

# Exhibit 30



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OCCUPATIONAL LUNG DISEASE EVALUATION

January 25, 2001

Hyatt, James H  
6124 Wildwood Rd  
Moss Point, MS 39562

POC# 932123

RTS/LM23  
DOB: 01/06/27

**HISTORY:** This is a 74 year old retired shipyard electrician who reports direct, ambient and bystander exposure to various asbestos products during his work in the shipyard from 1943-1989. This is excepting two years in the Navy from 1944-1946 where he worked as a fireman on amphibious assault craft. While in the shipyard he worked in new construction of ships and worked around insulated pipes and boilers. He had bystander exposure to dust from insulators, boilermakers and pipefitters regularly, with inconsistent respiratory protection. He handled cable insulation, asbestos cloth and some pipe insulation himself. He smoked one pack of cigarettes daily for 20 years, between the ages of 26 and 46. He has no significant past medical history. He takes no medication at present. Family history is non-contributory. On systems review he reports a four or five year history of slowly progressive dyspnea upon exertion which now occurs during all activities that require manual labor or climbing stairs. He denies chronic cough or hemoptysis. He has occasional dull chest pain when he is fatigued. This is not related to exertion.

**PHYSICAL EXAM:** This is a pleasant elderly man in no respiratory distress at rest. H: 68"; W: 186#. Head and neck. No adenopathy or jugular venous distention. Chest: Symmetric expansion. No obvious chest wall deformities. Lungs: Auscultation of the chest reveals dry inspiratory velcro-type crackles at the posterolateral aspects of both lower lung fields, that do not clear with cough or deep breathing. No wheezes or rhonchi are present. 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 01/25/01 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 a diffuse interstitial pattern, consisting of small irregular linear opacities within the lower lung zones bilaterally, of size and shape S/S, profusion 1/1. Examination of the pleural surfaces reveals obvious bilateral calcified pleural plaques in the en face projection within the mid and lower lung zones, extent 2 bilaterally, with calcification of the lateral thoracic walls, extent 2 bilaterally. There is circumscribed pleural thickening, in profile, along the lateral thoracic walls, width C, extent 1 bilaterally. There are bilateral diaphragmatic pleural plaques with obvious calcification, extent 2 bilaterally. The left heart border is indistinct. No parenchymal infiltrates, nodules or masses are present. The trachea is midline. The mediastinal structures are unremarkable. There are no other significant intrathoracic findings. No earlier films are available for comparison, but these changes are practically pathopneumonic for pulmonary asbestosis.

**PULMONARY FUNCTION TESTING:** Performed in Mobile, Alabama on 01/25/01 using Crapo/Hsu predicted values. Forced vital capacity (FVC) is 3.89 liters (l.), or 94% predicted (pred.) FEV1 is 2.68 l (84% pred.) FEV1/FVC ratio is 69%. FEF 25%-75% is 1.67 l./sec. (59% pred.) TLC is 6.75 l (101% pred.) FRC is 3.77 l. (106% pred.) DICO is 60% pred., based on an IVC of 3.40 l. Inspection of the volume-time curves, flow-volume loops and diffusion graphs reveals good performance and

Hyatt, James H  
Page Two

**PULMONARY FUNCTION TESTING:** (Cont'd) reproducibility during those portions of the test. These pulmonary function tests demonstrate a slight obstructive defect with normal lung volumes and mildly reduced diffusion capacity in an exsmoker

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

- 1 Pulmonary asbestosis, based on the radiographic findings and the exposure history. The reduced diffusion capacity provides some physiological correlation for the interstitial radiographic abnormalities.
2. Asbestos-related pleural disease.
- 3 Mild chronic airflow obstruction, probably due to a combination of mild chronic obstructive pulmonary disease (COPD) and pulmonary asbestosis.

**PROGNOSIS/RECOMMENDATION:** Due to the long latency period between exposure to asbestos and the onset of clinically significant asbestos-related disease, the patient is at increased risk for the development of bronchogenic carcinoma, mesothelioma, and certain other cancers, as well as for deterioration in pulmonary function, even in the absence of additional asbestos exposure. Since these conditions may occur many years after exposure has terminated, close clinical follow-up, annual pulmonary re-evaluation, and continued avoidance of tobacco consumption are recommended.

  
Jay T. Segarra, M.D.

