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.

Hypothyroidism

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 3 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 April 2025;
- A field hospital admission and operation report by the field hospital, East Timor, dated 11 December 1999;
- An operation and histopathology report by the endocrine surgeon, dated 14 August 2007;
- An endocrinology consultation (thyroid ultrasound and cytology report) by the endocrinologist, dated 4 March 2010;
- A pre-deployment medical examination and pathology by the medical officer, Garrison health centre, dated 22 July 2010;
- A deployed health record and urinary iodine result by the medical officer, Afghanistan, dated 20 October 2010;
- A CT pulmonary angiogram report by Role 3 hospital, Afghanistan, dated 20 December 2010;
- An intensive care admission record by the intensivist, Role 3 hospital, Afghanistan, dated 6 January 2011;
- A specialist consultation by the endocrinologist, dated 24 February 2011;
- A CT chest report by Role 3 hospital, Middle East, dated 20 January 2014;
- A deployed intensive care record by the intensivist, Role 3 hospital, Middle East, dated 12 February 2014;
- A thyroid ultrasound report and endocrinology review by the radiologist and endocrinologist, dated 8 April 2014.

Your service

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

14 January 1997 and 30 November 2016

Hypothyroidism

You have stated that your condition was caused by:

- *having iodine deficiency within the 6 months before the clinical onset of hypothyroidism*
- *having iodine excess within the 6 months before the clinical onset of hypothyroidism*
- *being administered an iodine-containing radiographic contrast agent within the 6 months before the clinical onset of hypothyroidism*
- *taking a drug from the specified list of drugs within the 6 months before the clinical onset of hypothyroidism*
- *taking minocycline for at least 6 months within the 9 months before the clinical onset of hypothyroidism*
- *taking a drug containing at least 10 milligrams of iodine daily for a continuous period of at least 4 weeks within the 6 months before the clinical onset of hypothyroidism*
- *taking amiodarone for a continuous period of at least 2 weeks within the 1 year before the clinical onset of hypothyroidism*
- *being pregnant or within the 12 months postpartum at the time of the clinical onset of hypothyroidism*
- *having a form of thyroiditis from the specified list of forms of thyroiditis at the time of the clinical onset of hypothyroidism*
- *undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical onset of hypothyroidism*
- *having received iodine-131 (radioactive iodine) treatment before the clinical onset of hypothyroidism*
- *having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical onset of hypothyroidism*
- *having a disease involving the thyroid gland from the specified list of diseases at the time of the clinical onset of hypothyroidism*
- *having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical onset of hypothyroidism*
- *having a type 3 deiodinase-overexpressing neoplasm before the clinical onset of hypothyroidism*
- *having hypopituitarism involving deficiency of thyroid-stimulating hormone at the time of the clinical onset of hypothyroidism*
- *having chronic kidney disease at the time of the clinical onset of hypothyroidism*

- *having hepatitis C virus infection at the time of the clinical onset of hypothyroidism*
- *being obese for at least 5 years before the clinical onset of hypothyroidism*
- *having posttraumatic stress disorder at the time of the clinical onset of hypothyroidism*
- *for hypothyroidism first presenting as myxoedema coma only, having an acute precipitating event within the 48 hours before the clinical onset of hypothyroidism*

