

## Liver, Gall Bladder, and Pancreas Examination

Name: SSN:

Date of Exam: C-number:

Place of Exam:

**A. Review of Medical Records:** This may be of particular importance when hepatitis C or chronic liver disease is claimed as related to service.

**B. Medical History (Subjective Complaints):**

1. **For Gall Bladder Disease (Including Gall bladder removal):** Episodes of colic or other abdominal pain, distention, nausea, and / or vomiting. Include a statement on frequency of attacks (number within past year). Provide statement as to what x-ray (or other) evidence supports diagnosis of chronic cholecystitis. Include current treatment - type (medication, diet, etc.), duration, response, side effects. For Gall Bladder injury, refer to Stomach, Duodenum and Peritoneal Adhesions worksheet.
2. **For Pancreatic conditions:** Does veteran have steatorrhea, malabsorption, or malnutrition? Comment on whether veteran has attacks of abdominal pain. Include frequency of attacks (per year). Comment on whether veteran has diarrhea, weight loss. Is there evidence of continuing pancreatic insufficiency between acute attacks? Provide evidence (lab or other clinical studies) that abdominal pain is a consequence of pancreatic disease. Has veteran had pancreatic surgery? If so, describe. Include current treatment - type (medication, diet, enzymes, etc.), duration, response, side effects.
3. **For Chronic Liver disease (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and Hepatitis C):** (a) Does veteran have "incapacitating episodes" (defined as periods of acute signs and symptoms with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain with symptoms severe enough to require bed rest and treatment by a physician)? If so, provide frequency of episodes and total duration of episodes over the past 12-month period. Please include comment on whether this is veteran reported, and / or documented in the available records. (b) Include current treatment - type (medication, diet, enzymes, etc.), duration, response, side effects. (c) Comment on presence and severity (e.g. near-constant, debilitating, daily or intermittent), as appropriate, of fatigue, malaise, anorexia and weight loss, right upper quadrant pain and hepatomegaly. (d) Include a history of risk factors for the

liver condition which the veteran is claiming service connection. For instance (as appropriate) is there a history of occupational blood exposure? IV drug use? Taking medications that are associated with liver disease? Include a history of alcohol use / abuse, past and present. Note presence or absence of extrahepatic manifestations of veteran's liver disease (e.g. vasculitis, kidney disease, arthritis.) Refer to additional worksheets as necessary. **See and address 4. Cirrhosis of the liver when cirrhosis is a sequelae. See and address 7 (below) where veteran is status post liver transplant.**

4. **For Cirrhosis of the Liver, primary biliary cirrhosis, cirrhotic phase of sclerosing cholangitis, or as a sequelae of hepatitis from any cause:** (a) Fully describe the following, indicating, as appropriate, the number of episodes, periods of remission, or whether the condition is refractory to treatment: (i) ascites, (ii) hepatic encephalopathy, (iii) hemorrhage from varices (include comment on episodes of hematemesis and/or melena, (iv) portal gastropathy (v) portal hypertension, (vi) jaundice. (b) comment on: (i) current treatment (s) (medications, diet, response, side effects, duration) (ii) Discuss presence, frequency (e.g., daily, intermittent, etc.) and severity of each of the following: weakness, anorexia, malaise, abdominal pain, weight loss (include amount and time frame), weight gain, and weakness. Note presence or absence of extrahepatic manifestations of veteran's liver disease (e.g. vasculitis, kidney disease, arthritis.) Refer to additional worksheets as necessary. **See and address 3 (above) where cirrhosis is a sequelae of Chronic Liver disease (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and Hepatitis C). See and address 7 (below) where veteran is status post liver transplant.**
5. **For Hepatitis C:** (a) Does veteran have "incapacitating episodes" (defined as periods of acute signs and symptoms with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain with symptoms severe enough to require bed rest and treatment by a physician)? If so, provide frequency of episodes and total duration of episodes over the past 12-month period. Please include comment on whether this is veteran reported, and/ or documented in the available records. (b) comment on: (i) current treatment (s) (medications, diet, response, side effects, duration) (ii) Discuss presence, frequency (e.g., daily, intermittent, etc.) and severity of each of the following: weakness, anorexia, malaise, abdominal pain, weight loss (include amount and time frame), weight gain, and weakness. (c) Include a history of risk factors for the liver condition for which the veteran is claiming service connection. For instance (as appropriate) is there a history of occupational blood exposure? IV drug use? See established risk factors for Hepatitis C, below. Note presence or absence of extrahepatic manifestations of veteran's liver disease (e.g. vasculitis, kidney disease, arthritis.) Refer to additional worksheets as necessary. **See and address 7 (below) where veteran is status post liver transplant.**

