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.

Right Testis - Epididymitis

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 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 March 2025;
- A hospital admission and urology consultation by the urologist, dated 18 September 2009;
- A retrograde urethrogram report by the radiologist, dated 17 March 2010;
- A pre-deployment medical examination and urinary flow study by the medical officer, dated 14 February 2011;
- A role 3 hospital admission record (heat stroke) by the medical officer, Afghanistan, dated 4 July 2011;
- An urine culture report by the pathology, Afghanistan, dated 10 July 2011;
- A patrol base treatment record and telehealth consultation by the medic and medical officer, Afghanistan, dated 16 July 2011;
- An urine culture and Brucella serology reports by the pathology, dated 28 July 2011;
- A scrotal ultrasound and operation report by the radiologist and surgeon, Role 3 hospital, Afghanistan, dated 4 August 2011;
- A specialist consultation and scrotal ultrasound by the urologist, dated 12 March 2012;
- An operation report (optical urethrotomy) by the urologist, dated 18 April 2012.

Your service

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

10 April 2006 and 6 September 2019

Right Testis - Epididymitis

You have stated that your condition was caused by:

- *having a sexually transmitted infection of the urethra with Chlamydia trachomatis or Neisseria gonorrhoeae acquired within the 60 days before the clinical onset of epididymitis*
- *having a urinary tract infection with a coliform organism within the 14 days before the clinical onset of epididymitis*
- *having a urethral stricture or other bladder outlet obstruction at the time of the clinical onset of epididymitis*
- *undergoing urethral catheterisation, cystoscopy or other transurethral instrumentation within the 30 days before the clinical onset of epididymitis*
- *having blunt trauma to the scrotum within the 7 days before the clinical onset of epididymitis*
- *lifting or straining against a closed glottis with a full bladder, with loads of at least 20 kilograms, for at least 2 hours within the 24 hours before the clinical onset of epididymitis*
- *having brucellosis at the time of the clinical onset of epididymitis*

Diagnosis: Epididymitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 March 2025, and is supported by a patrol base treatment record and telehealth consultation by the medic and medical officer, Afghanistan, dated 16 July 2011.

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:

- *having a sexually transmitted infection of the urethra with Chlamydia trachomatis or Neisseria gonorrhoeae acquired within the 60 days before the clinical onset of epididymitis*
- *having a urinary tract infection with a coliform organism within the 14 days before the clinical onset of epididymitis*
- *having a urethral stricture or other bladder outlet obstruction at the time of the clinical onset of epididymitis*
- *undergoing urethral catheterisation, cystoscopy or other transurethral instrumentation within the 30 days before the clinical onset of epididymitis*
- *having blunt trauma to the scrotum within the 7 days before the clinical onset of epididymitis*

- *lifting or straining against a closed glottis with a full bladder, with loads of at least 20 kilograms, for at least 2 hours within the 24 hours before the clinical onset of epididymitis*
- *having brucellosis at the time of the clinical onset of epididymitis*

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 right scrotal pain developing over a morning, swelling and tenderness of the right epididymis, fever, burning on passing urine and frequency on 16 July 2011.

The diagnosis was made clinically by a medical officer by telehealth on 16 July 2011 on the basis of acute right scrotal pain with swelling and tenderness confined to the right epididymis, fever and dysuria, with the testis in a normal position and a positive cremasteric reflex, which made torsion unlikely. Urine PCR was positive for Chlamydia trachomatis, urine culture had grown Escherichia coli six days earlier, and Brucella serology was positive.

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

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 16 July 2011.

Right Testis - Epididymitis (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 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 March 2025;
- A hospital admission and urology consultation by the urologist, dated 18 September 2009;
- A retrograde urethrogram report by the radiologist, dated 17 March 2010;
- A pre-deployment medical examination and urinary flow study by the medical officer, dated 14 February 2011;
- A role 3 hospital admission record (heat stroke) by the medical officer, Afghanistan, dated 4 July 2011;
- An urine culture report by the pathology, Afghanistan, dated 10 July 2011;
- A patrol base treatment record and telehealth consultation by the medic and medical officer, Afghanistan, dated 16 July 2011;
- An urine culture and Brucella serology reports by the pathology, dated 28 July 2011;
- A scrotal ultrasound and operation report by the radiologist and surgeon, Role 3 hospital, Afghanistan, dated 4 August 2011;
- A specialist consultation and scrotal ultrasound by the urologist, dated 12 March 2012;
- An operation report (optical urethrotomy) by the urologist, dated 18 April 2012.

Your service

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

10 April 2006 and 6 September 2019

Right Testis - Epididymitis (Worsening)

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

- *having a urinary tract infection with a coliform organism within the 14 days before the clinical worsening of epididymitis*
- *lifting or straining against a closed glottis with a full bladder, with loads of at least 20 kilograms, for at least 2 hours within the 24 hours before the clinical worsening of*

epididymitis

- *having an uncorrected urethral stricture or other bladder outlet obstruction at the time of the clinical worsening of epididymitis*
- *inability to obtain appropriate clinical management for epididymitis*

Diagnosis: Epididymitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 March 2025, and is supported by a patrol base treatment record and telehealth consultation by the medic and medical officer, Afghanistan, dated 16 July 2011.

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:

- *having a urinary tract infection with a coliform organism within the 14 days before the clinical worsening of epididymitis*
- *lifting or straining against a closed glottis with a full bladder, with loads of at least 20 kilograms, for at least 2 hours within the 24 hours before the clinical worsening of epididymitis*
- *having an uncorrected urethral stricture or other bladder outlet obstruction at the time of the clinical worsening of epididymitis*
- *inability to obtain appropriate clinical management for epididymitis*

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 right scrotal pain developing over a morning, swelling and tenderness of the right epididymis, fever, burning on passing urine and frequency on 16 July 2011.

The diagnosis was made clinically by a medical officer by telehealth on 16 July 2011 on the basis of acute right scrotal pain with swelling and tenderness confined to the right epididymis, fever and dysuria, with the testis in a normal position and a positive cremasteric reflex, which made torsion unlikely. Urine PCR was positive for Chlamydia trachomatis, urine culture had grown Escherichia coli six days earlier, and Brucella serology was positive.

After the condition arose, it was worsened during your service. Repeat urine culture on 28 July 2011 grew Escherichia coli resistant to trimethoprim, five days before the clinical worsening on 2 August 2011. On 2 August 2011 you loaded stores of 20 to 30 kilograms by hand onto your

truck for about three hours on warlike service, without opportunity to empty your bladder, and your pain and fever increased that evening. The service-related bulbar urethral stricture remained uncorrected at the worsening on 2 August 2011 and was not treated until urethrotomy on 18 April 2012. At the patrol base on warlike service the recommended treatment for epididymitis in a young man, ceftriaxone with doxycycline, was not held, urine culture results took more than a week to return by convoy, and scrotal ultrasound was not available.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 August 2011.

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