- 1 Morgan, WKC and GEF. JBL "Asbestos-Related Diseases" in Occupational Lung Diseases, Morgan and Seaton, ed., Third Edition, W B Saunders, Philadelphia 1995
- 2 "DIAGNOSIS OF NON-MALIGNANT DISEASES RELATED TO ASBESTOS", (Official Statement of the American Thoracic Society), American Review of Respiratory Disease 1986: 134. 363-368.
- 3 "Asbestos-related Disorders" in Occupational Lung Disorders, W Raymond Parkes, ed., Third Edition; Butterworth-Heinemann Ltd., London 1994
- 4 Rom, William N, "Asbestos-Related Diseases" in Environmental & Occupational Medicine, pps 72-77. 2d.Ed, Little Brown & Co, 1992.
- 5 Ernst P, Bourhean J and Becklake M R. "Pleural Abnormality as a Cause of Impairment and Disability" in The Third Wave of Asbestos Disease: Annals of the New York Academy of Sciences, Volume 643, New York, NY



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WORKER'S Social Security Number

*Hyatt James H.*

TYPE OF READING

A  P

FACILITY IDENTIFICATION

*RTS* LM23

1A. DATE OF X-RAY: MONTH DAY YEAR  01  02  03  04  05  06  07  08  09  10  11  12

1B. FILM QUALITY:  1  2  3  U/R

If Not Grade 1 Give Reason: \_\_\_\_\_

1C. IS FILM COMPLETELY NEGATIVE? YES  Proceed to Section 5 NO  Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES  COMPLETE 2B and 2C NO  PROCEED TO SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE: PRIMARY (p, q, r, u) and SECONDARY (p, q, r, u) grids with X marks in p, q, r, u cells.

b. ZONES: 3x3 grid with X marks in bottom-left and bottom-right cells.

c. PROFUSION: 3x3 grid with X marks in middle and bottom cells.

2C. LARGE OPACITIES: SIZE  S  A  B  C

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES  COMPLETE 3B, 3C and 3D NO  PROCEED TO SECTION 4

3B. PLEURAL THICKENING . . . Chest Wall

a. CIRCUMSCRIBED (plaque)

DIAPHRAGM (plaque) SITE:  O  X  Y  Z

COSTOPHRENIC ANGLE SITE:  R  L

b. DIFFUSE

DIAPHRAGM: SITE  R  L. IN PROFILE:  O  A  B  C. EXTENT:  0  1  2  3. FACE ON:  0  1  2  3.

WALL: SITE  R  L. IN PROFILE:  O  A  B  C. EXTENT:  0  1  2  3. FACE ON:  0  1  2  3.

3D. PLEURAL CALCIFICATION

DIAPHRAGM: SITE  R  L. EXTENT:  0  1  2  3.

WALL: SITE  R  L. EXTENT:  0  1  2  3.

OTHER SITES:  1  2  3.

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES? YES  COMPLETE 4B and 4C NO  PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

Report items which may be of present clinical significance in this section:  O  ax  bu  ca  cn  co  cp  cv  di  ef  em  es  fr  hi  ho  id  X  kl  pl  px  rp  tb

