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 Ventricular Hypertrophy

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 4 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 February 2025;
- A psychiatric assessment by the consultant psychiatrist, dated 2004;
- An outpatient health record and ambulatory blood pressure report by the medical officer, Garrison health centre, dated 22 March 2005;
- Blood lead surveillance results by the occupational health service, dated 14 February 2006;
- Renal function tests and specialist letter by the renal physician, dated 2006;
- A diagnostic polysomnography report by the sleep physician, dated 19 September 2006;
- A pathology report by the hba1c, Medical Officer, dated Mar 2007;
- A pre-deployment medical examination and ECG by the medical officer, dated 10 August 2007;
- A deployed health record by the medical officer, Afghanistan, dated 10 March 2008;
- A post-deployment health assessment and ECG by the medical officer, dated 20 May 2008;
- An echocardiogram and cardiology consultation by the cardiologist, dated 15 August 2008;
- An ambulatory blood pressure report by the medical officer, dated 30 March 2012;
- A repeat echocardiogram and cardiology review by the cardiologist, dated 12 November 2012.

Your service

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

8 January 1990 and 30 June 2014

Left Ventricular Hypertrophy

You have stated that your condition was caused by:

- *having hypertension for at least the 2 years before the clinical onset of left ventricular hypertrophy*
- *having chronic kidney disease, with an estimated glomerular filtration rate of less than 60 mL/min/1.73 m2 for at least 3 months, at the time of the clinical onset of left ventricular hypertrophy*
- *being obese, with a body mass index of 30 or more, for at least the 5 years before the clinical onset of left ventricular hypertrophy*
- *having obstructive sleep apnoea at the time of the clinical onset of left ventricular hypertrophy*
- *having diabetes mellitus at the time of the clinical onset of left ventricular hypertrophy*
- *consuming an average of at least 60 grams of alcohol per day for at least the 5 years before the clinical onset of left ventricular hypertrophy*
- *using anabolic-androgenic steroids for a cumulative period of at least 6 months within the 2 years before the clinical onset of left ventricular hypertrophy*
- *having a blood lead level of at least 1.0 micromol/L for at least the 12 months before the clinical onset of left ventricular hypertrophy*

Diagnosis: Left Ventricular Hypertrophy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 February 2025, and is supported by an echocardiogram and cardiology consultation by the cardiologist, dated 15 August 2008.

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 hypertension for at least the 2 years before the clinical onset of left ventricular hypertrophy*
- *having chronic kidney disease, with an estimated glomerular filtration rate of less than 60 mL/min/1.73 m2 for at least 3 months, at the time of the clinical onset of left ventricular hypertrophy*

- *being obese, with a body mass index of 30 or more, for at least the 5 years before the clinical onset of left ventricular hypertrophy*
- *having obstructive sleep apnoea at the time of the clinical onset of left ventricular hypertrophy*
- *having diabetes mellitus at the time of the clinical onset of left ventricular hypertrophy*
- *consuming an average of at least 60 grams of alcohol per day for at least the 5 years before the clinical onset of left ventricular hypertrophy*
- *using anabolic-androgenic steroids for a cumulative period of at least 6 months within the 2 years before the clinical onset of left ventricular hypertrophy*
- *having a blood lead level of at least 1.0 micromol/L for at least the 12 months before the clinical onset of left ventricular hypertrophy*

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 breathlessness and palpitations on exertion and could no longer complete your fitness assessment run on 20 May 2008.

The diagnosis was confirmed by transthoracic echocardiography on 15 August 2008, which showed concentric left ventricular hypertrophy with an interventricular septum of 14 mm, a posterior wall of 13 mm and a left ventricular mass index of 142 g/m2, above the upper limit of normal of 115 g/m2 for men, with preserved ejection fraction and grade 1 diastolic dysfunction. The aortic valve was normal, excluding aortic stenosis as the cause.

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

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 12 May 2008.

Left Ventricular Hypertrophy (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 4 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 February 2025;
- A psychiatric assessment by the consultant psychiatrist, dated 2004;
- An outpatient health record and ambulatory blood pressure report by the medical officer, Garrison health centre, dated 22 March 2005;
- Blood lead surveillance results by the occupational health service, dated 14 February 2006;
- Renal function tests and specialist letter by the renal physician, dated 2006;
- A diagnostic polysomnography report by the sleep physician, dated 19 September 2006;
- A pathology report by the hba1c, Medical Officer, dated Mar 2007;
- A pre-deployment medical examination and ECG by the medical officer, dated 10 August 2007;
- A deployed health record by the medical officer, Afghanistan, dated 10 March 2008;
- A post-deployment health assessment and ECG by the medical officer, dated 20 May 2008;
- An echocardiogram and cardiology consultation by the cardiologist, dated 15 August 2008;
- An ambulatory blood pressure report by the medical officer, dated 30 March 2012;
- A repeat echocardiogram and cardiology review by the cardiologist, dated 12 November 2012.

Your service

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

8 January 1990 and 30 June 2014

Left Ventricular Hypertrophy (Worsening)

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

- *having uncontrolled hypertension, with a mean blood pressure of at least 140/90 mmHg, for at least the 6 months before the clinical worsening of left ventricular hypertrophy*

- *consuming an average of at least 60 grams of alcohol per day for at least the 6 months before the clinical worsening of left ventricular hypertrophy*
- *having untreated obstructive sleep apnoea at the time of the clinical worsening of left ventricular hypertrophy*
- *inability to obtain appropriate clinical management for left ventricular hypertrophy*

Diagnosis: Left Ventricular Hypertrophy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 February 2025, and is supported by an echocardiogram and cardiology consultation by the cardiologist, dated 15 August 2008.

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 uncontrolled hypertension, with a mean blood pressure of at least 140/90 mmHg, for at least the 6 months before the clinical worsening of left ventricular hypertrophy*
- *consuming an average of at least 60 grams of alcohol per day for at least the 6 months before the clinical worsening of left ventricular hypertrophy*
- *having untreated obstructive sleep apnoea at the time of the clinical worsening of left ventricular hypertrophy*
- *inability to obtain appropriate clinical management for left ventricular hypertrophy*

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 breathlessness and palpitations on exertion and could no longer complete your fitness assessment run on 20 May 2008.

The diagnosis was confirmed by transthoracic echocardiography on 15 August 2008, which showed concentric left ventricular hypertrophy with an interventricular septum of 14 mm, a posterior wall of 13 mm and a left ventricular mass index of 142 g/m2, above the upper limit of normal of 115 g/m2 for men, with preserved ejection fraction and grade 1 diastolic dysfunction. The aortic valve was normal, excluding aortic stenosis as the cause.

After the condition arose, it was worsened during your service. Ambulatory monitoring on 30 March 2012 showed a mean daytime blood pressure of 168/104 mmHg despite two agents, and clinic readings remained above 160/100 mmHg throughout the 6 months before the worsening,

from 12 May 2012 to 12 November 2012. Your drinking, linked to your service-related posttraumatic stress disorder, continued at about 80 grams a day throughout the 6 months before the worsening, from 12 May 2012 to 12 November 2012. Your CPAP machine failed in March 2012 and a replacement was not supplied for nine months, so your moderate obstructive sleep apnoea was untreated at the documented worsening on 12 November 2012. On warlike service in Afghanistan in 2007 to 2008 your antihypertensive supply ran out for about four months and your CPAP could not be used.

This has then led to further investigations and the diagnosis of your condition of *Left Ventricular Hypertrophy (Worsening)*. I have accepted your condition of *Left Ventricular Hypertrophy (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 12 November 2012.

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