

490 POST STREET SAN FRANCISCO  
2340 SUTTER STREET SAN FRANCISCO

SMITH KLINE  
CLINICAL LABORATORIES INC  
San Francisco  
45 Adrian Court, Burlingame, Ca. 94010  
Richard M.D., Director

2555 OCEAN AVE SAN FRANCISCO  
2000 VAN NESS AVE SAN FRANCISCO  
595 BUCKINGHAM WAY SAN FRANCISCO  
3905 SACRAMENTO ST SAN FRANCISCO

REFERRED BY DOCTOR:

PATIENT:

NO.:

0745  
CARLTON GOOLEY, M.D.  
1960 Turk St  
S.F. CA 94115

JONES, MARCELINE

110612

PHONE:

DATE REC'D.:

BIRTH DATE:

5/16/77

Tests completed in Laboratory obtaining specimen:  45 Adrian Court, Burlingame  9201 Sunset Blvd., Los Angeles

<input type="checkbox"/> Voided	<input type="checkbox"/> Midstream or Clean Catch	<input type="checkbox"/> Cath	MICROSCOPIC - (CENTRIFUGED SEDIMENT)
COLOR/TURBIDITY: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Mod <input type="checkbox"/> Heavy	CELLS: EPITHELIAL LDF SQUAMOUS: 60-70 OTHER —		
SPECIFIC GRAVITY: 1.018	RBC/HDF —		
REACTION pH: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	WBC/HDF 1-2		
PROTEIN: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	CASTS/LDF —		
SUGAR: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	BACTERIA — mark		
ACETONE: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Small <input type="checkbox"/> Mod <input type="checkbox"/> Large Amount	CRYSTALS — few amorph		
BILIRUBIN: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Small <input type="checkbox"/> Mod <input type="checkbox"/> Large Amount	MUCUS THREADS —		
HEMOGLOBIN (Occult): <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Small <input type="checkbox"/> Mod <input type="checkbox"/> Large	Examined By: [Signature] Date: 5/16/77		
UROBILINOGEN (Normal 0.1-1.0 Units) Normal	LAB 451-6776		

- 200 FOURTH ST., PETALUMA
- 7064 CORLINE CT., SEBASTOPOL
- 2485 HIGH SCHOOL DRIVE, CONCORD
- 2190 PERALTA BLVD., FREMONT
- 2828 PAA ST., HONOLULU, HI

- 1828 EL CAMINO REAL, BURLINGAME
- 101 SOUTH SAN MATEO DRIVE, SAN MATEO
- 2100 FOREST AVE., No. 111, SAN JOSE
- 2577 SAMARITAN DRIVE, SAN JOSE

URINALYSIS

- 450 SUTTER ST., SAN FRANCISCO
- 490 POST ST., SAN FRANCISCO
- 2340 SUTTER ST., SAN FRANCISCO

SMITH KLINE  
CLINICAL LABORATORIES INC  
San Francisco  
45 Adrian Court, Burlingame, Ca. (415) 692-5050  
Richard M.D., Director

- 2555 OCEAN AVE., SAN FRANCISCO
- 2000 VAN NESS AVE., SAN FRANCISCO
- 595 BUCKINGHAM WAY SAN FRANCISCO
- 3905 SACRAMENTO ST SAN FRANCISCO

REFERRED BY:

PATIENT:

PHONE:

0745  
CARLTON GOOLEY, M.D.  
1960 Turk Street  
San Francisco, CA 94115  
931 4030  
5/16/77

JONES, MARCELINE  
1660 Page Street  
San Francisco, CA 94117  
863 2295

1/8/77

DATE REC'D.:

INS.:

BIRTH DATE:

Tests completed in Laboratory obtaining specimen:  45 Adrian Court, Burlingame;  9201 Sunset Blvd., Los Angeles

<input checked="" type="checkbox"/> ART <input type="checkbox"/> NR <input type="checkbox"/> R	RUBELLA H-I TEST *4 RT PM
VDRL <input type="checkbox"/> NR <input type="checkbox"/> WR <input type="checkbox"/> R	COLD AGGLUTININS
VDRL QUANTITATIVE <input type="checkbox"/> NR <input type="checkbox"/> WR <input type="checkbox"/> R	FEBRILE AGGLUTININS: *5
FTA-ABS <input type="checkbox"/> NR <input type="checkbox"/> BORDERLINE *1 <input type="checkbox"/> R	PARATYPHOID A
MONONUCLEOSIS DIFFERENTIAL SPOT TEST <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	PARATYPHOID B
ANTISTREPTOLYSIN O SCREEN *2 <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	TYPHOID O
TITER TODD UNITS	TYPHOID H
STREPTOCOCCUS A EXOENZYMES SCREEN *3 <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	BRUCELLA ABORTUS

\*SEE REVERSE

SIDE NR = Non Reactive WR = Weakly Reactive R = Reactive Examined by: [Signature] Date: 5/17/77

- 200 FOURTH ST., PETALUMA
- 7064 CORLINE CT., SEBASTOPOL
- 2485 HIGH SCHOOL DRIVE, CONCORD
- 2190 PERALTA BLVD., FREMONT
- 2828 PAA ST., HONOLULU, HI