(SPECIFY od)  OD

Date Personal Physician notified: MONTH DAY YR

4C. OTHER COMMENTS \_\_\_\_\_

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C: YES  NO

PROCEED TO SECTION 5

RESPIRATORY SERVICES

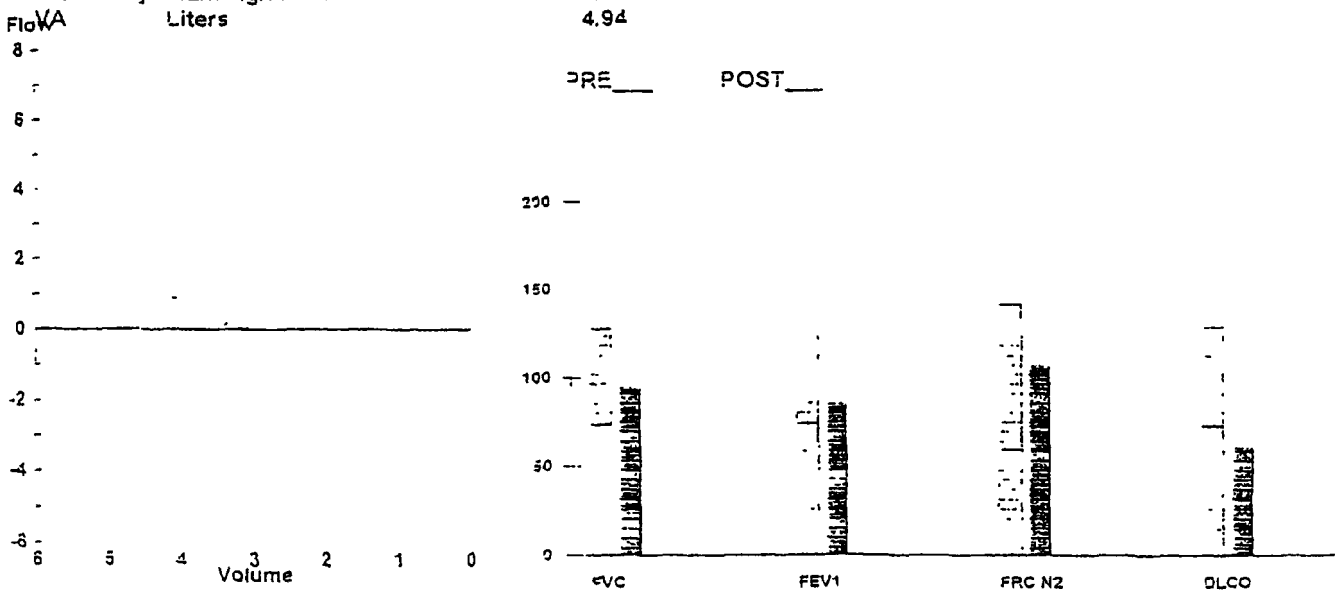
*James R. Hyatt*

Name: HYATT, JAMES  
 Gender: Male  
 Age: 74 Race: Caucasian  
 Height(in): 68 Weight(lb): 186  
 Any Info:

Id: LM23  
 Date: 01/25/01  
 Temp: 24 PBar: 770  
 Physician: J. SEGARRA M.D.  
 Technician: K. CHANEY CRTT

*KS*

		PRE-RX			POST-RX		% Chg
		PRED	BEST	%PRED	BEST	%PRED	
FVC	Liters	4.15	3.89	94			
FEV1	Liters	3.17	2.68	84			
FEV1/FVC	%	77	69				
FEF25-75%	L/sec	2.85	1.67	59			
FEF50%	L/sec		2.19				
PEF	L/sec		6.88				
MVV	L/min						
		(BTPS)					
TLC	Liters	6.66	6.75	101			
RV	Liters	2.43	2.86	118			
RV/TLC	%	37	42				
FRC N2	Liters	3.54	3.77	106			
VC	Liters	4.15	3.89	94			
		(BTPS)					
DLCO	mL/mmHg/min	29.4	17.8	60			
DL Adj	mL/mmHg/min	29.4	17.8	60			
DLCO/VA	mL/mHg/min/L	4.56	3.59	79			
DLVA Adj	mL/mHg/min/L		3.59				
Flow	Liters		4.94				



DIFFICULTY MEETING 90% OF VC DURING DLCO

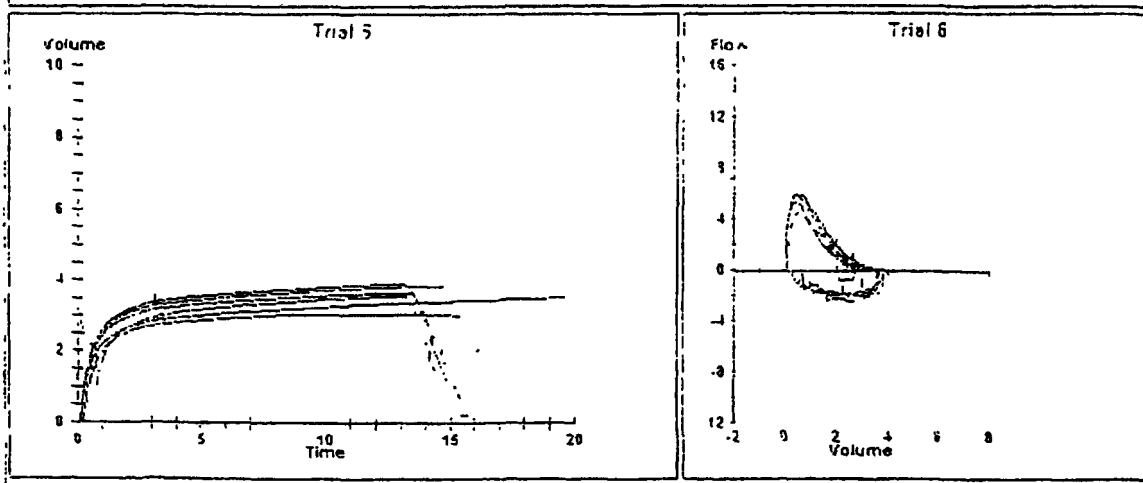
RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date: 01/25/01

