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 Varicocele

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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A deployed health record and stool culture by the medical officer, Solomon Islands, dated 22 August 2006;
- A rheumatology consultation and MRI sacroiliac joints by the rheumatologist, dated 12 August 2009;
- A trauma admission by the CT and operation report, Role 3 hospital, Afghanistan, dated 14 June 2011;
- A surgical review by the general surgeon, dated 26 July 2011;
- A rheumatology consultation by the rheumatologist, dated 2 September 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 23 September 2011;
- A scrotal Doppler ultrasound and CT abdomen by the radiologist, dated 5 October 2011;
- An urology consultation by the urologist, dated 5 October 2011;
- An emergency department record and scrotal ultrasound by the emergency physician, dated 5 June 2012;
- An embolisation report by the interventional radiologist, dated 20 August 2012;
- An operation report (microsurgical varicocelectomy) by the urologist, dated 20 August 2012.

Your service

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

21 January 2004 and 17 October 2016

Left Varicocele

You have stated that your condition was caused by:

- *having an occlusion or stenosis of the testicular venous drainage system before the clinical onset of varicocoele*
- *having a nephrectomy within the one year before the clinical onset of the ipsilateral varicocoele*
- *having an arterio-venous fistula between any of the arteries supplying the testis and a vein of the pampiniform plexus at the time of the clinical onset of varicocoele*
- *having ankylosing spondylitis at the time of the clinical onset of varicocoele*

Diagnosis: Left Varicocele

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a scrotal Doppler ultrasound and CT abdomen by the radiologist, dated 5 October 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 Varicocoele (Balance of Probabilities) (No. 80 of 2019)

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

I am satisfied that you have met the following factor:

- *having an occlusion or stenosis of the testicular venous drainage system before the clinical onset of varicocoele*
- *having a nephrectomy within the one year before the clinical onset of the ipsilateral varicocoele*
- *having an arterio-venous fistula between any of the arteries supplying the testis and a vein of the pampiniform plexus at the time of the clinical onset of varicocoele*
- *having ankylosing spondylitis at the time of the clinical onset of varicocoele*

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 dull dragging ache and heaviness in the left hemiscrotum, worse with standing, lifting and exercise and at the end of the day, with a soft

swelling above the testis that reduced when you lay down.After the rupture in June 2012 you had severe scrotal pain, bruising and swelling on 23 September 2011.

The diagnosis was made clinically on 23 September 2011 from dilated, tortuous veins of the left pampiniform plexus visible on standing and reducing on lying, and confirmed by scrotal Doppler ultrasound on 5 October 2011, which showed a grade III left varicocele with veins up to 4.5 mm and continuous reflux, and an arteriovenous fistula between a branch of the testicular artery and the pampiniform plexus. A urologist confirmed the diagnosis. This meets the Statement of Principles definition of varicocoele as dilatation of the veins of the pampiniform plexus.

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

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 20 September 2011.

Left Varicocele (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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A deployed health record and stool culture by the medical officer, Solomon Islands, dated 22 August 2006;
- A rheumatology consultation and MRI sacroiliac joints by the rheumatologist, dated 12 August 2009;
- A trauma admission by the CT and operation report, Role 3 hospital, Afghanistan, dated 14 June 2011;
- A surgical review by the general surgeon, dated 26 July 2011;
- A rheumatology consultation by the rheumatologist, dated 2 September 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 23 September 2011;
- A scrotal Doppler ultrasound and CT abdomen by the radiologist, dated 5 October 2011;
- An urology consultation by the urologist, dated 5 October 2011;
- An emergency department record and scrotal ultrasound by the emergency physician, dated 5 June 2012;
- An embolisation report by the interventional radiologist, dated 20 August 2012;
- An operation report (microsurgical varicocelectomy) by the urologist, dated 20 August 2012.

Your service

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

21 January 2004 and 17 October 2016

Left Varicocele (Worsening)

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

- *having an occlusion or stenosis of the testicular venous drainage system before the clinical worsening of varicocoele*
- *having a nephrectomy within the one year before the clinical worsening of the ipsilateral varicocoele*
- *having an arterio-venous fistula between any of the arteries supplying the testis and a vein of the pampiniform plexus at the time of the clinical worsening of varicocoele*
- *having ankylosing spondylitis at the time of the clinical worsening of varicocoele*
- *inability to obtain appropriate clinical management for varicocoele*

Diagnosis: Left Varicocele (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a scrotal Doppler ultrasound and CT abdomen by the radiologist, dated 5 October 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 Varicocoele (Balance of Probabilities) (No. 80 of 2019)

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

I am satisfied that you have met the following factor:

- *having an occlusion or stenosis of the testicular venous drainage system before the clinical worsening of varicocoele*
- *having a nephrectomy within the one year before the clinical worsening of the ipsilateral varicocoele*
- *having an arterio-venous fistula between any of the arteries supplying the testis and a vein of the pampiniform plexus at the time of the clinical worsening of varicocoele*
- *having ankylosing spondylitis at the time of the clinical worsening of varicocoele*
- *inability to obtain appropriate clinical management for varicocoele*

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 dull dragging ache and heaviness in the left hemiscrotum, worse with standing, lifting and exercise and at the end of the day, with a soft swelling above the testis that reduced when you lay down.After the rupture in June 2012 you had severe scrotal pain, bruising and swelling on 23 September 2011.

The diagnosis was made clinically on 23 September 2011 from dilated, tortuous veins of the left pampiniform plexus visible on standing and reducing on lying, and confirmed by scrotal Doppler ultrasound on 5 October 2011, which showed a grade III left varicocele with veins up to 4.5 mm and continuous reflux, and an arteriovenous fistula between a branch of the testicular artery and

the pampiniform plexus. A urologist confirmed the diagnosis. This meets the Statement of Principles definition of varicocoele as dilatation of the veins of the pampiniform plexus.

After the condition arose, it was worsened during your service. The ligated left renal vein and the surrounding retroperitoneal fibrosis persisted from 14 June 2011 and obstructed the testicular venous drainage before the rupture on 5 June 2012. The left nephrectomy of 14 June 2011 falls within the one year before the rupture of the left varicocele on 5 June 2012, from 5 June 2011 to 5 June 2012. Embolisation of the fistula, recommended on 5 October 2011, had not been performed, and the fistula was still present at the rupture on 5 June 2012. Ankylosing spondylitis remained active, with a raised CRP and a BASDAI score of 5.2 in May 2012, at the time of the rupture. A urologist recommended embolisation of the arteriovenous fistula on 5 October 2011, but the procedure was not scheduled before you deployed to the Middle East on 1 March 2012, and no urological care was available on deployment.

This has then led to further investigations and the diagnosis of your condition of *Left Varicocele (Worsening)*. I have accepted your condition of *Left Varicocele (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 June 2012.

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