- 1828 EL CAMINO REAL, BURLINGAME
- 101 SOUTH SAN MATEO DRIVE, SAN MATEO
- 2100 FOREST AVE., No. 111, SAN JOSE
- 2577 SAMARITAN DRIVE, SAN JOSE

SEROLOGY I

66-18-e-1

250 POST STREET, SAN FRANCISCO  
 2340 SUTTER STREET, SAN FRANCISCO  
**CLINICAL LABORATORIES INC.**  
 San Francisco  
 45 Adrian Court, Burlingame, Ca (415) 692 5050  
 Paul Ortega, M.D., Director  
 2000 VAN NESS AVE., SAN FRANCISCO  
 505 BUCKINGHAM WAY, SAN FRANCISCO  
 3905 SACRAMENTO ST., SAN FRANCISCO

**0745**  
 REFERRED BY **CARLTON GOODLETT, M.D.** PATIENT: **JONES, MARCELINE** NO: **P110612 sd**  
**1860 Turk Street** **1650 Page Street**  
**San Francisco, CA 94115** **San Francisco, CA 94117** PHONE   
**891 4630**  
 DATE REC'D: **5/16/77** INS: **9919** **869 2295** BIRTH DATE: **1/8/27**  
 Tests completed in  Laboratory obtaining specimen:  45 Adrian Court, Burlingame  9201 Sunset Blvd., Los Angeles

*June P110612*

TEST	SEX		PLATELET COUNT	RETICULOCYTE COUNT	NORMAL RANGE (110-340,000)	NORMAL RANGE (10-15%)	SERUM BUN (10-20)	SERUM CREA (0.7-1.4)	SICKLE CELL SCREEN
	MALE	FEMALE							
WBC X10 <sup>3</sup>	4.0-11.0	4.0-11.0	135	10-20	10-15	10-20	0.7-1.4		
RBC X10 <sup>6</sup>	4.6-6.2	4.2-5.4	19	10-20	10-15	10-20	0.7-1.4		
Hgb gm	14-18	12-16	17	10-20	10-15	10-20	0.7-1.4		
Hct %	42-52	37-47	1	10-20	10-15	10-20	0.7-1.4		
MCV $\mu$ s	82-100	82-100	64	10-20	10-15	10-20	0.7-1.4		
MCH $\mu$ g	27-34	27-34	8	10-20	10-15	10-20	0.7-1.4		
MCHC %	31-35	31-35	19	10-20	10-15	10-20	0.7-1.4		

SMOKED (NORMAL:NI) %  
 BARS (NORMAL:10) %  
 LYMPHOCTES (NORMAL:20-40) %  
 MONOCYTES (NORMAL:2-10) %  
 EOSTROPHILS (NORMAL:1-5) %  
 BASOPHILS (NORMAL:0-1) %  
 PLASMA CELLS  
 ATYPICAL LYMPHS  
 NUCLEATED RBC  
 /100 WBC  
 PLATELET COUNT  
 COMMENTS:

2340 SUTTER STREET, SAN FRANCISCO.  
**CLINICAL LABORATORIES INC.**  
 San Francisco  
 45 Adrian Court, Burlingame, CA 94010 (415) 692 5050  
 Paul Ortega, M.D., Director  
 2000 VAN NESS AVE., SAN FRANCISCO  
 595 BUCKINGHAM WAY, SAN FRANCISCO  
 3905 SACRAMENTO ST., SAN FRANCISCO

REFERRED BY DOCTOR: **0745 CARLTON GOODLETT, M.D.** PATIENT: **JONES, MARCELINE** NO: **P 110612 sc**  
**1860 Turk St** **1650 Page Street**  
**S.F. CA 94115** **San Francisco, CA 94117** PHONE   
**891 4630**  
 DATE REC'D: **5/16/77** BIRTH DATE: **1/8/27**  
 Tests completed in  Laboratory obtaining specimen:  45 Adrian Court, Burlingame  9201 Sunset Blvd., Los Angeles

URINE SODIUM	5/16/77	9919	URINE CREATINE	0-30 mg/24hr	GLUCOSE TOLERANCE	1/8/27
URINE POTASSIUM		300	URINE CHLORIDES	170-250 mEq/24hr	FASTING	90
URINE PROTEIN	0.05-0.11 g/24hr		TOTAL	20-60 mg/24hr	1/2 Hr.	146
URINE GLUCOSE	0.5-1.5 g/24hr		FREE	0.2-1.7 mg/24hr	1 Hr.	139
URINE URIC ACID	0.3-0.8 g/24hr		URINE OXALATES	0-40 mg/24hr	2 Hr.	153
URINE CALCIUM	0.05-0.3 g/24hr		VITAMIN A	30-80 mcg/dl	3 Hr.	111
SERUM CREATININE	0.7-1.4 mg/dl		SERUM CAROTENE	50-300 mcg/dl	4 Hr.	87
URINE CREATININE	M 1-2.0 F 0.8-1.8 mg/24hr		SERUM ALDOLASE	1.2-7.6 mg/dl	5 Hr.	73
CREATININE CLEARANCE	M 75-115 ml/min F 75-115 ml/min		SERUM MAGNESIUM	1.5-3.0 mg/dl	6 Hr.	
URINE PHOSPHOROUS	0.3-1.3 g/24hr		SERUM LITHIUM	0.6-1.2 mEq/L		
Total Volume			Examined By	<i>15/77</i>	Date	<i>5/16/77</i>
						LAB 422-6/76

