

## James S. Archibald \*

B.Sc., M.B., Ch.B., F.R.C.P. Edin., F.R.C.P.C., F.C.C.P.  
INTERNAL & RESPIRATORY MEDICINE

HYS CENTRE  
LUNG FUNCTION LABORATORY

206 HYS CENTRE  
11010 - 101 STREET  
EDMONTON, AB T5H 4B9

PHONE: (780) 424-2273

FAX: (780) 425-9569

March 08, 2007

Dr. Mervin Scholtz  
Associate Clinic  
Box 1350  
High Prairie, AB  
T0G 1E0

RE: Getz, Donna  
DOB: January 31, 1952

Dear Dr. Scholtz,

Thank you for referring this patient and for sending your letter and the accompanying reports. In 2003, Donna and her husband were staying on a ranch. They were not aware that they were flaring a sour gas well on the farm. They had a strong smell of rotten eggs, and soon thereafter began to notice burning in her nose, throat and chest, followed by dyspnea, wheezing and coughing. She never brought up any sputum. Soon thereafter, she also coughed up blood on a regular basis for about a month whenever she was chopping firewood. These symptoms have gradually improved. She still has some shortness of breath occurring both at rest and increasing whenever she visits the city. She coughs up some rubbery, but clear mucus. She also feels that her skin is dry and sensitive, and her throat is still quite dry. She was tried on some inhalers, which did not help. She is not taking any other medication for this.

She had chest x-rays, most recently on June 21, 2006 reported as being normal. She had pulmonary function tests in Grande Prairie on November 30, 2006, and these were quite normal with no obstructive airways disease. She did have a mildly impaired  $PO_2$  of 62.5, with  $PCO_2$  of 34, pH 7.46, and a saturation of 94%. I understand that she also saw Dr. Jeremy Beach of Occupational Health at the University, and that she was told that she had had "acute inhalation of hydrogen sulfite".

Otherwise, in the past she has had her tonsils removed. She had two normal pregnancies and probably two miscarriages. In 1971, she had a laparotomy for suspected Crohn's, which was not found. She had her appendix removed at that time.

Her mother is still alive and well. Her father died in his sleep at 83. A brother died from a heart attack at 67.

Her weight is generally 200 to 210 pounds. She also complains of abdominal bloating and swelling of her legs. She is hypothyroid and is taking Eltroxin 50 mcg daily.

She repairs horseshoes, harnesses and tack, but has not done much since August of last year. She is married and her husband does some log building. She does not drink alcohol.

RE: Getz, Donna

March 8, 2007

Page 2

On examination, she was overweight at 107 kg. She did have an occasional mild cough. She had tonsillectomy scars, but her upper airway was otherwise normal. There were no palpable nodes. Her pulse was 72, blood pressure 110/80, and her heart sounds normal. Her lungs were resonant with clear vesicular breath sounds throughout and no added sounds. Her abdomen was obese. She had no edema.

Her oxygen saturation was 95% on room air.

She and her husband appear to have been exposed to sour gas with presumably hydrogen sulfite and sulfur dioxide, resulting in an acute inflammation of her upper and lower respiratory mucosa. She still has some residual symptoms, although no objective evidence of any obstructive airways disease, etc. I have reassured her about this. I note that both you and Dr. Moreau in Grande Prairie feel that she should have a bronchoscopy, and so I will arrange for this to be done as an outpatient at the Royal Alex Hospital.

I would anticipate that her symptoms should gradually improve, especially if she is given strong reassurance.

Yours sincerely,

J. S. Archibald, M. B.

JSA/cj

Dictated but not signed to avoid delay in delivery.