Diagnosis: Hypothyroidism

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 April 2025, and is supported by an intensive care admission record by the intensivist, Role 3 hospital, Afghanistan, dated 6 January 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Hypothyroidism (Reasonable Hypothesis) (No. 3 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having iodine deficiency within the 6 months before the clinical onset of hypothyroidism*
- *having iodine excess within the 6 months before the clinical onset of hypothyroidism*
- *being administered an iodine-containing radiographic contrast agent within the 6 months before the clinical onset of hypothyroidism*
- *taking a drug from the specified list of drugs within the 6 months before the clinical onset of hypothyroidism*
- *taking minocycline for at least 6 months within the 9 months before the clinical onset of hypothyroidism*
- *taking a drug containing at least 10 milligrams of iodine daily for a continuous period of at least 4 weeks within the 6 months before the clinical onset of hypothyroidism*
- *taking amiodarone for a continuous period of at least 2 weeks within the 1 year before the clinical onset of hypothyroidism*
- *being pregnant or within the 12 months postpartum at the time of the clinical onset of hypothyroidism*
- *having a form of thyroiditis from the specified list of forms of thyroiditis at the time of the clinical onset of hypothyroidism*
- *undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical onset of hypothyroidism*
- *having received iodine-131 (radioactive iodine) treatment before the clinical onset of hypothyroidism*
- *having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical onset of hypothyroidism*

- *having a disease involving the thyroid gland from the specified list of diseases at the time of the clinical onset of hypothyroidism*
- *having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical onset of hypothyroidism*
- *having a type 3 deiodinase-overexpressing neoplasm before the clinical onset of hypothyroidism*
- *having hypopituitarism involving deficiency of thyroid-stimulating hormone at the time of the clinical onset of hypothyroidism*
- *having chronic kidney disease at the time of the clinical onset of hypothyroidism*
- *having hepatitis C virus infection at the time of the clinical onset of hypothyroidism*
- *being obese for at least 5 years before the clinical onset of hypothyroidism*
- *having posttraumatic stress disorder at the time of the clinical onset of hypothyroidism*
- *for hypothyroidism first presenting as myxoedema coma only, having an acute precipitating event within the 48 hours before the clinical onset of hypothyroidism*

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 several weeks of fatigue, cold intolerance, weight gain, constipation, a hoarse voice and dry skin, which you attributed to the deployed conditions on 6 January 2011.

The diagnosis was made on 6 January 2011 by an intensivist at a role 3 hospital, on a free T4 below 3 pmol/L with an inappropriately low TSH of 11 mU/L, together with reduced consciousness, hypothermia of 31.8 degrees, bradycardia, hyponatraemia and hypoglycaemia. This meets the Statement of Principles definition of hypothyroidism, a deficiency of thyroid hormone producing clinical symptoms and signs and warranting treatment, including primary and central forms, and the dictionary definition of myxoedema coma.

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

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

I have therefore accepted that this condition is related to your service with effect from 6 January 2011.

Hypothyroidism (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 3 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 April 2025;
- A field hospital admission and operation report by the field hospital, East Timor, dated 11 December 1999;
- An operation and histopathology report by the endocrine surgeon, dated 14 August 2007;
- An endocrinology consultation (thyroid ultrasound and cytology report) by the endocrinologist, dated 4 March 2010;
- A pre-deployment medical examination and pathology by the medical officer, Garrison health centre, dated 22 July 2010;
- A deployed health record and urinary iodine result by the medical officer, Afghanistan, dated 20 October 2010;
- A CT pulmonary angiogram report by Role 3 hospital, Afghanistan, dated 20 December 2010;
- An intensive care admission record by the intensivist, Role 3 hospital, Afghanistan, dated 6 January 2011;
- A specialist consultation by the endocrinologist, dated 24 February 2011;
- A CT chest report by Role 3 hospital, Middle East, dated 20 January 2014;
- A deployed intensive care record by the intensivist, Role 3 hospital, Middle East, dated 12 February 2014;
- A thyroid ultrasound report and endocrinology review by the radiologist and endocrinologist, dated 8 April 2014.

