# Reference Determination Content

*Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.*

## Acute Pyelonephritis

### Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A pre-deployment medical by the medical officer, dated 2 June 2014;
- A ship's medical record (heat exhaustion) by the ship's medical officer, dated 28 July 2014;
- A ship's medical record (lumbar injury) by the ship's medical officer, dated 12 August 2014;
- A ship's medical record (urinary retention and catheterisation) by the ship's medical officer, dated 13 August 2014;
- A ship's medical record (cystitis) by the ship's medical officer, dated 14 August 2014;
- A ship's medical record (acute pyelonephritis) by the ship's medical officer, dated 19 August 2014;
- An admission by the CT and microbiology reports, Role 3 hospital, Middle East, dated 21 August 2014;
- An operation report (ureteroscopy) by the urologist, dated 30 September 2014;
- A DMSA renal scan by the nuclear medicine physician, dated 15 January 2015.

### Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 January 2009 and 4 March 2019

# Acute Pyelonephritis

You have stated that your condition was caused by:

- *having a lower urinary tract infection within the 7 days before the clinical onset of acute pyelonephritis*
- *having obstruction of the ureter or renal pelvis of the affected kidney, including by a urinary calculus, at the time of the clinical onset of acute pyelonephritis*
- *undergoing urethral catheterisation or other instrumentation of the urinary tract within the 7 days before the clinical onset of acute pyelonephritis*
- *having incomplete emptying of the bladder at the time of the clinical onset of acute pyelonephritis*
- *being dehydrated, from inadequate fluid intake or excessive fluid loss, for at least the 4 weeks before the clinical onset of acute pyelonephritis*
- *being treated for a lower urinary tract infection with an antibiotic to which the causative organism is resistant, within the 7 days before the clinical onset of acute pyelonephritis*

**Diagnosis:** Acute Pyelonephritis

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 July 2025, and is supported by a ship's medical record (acute pyelonephritis) by the ship's medical officer, dated 19 August 2014.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

*Reasonable Hypothesis - no Statement of Principles determined for this condition*

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a lower urinary tract infection within the 7 days before the clinical onset of acute pyelonephritis*
- *having obstruction of the ureter or renal pelvis of the affected kidney, including by a urinary calculus, at the time of the clinical onset of acute pyelonephritis*
- *undergoing urethral catheterisation or other instrumentation of the urinary tract within the 7 days before the clinical onset of acute pyelonephritis*
- *having incomplete emptying of the bladder at the time of the clinical onset of acute pyelonephritis*
- *being dehydrated, from inadequate fluid intake or excessive fluid loss, for at least the 4 weeks before the clinical onset of acute pyelonephritis*

- *being treated for a lower urinary tract infection with an antibiotic to which the causative organism is resistant, within the 7 days before the clinical onset of acute pyelonephritis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden left loin pain radiating to the groin, high fever with rigors, nausea and vomiting, painful frequent urination and blood in the urine, following a week of burning on passing urine on 19 August 2014.

The diagnosis was made clinically by the ship's medical officer on 19 August 2014: fever of 39.4 degrees Celsius with rigors, tachycardia, left loin pain and renal angle tenderness, vomiting, and pyuria with nitrites, following cystitis. It was confirmed at the role 3 hospital on 21 August 2014 by CT, which showed a swollen left kidney with wedge-shaped areas of reduced enhancement typical of pyelonephritis, and by blood and urine cultures growing Escherichia coli.

This has then led to further investigations and the diagnosis of your condition of *Acute Pyelonephritis*. I have accepted your condition of *Acute Pyelonephritis*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 19 August 2014.

# Acute Pyelonephritis (Worsening)

## Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 July 2025;
- A pre-deployment medical by the medical officer, dated 2 June 2014;
- A ship's medical record (heat exhaustion) by the ship's medical officer, dated 28 July 2014;
- A ship's medical record (lumbar injury) by the ship's medical officer, dated 12 August 2014;
- A ship's medical record (urinary retention and catheterisation) by the ship's medical officer, dated 13 August 2014;
- A ship's medical record (cystitis) by the ship's medical officer, dated 14 August 2014;
- A ship's medical record (acute pyelonephritis) by the ship's medical officer, dated 19 August 2014;
- An admission by the CT and microbiology reports, Role 3 hospital, Middle East, dated 21 August 2014;
- An operation report (ureteroscopy) by the urologist, dated 30 September 2014;
- A DMSA renal scan by the nuclear medicine physician, dated 15 January 2015.

## Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 January 2009 and 4 March 2019

## Acute Pyelonephritis (Worsening)

You have stated that the worsening of your condition was caused by:

- *having obstruction of the ureter or renal pelvis of the affected kidney at the time of the clinical worsening of acute pyelonephritis*
- *being dehydrated at the time of the clinical worsening of acute pyelonephritis*
- *inability to obtain appropriate clinical management for acute pyelonephritis*

**Diagnosis:** Acute Pyelonephritis (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 July 2025, and is supported by a ship's medical record (acute pyelonephritis) by the ship's medical officer, dated 19 August 2014.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

*Reasonable Hypothesis - no Statement of Principles determined for this condition*

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having obstruction of the ureter or renal pelvis of the affected kidney at the time of the clinical worsening of acute pyelonephritis*
- *being dehydrated at the time of the clinical worsening of acute pyelonephritis*
- *inability to obtain appropriate clinical management for acute pyelonephritis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden left loin pain radiating to the groin, high fever with rigors, nausea and vomiting, painful frequent urination and blood in the urine, following a week of burning on passing urine on 19 August 2014.

The diagnosis was made clinically by the ship's medical officer on 19 August 2014: fever of 39.4 degrees Celsius with rigors, tachycardia, left loin pain and renal angle tenderness, vomiting, and pyuria with nitrites, following cystitis. It was confirmed at the role 3 hospital on 21 August 2014 by CT, which showed a swollen left kidney with wedge-shaped areas of reduced enhancement typical of pyelonephritis, and by blood and urine cultures growing Escherichia coli.

After the condition arose, it was worsened during your service. The 6 mm left vesicoureteric junction calculus remained obstructing on 21 August 2014, when CT showed hydronephrosis and a 2.5 cm renal abscess and you were in septic shock with a lactate of 4.2 mmol/L. From 19 August 2014 you were vomiting and febrile at sea with no intravenous fluids available beyond the ship's limited supply, and you were hypotensive and dehydrated on arrival at the role 3 hospital on 21 August 2014, when the worsening was documented. On 19 August 2014 the ship had no imaging, no capacity to drain an obstructed kidney and only a single parenteral antibiotic, and a helicopter transfer was not available for 48 hours because of operational tasking.

This has then led to further investigations and the diagnosis of your condition of *Acute Pyelonephritis (Worsening)*. I have accepted your condition of *Acute Pyelonephritis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 August 2014.

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