**DYNACARE KASPER MEDICAL LABORATORIES**  
 200, 10150-102 St.  
 Edmonton, AB T5J 5E2  
 Tel: (780) 451-3702 Fax: (780) 452-8488  
 1-800-661-9876

Capital Health  
 University of Alberta Hospital Site  
 8440-112 St.  
 Edmonton, AB, T6G 2B7  
 Client Response: (780) 407-7484

Patient Name: **GETZ, DONNA LEA** Location: **OPB1**  
 PHN: **521108590** Physician: **ARCHIBALD, DR. JAMES S**  
 Sex: **F** **RAH**  
 DOB: **31/01/1952 (Age: 55)**  
 Chart #: **(780)524-8099**  
 Pt. Home Phone: **014019404250** Copy To: **ARCHIBALD, DR. JAMES S** \*HYS3  
 Health Record #: **014019404250**  
 Prov./ Postal Code: **AB**  
**T0G1E0**

### NON-GYNECOLOGICAL CYTOLOGY REPORT

Accession #: **N07-2547** Specimen(s) Received: **1: Bronchoalveolar Lavage RML BAL**  
 Collect Date: **14/03/2007** **2: Bronchial Brushing RLL BRUSH**  
 Received Date: **14/03/2007**  
 Reported Date: **15/03/2007 14:22**

#### Clinical History:

Exposure to sour gas in 2003. Cough - productive. Normal chest x-ray.

#### Diagnosis:

**1,2. BAL RIGHT MIDDLE LOBE AND BRONCHIAL BRUSH RIGHT LOWER LOBE FOR  
 CYTOLOGY:  
 BENIGN.**

TT/lb

lg2758/15/03/2007

\*\*\*Electronically Signed out 15/03/2007 14:22:45 by T. They M.D. Dynacare Kasper Baselab 451-3702 Ext 8130\*\*

Cytotechnologist 1: C274

#### Specimen Appearance:

1. 15 ml of slightly cloudy white fluid, 2 slides prepared.
2. 2 alcohol fixed slides received.

#### Microscopic Description:

Both specimens are adequate for evaluation with no suspicious or malignant cells.

**- END OF REPORT -**

GETZ, DONNA LEA  
 PHN: 521108590  
 Director of Cytopathology:

HYS3

Page 1 of 1  
 Printed: 15/03/07 10:04 PM

cc: Dr Scholtz

PEACE COUNTRY HEALTH  
QUEEN ELIZABETH II HOSPITAL  
10409 - 98 ST.  
GRANDE PRAIRIE, AB  
T8V 2E8  
(780)538-7155

Name: GETZ, DONNA LEA  
DOB: 31/01/1952  
Phone: (780)524-8099  
Unit Number: **UQ00221305**  
Account # : WQ0097287/06  
ULI: 521108590

Age: 54/F

Location: PQEACAR  
Room:

**PROGRESS NOTES**

---

DATE OF VISIT: 07/11/06

DATE OF PROGRESS NOTE: 13/11/06

I became involved recently with a request for bronchoscopy for this lady and her husband. Dr. Peter Miles has gone on a two-month leave and since I have done bronchoscopy in the past, it was hoped that I could bronchoscope these two patients.

On reviewing their charts and talking to Dr. Marquis, I think these two patients would be better served with review by a pulmonologist in Edmonton. I make this recommendation based on the long duration of their symptoms, their previous evaluation by occupational health in Edmonton as well as their need for follow-up since I am only doing cancer care and Dr. Marquis will not be available as he is here only temporarily.

I have used Dr. Archibald at the Royal Alexandria Hospital in the past or the respiratory office at the University of Alberta Hospital.

**DICTATED BUT NOT READ**

---

Marie A. Moreau MD, FRCPC

Dictation Date: 13/11/06 Transcription Date: 15/11/06 By: mmc

cc:  
Marquis, Francois MD  
Miles, Peter MB BCh, FRCSC  
Moreau, Marie A. MD, FRCPC  
Outpatient Booking Department  
Scholtz, Mervin MB ChB

Copy: Scholtz, Mervin Box 1350 High Prairie, AB T0G 1E0

Rep # 1511-0069

1 of 1

QUEEN ELIZABETH II HOSPITAL  
OUTPATIENT REPORT  
DICTATED BUT NOT READ

Name: GETZ, DONNA LEA  
Unit #: UQ0022130  
Acct #: WQ0097287/06

Francois Marquis MD

Dictation Date: 07/11/06 Transcription Date: 08/11/06 By: jeh

cc:

Marquis, Francois MD  
Scholtz, Mervin MB ChB

On reviewing their charts and talking to Dr. Marquis, I find these two patients would be better served with review by a pulmonologist in Edmonton. I make this recommendation based on the long duration of their symptoms, their previous evaluation in occupational health in Edmonton as well as their need for follow-up which I am fully aware cannot wait until Dr. Marquis will not be available as he is here only temporarily.

