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.

Gallbladder - Benign Neoplasm (Polyp)

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 2 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
- An outpatient health record by the medical officer, East Timor, dated 30 November 1999;
- A hepatitis B serology report by the pathologist, dated 12 June 2000;
- A gastroenterology consultation by the gastroenterologist, dated 15 December 2000;
- An outpatient health record and breath test report by the medical officer, Afghanistan, dated 18 October 2009;
- An ultrasound upper abdomen by the radiologist, dated 3 March 2010;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 4 April 2011;
- An urea breath test report by the pathologist, dated 30 July 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 7 August 2012;
- An ultrasound upper abdomen by the radiologist, dated 14 August 2012;
- A surgical consultation by the general surgeon, dated 23 August 2012;
- An ultrasound upper abdomen by the radiologist, dated 20 November 2015;
- An operation report and histopathology report by the general surgeon and pathologist, dated 2 February 2016.

Your service

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

21 March 1994 and 9 October 2019

Gallbladder - Benign Neoplasm (Polyp)

You have stated that your condition was caused by:

- *having chronic hepatitis B virus infection for at least the 1 year before the clinical onset of gallbladder polyp*
- *being obese, with a Body Mass Index of 30 or greater or a waist circumference greater than 102 centimetres in men, at the time of the clinical onset of gallbladder polyp*
- *having type 2 diabetes mellitus or insulin resistance at the time of the clinical onset of gallbladder polyp*
- *having dyslipidaemia, with raised total cholesterol, LDL cholesterol or triglycerides or low HDL cholesterol, for at least the 1 year before the clinical onset of gallbladder polyp*
- *having gallstones or chronic cholecystitis at the time of the clinical onset of gallbladder polyp*
- *having Helicobacter pylori infection at the time of the clinical onset of gallbladder polyp*
- *having non-alcoholic fatty liver disease at the time of the clinical onset of gallbladder polyp*
- *having hypertension at the time of the clinical onset of gallbladder polyp*

Diagnosis: Benign Neoplasm (Polyp)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by an ultrasound upper abdomen by the radiologist, dated 14 August 2012.

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:

Balance of Probabilities (reasonable satisfaction) - 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 chronic hepatitis B virus infection for at least the 1 year before the clinical onset of gallbladder polyp*
- *being obese, with a Body Mass Index of 30 or greater or a waist circumference greater than 102 centimetres in men, at the time of the clinical onset of gallbladder polyp*
- *having type 2 diabetes mellitus or insulin resistance at the time of the clinical onset of gallbladder polyp*

- *having dyslipidaemia, with raised total cholesterol, LDL cholesterol or triglycerides or low HDL cholesterol, for at least the 1 year before the clinical onset of gallbladder polyp*
- *having gallstones or chronic cholecystitis at the time of the clinical onset of gallbladder polyp*
- *having Helicobacter pylori infection at the time of the clinical onset of gallbladder polyp*
- *having non-alcoholic fatty liver disease at the time of the clinical onset of gallbladder polyp*
- *having hypertension at the time of the clinical onset of gallbladder polyp*

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 intermittent dull right upper quadrant discomfort and bloating after fatty meals, with occasional nausea; the polyp itself was found on the ultrasound arranged to investigate these symptoms on 7 August 2012.

The polyp was diagnosed on abdominal ultrasound on 14 August 2012, which showed a 6 mm sessile, non-shadowing, non-mobile echogenic lesion fixed to the fundal wall, distinguishing it from a mobile gallstone. Growth to 11 mm with internal vascularity was documented on 20 November 2015.

This has then led to further investigations and the diagnosis of your condition of *Benign Neoplasm (Polyp)*. I have accepted your condition of *Benign Neoplasm (Polyp)*.

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

I have therefore accepted that this condition is related to your service with effect from 14 August 2012.

Gallbladder - Benign Neoplasm (Polyp) (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 2 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 October 2025;
- An outpatient health record by the medical officer, East Timor, dated 30 November 1999;
- A hepatitis B serology report by the pathologist, dated 12 June 2000;
- A gastroenterology consultation by the gastroenterologist, dated 15 December 2000;
- An outpatient health record and breath test report by the medical officer, Afghanistan, dated 18 October 2009;
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- A surgical consultation by the general surgeon, dated 23 August 2012;
- An ultrasound upper abdomen by the radiologist, dated 20 November 2015;
- An operation report and histopathology report by the general surgeon and pathologist, dated 2 February 2016.

Your service

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

21 March 1994 and 9 October 2019

Gallbladder - Benign Neoplasm (Polyp) (Worsening)

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

- *gaining at least 5 kilograms in weight, or remaining obese, between the clinical onset and the clinical worsening of gallbladder polyp*
- *having uncontrolled dyslipidaemia at the time of the clinical worsening of gallbladder polyp*
- *having chronic hepatitis B virus infection with active viral replication at the time of the clinical worsening of gallbladder polyp*
- *having recurrent acute or chronic cholecystitis at the time of the clinical worsening of gallbladder polyp*
- *inability to obtain appropriate clinical management for gallbladder polyp*

Diagnosis: Benign Neoplasm (Polyp) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 October 2025, and is supported by an ultrasound upper abdomen by the radiologist, dated 14 August 2012.

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:

Balance of Probabilities (reasonable satisfaction) - 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:

- *gaining at least 5 kilograms in weight, or remaining obese, between the clinical onset and the clinical worsening of gallbladder polyp*
- *having uncontrolled dyslipidaemia at the time of the clinical worsening of gallbladder polyp*
- *having chronic hepatitis B virus infection with active viral replication at the time of the clinical worsening of gallbladder polyp*
- *having recurrent acute or chronic cholecystitis at the time of the clinical worsening of gallbladder polyp*
- *inability to obtain appropriate clinical management for gallbladder polyp*

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 intermittent dull right upper quadrant discomfort and bloating after fatty meals, with occasional nausea; the polyp itself was found on the ultrasound arranged to investigate these symptoms on 7 August 2012.

The polyp was diagnosed on abdominal ultrasound on 14 August 2012, which showed a 6 mm sessile, non-shadowing, non-mobile echogenic lesion fixed to the fundal wall, distinguishing it from a mobile gallstone. Growth to 11 mm with internal vascularity was documented on 20 November 2015.

After the condition arose, it was worsened during your service. Your weight rose from 112 kg in 2012 to 119 kg on 20 November 2015 (BMI 36.3), so you remained obese and gained 7 kg between onset and the worsening documented that day. Fasting lipids on 12 November 2015 showed triglycerides of 4.6 mmol/L and HDL of 0.7 mmol/L despite atorvastatin, which had been interrupted for most of 2014 during a remote posting. Hepatitis B DNA was 48,000 IU/mL with a raised ALT on 12 November 2015, showing active replication, and antiviral treatment with entecavir began in December 2015. You had two attacks of biliary colic with fever in 2015, and the November 2015 ultrasound showed gallbladder wall thickening of 6 mm with pericholecystic tenderness. The surgeon recommended six-monthly ultrasound surveillance of the 6 mm polyp from August 2012, but your postings to a remote northern base and a field training cycle meant that no surveillance scan was available in 2013 or 2014, and your statin was interrupted.

This has then led to further investigations and the diagnosis of your condition of *Benign Neoplasm (Polyp) (Worsening)*. I have accepted your condition of *Benign Neoplasm (Polyp) (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 November 2015.

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