- 205 FOURTH ST., PETALUMA
- 7054 CORLINE CT., SEBASTOPOL
- 2485 HIGH SCHOOL DRIVE, CONCORD
- 2190 PERALTA BLVD., FREMONT
- 2828 PAA ST., HONOLULU, HI
- 1828 EL CAMINO REAL, BURLINGAME
- 101 SOUTH SAN MATEO DRIVE, SAN MATEO
- 2100 FOREST AVE., No. 111, SAN JOSE
- 2577 SAMARITAN DRIVE, SAN JOSE

CHEMISTRY II

- 430 POST STREET, SAN FRANCISCO
- 2740 SUTTER STREET, SAN FRANCISCO

**CLINICAL LABORATORIES INC.**

San Francisco  
45 Adrian Court Burlingame, Ca. (415) 692-5050  
Paul Ortega, M.D., Director

- 7000 OCEAN AVE., SAN FRANCISCO
- 2000 VAN NESS AVE., SAN FRANCISCO
- 595 BUCKINGHAM ST., SAN FRANCISCO
- 3905 SACRAMENTO ST., SAN FRANCISCO

16-19208

REFERRED BY DOCTOR:

0743  
CARLTON GOODLETT, M.D.  
1360 Turk St  
S.F. Ca 94115

JONES, MARCELINE

NO:

P 110512 sc

PHONE

DATE REC'D:

8.7.67

BIRTH DATE:

Tests completed in Laboratory obtaining specimen;  45 Adrian Court, Burlingame  9201 Sunset Blvd., Los Angeles

PROFILE 7: 8519

1/8/77

Examined By

*BM*

Date

8/19/77

- 200 FOURTH ST., PETALUMA
- 7054 CORLINE CT., SEBASTOPOL
- 2485 HIGH SCHOOL DRIVE, CONCORD
- 2190 PERALTA BLVD., FREMONT
- 2828 PAA ST., HONOLULU, HI

- 1828 EL CAMINO REAL, BURLINGAME
- 101 SOUTH SAN MATEO DRIVE, SAN MATEO
- 2100 FOREST AVE., No. 111, SAN JOSE
- 2577 SAMARITAN DRIVE, SAN JOSE

LAB 490 8/76  
PROFILE 7  
LABORATORY  
MISCELLANEOUS



SMITH KLINE CLINICAL LABORATORIES, INC.

45 Adrian Court, Burlingame, California 94010  
2800 Wilapa, Burbank, California 91504

19-19708 JONES, MARCELINE

GOODLETT SOURCE (HOSP./MD) 000193

REMARKS: 23.5 GTT/EA

05-16-77 17:26 DATE/TIME 217 SOURCE NO.

Indicates Blank is higher than assayed value; result is invalid possibly due to drug interference or turbidity.  
The result is nonlinear due to substrate depletion; reported value is result of dilution.  
Result exceeds linear range of chemistry; reported value is result of dilution.  
Lipemic Specimen (T. Bil., LDH, and SGOT may be invalid). The letter "T" will appear if the test is invalid.  
Hemolyzed Specimen (LDH, SGOT, T. Bil., Potassium, Iron and/or Iner. Phos. may be invalid).  
Alkaline phosphatase levels in adults increase with age and can be as much as 15 U/L higher after age 60.

Glucose	90	mg/dl
Iron	35	ug/dl
Calcium	9.4	mg/dl
Phosphorus	3.3	mg/dl
Uric Acid	6.9	mg/dl
BUN	11	mg/dl
Creatinine	1.0	mg/dl
Sodium	139	meq/l
Potassium	4.4	meq/l
Chloride	103	meq/l
INDIRECT BILIRUBIN	0.50	mg/dl
BUN/Creatinine	11.00	

LDH	148	U/l
SGOT	16.2	U/l
SGPT	11	U/l
Alkaline Phosphatase	50	U/l
Total Bilirubin	0.5	mg/dl
Direct Bilirubin	0.0	mg/dl
Cholesterol	254	mg/dl
Triglycerides	205	mg/dl
Total Protein	6.4	g/dl
Albumin	3.8	g/dl
Globulin	2.60	g/dl
AVG Ratio	1.45	

PAUL ORTEGA, M.D. GRIFFITH, D. THOMAS, M.D.