Your service

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

14 January 1997 and 30 November 2016

Hypothyroidism (Worsening)

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

- *having iodine deficiency within the 6 months before the clinical worsening of hypothyroidism*
- *having iodine excess within the 6 months before the clinical worsening of hypothyroidism*
- *being administered an iodine-containing radiographic contrast agent within the 6 months before the clinical worsening of hypothyroidism*
- *taking a drug from the specified list of drugs within the 6 months before the clinical worsening of hypothyroidism*
- *taking minocycline for at least 6 months within the 9 months before the clinical worsening of hypothyroidism*
- *taking a drug containing at least 10 milligrams of iodine daily for a continuous period of at least 4 weeks within the 6 months before the clinical worsening of hypothyroidism*
- *taking amiodarone for a continuous period of at least 2 weeks within the 1 year before the clinical worsening of hypothyroidism*
- *taking a drug that increases the requirement of thyroid hormone replacement therapy at the time of the clinical worsening of hypothyroidism*
- *being pregnant or within the 12 months postpartum at the time of the clinical worsening of hypothyroidism*
- *having a form of thyroiditis from the specified list of forms of thyroiditis at the time of the clinical worsening of hypothyroidism*
- *undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical worsening of hypothyroidism*
- *having received iodine-131 (radioactive iodine) treatment before the clinical worsening of hypothyroidism*
- *having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical worsening of hypothyroidism*
- *having a disease involving the thyroid gland from the specified list of diseases at the time of the clinical worsening of hypothyroidism*
- *having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical worsening of hypothyroidism*
- *having a type 3 deiodinase-overexpressing neoplasm before the clinical worsening of hypothyroidism*
- *having hypopituitarism involving deficiency of thyroid-stimulating hormone at the time of the clinical worsening of hypothyroidism*
- *having chronic kidney disease at the time of the clinical worsening of hypothyroidism*
- *having hepatitis C virus infection at the time of the clinical worsening of hypothyroidism*
- *being obese for at least 5 years before the clinical worsening of hypothyroidism*
- *having posttraumatic stress disorder at the time of the clinical worsening of hypothyroidism*

- *for myxoedema coma only, having an acute precipitating event within the 48 hours before that clinical worsening of hypothyroidism*
- *inability to obtain appropriate clinical management for hypothyroidism*

Diagnosis: Hypothyroidism (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 April 2025, and is supported by an intensive care admission record by the intensivist, Role 3 hospital, Afghanistan, dated 6 January 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Hypothyroidism (Reasonable Hypothesis) (No. 3 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having iodine deficiency within the 6 months before the clinical worsening of hypothyroidism*
- *having iodine excess within the 6 months before the clinical worsening of hypothyroidism*
- *being administered an iodine-containing radiographic contrast agent within the 6 months before the clinical worsening of hypothyroidism*
- *taking a drug from the specified list of drugs within the 6 months before the clinical worsening of hypothyroidism*
- *taking minocycline for at least 6 months within the 9 months before the clinical worsening of hypothyroidism*
- *taking a drug containing at least 10 milligrams of iodine daily for a continuous period of at least 4 weeks within the 6 months before the clinical worsening of hypothyroidism*
- *taking amiodarone for a continuous period of at least 2 weeks within the 1 year before the clinical worsening of hypothyroidism*
- *taking a drug that increases the requirement of thyroid hormone replacement therapy at the time of the clinical worsening of hypothyroidism*
- *being pregnant or within the 12 months postpartum at the time of the clinical worsening of hypothyroidism*
- *having a form of thyroiditis from the specified list of forms of thyroiditis at the time of the clinical worsening of hypothyroidism*
- *undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, before the clinical worsening of hypothyroidism*
- *having received iodine-131 (radioactive iodine) treatment before the clinical worsening of hypothyroidism*

- *having subtotal or total thyroidectomy, or neck surgery involving the thyroid gland, before the clinical worsening of hypothyroidism*
- *having a disease involving the thyroid gland from the specified list of diseases at the time of the clinical worsening of hypothyroidism*
- *having a primary or secondary malignant neoplasm of the thyroid gland at the time of the clinical worsening of hypothyroidism*
- *having a type 3 deiodinase-overexpressing neoplasm before the clinical worsening of hypothyroidism*
- *having hypopituitarism involving deficiency of thyroid-stimulating hormone at the time of the clinical worsening of hypothyroidism*
- *having chronic kidney disease at the time of the clinical worsening of hypothyroidism*
- *having hepatitis C virus infection at the time of the clinical worsening of hypothyroidism*
- *being obese for at least 5 years before the clinical worsening of hypothyroidism*
- *having posttraumatic stress disorder at the time of the clinical worsening of hypothyroidism*
- *for myxoedema coma only, having an acute precipitating event within the 48 hours before that clinical worsening of hypothyroidism*
- *inability to obtain appropriate clinical management for hypothyroidism*