6. **For Liver Malignancy:** Address presence or absence of symptomatology, etc., as outlined in both: 3. (For Chronic Liver disease (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and Hepatitis C) and 4. (For Cirrhosis of the Liver, primary biliary cirrhosis, cirrhotic phase of sclerosing cholangitis, or as a sequelae of hepatitis from *any cause*) above.
7. **For Liver Transplant:** Provide date of transplant. Describe current treatment (s) (medications, diet, response, side effects, duration). Please refer to additional AMIE worksheets to address conditions veteran has as a consequence of the transplant, treatment for the transplant, and as a consequence of any underlying disease that prompted the transplant in the first place (e.g. extrahepatic complications / manifestations of hepatitis C).
8. Effects of the condition on occupational functioning and daily activities.

#### **C. Physical Examination (Objective Findings):**

Address each of the following as appropriate, and fully describe current findings:

1. Abdominal Exam

- a. Describe any areas of tenderness and/or organomegaly, including liver size and whether it is tender to palpation.
- b. Presence or absence of ascites
- c. Evidence of Portal Hypertension (e.g. superficial abdominal veins, splenomegaly, abdominal pain)

2. General exam

- a. Describe all other signs of liver disease (e.g. jaundice, palmar erythema, spider angioma).
- b. Evidence of Malnutrition (e.g. muscle wasting)

#### **D. Diagnostic and Clinical Tests:**

1. For esophageal varices, X-ray, endoscopy, etc.
2. For gall bladder disease, X-ray or other objective confirmation.
3. For liver disease:
  - a. serologic tests for hepatitis as appropriate (e.g. HbsAg, anti-HCV, anti-HBc, ferritin, alpha-fetoprotein); liver imaging as appropriate, (e.g. ultrasound or abdominal CT scan), biopsy report (when available).

- b. **Viral hepatitis (including Hepatitis C):** Name the specific type (A, B, C, or other). For hepatitis B and / or hepatitis C, provide an opinion as to which risk factor is the most likely cause, and whether these risk factors were present during the veteran's time in the military. Please support your opinion by discussing all risk factors in the individual and your rationale for your opinion. If you cannot determine which risk factor is the likely cause, state that there is no risk factor that is more likely than another to be the cause, and explain.
- c. **Hepatitis C:** Please note that Hepatitis C generally does not produce clinically evident hepatitis at the time of infection. Please provide results of serologic (anti-HCV antibody) and viral (HCV RNA) testing for hepatitis C. The anti-HCV assay confirms exposure to hepatitis C but does not differentiate between chronic, acute, or resolved infection. False positive and false negative results occur, but rarely. **A positive qualitative or quantitative HCV RNA assay indicates current hepatitis C infection.** A negative qualitative HCV RNA assay indicates that the individual does not have active, chronic hepatitis C. The recombinant immunoblot assay (RIBA) is a confirmatory serologic test that establishes the diagnosis of past (resolved) infection if the anti-HCV is positive but the HCV RNA assay is negative.

The following are established risk factors for acquisition of hepatitis C infection:

- Blood transfusion before 1992
- Past or present intravenous drug use
- Blood exposure of skin or mucous membranes including accidental needle punctures
- Sexual transmission (though most studies have failed to identify sexual transmission of this agent). Sexual transmission appears to be confined to such subgroups as persons with multiple sexual partners and sexually transmitted diseases.
- History of hemodialysis
- Tattoo or repeated body piercing
- History of intranasal cocaine use

See Harrison's Principles of Internal Medicine, 15th edition, The McGraw Hill Companies, Inc., page 1709, 1729-1730.

Please consider the veteran's potential for skin and mucous membrane exposure to blood, especially where the veteran was a military corpsman, a medical worker, or a combat veteran.

- d. **Cirrhosis, chronic hepatitis, liver malignancy, or other chronic liver disease:** State the most likely etiology. Address the relationship of the disease to active service, including any hepatitis that occurred in service.

4. Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis:**

Signature:

Date:

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