

# Exhibit 10



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## OCCUPATIONAL LUNG DISEASE EVALUATION

August 6, 2001

Sykes, Roosevelt

DOB: 05/06/47

**HISTORY:** This is a 54 year old man whose occupational history is as follows: He worked in a foundry from 1965-1993 as a molder, sandblaster, chipper, and grinder. He spent the first five years as a molder. He then spent four years as a sandblaster, and the last 20 years as a molder. In addition to exposure to silica dust he has some exposure to asbestos dust, from firebricks and asbestos-protective clothing. He has smoked one pack of cigarettes weekly for the past 20 years. Family history is non-contributory. He has a personal past medical history limited to hypertension for which he takes Norvasc, potassium supplements, Furosemide, and Cozaar. On systems review he denies significant dyspnea upon exertion, hemoptysis or chest pain. He does have a nonproductive cough especially in the early morning.

**PHYSICAL EXAM:** This is an African-American man in no respiratory distress at rest. Head and neck: No adenopathy or jugular venous distention. Chest: Symmetric expansion. No obvious chest wall deformities. Lungs: Normal palpation and percussion. Clear to auscultation anteriorly and posteriorly to the bases. No rales, wheezes or rhonchi are heard. Heart: Regular rhythm, without murmurs, clicks, rubs, or gallops. Extremities: No clubbing, cyanosis, or edema.

**CHEST X-RAY:** PA and lateral views of the chest dated 08/06/01 are reviewed for the presence of and classification of pneumoconiosis according to the ILO (1980) classification. Film quality is grade 1. Inspection of the lung parenchyma reveals rounded small opacities in the upper and mid lung zone bilaterally of size and shape Q/Q, ILO profusion 1/1. There are no irregular small opacities in lower lung zones to suggest the presence of asbestosis. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, nodules or masses are present. The trachea is midline. The heart size is normal and the hilar structures are unremarkable. There are no other significant intrathoracic findings. No earlier films are available for comparison.

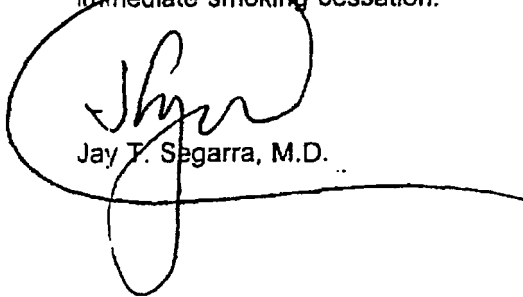
**PULMONARY FUNCTION TESTING:** Performed in Racine, WI on 08/06/01 using Crapo/Hsu predicted values. Forced vital capacity (FVC) is 3.56 liters (l.), or 78% predicted (pred.). FEV1 is 3.00 l. (82% pred.). FEV1/FVC ratio is 84%. FEF 25%-75% is 3.37 l./sec. (93% pred.). TLC is 5.90 l. (90% pred.). DICO is 86% pred., based on an IVC of 3.48 l. Inspection of the volume-time curves, flow-volume loops and diffusion graphs reveals good performance and reproducibility during those portions of the test. These pulmonary function tests, after race correction, are within normal limits.

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**DIAGNOSIS/IMPRESSION:** <sup>1 2 3 4 5</sup>

1. Pulmonary silicosis, based on the appearance of the chest x-ray and the exposure history. The radiographic pattern indicates uncomplicated simple silicosis.
2. No clinical and radiographic evidence for pulmonary asbestosis at this time.

**PROGNOSIS/RECOMMENDATION:** Mr. Sykes is at increased risk for developing tuberculosis and lung cancer and should be monitored for these conditions. Recommend immediate smoking cessation.



Jay T. Segarra, M.D.