Pre

Flow Volume Loop -- HYATT, JAMES - LM23

	Ref	Best	% Ref	1	2	3	4	5	6
FVC	4.15	3.89	94	3.56	3.65	3.89	3.51	3.06	3.86
FEV1	3.17	2.68	84	2.39	2.53	2.58	2.26	2.21	2.56
FEV1/FVC	77	69		67	69	69	64	72	69
FEF25-75%	2.85	1.67	59	1.37	1.56	1.67	1.04	1.59	1.65
PEF		6.88		4.66	6.05	6.01	6.26	5.50	6.88



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RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date: 01/25/01

Pre

Flow Volume Loop --- HYATT, JAMES - LM23

	Ref	Best	% Ref	1	2	3	4	5	6
FVC	4.15	3.89	94	3.56	3.65	3.89	3.51	3.06	3.86
FEV1	3.17	2.68	84	2.39	2.53	2.58	2.26	2.21	2.66
FEV1/FVC	77	69		67	69	69	54	72	69
FEV3/FVC	91	86		85	87	86	81	89	85
FET100%		13.14		12.77	13.39	13.14	19.62	15.11	14.57
FEF25-75%	2.85	1.67	59	1.37	1.56	1.67	1.04	1.59	1.65
FEF25%		5.10		3.80	5.18	5.10	3.96	4.54	5.19
FEF50%		2.19		2.13	2.00	2.19	1.57	1.95	2.30
FEF75%		0.48		0.40	0.48	0.48	0.25	0.51	0.49
PEF		6.88		4.66	6.05	6.01	6.26	5.50	6.88
FVL ECode		000000		000	000	000	000	000	000
FIVC	4.15	3.19	77	3.37	3.46	3.19	2.94	2.17	2.31
PIF		2.23		2.41	1.95	2.23	2.21	1.95	2.36
FEF/FIF50		1.21		0.99	1.14	1.21	0.76	1.01	1.12

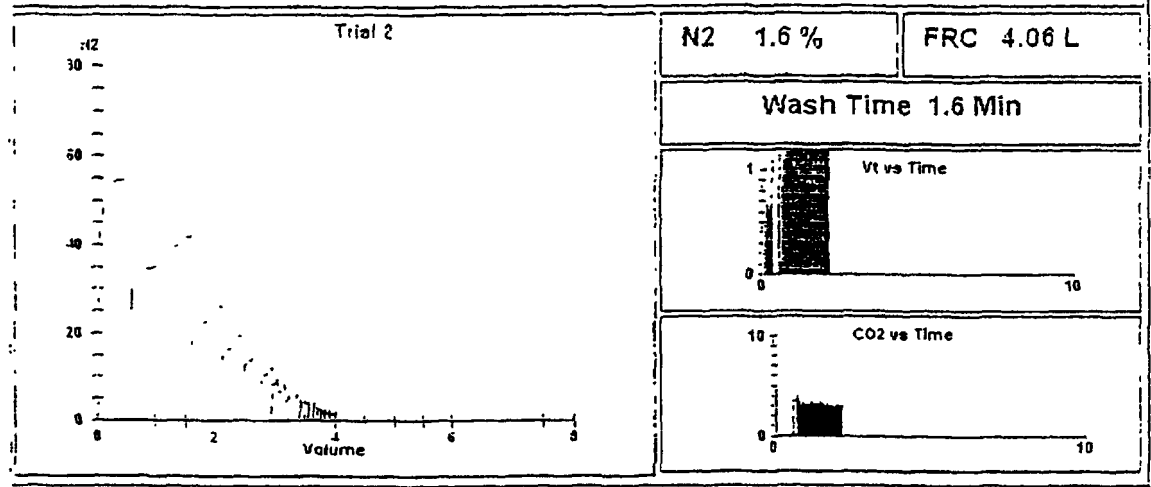
RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date: 01/25/01