I consulted Dr. Anghad at the Royal Alexandra Hospital in the year of the respiratory clinic at the University of Alberta Hospital.

DICTATED BUT NOT READ

Maria A. Marquis MD, FRCPC

Dictation Date: 11/11/06 Transcription Date: 11/11/06 By: jeh

cc:  
Marquis, Francois MD  
Marquis, Maria A. MD, FRCPC  
Occupational Smoking Department  
Scholtz, Mervin MB ChB

Copy: Scholtz, Mervin Box 1350 High Prairie, AB T0G 1E0

Rep # 0811-0139

PEACE COUNTRY HEALTH  
QUEEN ELIZABETH II HOSPITAL  
10409 - 98 ST.  
GRANDE PRAIRIE, AB  
T8V 2E8  
(780)538-7155

Name: GETZ, DONNA LEA  
DOB: 31/01/1952  
Phone: (780)524-8099  
Unit Number: UQ00221305  
Account #: WQ0097287/06  
ULI: 521108590

Age: 54/F

Location: PQEACAR  
Room:

## OUTPATIENT REPORT

DATE OF VISIT: 07/11/06

Mrs. Getz is a 54-year-old female farmer who was exposed with her husband to H2S and other chemical irritants in 2003. She recently developed skin blisters and irritation, many hypersensitivity problems and breathing problems. The accident is described with details in the occupational medicine consultation in her chart. The skin healed but she is still very sensitive to sun with occasional blistering. Like her husband, she complains of respiratory problems, throat irritation, shortness of breath and production of thick sputum. She considers that her functional capacity is less than 50% less than it was before the accident. She has tried puffers before with no effect.

**PAST MEDICAL HISTORY:** Unremarkable except for hypothyroidism that is actually treated and hyperlipidemia that is controlled by the diet. She never smoked and only occasionally drinks alcohol because now she does not like the burning effect on her throat.

**PHYSICAL EXAMINATION:** Vitals are normal.

**Head and Neck:** Examination of the throat does not show any signs of irritation.

**Chest:** Auscultation of the lungs is completely unremarkable and there are no crackles and no wheezing.

**Cardiovascular System:** Normal with normal S1 and S2. No S3, no S4, no murmurs.

**Abdomen:** Normal except for abdominal obesity.

The arterial blood gas that was provided with the consultation shows only mild hypercapnia with normal oxygenation. Complete blood count is normal and spirometry is normal. Sputum culture failed to reveal any pathogen and a CT scan of the thorax is completely normal.

**IMPRESSION:** As well as her husband, this is strongly suggestive of intrinsic allergic alveolitis.

**PLAN:** Repeat lung function test to see if there is any improvement or degradation. Do a bronchoscopy and if the results of the bronchoscopy are compatible with our diagnostic, we will start Prednisone 1 mg/kg for two weeks with the usual taper after that. Puffers are likely to be noneffective in this setting.

Z\_FAX2 \*\* ROYAL ALEXANDRA HOSPITAL \*\*

16-MAR-07 00:04

TRANSCRIPTION REPORTS

PAGE

## REPORT OF PROCEDURE

REFERRAL HOSPITAL SYSTEM  
ROYAL ALEXANDRA HOSPITAL SITE\*\* PHYSICIAN COPY \*\*  
019404250 001 001 ENDOB  
GETZ, DONNA, LEA  
DR. JAMES S. ARCHIBALDBIRTHDATE: 31-JAN-1952  
DATE OF PROCEDURE: 14-MAR-07  
ENDOB

ADMISSION: 14-MAR-07

CC:  
DR. MERVIN SCHOLTZ

DR. MARIE MOREAU

PREOPERATIVE DIAGNOSIS: UPPER AND LOWER RESPIRATORY SYMPTOMS  
WITH CHRONIC COUGH SINCE EXPOSED TO SOUR GAS IN 2003.