LAB 428 12/76

C-4  
B-8-78

Marceline, O.P. # 867882, 10-27-73  
 L. Solomon, AGE 49, BIRTHDATE 1-8-27  
 SEX F, HT. 165, WT. 64, CM, KS, 64, PRIV TESTING? NO, KI NO 4002  
 PRESENT ADDRESS 7730 East Rd, Redwood Valley, CA 95470, HOSPITAL NO OPD  
 SOCIAL WORKER, SS AN NO, FE 485-8893

**PULMONARY  
 FUNCTION  
 TESTS**  
 KELLY CARDIOPULMONARY INSTITUTE  
 SANTA ROSA MEMORIAL HOSPITAL

LUNG VOLUMES				RESPIRATORY FLOW (LITERS/SEC)				SUBDIVISIONS OF LUNG VOLUME (LITERS)
LITERS BTPS	MEAS	PRED	%	UNTREATED	C. BRONCHODIL.			
TOTAL CAP. (TC):	4.53	4.88	93%	MAX MID EXPIR:	1.12 (78%)	1.74 (116%)		
VITAL CAP. (EXPIRATORY):	2.17	3.38	64%	FORCED V.C. (L):	2.17 (64%)	2.28 (67%)		
VITAL CAP. (INSPIRATORY):	1.98	3.38	58%	F.E.V. (L):	1.52 (70%)	1.76 (77%)		
RESPIRATORY CAP.:	1.68			F.E.V.:	2.01 (93%)	1.98 (87%)		
UNC. RES. CAP. (FRC):	2.85	2.72	105%	MBC	63 (L/MIN) 60% PRE	64 (L/MIN) 61% PRE	-10	
RESID. VOL. (RV):	2.36	1.50	157%	105	61 (L/MIN) 58% PRE	70 (L/MIN) 67% PRE	-9	
RC/TLC:	63%	56%		MBC (INDIRECT):	61 (L/MIN) 58% PRE	70 (L/MIN) 67% PRE	-8	
V/TLC:	52%	31%		RAW	CM H <sub>2</sub> O / L, SEC	6:10 PE RX	-7	
				RAW	CM H <sub>2</sub> O / L, SEC	AFTER RX	-6	
MIXING FUNCTION				FRC (BODY PLETHYSMOGRAPHY)	LITERS		-5	
CLEARANCE TIME (MIN):	11	5-6		FRC ( ) FOLLOWING RX	LITERS		-4	
CLEARANCE VENTIL (L):	74.6						-3	
CLEARANCE EQUIV:	26.2	13.2					-2	
MIXING EFFICIENCY %			50%				-1	

RESPIRATORY GASES AND ACID BASE BALANCE				REST (AIR)	REST (O <sub>2</sub> )	EXERCISE	
OXYGEN CAPACITY (VOL %):				15.28			-5
CONTENT (VOL %):				14.88			-4
SATURATION (%):				95.8%			-3
PO <sub>2</sub> ALVEOL. (MMHG):							-2
PO <sub>2</sub> ARTER. (MMHG):				79			-1
PO <sub>2</sub> A-(aD) (MMHG):							0
PO <sub>2</sub> MIXED VENOUS (MMHG):							
CARBON DIOXIDE CONTENT (PLASMA) (MM/L):				20			
STAND. BICARB. (MEQ/L):				19			
BASE EXCESS (MEQ/L):				-4			
PCO <sub>2</sub> ARTERIAL (MMHG):				32			
PCO <sub>2</sub> ALVEOLAR (MMHG):							
PCO <sub>2</sub> (a-AD) (MMHG):							
PCO <sub>2</sub> MIXED VENOUS							

RESPIRATORY EXCHANGE				DIFFUSION CAPACITY	
TOTAL VENTILATION (L/MIN BTPS)				ML CO <sub>2</sub> / MM HG / MIN	
EFFECTIVE VENTILATION (L/MIN BTPS)				REST:	
EFFECTIVE/TOTAL				% PRED:	
INTAKE (L/MIN STPD)				CLOSING VOLUME	
O <sub>2</sub> OUTPUT (L/MIN STPD)					
O <sub>2</sub> / O <sub>2</sub> (RQ)					
O <sub>2</sub> UPTAKE/VENTILATION					
O <sub>2</sub> /VT				% OF VC =	
SP. RATE				NORMAL =	
HEART RATE					
CARDIAC OUTPUT					

**INTERPRETATION:**  
 • Residual volume is increased but total lung capacity is normal.  
 • Vital capacity is moderately reduced as is mixing efficiency.  
 • Spirometry shows mild obstruction.  
 • Arterial blood gases show compensated metabolic acidosis.  
**IMPRESSION:** Obstructive airways disease, mild to moderate with significant air trapping and bronchospasm.

Gordon Larsen, M.D.

COMPLIANCE	
NORMAL	ML / CM H <sub>2</sub> O
SHUNT % - PHYS:	
ANAT:	

