

**INTERNAL VETERANS AFFAIRS USE
MEDICAL OPINION DISABILITY BENEFITS QUESTIONNAIRE**

Name of Claimant/Veteran: [REDACTED]	Claimant/Veteran's Social Security Number: 29147213	Date of Examination: 03/10/2026 02:00 PM
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Note to examiner - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with a VA C&P examination request? Yes No

How was the examination completed? (check all that apply)

- In-person examination
- Records reviewed
- Examination via approved video telehealth
- Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

- Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.
- Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

EVIDENCE REVIEWED (check all that apply):

- Not requested No records were reviewed
- VA claims file (hard copy paper C-file)
- VA e-folder
- VA electronic health record
- Other, please specify in comments box

Evidence Comments:

SECTION I - DEFINITIONS

Aggravation of preexisting nonservice-connected disabilities. A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

Aggravation of nonservice-connected disabilities. Any increase in severity of a nonservice-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the nonservice-connected disease, will be service connected.

SECTION II - RESTATEMENT OF REQUESTED OPINION

2A. Insert requested opinion from general remarks:

TYPE OF MEDICAL OPINION REQUESTED: Toxic Exposure Risk Activities. Does the Veteran have a diagnosis of (a) ischemic heart disease that is at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) caused by (the) Veteran Served aboard U.S.S. THOMASTON (LSD-28) 06-04-1973 to 05-14-1975 Positive for Guam Thailand and 12 Nautical Mile Herbicide and Asbestos Exposure. after considering the total

potential exposure through all applicable military deployments of the Veteran and the synergistic combined effect of all toxic exposure risk activities of the Veteran? TYPE OF MEDICAL OPINION REQUESTED: Secondary Service connection. Is the Veteran's ischemic heart disease at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) proximately due to or the result of: • hypertension • coronary artery disease

2B. Indicate type of exam for which opinion has been requested (e.g. skin diseases):

Heart Conditions

SECTION III - MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

Choose the statement that most closely approximates the etiology of the claimed condition.

- 3A. The claimed condition was at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) incurred in or caused by the claimed in-service injury, event, or illness.
- 3B. The claimed condition was less likely than not (likelihood is less than approximately balanced or nearly equal) incurred in or caused by the claimed in-service injury, event, or illness.

3C. Rationale:

SECTION IV - MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

- 4A. The claimed condition is at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) proximately due to or the result of the Veteran's service connected condition. Provide rationale in Section C.
- 4B. The claimed condition is less likely than not (likelihood is less than approximately balanced or nearly equal) proximately due to or the result of the Veteran's service connected condition. Provide rationale in Section C.

4C. Rationale:

A) ischemic heart disease

Based upon review of the current medical literature according to medical literature, the Veteran's medical records, the subjective, and objective information gathered during the C&P exam, my medical opinion is that the veteran's claimed condition of ischemic heart disease diagnosed as CAD, atrial fibrillation and flutter, aortic valve replacement is at least as likely as not proximately due to or the result of the Veteran's service-connected condition of hypertension and coronary artery disease.

According to medical literature and medical records, this supports the Veteran's Service Connected Condition resulting in the diagnosis listed above. Therefore, is my medical opinion that a nexus has been established between the Veteran's claimed condition and the service-connected condition.

Hypertension (HTN) and coronary artery disease (CAD) are intricately linked, creating a detrimental cycle of structural and electrical damage that can result in arrhythmias such as atrial fibrillation (AFib) and valvular complications necessitating surgical intervention. Chronic high blood pressure inflicts mechanical stress on the arterial lining, leading to endothelial dysfunction. This damage incites an inflammatory response and promotes cholesterol accumulation, resulting in plaque formation that narrows the coronary arteries. Additionally, HTN can induce microvascular damage, causing narrowing and stiffening of small arteries, which diminishes the heart's blood supply reserve despite the main epicardial arteries appearing normal. As the most prevalent modifiable risk factor for

AFib, hypertension doubles the likelihood of its onset. Elevated blood pressure contributes to structural remodeling of the heart, causing left ventricular hypertrophy and increased pressure in the left atrium, which subsequently dilates and stretches. This chronic stretching, coupled with the activation of the renin-angiotensin-aldosterone system (RAAS), fosters atrial fibrosis, disrupting normal electrical conduction. These structural alterations lead to electrical instability, resulting in the rapid, irregular heartbeats characteristic of AFib or the sawtooth pattern of atrial flutter. Furthermore, CAD can exacerbate AFib through myocardial ischemia, further destabilizing atrial electrical activity. The coexistence of HTN and CAD is also prevalent in patients with aortic valve disease, with CAD present in up to 65% of those undergoing aortic valve replacement.