PROCEDURE PROPOSED:

PROCEDURE PERFORMED: FIBEROPTIC BRONCHOSCOPY.

POSTOPERATIVE DIAGNOSIS: INFLAMMATION ONLY, NO OTHER LESION  
FOUND. RESULT OF SPECIMENS AWAITINGDESCRIPTION OF PROCEDURE AND FINDINGS: (Include condition of all  
organs examined)

INDICATIONS: This 55 year old never smoked. In 2003 while on the farm, she was exposed to significant sour gas with hydrogen sulphide and sulphur dioxide. Ever since then, she has felt inflammation in her upper and lower respiratory tract with a chronic cough. Her chest x-ray is clear. Pulmonary function tests are normal.

PROCEDURE: Premedication: Atropine 0.6 mg and Versed 5 mg intravenously. Xylocaine topical spray to her upper airway. She was monitored with a pulse oximeter throughout and maintained on oxygen by nasal prongs.

The bronchoscope was passed through her mouth, pharynx, and larynx which were normally mobile and into her trachea, which was also anesthetized with topical Xylocaine.

There was a small amount of clear or slightly opaque mucus. There was no frank blood or other secretions. The trachea was patent and the main carina sharp. The mucosa throughout both lungs showed some acute inflammatory changes with erythema and ejection. A careful examination of all lobes at the subsegmental level failed to reveal any collapse, infiltration, or other lesion.

REPORT OF PROCEDURE

Doctor's Signature

Z\_FAX2 \*\* ROYAL ALEXANDRA HOSPITAL \*\*

16-MAR-07 00:04

TRANSCRIPTION REPORTS

PAGE

## REPORT OF PROCEDURE

REFERRAL HOSPITAL SYSTEM  
ROYAL ALEXANDRA HOSPITAL SITE\*\* PHYSICIAN COPY \*  
019404250 001 001 ENDOB  
GETZ, DONNA, LEA  
DR. JAMES S. ARCHIBALDBIRTHDATE: 31-JAN-1952  
DATE OF PROCEDURE: 14-MAR-07  
ENDOB

ADMISSION: 14-MAR-07

Bronchoalveolar lavage was carried out with instillation of 120 mL of sterile saline into the medial segment of the right middle lobe. Approximately 70 mL of clear frothy fluid was returned. Following this, bronchial brushings were taken from the right lower lobe. The specimens were sent for cytology and microbiology including TB and fungus. She tolerated the procedure well.

DATE DICTATED: 14 MARCH 2007  
DATE TRANSCRIBED: 15 MARCH 2007Reported by: DR. JAMES S. ARCHIBALD  
Transcribed by: MG  
Physician: DR. JAMES S. ARCHIBALD

15-MAR-07

DISTRIBUTED PRIOR TO PHYSICIAN APPROVAL TO FACILITATE RAPID COMMUNICATION

PEACE COUNTRY HEALTH  
QUEEN ELIZABETH II HOSPITAL  
10409 - 98 ST.  
GRANDE PRAIRIE, AB  
T8V 2E8  
(780)538-7155

Name: GETZ,OLE CHRISTIAN  
DOB: 24/11/1945  
Phone: (780)524-8099  
Unit Number: **UQ00408229**  
Account # : WQ0097288/06  
ULI: 152615621

Age: 60/M

Location: PQEACAR  
Room:

#### OUTPATIENT REPORT

DATE OF VISIT: 07/11/06

This patient is a 60-year-old farmer on a ranch. He was accidentally exposed three years ago to a mix of H<sub>2</sub>S and other toxic fumes. After the accident he rapidly developed hypersensitivity of many inhaled irritants, smoke or perfume. He also complains of mood swings and lung problems. Puffers were tried without any positive affects. His main concerns are now irritation of the throat, cough with production of thick, rubber-like sputum. His only current medication is Vasotec for hypertension. He stopped smoked 30 years ago and only occasionally drinks alcohol mixed with water because of the burning affect on his throat.