BB-18-C-5

DATE: 12-7-78

008528

12-7-78

L. Solomon

49

1-8-27

FUNCTION TESTS

HT IN WT LB

YES

4002

7730 East Rd, Redwood Valley, CA 95407

KELLY CARCIDIOPULMONARY INSTITUTE

SANTA ROSA MEMORIAL HOSPITAL

485-8893

PULMONARY VOLUMES		RESPIRATORY FLOW - L/MIN SEC	
STERS BTPS	MEAS	PIED	REP
TOTAL CAP (TCD)			
TOTAL CAP (EXPIRATORY)			
TOTAL CAP (INSPIRATORY)			
EXPIRATORY CAP			
INC. RES. CAP (FRC)			
SIN. VOL. (RV)			
IC/TLC			
V/TLC			
PULMONARY FUNCTION			
CLEARANCE TIME (MIN)			
CLEARANCE VENTIL (L)			
CLEARANCE EQUIV			
CLEARING EFFICIENCY %			
RESPIRATORY GASES AND ACID-BASE BALANCE			
OXYGEN CAPACITY (VOL %)			
CONTENT (VOL %)			
SATURATION (%)			
PO <sub>2</sub> ALVEOL (MMHG)			
PO <sub>2</sub> ARTER (MMHG)			
PO <sub>2</sub> A-TODI (MMHG)			
PO <sub>2</sub> MIXED VENOUS (MMHG)			
CARBON DIOXIDE CONTENT (PLASMA) (MM/L)			
STAND BIFARB (MEQ/L)			
BASE EXCESS (MEQ/L)			
PCO <sub>2</sub> ARTERIAL (MMHG)			
PCO <sub>2</sub> ALVEOLAR (MMHG)			
PCO <sub>2</sub> (A-D) (MMHG)			
PCO <sub>2</sub> MIXED VENOUS			
ARTERIAL			
RESPIRATORY EXCHANGE			
TOTAL VENTILATION (L/MIN BTPS)			
EFFECTIVE VENTILATION (L/MIN BTPS)			
EFFECTIVE/TOTAL			
O <sub>2</sub> INTAKE (L/MIN STPD)			
O <sub>2</sub> OUTPUT (L/MIN STPD)			
V <sub>O</sub> (RQ)			
O <sub>2</sub> INTAKE/VENTILATION			
V <sub>T</sub> /VT			
P. RATE			
RT RATE			
DIAC OUTPUT			
INTERPRETATION:			
Normal gas exchange.			
L. Solomon, M.D.			
COMPLIANCE			
NORMAL - mL/CM H <sub>2</sub> O			
SHUNT % - PHYSI			
ANAT:			

BB-18-C-6

JONES, MARCELINE

OCT 12 1976

Marceline is a 49-year-old lady who has a five year history of cough productive of about a tbsp. of white sputum a day and a few year history of shortness of breath. She has been treated with steroids in the past and noted a marked improvement in her symptoms but became quite high on steroids. At the present time her only medication is Dimetapp.

She has no history of sinus symptoms. No occupational exposures, no history of infections, and has never smoked. There is no history of asthma or childhood lung disease.

PHYSICAL EXAMINATION:

Frequent coughing during the examination, auscultation during deep breaths, difficult. No rales, rhonchi, or wheezes were heard and good breath sounds were present throughout with no areas of dullness. There was no clubbing.

PULMONARY FUNCTION TESTS:

FEV I is 1.7 before bronchodilators, 1.95 after bronchodilators. Vital capacity - 2.4 before bronchodilators, 2.3 after bronchodilators. Predicted vital capacity is 3.4. Predicted FEV I is 2.85. This is actually a restrictive pattern with no response to bronchodilators.

IMPRESSION:

Restrictive lung disease of uncertain etiology.

PLAN:

Marceline came in with a history and a chart which sounded very much like bronchospastic disease, however, her pulmonary function tests and in retrospect, her chronic cough and shortness of breath without real wheezing is suggestive of a restrictive lung defect although of course, this can only be truly measured on lung volumes. I am scheduling her for a comprehensive re-evaluation and am ordering spirogram, DLCO, lung volumes, and arterial blood gases. I have also ordered a CBC, a Panel 15, ANA, rheumatoid factor and a total eosinophil count, as well as a new chest x-ray. I hope to see her in about a week after the above has been completed and re-evaluate things then. It may well be that a lung biopsy will be in order.

Lewis S. Solomon, M.D.

LSS/as

11-1-76

Marcey comes in today for a follow up of the full pulmonary functions I did on her last visit. At that time I was concerned that she may have a restrictive defect. However, her full functions today showed that even though her FEV I is 70% to 77% of the vital capacity that her residual volume is 157% of normal and her total lung capacity is 98% of predicted suggesting that the reduction in vital capacity is, in fact, due to trapped air rather than restrictive lung disease. Her blood gases showed a PO2 of 79, PH 7.40 and PCO2 32, suggesting some chronic hyperventilation.

PHYSICAL EXAMINATION:

Good inspiratory and somewhat decreased expiratory phase. Again, no rales, rhonchi, or wheezes were heard.

SUMMARY OF LAB DATA:

The ANA and rheumatoid factor were negative. Her total eosinophil count was only 64. An incidental finding was the Panel 15 which was all within normal limits except for the triglycerides which were 22 and cholesterol which were 397. I ordered a subsequent lipoproteinelectrophoresis which showed a nonspecific elevation in cholesterol and triglycerides probably on a dietary basis.

BB-18-C-7

JONES, MARCELINE

NOVEMBER 1, 1976

IMPRESSION:

1. Obstructive lung disease which presented originally as restriction on the spirogram. In face of a low eosinophil count and the minimal evidence of reversibility on functions with the exception of the MMF, I am not sure at present where her obstruction fits in the COPD asthma spectrum. Her subsequent course in response to treatment should decide this.

2. Elevation of triglycerides and cholesterol, probably dietary in origin.

PLAN:

1. Start an intensive regimen of: 1. beclomethasone, 4 breaths q.i.d., 2. Alupent, ½ tablet q.i.d., 3. Aminophyllin, 2 tablets q.i.d., and a pulse of prednisone, 50 down to 0.

2. Return visit with a spirogram in two weeks to see what her response is.

3. To receive the bivalent flu vaccine in the right deltoid.

Lewis S. Solomon, M.D.

