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.

Steatohepatitis

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;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 May 2003;
- A periodic health examination and liver ultrasound by the medical officer, dated 21 August 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 14 December 2011;
- An operation report by the general surgeon, dated 5 February 2015;
- A nutrition and parenteral nutrition records by the dietitian and gastroenterologist, dated 10 July 2015;
- An oncology treatment plan by the medical oncologist, dated 1 July 2015;
- A staging CT report by the radiologist, dated 28 September 2015;
- A cardiology consultation by the cardiologist, dated 18 October 2015;
- An outpatient health record and liver ultrasound by the medical officer, dated 19 November 2015;
- A liver biopsy report and hepatology consultation by the hepatologist, dated 8 January 2016;
- A repeat liver biopsy and elastography by the hepatologist, dated 15 June 2017.

Your service

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

18 January 1993 and 29 September 2016

Steatohepatitis

You have stated that your condition was caused by:

- *having diabetes mellitus at the time of the clinical onset of steatohepatitis*
- *being obese at the time of the clinical onset of steatohepatitis*
- *having rapid weight loss causing protein-calorie malnutrition within the 18 months before the clinical onset of steatohepatitis*
- *undergoing jejunoileal bypass surgery before the clinical onset of steatohepatitis*
- *receiving total parenteral nutrition for at least 6 months within the 1 year before the clinical onset of steatohepatitis*
- *having dyslipidaemia at the time of the clinical onset of steatohepatitis*
- *for males, consuming at least 75 kilograms of alcohol within any 5 year period before the clinical onset of steatohepatitis*
- *for females, consuming at least 40 kilograms of alcohol within any 5 year period before the clinical onset of steatohepatitis*
- *taking irinotecan for at least the 30 days before the clinical onset of steatohepatitis*
- *taking a drug specified in the Schedule 2 - Drugs of this Instrument, that cannot be ceased or substituted, for at least the 30 days before the clinical onset of steatohepatitis*
- *taking a drug that cannot be ceased or substituted and which is associated in the individual with: (a) the development of steatohepatitis within 30 days of first taking the drug; and (b) the redevelopment of steatohepatitis on rechallenge with the same drug*

Diagnosis: Steatohepatitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a liver biopsy report and hepatology consultation by the hepatologist, dated 8 January 2016.

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

Statement of Principles concerning Steatohepatitis (Balance of Probabilities) (No. 87 of 2022)

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

I am satisfied that you have met the following factor:

- *having diabetes mellitus at the time of the clinical onset of steatohepatitis*
- *being obese at the time of the clinical onset of steatohepatitis*
- *having rapid weight loss causing protein-calorie malnutrition within the 18 months before the clinical onset of steatohepatitis*

- *undergoing jejunoileal bypass surgery before the clinical onset of steatohepatitis*
- *receiving total parenteral nutrition for at least 6 months within the 1 year before the clinical onset of steatohepatitis*
- *having dyslipidaemia at the time of the clinical onset of steatohepatitis*
- *for males, consuming at least 75 kilograms of alcohol within any 5 year period before the clinical onset of steatohepatitis*
- *for females, consuming at least 40 kilograms of alcohol within any 5 year period before the clinical onset of steatohepatitis*
- *taking irinotecan for at least the 30 days before the clinical onset of steatohepatitis*
- *taking a drug specified in the Schedule 2 - Drugs of this Instrument, that cannot be ceased or substituted, for at least the 30 days before the clinical onset of steatohepatitis*
- *taking a drug that cannot be ceased or substituted and which is associated in the individual with: (a) the development of steatohepatitis within 30 days of first taking the drug; and (b) the redevelopment of steatohepatitis on rechallenge with the same drug*

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 fatigue, nausea, loss of appetite and a dull ache under the right ribs, with tender hepatomegaly on 19 November 2015.

The diagnosis was confirmed on liver biopsy on 8 January 2016, which showed macrovesicular steatosis, hepatocyte ballooning, Mallory-Denk bodies, lobular inflammation and perisinusoidal fibrosis. This meets the Statement of Principles definition of steatohepatitis: fatty change and inflammation of the liver with hepatocyte injury. Screening excluded alpha-1 antitrypsin deficiency, haemochromatosis and Wilson's disease, and ultrasound excluded biliary obstruction.

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

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 12 November 2015.

Steatohepatitis (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;
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- An outpatient health record and liver ultrasound by the medical officer, dated 19 November 2015;
- A liver biopsy report and hepatology consultation by the hepatologist, dated 8 January 2016;
- A repeat liver biopsy and elastography by the hepatologist, dated 15 June 2017.

Your service

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

18 January 1993 and 29 September 2016

Steatohepatitis (Worsening)

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

- *inability to obtain appropriate clinical management for steatohepatitis*

Diagnosis: Steatohepatitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a liver biopsy report and hepatology consultation by the hepatologist, dated 8 January 2016.

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

Statement of Principles concerning Steatohepatitis (Balance of Probabilities) (No. 87 of 2022)

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 steatohepatitis*

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 fatigue, nausea, loss of appetite and a dull ache under the right ribs, with tender hepatomegaly on 19 November 2015.

The diagnosis was confirmed on liver biopsy on 8 January 2016, which showed macrovesicular steatosis, hepatocyte ballooning, Mallory-Denk bodies, lobular inflammation and perisinusoidal fibrosis. This meets the Statement of Principles definition of steatohepatitis: fatty change and inflammation of the liver with hepatocyte injury. Screening excluded alpha-1 antitrypsin deficiency, haemochromatosis and Wilson's disease, and ultrasound excluded biliary obstruction.

After the condition arose, it was worsened during your service. After the diagnosis a hepatology review and an alternative to amiodarone were sought, but catheter ablation was unavailable for 16 months and the hepatology clinic's waiting list delayed review until after amiodarone had been restarted.

This has then led to further investigations and the diagnosis of your condition of *Steatohepatitis (Worsening)*. I have accepted your condition of *Steatohepatitis (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 12 November 2015.

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