**REVIEW OF SYSTEMS:** Shows a few gastrointestinal complaints with some component of gastroesophageal reflux disease and intolerance to spicy foods or pop soda which all give him a burning sensation in his mouth. He is also complaining of swallowing difficulties caused by the absence of saliva for which he must drink a lot of water.

**PHYSICAL EXAMINATION:** Vitals normal.

Head and Neck: Examination of the throat shows no sign of irritation.

Cardiovascular System: Cardiac auscultation is normal with S1 and S2 normal. No S3. No S4. No murmurs. The long auscultation is without any vascularities and there are no crackles nor wheezing.

Abdomen: Shows abdominal obesity.

Blood work is normal. The lung function test shows no reversible obstruction and spirometry is within normal limits. The chest x-ray is normal and sputum cultures are negative. The history is that the patient is compatible with extrinsic allergic alveolitis. Before starting steroids we have to make sure that it is the right diagnosis by doing a bronchoalveolar lavage as in this case there is no possibility of provoking a new exposure without having disastrous affect on the health of the patient. We will also redo the lung function tests to see if there is any deterioration or improvement in the patient's condition. If the bronchoscopy results are compatible with the alveolitis, Cortisone at 1 mg/kg with Prednisone shall be started for two weeks with the usual taper. As the cough may be exacerbated by angiotensin-converting enzyme inhibitors, another agent could be tried, however, I doubt that the cough is secondary to the medication. It is likely that puffers will have no affect to treat this condition.

DICTATED BUT NOT READ

Francois Marquis MD

Copy: Scholtz,Mervin Box 1350 High Prairie, AB T0G 1E0

Rep # 0811-0144

QUEEN ELIZABETH II HOSPITAL  
OUTPATIENT REPORT

Name: GETZ,OLE CHRISTIAN  
Unit #: UQ0040622  
Acct #: WQ0097288/0

Dictation Date: 07/11/06 Transcription Date: 08/11/06 By: jih

cc:  
Marquis, Francois MD  
Scholtz, Mervin MB ChB

PEACE COUNTRY HEALTH  
QUEEN ELIZABETH II HOSPITAL  
10409 - 98 ST.  
GRANDE PRAIRIE, AB  
T8V 2E8  
(780)538-7155

Name: GETZ,OLE CHRISTIAN  
DOB: 24/11/1945  
Phone: (780)524-8099  
Unit Number: UQ00406229  
Account # : WQ0097288/06  
ULI: 152615621

Age: 60/M

Location: PQEACAR  
Room:

**PROGRESS NOTES**

---

DATE OF VISIT: 07/11/06

DATE OF PROGRESS NOTE: 13/11/06

I became involved recently with a request for bronchoscopy for this gentleman and his wife. Dr. Peter Miles has gone on a two-month leave and since I have done bronchoscopy in the past, it was hoped that I could bronchoscope these two patients.

On reviewing their chart and talking to Dr. Marquis, I think these two patients would be better served with review by a pulmonologist in Edmonton. I make this recommendation based on the long duration of their symptoms, their previous evaluation by occupational health in Edmonton as well as their need for follow-up since I am only doing cancer care and Dr. Marquis will not be available as he is only here temporarily.

I have used Dr. Archibald at the Royal Alexandria Hospital in the past or the respiratory office at the University of Alberta Hospital.

