 005

PAGE NO. 181

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\*\*\* FAX TX REPORT \*\*\*  
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*COMMONWEALTH ENVIRONMENTAL SERVICES, LLC**A Native American Woman Owned Company*

## Fax Cover Sheet

To: Rachel Leiton, Jim Bibeault,  
Hon. Secretary of Labor  
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202) 693-1465  
(904) 357-4704  
(202) 693-6111

Date: 10-21-10

Phone: (270) 450-0850

Pages: \_\_\_ Pages including the Cover Sheet

Re: Greg Lahndorff  
File: xxx-xx-6558

CC: Attention Ms. Leiton

☐ Urgent   ☒ For Review   ☐ Please Comment   ☒ Please Reply   ☐ Please Recycle

**Comments:**

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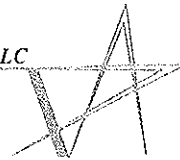
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**Comments:**

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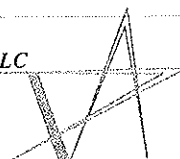
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(202) 693-6111

Date: 10-21-10

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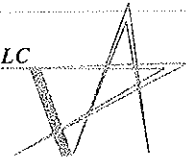
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