Citation:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4262244/>

SECTION V - MEDICAL OPINION FOR AGGRAVATION OF A CONDITION THAT EXISTED PRIOR TO SERVICE

5A. The claimed condition, which clearly and unmistakably existed prior to service, was aggravated beyond its natural progression by an in-service injury, event, or illness. Provide rationale in Section C.

5B. The claimed condition, which clearly and unmistakably existed prior to service, was clearly and unmistakably not aggravated beyond its natural progression by an in-service injury, event, or illness. Provide rationale in Section C.

5C. Rationale:

SECTION VI - MEDICAL OPINION FOR AGGRAVATION OF A NONSERVICE CONNECTED CONDITION BY A SERVICE CONNECTED CONDITION

6A. Can you determine a baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition)?

Yes No

If "Yes" to question 6A, answer the following:

I. Describe the baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition):

II. Provide the date and nature of the medical evidence used to provide the baseline:

III. Is the current severity of the (claimed condition/diagnosis) greater than the baseline?

Yes No

If yes, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?

Yes (provide rationale in section 6B.)

No (provide rationale in section 6B.)

If "No" to question 6A, answer the following:

I. Provide rationale as to why a baseline cannot be established (e.g. medical evidence is not sufficient to support a determination of a baseline level of severity):

II. Regardless of an established baseline, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?

Yes (provide rationale in section 6B.)

No (provide rationale in section 6B.)

6B. Provide rationale:

SECTION VII - GULF WAR OPINION

7A. Please evaluate the medical records for this Veteran with Southwest Asia service for any chronic disability pattern.

For each condition and/or symptom identified in the Gulf War General Medical Examination questionnaire or any other associated questionnaire, determine whether the Veteran's disability pattern is:

- (1) an undiagnosed illness
- (2) a diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology (MUCMI)
- (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or
- (4) a disease with a clear and specific etiology and diagnosis.

If, after reviewing the claims file, you determine that the Veteran's disability pattern was either (1) an undiagnosed illness; or (2) MUCMI, then please provide a medical statement identifying which disability pattern (1 or 2) is present with supporting rationale in 7B and/or 7C. For any signs or symptoms described in the Gulf War General Medical Examination questionnaire or any other associated questionnaire, identify those that are attributable to each undiagnosed illness or MUCMI.

If, after reviewing the claims file, you determine that the Veteran's disability pattern was either (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or (4) a disease with a clear and specific etiology and diagnosis, then please provide a medical statement identifying which disability pattern (3 or 4) is present and provide a medical statement with supporting rationale in 7B and/or 7C. The rationale must address both the etiology and pathophysiology for each disability pattern. Also complete the Medical Opinion for Toxic Exposure Risk Activities (TERA) in Section VIII.

7B. Medical statement with supporting rationale explaining disability pattern (for each condition):

7C. Are any of the diagnoses a gastrointestinal disorder? Yes No

If yes, indicate if the gastrointestinal disorder is functional (disability pattern 1 or 2), or structural (disability pattern 3 or 4).

Functional Structural

Provide an explanation of whether the disorder is functional or structural and discuss any testing (if available) that was completed identifying the specific gastrointestinal disorder diagnosed.

SECTION VIII - MEDICAL OPINION FOR TOXIC EXPOSURE RISK ACTIVITIES (TERA)

Choose the statement that most closely approximates the etiology of the claimed condition.

8A. The claimed condition was at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) caused by the indicated toxic exposure risk activity(ies), after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic, combined effect of all toxic exposure risk activities of the Veteran. Provide rationale in Section C.

8B. The claimed condition was less likely than not (likelihood is less than approximately balanced or nearly equal) caused by the indicated toxic exposure risk activity(ies), after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic, combined effect of all toxic exposure risk activities of the Veteran. Provide rationale in Section C.

8C. Rationale:

A) ischemic heart disease

A positive opinion was given for the claim of ischemic heart disease therefore the remaining opinions requested for this contention are not warranted and will not be provided.

SECTION IX- OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

9. I have reviewed the conflicting medical evidence and am providing the following opinion:

SECTION X - REMARKS

10A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION XI - EXAMINER'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

11A. Examiner's signature:

11B. Examiner's printed name:

11C. Date signed:

MSN

GEN

MSN

20-Mar-2026

11D. Examiner's phone/fax numbers:

11E. National Provider Identifier (NPI) number:

11F. Medical license number and state:

11G. Examiner's address:

34169 TN

9724 Kingston Pike, Suite 1300, Knoxville, Tennessee 37922