LSS/as

NOVEMBER 12, 1976

Marcey comes in today after being tried on an outpatient regimen of pulse steroids, beclomethasone, Aminophyllin, and Alupent. She is raising slightly more clear sputum from 1 teasp. to about 2 tbsps. a day and has perhaps noted some decrease in the frequency of her cough. However, her pulmonary function tests have shown absolutely no improvement and she continues to have the unusual restrictive pattern on spirogram with the increased residual volume and normal total lung volume on helium dilution.

PHYSICAL EXAMINATION:

Good inspiratory and expiratory breath sounds without wheezes.

IMPRESSION:

I continue to be perplexed by Marcey's problem. If she has asthma, she certainly has had no response to medication so far. However, this cannot be excluded and it may be that there is such a degree of mucous plugging that she is presenting with a restrictive pattern and a relative refractoriness which will gradually yield to therapy and may require a stay in the hospital on high doses of steroids and bronchodilators. Another possibility is that she has fairly fixed small airways disease perhaps resulting from her episode of Hong Kong Flu several years ago. She certainly has no smoking or other history of pulmonary disease that would make me suspicious of emphysema. However, recall her total eosinophil count was quite low. The remaining possibility is that she does, in fact, have restrictive lung disease and that the only evidence for this being obstructive disease, i.e. the increased residual volume is in error.



MARCELINE  
NOVEMBER 12, 1976

PLAN:

1. Continue her present outpatient regimen of beclomethasone, 4 breaths q.i.d., Alupent, 2 q.i.d., Aminophyllin, 200 mgs. q.i.d., and have her come back in one month with an Alpha I antitrypsin level, and repeat spiogram in the office. I will also repeat her Helium lung volume and get a DLCO. If she continues to show an obstructive pattern at that time, I will hospitalize her for a trial on high doses of bronchodilators and steroids.

Lewis S. Solomon, M.D.

LSS/as

DEC 13, 1976

Marcey continues to have a perplexing pattern of chronic cough and obstructive lung disease by lung volumes with a surprising FEV I vital capacity ratio, and normal DLCO. It surprises me that she doesn't better respond to bronchodilators but it may be that she just has a fairly mild obstructive defect.

PHYSICAL EXAM:

Chest - good inspiratory and expiratory breath sounds without rales, rhonchi, or wheezes.

PLAN:

I am going to be thinking over Marcey's record and reviewing it and, perhaps, I will hospitalize her to see if she is reversible with high doses of steroids and even consider the possibility of a fixed mechanical obstruction such as a tracheal web. She will return in three months if I don't hospitalize her sooner.

Lewis S. Solomon, M.D.

LSS/as

ADDENDUM: 12/14 I have thought over Marceline's situation and believe that she should have additional evaluation but because her symptoms are minimal right now and of long standing, I see no reason to pursue them further at this point. If she were to deteriorate in any way at that point, a high dose steroid trial might be indicated and, perhaps, even a bronchoscopy to rule out a fixed obstruction of some sort. Tentatively, my diagnosis is bronchitis with, if anything, a small reversible component. I am going to review with her the possibilities of cutting back on her medications and observing her course. If she fails to deteriorate, I would be content to leave her on just Aminophyllin alone.

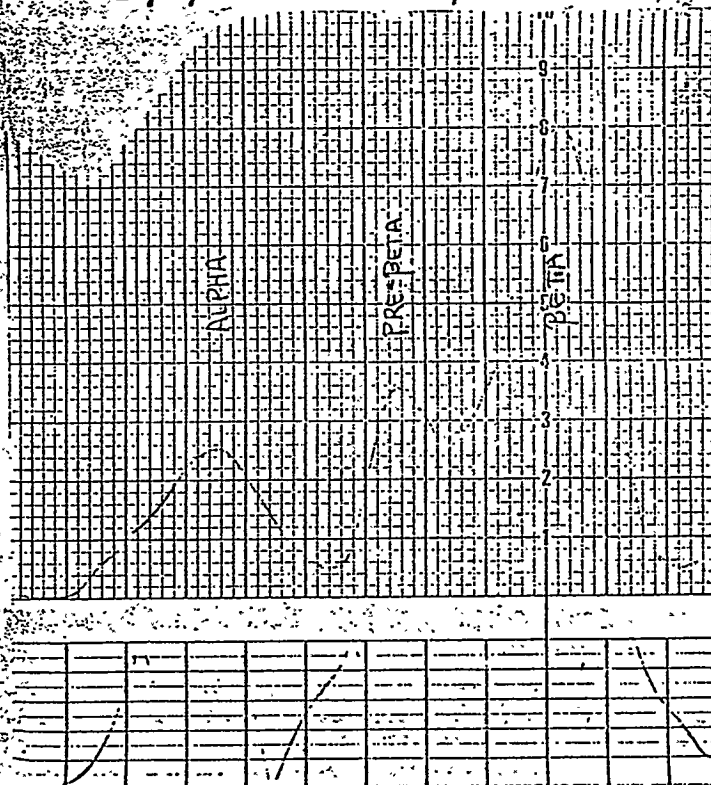
Lewis S. Solomon, M.D.

