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.

Liver - Elevated Liver Function Tests

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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A pre-deployment medical examination and pathology results by the medical officer, Garrison health centre, dated 3 May 2011;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 18 October 2011;
- An inpatient record and pathology results by Role 3 hospital, Afghanistan, dated 30 October 2011;
- A post-deployment review and pathology results by the medical officer, dated 14 March 2012;
- An ultrasound report by the radiologist, dated 20 March 2012;
- A gastroenterology consultation by the gastroenterologist, dated 11 April 2012;
- A psychology assessment by the psychologist, dated 5 September 2013;
- Pathology results and chest X-ray report by the medical officer, dated 12 December 2013;
- An infectious diseases consultation by the infectious diseases physician, dated 10 January 2014;
- Pathology results and ultrasound report by the radiologist, dated 18 November 2014;
- A hepatology consultation and transient elastography report by the hepatologist, dated 2 February 2015;
- A discharge medical examination by the medical officer, dated 30 September 2015.

Your service

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

8 August 2000 and 30 September 2015

Liver - Elevated Liver Function Tests

You have stated that your condition was caused by:

- *consuming an average of at least 40 grams of alcohol per day for a cumulative period of at least 2 years within the 5 years before the clinical onset of elevated liver function tests*
- *being obese, with a Body Mass Index of 30 or more, for at least the 2 years before the clinical onset of elevated liver function tests*
- *having insulin resistance or the metabolic syndrome at the time of the clinical onset of elevated liver function tests*
- *having acute viral hepatitis due to hepatitis A, B, C, D or E virus at the time of the clinical onset of elevated liver function tests*
- *being exposed to aviation turbine fuel, diesel or petrol by inhalation or skin contact on more days than not for at least 3 months within the 12 months before the clinical onset of elevated liver function tests*
- *taking a drug known to cause drug-induced liver injury within the 3 months before the clinical onset of elevated liver function tests*
- *taking paracetamol at more than 4 grams per day for at least 3 consecutive days within the 2 weeks before the clinical onset of elevated liver function tests*
- *using a herbal or dietary supplement containing green tea extract, or an anabolic-androgenic steroid, for at least 4 weeks within the 6 months before the clinical onset of elevated liver function tests*
- *having exertional heat illness or exertional rhabdomyolysis within the 14 days before the clinical onset of elevated liver function tests*

Diagnosis: Elevated Liver Function Tests

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a gastroenterology consultation by the gastroenterologist, dated 11 April 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:

Reasonable Hypothesis - 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:

- *consuming an average of at least 40 grams of alcohol per day for a cumulative period of at least 2 years within the 5 years before the clinical onset of elevated liver function tests*
- *being obese, with a Body Mass Index of 30 or more, for at least the 2 years before the clinical onset of elevated liver function tests*
- *having insulin resistance or the metabolic syndrome at the time of the clinical onset of elevated liver function tests*
- *having acute viral hepatitis due to hepatitis A, B, C, D or E virus at the time of the clinical onset of elevated liver function tests*
- *being exposed to aviation turbine fuel, diesel or petrol by inhalation or skin contact on more days than not for at least 3 months within the 12 months before the clinical onset of elevated liver function tests*
- *taking a drug known to cause drug-induced liver injury within the 3 months before the clinical onset of elevated liver function tests*
- *taking paracetamol at more than 4 grams per day for at least 3 consecutive days within the 2 weeks before the clinical onset of elevated liver function tests*
- *using a herbal or dietary supplement containing green tea extract, or an anabolic-androgenic steroid, for at least 4 weeks within the 6 months before the clinical onset of elevated liver function tests*
- *having exertional heat illness or exertional rhabdomyolysis within the 14 days before the clinical onset of elevated liver function tests*

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 fever, nausea, loss of appetite, dark urine and right upper quadrant pain with mild jaundice on 26 October 2011.

The diagnosis is based on serial blood tests showing a normal baseline on 3 May 2011, marked elevation on 30 October 2011 (ALT 486 U/L, GGT 268 U/L, bilirubin 42 umol/L) with positive hepatitis E IgM and RNA, and persisting elevation on 14 March 2012 (ALT 186 U/L, GGT 245 U/L) after the virus had cleared, with moderate hepatic steatosis on ultrasound. Elevation persisting for more than six months, confirmed by a gastroenterologist, establishes persistently elevated liver function tests rather than a transient abnormality.