**DICTATED BUT NOT READ**

Marie A. Moreau MD, FRCPC

Dictation Date: 13/11/06 Transcription Date: 15/11/06 By: mmc

cc:  
Marquis, Francois MD  
Miles, Peter MB BCh, FRCSC  
Moreau, Marie A. MD, FRCPC  
Outpatient Booking Department  
Scholtz, Mervin MB ChB

Copy: Scholtz, Mervin Box 1350 High Prairie, AB T0G 1E0

Rep # 1511-0062

1 of 1

Dr. M. Scholtz  
Box 1350  
High Prairie, AB T0G 1E0

Tel: (780) 523-2868

Tel: (780) 523-2868

Name: Ole Getz

Age: .....

Address: .....

SECURITY FEATURES ON BACK

Date: Dec 14, 2006

R To Social services

Above pt is suffering from chronic lung condition and is unable to do his work. He is going to see a pulmonologist in Edmonton for further examinations

No Substitution

Refill \_\_\_\_\_ times PRN NR



M.D.

Dr. M. Scholtz  
Box 1350  
High Prairie, AB T0G 1E0

Tel: (780) 523-2868

Tel: (780) 523-2868

Name: Dana Getz

Age: .....

Address: .....

SECURITY FEATURES ON BACK

Date: Dec 14, 2006

R To Social Services

Above pt is suffering from a chronic lung disease. She has difficulty in working getting short of breath.

She is going to see a pulmonologist in Edmonton

No Substitution

Refill \_\_\_\_\_ times PRN NR



M.D.

RX520091230-114632-40P

# James S. Archibald \*

B.Sc., M.B., Ch.B., F.R.C.P. Edin., F.R.C.P.C., F.C.C.P.  
INTERNAL & RESPIRATORY MEDICINE

HYS CENTRE  
LUNG FUNCTION LABORATORY

206 HYS CENTRE  
11010 - 101 STREET  
EDMONTON, AB T5H 4B9

PHONE: (780) 424-2273  
FAX: (780) 425-9569

March 08, 2007

Dr. Mervin Scholtz  
Associate Clinic  
Box 1350  
High Prairie, AB  
T0G 1E0

**RE: Getz, Ole**  
**DOB: November 24, 1945**

Dear Dr. Scholtz,

Thank you for referring this patient and for sending your letter and the accompanying reports. In 2003, while visiting a farm with his wife, he was exposed to 36% sour gas. There was a strong smell of rotten eggs, and soon thereafter he began to notice cough productive of whitish jelly type mucus. He also developed a sore under his nose, which healed up over a month. The sensation was of something in his left lung. He also had some heartburn, for which he was given Pantoloc. He also has some shortness of breath since then. He has to rest for about half an hour in the middle of the day, as he feels he is out of breath. He builds log homes.

He smoked a pipe in the past, but quit this thirty-five years ago. He then chewed snuff until he quit this fifteen years ago. He has never smoked cigarettes and he has never had trouble with his lungs in the past.

He had his tonsils removed at age 21. He does have hypertension and is taking Atacand.

His father died at 74 from a heart attack, but his mother is still alive and well at 85. Two siblings are alive, but a brother died at 54 from a "blood clot". He has no children of his own.

His weight has generally been around 220 pounds, but was significantly more today. He is married and, as noted, he builds log homes. He came to Canada from Norway in 1973. He drinks little alcohol, no more than an occasional rum.

On examination, he weighed 117.3 kg. He was not short of breath or coughing. His skin was normal. His head and neck, including mouth and pharynx, were normal. His pulse was 84, blood pressure 130/80, and his heart sounds normal. He had no palpable lymph nodes. He had no clubbing. His lungs were clear throughout with no added sounds. His abdomen was normal. He had no edema. His oxygen saturation was 96% on room air.

His chest x-ray taken in April 2006 was normal. Pulmonary function tests in Grande Prairie on November 30<sup>th</sup> were quite normal, but he did have a low P<sub>O2</sub> of 61.5, with PCO<sub>2</sub> 35, pH 7.43, and saturation 93%.

**RE: Getz, Ole**  
**March 8, 2007**  
**Page 2**

He appears to have had significant exposure to hydrogen sulfite and/or sulfur dioxide in 2003. This resulted in marked irritation of his respiratory mucosa, from which he has not completely recovered. He is still coughing and bringing up some clear mucus.