LSS/as

# Redwood Medical Laboratory

1166 MONTGOMERY DRIVE • SANTA ROSA, CALIFORNIA 95405 • 707, 544-3133

## Lipoprotein Electrophoresis



PATIENT JONES, MARCELINE

PHYSICIAN SOLOMON

DATE 10/27/76

AGE: 49 yrs.

REDWOOD MEDICAL LABORATORY  
1166 MONTGOMERY DRIVE  
SANTA ROSA, CALIFORNIA 95405

CHOLESTEROL: 349

NORMAL RANGE

150-300 MG/DL

TRIGLYCERIDES: 201

20-190 MG/DL

INTERPRETATION:

Non specific increase in  
lipoprotein + both cholest  
+ triglyceride - not typical  
Probably secondary to diet

LIPOPROTEIN ELECTROPHORESIS

TECH: PL

DATE: 10/27/76

BB-18-C-9

TESTS

YES  
 7730 East Rd, Redwood Valley, CA 95437  
 HOSPITAL NO. 9993

KELLY CARDIOPULMONARY INSTITUTE  
 SANTA ROSA MEMORIAL HOSPITAL

RESPIRATORY FLOW (LITERS/SEC)				SUBDIVISIONS OF LUNG VOLUME (LITERS BTFS)			
UNTREATED				C. BRONCHODIL.			
VOLUMES (LITERS)	MEAS.	PRED.	%	MAX. MID. EXPIR:	FORCED V.C (L)	F.E.V. <sub>1</sub> (L)	F.E.V. <sub>2</sub>
CAP. (ITC):							
CAP. (EXPIRATORY):							
CAP. (INSPIRATORY):							
ATORY CAP.:							
RES. CAP. (FRC):				MBC	(L/MIN.) % PRE.	(L/MIN.) % PRE.	(L/MIN.) % PRE.
VOL. (RV):				MBC (INDIRECT)	(L/MIN.) % PRE.	(L/MIN.) % PRE.	(L/MIN.) % PRE.
TLC:				RAW	CM H <sub>2</sub> O / L/SEC. BEFORE RX		
LC:				RAW	CM H <sub>2</sub> O / L/SEC. AFTER RX		
IG FUNCTION				FRC (BODY PLETHYSMOGRAPH)	LITERS		
EARANCE TIME (MIN.)				FRC ( ) FOLLOWING RX	LITERS		
APANCE VENTIL (L)							
EARANCE EQUIV:							
G EFFICIENCY %							
TRATORY GASES AND ACID BASE BALANCE				REST (AIR)	RLST (O <sub>2</sub> )	EXERCISE	
EN CAPACITY (VOL %):							
CONTENT (VOL %)							
SATURATION (%)							
PO <sub>2</sub> ALVEOL. (MMHG):							
PO <sub>2</sub> ARTER. (MMHG):							
PO <sub>2</sub> A-(a-D) (MMHG):							
PO <sub>2</sub> MIXED VENOUS (MMHG):							
ON DIOXIDE CONTENT (PLASMA) (MM/L):							
STAND. BICARB (MEQ/L):							
BASE EXCESS (MEQ/L):							
PCO <sub>2</sub> ARTERIAL (MMHG):							
PCO <sub>2</sub> ALVEOLAR (MMHG):							
PCO <sub>2</sub> (a-AD) (MMHG):							
PCO <sub>2</sub> MIXED VENOUS							
RTERIAL							
PIRATORY EXCHANGE							
AL VENTILATION (L/MIN BTFS)							REST: 21.6
CTIVE VENTILATION (L/MIN BTFS)							% PRED: 95%
CTIVE/TOTAL							
IAKE (L/MIN STPD)							
OUTPUT (L/MIN STPD)							
O <sub>2</sub> (RQ)							
PTAKE/VENTILATION							
VT							
P. RATE							
RT RATE							
DIAC OUTPUT.							
RPRETATION:							
Normal gas exchange.							
L. Solomon, M.D.							
COMPLIANCE							
NORMAL							ML/CM H <sub>2</sub> O
SHUNT % - PHYS:							
ANAT:							

BB-18-C-10

REDWOOD MEDICAL LABORATORY  
 1166 MONTGOMERY DR. SANTA ROSA, CA.  
 15 TEST DIAGNOSTIC PROFILE

ONES, MARCELINE ROOM # 1011  
 SEX/AGE F 14:59

TEST NAME	RESULT	NORMAL RANGE	UNIT
CALCIUM	9.2	8.5 - 10.5	MG/DL
GLUCOSE	86	65 - 110	MG/DL
URIC ACID	6.1	2.5 - 8.0	MG/DL
TRIGLYCERIDES	222	20 - 190	MG/DL
CHOLESTEROL	247	150 - 320	MG/DL
TOTAL BILIRUBIN	0.8	0.0 - 1.5	MG/DL
TOTAL PROTEIN	7.2	6.0 - 8.0	GM/DL
ALBUMIN	4.4	3.5 - 5.0	GM/DL
ALKALINE PHOSPHATASE	43	25 - 80	U/L
LDH	78	0 - 110	U/L
SGOT	14	0 - 26	U/L
BLOOD-UREA-NITROGEN	18	5 - 25	MG/DL
CREATININE	1.0	0.5 - 2.0	MG/DL
SODIUM	141	135 - 146	MG/DL
POTASSIUM	4.4	3.5 - 5.3	MG/DL

ONES, MARCELINE DR. SOLOMON  
 CCH 5 SAMPLE DRAWN DATE 10/13/76 TIME AM

COMMENTS:

10/13  
 DIRECTORS: DENEO, LEISSING, RHODES



# SANTA ROSA RADIOLOGY

MEDICAL GROUP

121 Sotoyome Street (707) 546-4062

521 Doyle Park Drive (707) 546-1111

Santa Rosa, California 95405

Robert H. Butler, M.D.  
William A. O'Shea, M.D.  
Walter Byck, M.D.  
Sydney M. Miller, M.D.  
Charles E. Carter, M.D.