Pre

Lung Volumes -- HYATT, JAMES - LM23

	Rel	Best	% Ref	1	2
TLC	6.66	6.75	101	6.05	5.21
VC	4.15	3.99	94	3.30	3.23
FRC N2	3.54	3.77	106	3.56	3.98
IC	2.74	2.36	86	2.49	2.23
RV	2.43	2.86	118	2.75	2.98





RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date: 01/25/01

Pre

Lung Volumes -- HYATT, JAMES - LM23

	Ref	Best	% Ref	1	2
TLC	6.66	5.75	101	6.05	5.21
VC	4.15	3.89	94	3.30	3.23
FRC N2	3.54	3.77	106	3.56	3.98
IC	2.74	2.36	86	2.49	2.23
EBV	1.37	0.90	66	0.81	1.00
RV	2.28	2.88	126	2.75	2.98
RV/TLC	37	42		45	48
LCI		8.35		7.41	9.28
Wash Time		1.3		1.1	1.6
LVol ECode	000000			00	00
VE		12.7		13.0	12.5
Vt		0.71		0.78	0.65
f		18		17	19
LVol Time		14:01		14:01	14:05
LVol Date		01/25		01/25	01/25

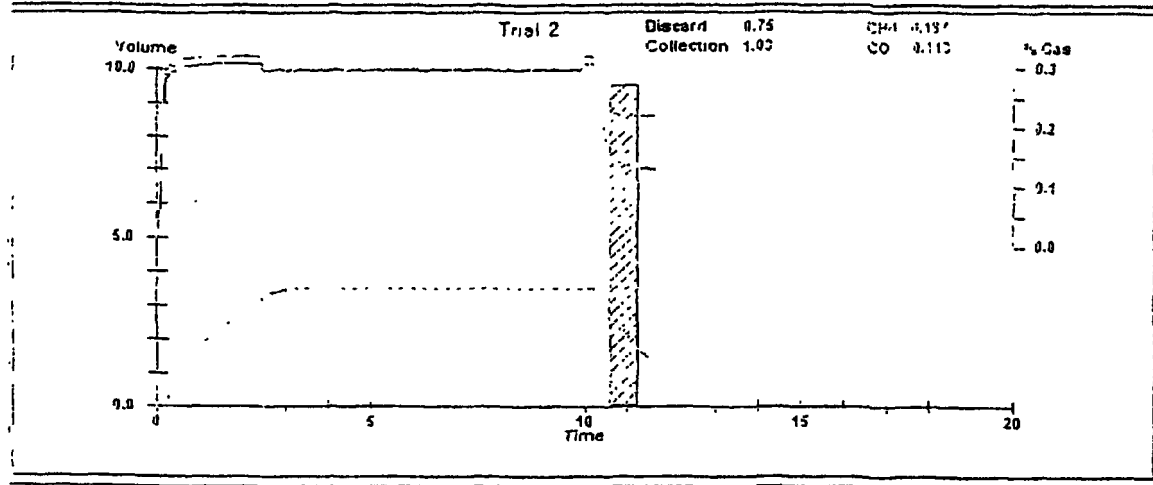
RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date 01/25/01

Pre

Single Breath DLCO — HYATT, JAMES - LM23

	Rel	Best	% Rel	2	3
DLCO	29.4	17.8	60	18.1	17.4
DL Adj	29.4	17.8	60	18.1	17.4
JVC		3.40		3.50	3.31
VA		4.94		5.15	4.74
DLVA Adj		3.59		3.53	3.66



*[Handwritten signature]*

RESPIRATORY TESTING SERVICES  
MOBILE, ALABAMA

Date: 01/25/01

Pre

Single Breath DLCO -- HYATT JAMES - LM23 /

	Rel	Best	% Rel	2	3
DLCO	29.4	17.8	60	18.1	17.4
DL Adj	29.4	17.8	60	18.1	17.4
DLCO/VA	4.56	3.59	79	3.53	3.66
DLVA Adj		3.59		3.53	3.66
JVC		3.40		3.50	3.31
VA		4.94		5.15	4.74
BHT		10.19		10.04	10.33
FI CH4		0.300		0.300	0.300
FE CH4		0.190		0.187	0.192
FI CO		0.300		0.300	0.300
FE CO		0.112		0.113	0.111
DLCO ECode		0110		110	010
DLCO Date		01/25		01/25	01/25
DLCO Time		14:03		14:10	14:14