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.

Urinary Tract Infection

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 2 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 December 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 8 June 2013;
- A role 2 medical facility record and urine culture by the medical officer, Afghanistan, dated 13 June 2013;
- An ultrasound renal tract by Role 3 hospital, Afghanistan, dated 14 June 2013;
- An outpatient health record and urine culture by the medical officer, Garrison health centre, dated 14 August 2014;
- An urology consultation and ultrasound by the urologist, dated 20 November 2015;
- A base medical record by the medical officer, Iraq, dated 10 August 2017;
- CT kidneys (ureters and bladder) by the radiologist, dated 2 October 2017;
- An operation report by the urologist, dated 2 October 2017;
- A hospital admission and discharge summary by the general physician, dated 6 October 2017.

Your service

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

14 January 2010 and 23 May 2022

Urinary Tract Infection

You have stated that your condition was caused by:

- *delaying voiding for at least 4 hours at a time on at least 3 days per week for at least the 4 weeks before the clinical onset of urinary tract infection*
- *having clinically documented dehydration within the 7 days before the clinical onset of urinary tract infection*
- *being without access to adequate washing and toilet hygiene facilities for at least 7 days within the 4 weeks before the clinical onset of urinary tract infection*
- *taking a broad-spectrum antibiotic for at least the 4 weeks before the clinical onset of urinary tract infection*
- *having urolithiasis at the time of the clinical onset of urinary tract infection*

Diagnosis: Urinary Tract Infection

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by a role 2 medical facility record and urine culture by the medical officer, Afghanistan, dated 13 June 2013.

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:

- *delaying voiding for at least 4 hours at a time on at least 3 days per week for at least the 4 weeks before the clinical onset of urinary tract infection*
- *having clinically documented dehydration within the 7 days before the clinical onset of urinary tract infection*
- *being without access to adequate washing and toilet hygiene facilities for at least 7 days within the 4 weeks before the clinical onset of urinary tract infection*
- *taking a broad-spectrum antibiotic for at least the 4 weeks before the clinical onset of urinary tract infection*
- *having urolithiasis at the time of the clinical onset of urinary tract infection*

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 burning on passing urine, frequency, urgency and suprapubic pain, with cloudy, offensive urine on 13 June 2013.

The diagnosis was confirmed on 13 June 2013 by typical symptoms of dysuria, frequency, urgency and suprapubic pain, with leucocytes and nitrites on dipstick and a culture growing Escherichia coli more than 10 to the 8 per litre. Recurrent infections followed from 2014, and four further culture-proven Escherichia coli infections in the 12 months before 20 November 2015 meet the definition of recurrent urinary tract infection, and a urologist confirmed the diagnosis with dysfunctional voiding and a raised post-void residual of 140 mL.

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

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 12 June 2013.

Urinary Tract Infection (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 2 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 December 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 8 June 2013;
- A role 2 medical facility record and urine culture by the medical officer, Afghanistan, dated 13 June 2013;
- An ultrasound renal tract by Role 3 hospital, Afghanistan, dated 14 June 2013;
- An outpatient health record and urine culture by the medical officer, Garrison health centre, dated 14 August 2014;
- An urology consultation and ultrasound by the urologist, dated 20 November 2015;
- A base medical record by the medical officer, Iraq, dated 10 August 2017;
- CT kidneys (ureters and bladder) by the radiologist, dated 2 October 2017;
- An operation report by the urologist, dated 2 October 2017;
- A hospital admission and discharge summary by the general physician, dated 6 October 2017.

Your service

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

14 January 2010 and 23 May 2022

Urinary Tract Infection (Worsening)

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

- *having an indwelling urinary catheter or ureteric stent within the 7 days before the clinical worsening of urinary tract infection*
- *having incomplete bladder emptying with a post-void residual volume of at least 100 millilitres at the time of the clinical worsening of urinary tract infection*

- *delaying voiding for at least 4 hours at a time on at least 3 days per week for at least 4 weeks within the 3 months before the clinical worsening of urinary tract infection*
- *having urolithiasis at the time of the clinical worsening of urinary tract infection*
- *inability to obtain appropriate clinical management for urinary tract infection*

Diagnosis: Urinary Tract Infection (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by a role 2 medical facility record and urine culture by the medical officer, Afghanistan, dated 13 June 2013.

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 an indwelling urinary catheter or ureteric stent within the 7 days before the clinical worsening of urinary tract infection*
- *having incomplete bladder emptying with a post-void residual volume of at least 100 millilitres at the time of the clinical worsening of urinary tract infection*
- *delaying voiding for at least 4 hours at a time on at least 3 days per week for at least 4 weeks within the 3 months before the clinical worsening of urinary tract infection*
- *having urolithiasis at the time of the clinical worsening of urinary tract infection*
- *inability to obtain appropriate clinical management for urinary tract infection*

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 burning on passing urine, frequency, urgency and suprapubic pain, with cloudy, offensive urine on 13 June 2013.

The diagnosis was confirmed on 13 June 2013 by typical symptoms of dysuria, frequency, urgency and suprapubic pain, with leucocytes and nitrites on dipstick and a culture growing Escherichia coli more than 10 to the 8 per litre. Recurrent infections followed from 2014, and four further culture-proven Escherichia coli infections in the 12 months before 20 November 2015 meet the definition of recurrent urinary tract infection, and a urologist confirmed the diagnosis with dysfunctional voiding and a raised post-void residual of 140 mL.

After the condition arose, it was worsened during your service. On 2 October 2017 you had left ureteroscopy, laser lithotripsy and insertion of a ureteric stent, with an indwelling urinary

catheter until 4 October 2017. Dysfunctional voiding with a post-void residual of 140 mL was diagnosed by a urologist on 20 November 2015, the result of years of habitually holding urine on convoys and road moves. During warlike service in Iraq you drove on convoys between bases four days a week and held your urine for six to eight hours at a time, as recorded on 10 August 2017. CT on 2 October 2017 showed a 7 mm obstructing calculus in the left mid ureter with hydronephrosis, and a right renal calculus. During warlike service in Iraq from February to August 2017 there was no urine culture at the base, so three infections were treated empirically with different antibiotics without sensitivity testing, and no imaging was available when you developed left loin pain on 10 August 2017.

This has then led to further investigations and the diagnosis of your condition of *Urinary Tract Infection (Worsening)*. I have accepted your condition of *Urinary Tract Infection (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 6 October 2017.

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.