Russell E. Dieter, M.D.  
David A. Keefer, M.D.  
Allen P. Fishbein, M.D.  
Kent D. Pearson, M.D.  
Edward T. Evans, M.D.

Robert L. Scheiler, M.D.  
Michael D. Shane, M.D.  
Wolfgang R. Bley, M.D.  
Thomas Q. Winter, M.D.  
Richard A. Mo'eed, Jr., M.D.

Padelford Oncology  
Delwin D. Hines  
Rolph B. Hancock

## REPORT OF EXAMINATION

NAME: JONES, MARCELINE (49)

X-Ray No. 605351

ADDRESS: 7730 East Rd, Redwood Valley  
Phone: 542 6813

Dr. DR. SOLOMON


Examination of: PA & LATERAL CHEST:

10/13/76

Compare with 12/04/73.

There has been no interval change. The cardiac size is normal. The pulmonary vasculature is unremarkable and there is no evidence of acute or chronic infiltrate. The bony thorax is intact.

CONCLUSIONS: NO CHANGE.  
NO ACTIVE CARDIOPULMONARY DISEASE.

  
Michael D. Shane, M.D.  
Radiologist

10/13/76

MDS:jam

121 Sotoyome Street

521 Doyle Park Drive

1144 Sonoma Avenue

BB-18-C-13

JONES, MARCELINE







941-4030

March 25, 1977

Ms. Mary Snyder  
Department of Health  
2151 Berkeley Way  
Berkeley, CA 94704

Re: Ms. Marceline Jones  
1660 Page Street  
San Francisco, Calif.

Dear Ms. Snyder:

This is to certify that Ms. Marceline Jones is being treated by me for obstructive lung disease, tachycardia and extreme fatigue. I have recommended to Ms. Jones that she stay off work for a period of thirty to sixty days.

Sincerely,

CARLTON B. GOODLETT, M. D.

CEG:eo

BB-18-C-16

430 POST STREET, SAN FRANCISCO  
 2340 SUTTER STREET, SAN FRANCISCO

**CLINICAL LABORATORIES INC.**  
 San Francisco

2333 CLAY AVENUE, SAN FRANCISCO  
 2000 VAN NESS AVE., SAN FRANCISCO  
 595 BUCKINGHAM WAY, SAN FRANCISCO  
 3905 SACRAMENTO ST., SAN FRANCISCO

REFERRED BY DOCTOR:  
 3745

PATIENT:

NO: P 110612

CARLTON GOBLETT, M.D.  
 1360 Turk St  
 S.F. CA 94115

JONES, MARCELINE

PHONE

DATE REC'D: 931 4030 INS.

BIRTH DATE:

Tests completed in  Laboratory obtain specimen:  45 Adrian Court, Burlingame  9201 Sunset Blvd., Los Angeles

PARATHYROID HORMONE (PTH)	ng/ml		PROTEIN BOUND IODINE (PBI)	1/6/27	µg/dl
CALCIUM (Atomic Absorption)	mg/dl	7	T <sub>3</sub> UPTAKE (RT <sub>3</sub> U)	27	%
MAGNESIUM (Atomic Absorption)	mg/dl	K	TOTAL THYROXINE (T <sub>4</sub> /RIA)	2.6	µg/dl
CALCITONIN (TCT)	ng/ml	K	FREE THYROXINE INDEX	2.1	
ADRENALCORTICOTROPHIC HORMONE (ACTH)	pg/ml		ANTI-THYROID ANTIBODY (TA)		
			MICROSOMAL ANTIBODY (MA)		
CORTISOL (COMPOUND F)	µg/dl		THYROID STIMULATING HORMONE (TSH)		µIU/ml
TRI-IODOTHYRONINE (T <sub>3</sub> /RIA)	ng/dl		EXAMINED BY: [Signature]	DATE: 5/1/77	

- 200 FOURTH ST., PETALUMA
- 7054 CORLINE CT., SEBASTOPOL
- 2485 HIGH SCHOOL DRIVE, CONCORD
- 2190 PERALTA BLVD., FREMONT
- 2828 PAA ST., HONOLULU, HI

- 1828 EL CAMINO REAL, BURLINGAME
- 101 SOUTH SAN MATEO DRIVE, SAN MATEO
- 2100 FOREST AVE., No. 111, SAN JOSE
- 2577 SAMARITAN DRIVE, SAN JOSE

LAB 445-6/76  
 SEE REVERSE SIDE FOR NORMALS  
 RIA III (THYROID)