This has then led to further investigations and the diagnosis of your condition of *Elevated Liver Function Tests*. I have accepted your condition of *Elevated Liver Function Tests*.

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

I have therefore accepted that this condition is related to your service with effect from 26 October 2011.

Liver - Elevated Liver Function Tests (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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A pre-deployment medical examination and pathology results by the medical officer, Garrison health centre, dated 3 May 2011;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 18 October 2011;
- An inpatient record and pathology results by Role 3 hospital, Afghanistan, dated 30 October 2011;
- A post-deployment review and pathology results by the medical officer, dated 14 March 2012;
- An ultrasound report by the radiologist, dated 20 March 2012;
- A gastroenterology consultation by the gastroenterologist, dated 11 April 2012;
- A psychology assessment by the psychologist, dated 5 September 2013;
- Pathology results and chest X-ray report by the medical officer, dated 12 December 2013;
- An infectious diseases consultation by the infectious diseases physician, dated 10 January 2014;
- Pathology results and ultrasound report by the radiologist, dated 18 November 2014;
- A hepatology consultation and transient elastography report by the hepatologist, dated 2 February 2015;
- A discharge medical examination by the medical officer, dated 30 September 2015.

Your service

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

8 August 2000 and 30 September 2015

Liver - Elevated Liver Function Tests (Worsening)

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

- *consuming an average of at least 40 grams of alcohol per day for a cumulative period of at least 12 months within the 2 years before the clinical worsening of elevated liver function tests*
- *taking a drug known to cause drug-induced liver injury within the 3 months before the clinical worsening of elevated liver function tests*
- *being obese, with a Body Mass Index of 30 or more, at the time of the clinical worsening of elevated liver function tests*
- *being exposed to aviation turbine fuel, diesel or petrol by inhalation or skin contact on more days than not for at least 3 months within the 12 months before the clinical worsening of elevated liver function tests*
- *inability to obtain appropriate clinical management for elevated liver function tests*

Diagnosis: Elevated Liver Function Tests (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a gastroenterology consultation by the gastroenterologist, dated 11 April 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:

- *consuming an average of at least 40 grams of alcohol per day for a cumulative period of at least 12 months within the 2 years before the clinical worsening of elevated liver function tests*
- *taking a drug known to cause drug-induced liver injury within the 3 months before the clinical worsening of elevated liver function tests*
- *being obese, with a Body Mass Index of 30 or more, at the time of the clinical worsening of elevated liver function tests*
- *being exposed to aviation turbine fuel, diesel or petrol by inhalation or skin contact on more days than not for at least 3 months within the 12 months before the clinical worsening of elevated liver function tests*
- *inability to obtain appropriate clinical management for elevated liver function tests*

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 fever, nausea, loss of appetite, dark urine and right upper quadrant pain with mild jaundice on 26 October 2011.

The diagnosis is based on serial blood tests showing a normal baseline on 3 May 2011, marked elevation on 30 October 2011 (ALT 486 U/L, GGT 268 U/L, bilirubin 42 umol/L) with positive hepatitis E IgM and RNA, and persisting elevation on 14 March 2012 (ALT 186 U/L, GGT 245 U/L) after the virus had cleared, with moderate hepatic steatosis on ultrasound. Elevation persisting for more than six months, confirmed by a gastroenterologist, establishes persistently elevated liver function tests rather than a transient abnormality.

After the condition arose, it was worsened during your service. The 2 years before the worsening run from 18 November 2012 to 18 November 2014. Latent tuberculosis was diagnosed on 12 December 2013, when the QuantiFERON-TB test was positive after a negative test in May 2011, the infection having been acquired through daily close contact with local fuel contractors in Afghanistan. Your weight rose from 105 kg in 2011 to 116 kg on 18 November 2014, a BMI of 35.8 at a height of 1.80 m, at the time of the worsening. The 12 months before the worsening run from 18 November 2013 to 18 November 2014. You deployed on 15 February 2014 while taking isoniazid, and the planned monthly liver function monitoring could not be performed at your location because pathology samples could not be transported.

This has then led to further investigations and the diagnosis of your condition of *Elevated Liver Function Tests (Worsening)*. I have accepted your condition of *Elevated Liver Function Tests (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 18 November 2014.

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