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.

Left Axilla - Subcutaneous Lipoma

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A regimental aid post record by the medical officer, Afghanistan, dated 14 July 2012;
- An ultrasound left axilla by Role 2 facility, Afghanistan, dated 16 July 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 3 June 2013;
- A periodic health examination and pathology by the medical officer, Garrison health centre, dated 11 February 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 March 2015;
- An ultrasound and MRI report by the radiologist, dated 8 April 2015;
- A surgical consultation by the general surgeon, dated 8 April 2015;
- An ultrasound left axilla and surgical review by the general surgeon, dated 5 December 2017;
- An operation report and histopathology by the general surgeon, dated 12 March 2018.

Your service

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

7 July 2008 and 26 March 2020

Left Axilla - Subcutaneous Lipoma

You have stated that your condition was caused by:

- *having alcohol use disorder at the time of the clinical onset of benign symmetrical lipomatosis*

Diagnosis: Subcutaneous Lipoma

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an ultrasound and MRI report by the radiologist, dated 8 April 2015.

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

Statement of Principles concerning Subcutaneous Lipoma (Balance of Probabilities) (No. 83 of 2024)

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

I am satisfied that you have met the following factor:

- *having alcohol use disorder at the time of the clinical onset of benign symmetrical lipomatosis*

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 a soft, painless, mobile lump in the left axilla that was rubbed by your armour and radio harness, and diffuse fullness over the back of the neck and both shoulders.Before excision the lump enlarged, became aching and tender under load-carrying straps, and caused tingling and numbness down the inner arm into the ring and little fingers on 16 March 2015.

The diagnosis was made clinically on 16 March 2015 from a soft, mobile, well-defined mass in the left axilla, and confirmed by ultrasound and MRI on 8 April 2015, which showed a 5.4 cm encapsulated homogeneous fatty mass with thin septa in the subcutaneous tissue, and by a general surgeon. Histopathology of the excised mass on 12 March 2018 confirmed an encapsulated lipoma of mature adipose cells with no atypia. This meets the Statement of Principles definition of subcutaneous lipoma, and it is not breast lipoma, fat hyperplasia, liposarcoma or prolapse of adipose tissue.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 10 March 2015.

Left Axilla - Subcutaneous Lipoma (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A regimental aid post record by the medical officer, Afghanistan, dated 14 July 2012;
- An ultrasound left axilla by Role 2 facility, Afghanistan, dated 16 July 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 3 June 2013;
- A periodic health examination and pathology by the medical officer, Garrison health centre, dated 11 February 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 March 2015;
- An ultrasound and MRI report by the radiologist, dated 8 April 2015;
- A surgical consultation by the general surgeon, dated 8 April 2015;
- An ultrasound left axilla and surgical review by the general surgeon, dated 5 December 2017;
- An operation report and histopathology by the general surgeon, dated 12 March 2018.

Your service

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

7 July 2008 and 26 March 2020

Left Axilla - Subcutaneous Lipoma (Worsening)

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

- *inability to obtain appropriate clinical management for subcutaneous lipoma before clinical worsening*

Diagnosis: Subcutaneous Lipoma (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an ultrasound and MRI report by the radiologist, dated 8 April 2015.

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

Statement of Principles concerning Subcutaneous Lipoma (Balance of Probabilities) (No. 83 of 2024)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for subcutaneous lipoma before clinical worsening*

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 a soft, painless, mobile lump in the left axilla that was rubbed by your armour and radio harness, and diffuse fullness over the back of the neck and both shoulders.Before excision the lump enlarged, became aching and tender under load-carrying straps, and caused tingling and numbness down the inner arm into the ring and little fingers on 16 March 2015.

The diagnosis was made clinically on 16 March 2015 from a soft, mobile, well-defined mass in the left axilla, and confirmed by ultrasound and MRI on 8 April 2015, which showed a 5.4 cm encapsulated homogeneous fatty mass with thin septa in the subcutaneous tissue, and by a general surgeon. Histopathology of the excised mass on 12 March 2018 confirmed an encapsulated lipoma of mature adipose cells with no atypia. This meets the Statement of Principles definition of subcutaneous lipoma, and it is not breast lipoma, fat hyperplasia, liposarcoma or prolapse of adipose tissue.

After the condition arose, it was worsened during your service. You were placed on the surgical waiting list for excision of the axillary lipoma on 8 April 2015, but the operation was deferred repeatedly over 32 months because of field exercises, a lack of theatre time at the garrison hospital and your deployment to Iraq from 1 May 2017 to 20 November 2017, where excision was not available.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 5 December 2017.

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