As suggested by you and Dr. Moreau, I have booked him to have a bronchoscopy, which will be performed on March 14<sup>th</sup>. I will ensure that the results are forwarded to you.

Yours sincerely,

J. S. Archibald, M. B.

JSA/cj

Dictated but not signed to avoid delay in delivery.

**DYNACARE KASPER MEDICAL LABORATORIES**  
**200, 10150-102 St.**  
**Edmonton, AB T5J 5E2**  
**Tel: (780) 451-3702 Fax: (780) 452-8488**  
**1-800-661-9876**

Capital Health  
 University of Alberta Hospital Site  
 8440-112 St.  
 Edmonton, AB, T6G 2B7  
 Client Response: (780) 407-7484

Patient Name: **GETZ, OLE CHRISTIAN**

Location: **OPB1**

PHN: **152615621**

Physician: **ARCHIBALD, DR. JAMES S  
 RAH**

Sex: **M**

DOB: **24/11/1945 (Age: 61)**

Chart #:

Pl. Home Phone: **(780)524-8099**

Health Record #: **014019404904**

Copy To: **ARCHIBALD, DR. JAMES S \*HYS3**

Prov./ Postal Code: **AB**

**T0G1E0**

### NON-GYNECOLOGICAL CYTOLOGY REPORT

Accession #: **N07-2549**

Specimen(s) Received: **1: Bronchoalveolar LavageRML BAL  
 2: Bronchial BrushingRLL BRUSH**

Collect Date: **14/03/2007**

Received Date: **14/03/2007**

Reported Date: **15/03/2007 14:33**

#### Clinical History:

Exposure to sour gas in 2003. Cough productive of sputum. Clear chest x-ray.

#### Diagnosis:

- 1. RIGHT MIDDLE LOBE LUNG, BRONCHIOALVEOLAR LAVAGE:  
 NEGATIVE FOR MALIGNANT CELLS.  
 BENIGN ALVEOLAR MACROPHAGES.  
 ADEQUATE SPECIMEN.**
- 2. RIGHT LOWER LOBE LUNG, BRONCHIAL BRUSH:  
 NEGATIVE FOR MALIGNANT CELLS.  
 BENIGN BRONCHIAL EPITHELIUM AND SQUAMOUS EPITHELIUM (ORAL  
 CONTAMINANT; POSSIBLE ASPIRATION).  
 ADEQUATE SPECIMEN.**

WM/lb

lg2758/15/03/2007

\*\*\*Electronically Signed out 15/03/2007 14:33:28 by W.A. MOURAD, M.D. Dynacare Kasper Baselab 451-3702 ext. 8382\*\*\*

Cytotechnologist 1: C2867

#### Specimen Appearance:

1. 8 ml of cloudy white fluid, 2 slides prepared.
2. 2 alcohol fixed slides received.

- END OF REPORT -

CC: DR Scholtz

Provincial Laboratory of Public Health  
 University of Alberta  
 Edmonton, Alberta T6G 2J2  
 Telephone: (780) 407-7121  
 Fax: (780) 407-8984

Medical Microbiology Laboratory  
 Division of Clinical Microbiology  
 University of Alberta Hospitals  
 Edmonton, Alberta T6G 2B7  
 Telephone: (780) 407-7121

===== | CONFIDENTIAL LABORATORY REPORTS | =====

\* Page 1 of 1\*

REPORT DESTINATION: (P6857)

DR. ARCHIBALD, JAMES S.  
 HYS CENTRE  
 206, 11010 - 101 STREET  
 EDMONTON, AB  
 T5H 4B9

PATIENT: GETZ, OLE CHRISTIAN  
 D.O.B: 24/11/1945 61Y MALE  
 City/Town:  
 AHCIC#: PHN#: 15261-56

Other Hosp #: 019404904  
 Sub Lab #: W5794

Submitter:  
 RAH BRONCHOSCOPY  
 EDMONTON, AB T5H 3V9  
 DR. ARCHIBALD, JAMES S.