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 several weeks of fatigue, cold intolerance, weight gain, constipation, a hoarse voice and dry skin, which you attributed to the deployed conditions on 6 January 2011.

The diagnosis was made on 6 January 2011 by an intensivist at a role 3 hospital, on a free T4 below 3 pmol/L with an inappropriately low TSH of 11 mU/L, together with reduced consciousness, hypothermia of 31.8 degrees, bradycardia, hyponatraemia and hypoglycaemia. This meets the Statement of Principles definition of hypothyroidism, a deficiency of thyroid hormone producing clinical symptoms and signs and warranting treatment, including primary and central forms, and the dictionary definition of myxoedema coma.

After the condition arose, it was worsened during your service. Urinary iodine of 70 micrograms per litre on 18 November 2013 resulted from deployed feeding on warlike service in the Middle East, within the 6 months before the worsening, from 12 August 2013 to 12 February 2014. Urinary iodine of 2,100 micrograms per litre on 30 January 2014, on warlike service in the Middle East, was within the 6 months before the worsening. Contrast was given for the CT chest at a role 3 hospital on warlike service in the Middle East on 20 January 2014. Quetiapine for posttraumatic stress disorder from warlike service in East Timor continued throughout the 6 months before the worsening. Minocycline was restarted on 1 June 2013 and taken continuously for 8 months and 11 days to the worsening, within the 9 months from 12 May 2013 to 12 February 2014, including on warlike service in the Middle East. Amiodarone, restarted on warlike service in the Middle East on 1 December 2013, was taken daily for 10 weeks and 2 days

to the worsening. Amiodarone was taken continuously from 1 December 2013 on warlike service in the Middle East, within the 1 year before the worsening. Ferrous sulphate, calcium carbonate and omeprazole, prescribed on warlike service in the Middle East, were being taken at the worsening and reduced levothyroxine absorption. You were 10 months and 28 days postpartum at the worsening on warlike service in the Middle East. Amiodarone-induced thyroiditis, from amiodarone restarted on warlike service, was present at the worsening. The 2003 mantle radiotherapy including the thyroid preceded the worsening on warlike service in the Middle East. The 2006 iodine-131 treatment preceded the worsening on warlike service in the Middle East. The 2007 left hemithyroidectomy preceded the worsening on warlike service in the Middle East. Sarcoidosis involving the thyroid remained active at the worsening on warlike service in the Middle East. The papillary thyroid carcinoma was present at the worsening on warlike service in the Middle East. The gastrointestinal stromal tumour of 2005 preceded the worsening. TSH deficiency from Sheehan syndrome persisted at the worsening on warlike service in the Middle East. Chronic kidney disease stage 3, with an eGFR of 45 mL/min/1.73 m2 in January 2014, was present at the worsening. Chronic hepatitis C acquired on warlike service in East Timor remained untreated and present at the worsening. Your BMI was 30 or more throughout the 5 years before the worsening, from 12 February 2009 to 12 February 2014. Posttraumatic stress disorder from warlike service in East Timor was present at the worsening and had been aggravated by your deployment to the Middle East. Pneumonia with septicaemia, diagnosed on warlike service in the Middle East on 10 February 2014, preceded the second myxoedema coma by 36 hours. On warlike service in the Middle East your levothyroxine ran out on 2 February 2014 and could not be resupplied to your forward location for ten days, with no thyroid testing or endocrine advice available, and the condition worsened to a second myxoedema coma.

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

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and 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 12 February 2014.

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.