Lab Spec #: M07M003612  
 Spec Type: FLUID  
 Spec Source: BAL RML  
 Collected: 14/03/2007 0945  
 Received: 14/03/2007 1254

Date & Time Format: DD/MM/YYYY HHMM  
 REPORT DATE: 16/03/2007

Final Results

GRAM STAIN RESULTS

No bacteria seen

LOWER RESPIRATORY  
 CULTURE RESULTS

<10\*\*7 CFU/L Viridans group streptococci

Result Report Comments

cc: ROYAL ALEXANDRA HOSPITAL - ICN  
 cc: DR. ARCHIBALD, JAMES S.

CC: Dr Scholtz 523-287X

Z\_FAX2 \*\* ROYAL ALEXANDRA HOSPITAL \*\*

16-MAR-07 00:04

TRANSCRIPTION REPORTS

PAGE

## REPORT OF PROCEDURE

REFERRAL HOSPITAL SYSTEM  
ROYAL ALEXANDRA HOSPITAL SITE\*\* PHYSICIAN COPY \*  
019404904 001 001 ENDOB  
GETZ,OLE,CHRISTIAN  
DR. JAMES S. ARCHIBALDBIRTHDATE: 24-NOV-1945  
DATE OF PROCEDURE: 14-MAR-07  
ENDOB

ADMISSION: 14-MAR-07

CC:

DR. MERVIN SCHOLTZ

DR. MARIE MOREAU

PREOPERATIVE DIAGNOSIS: IRRITATION OF UPPER AND LOWER  
RESPIRATORY TRACT SINCE EXPOSURE TO SOUR GAS IN 2003

PROCEDURE PROPOSED: FIBEROPTIC BRONCHOSCOPY

PROCEDURE PERFORMED: FIBEROPTIC BRONCHOSCOPY

POSTOPERATIVE DIAGNOSIS: MILD INFLAMMATION ONLY, RESULTS OF  
SPECIMENS AWAITEDDESCRIPTION OF PROCEDURE AND FINDINGS: (Include condition of all  
organs examined).

**INDICATIONS:** This 61-year-old smoked a pipe but quit 35 years ago. In 2003 while staying on a farm, he was exposed to sour gas which resulted in symptoms in his upper and lower respiratory tract including cough and sputum ever since. His chest x-ray was normal. Pulmonary function tests were normal.

**PROCEDURE:** Premedication: Atropine 0.6 mg and Versed 5 mg intravenously. Xylocaine topical spray was applied to his upper airway. He was monitored with the pulse oximeter throughout and maintained on oxygen by nasal prongs.

The bronchoscope was passed through his mouth, pharynx and larynx which were normal and mobile and through the larynx into his trachea which was also anesthetized with topical Xylocaine.

There was a small amount of clear mucus. There were no purulent secretions. There was a mild degree of acute inflammatory change with erythema and injection. The trachea was patent and the main carina sharp. All of the major airways were patent and mobile. Each lobe was examined in turn down to the subsegmental level with no infiltration or other lesion being found.

The bronchoscope was wedged in the medial segment of the right

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TRANSCRIPTION REPORTS

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## REPORT OF PROCEDURE

REFERRAL HOSPITAL SYSTEM  
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DATE OF PROCEDURE: 14-MAR-07  
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ADMISSION: 14-MAR-07

middle lobe. Broncho-alveolar lavage was carried out with the instillation of 120 ml of sterile saline with a return of approximately 40 ml of frothy clear fluid. Following this, bronchial brushing were taken from the right lower lobe. The specimens were sent for cytology and microbiology including TB and fungus.

The patient tolerated the procedure well.

DATE DICTATED: 14 MARCH 2007  
DATE TRANSCRIBED: 15 MARCH 2007Reported by: DR. JAMES S. ARCHIBALD  
Transcribed by: PW  
Physician: DR. JAMES S. ARCHIBALD

15-MAR-07

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