

Name of Claimant/Veteran: [REDACTED]	Claimant/Veteran's Social Security Number: 29147213	Date of Examination: 04/14/2026 12:00 AM
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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
- VA claims file (hard copy paper C-file)
- VA e-folder
- VA electronic health record
- Other, please specify in comments box

Evidence Comments:

All available records were reviewed to include service treatment records, tabbed evidence, as well as potentially relevant evidence, if applicable. These findings were considered when completing the DBQ.

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) asbestos and radiation 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: Reconciliation of conflicting medical evidence. There is conflicting medical evidence. We are asking you to review medical evidence and provide an opinion. The following is a summary of the conflicting medical evidence as it relates to the claim: Conflicting Medical Examinations and Evidence

A clear diagnosis of IHD (namely atherosclerotic cardiovascular disease and myocardial infarction) is confirmed and associated with the Veteran's herbicide exposure.

However, the DBQs also document additional diagnoses to include paroxysmal atrial fibrillation, valvular heart disease/heart replacement, heart block, and bradycardia, which have not been adequately reconciled with the service-connected ischemic heart disease or the Veteran's TERA exposure.

QTC's NP, [REDACTED], opined that "...atrial fibrillation is likely secondary to structural heart disease and remodeling after valve surgery", and an LSGS examiner concluded that "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."

To date, no medical opinion adequately resolves this issue. //

Therefore, we need an examiner to review all Heart DBQs, VA treatment records and private medical records.

Then, clearly reconcile the etiology of paroxysmal atrial fibrillation, valvular heart disease/heart replacement, heart block, and bradycardia, with the Veteran's IHD (namely atherosclerotic cardiovascular disease and myocardial infarction) and/or his asbestos exposure.

Please provide a secondary medical opinion. //

We also have varying METs estimates over the four Heart DBQs.

If the etiology of paroxysmal atrial fibrillation, valvular heart disease/heart replacement, heart block, and bradycardia is not IHD, then we need the examiner to estimate the interview-based METs level due solely to IHD, e.g., a clear response to question 13G of the Heart DBQ. //

Additionally, if the etiology of paroxysmal atrial fibrillation, valvular heart disease/ heart replacement, heart block, and bradycardia, then please provide a TERA medical opinion, stating whether these condition at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) caused by asbestos and ionizing radiation 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.

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

independent medical opinion

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:

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

I have reviewed the medical records provided; the records show the veteran's service from 8/30/1972 to 5/31/1993. Medical record HEART CONDITIONS (INCLUDING ISCHEMIC AND NON-ISCHEMIC

HEART DISEASE, ARRHYTHMIAS, VALVULAR DISEASE, AND

CARDIAC SURGERY)

DBQ, 03/2026: Reports veteran has been diagnosed with aortic valve stenosis in 2015, arteriosclerotic heart disease in 2024, and atrial fibrillation and flutter in 2024. The onset of the veteran's cardiovascular condition is unclear, though medical records indicate coronary artery disease dating back to at least 2016-2017, including a cardiac catheterization on 11/15/2016 showing nonobstructive coronary artery disease and a diagnosis of coronary arteriosclerosis in 09/2017. The condition has progressed over time, resulting in aortic valve stenosis requiring valve replacement and the development of atrial fibrillation. The veteran currently reports symptoms including fatigue, shortness of breath, and dizziness. Ongoing management includes Apixaban 5 mg twice daily for atrial fibrillation, Rosuvastatin 20 mg daily for hyperlipidemia, Amlodipine 10 mg daily for blood pressure control, and Metoprolol succinate 25 mg daily. Surgical history includes a porcine aortic valve replacement in 2015 and a cardiac catheterization in 2016. Tera memo, 03/07/2026, reports Medical STR Ionizing Radiation Verification Memorandum Positive for the offshore eligible waters as defined in the Blue Water Navy Vietnam Veterans Act of 2019, Public Law 116-23 and the territorial waters of Guam dated 11/17/2023. MOS RM 2342 Radioman: Minimal asbestos exposure. The TERA memo record 03/2026 shows the following:

*Place of exposure(s): (__Guam __);

*Activity resulting in exposure(s): (_ Radioman __);

*Duration of exposure(s): (_unknown__);

*Frequency of exposure: (daily, weekly or monthly); unknown_

*Levels of exposure(s): low, moderate or high; unknown_

*Route of exposure(s): inhalation, oral or dermal; unknown_

*Types of exposures: asbestos, ionizing radiation

*PPE used: (_unknown__);

*TERA Summary: On the TERA MEMO dated 03/2026, the TERA record shows veteran's place of exposure as (Guam), reported activity resulting in exposure as (Radioman), duration of exposure as

(_unknown__) and levels of exposure as (_unknown__). According to recent medical literature, current medical literature does not support a causal relationship between asbestos exposure and the development of ischemic heart disease. Asbestos exposure is primarily associated with pulmonary conditions (e.g., asbestosis, pleural plaques, mesothelioma) and does not have a pathophysiologic mechanism linking it to coronary atherosclerosis or ischemic heart disease.

Regarding ionizing radiation, while high-dose exposure has been associated with certain malignancies and, in rare cases, accelerated cardiovascular disease, such associations are typically seen in individuals with significant or high-dose exposure (e.g., radiation therapy or atomic exposure). In this case, the TERA memorandum documents uncertain but likely low-level exposure, with no evidence of high-dose or prolonged radiation exposure sufficient to establish a causal link. The Veteran's MOS (Radioman) and service records do not indicate exposure levels known to result in radiation-induced cardiovascular disease.

Additionally, the Veteran's cardiovascular conditions manifested decades after service, further supporting a non-service-related, multifactorial etiology. The progression to valvular disease requiring replacement and atrial fibrillation is consistent with the

natural history of degenerative cardiac disease rather than toxic exposure.

<https://www.mayoclinic.org/diseases-conditions/arteriosclerosis-atherosclerosis/symptoms-causes/syc-20350569>

There is no medical or scientific evidence available that provides any indication of a relationship

between the development of the condition(s) at issue and the TERA or any related presumptive

condition from a toxic exposure resulting in the claimed condition. In addition, there are risks.

factors outside of military service (hereditary, congenital, smoking history, weight, lab findings,

multifactorial, etc.) that far outweigh the factors identified in the TERA or any related presumptive condition from a toxic exposure resulting in the claimed condition. Therefore, in my

opinion, the claimed condition was less likely than not (likelihood is less than approximately

balanced or nearly equal) caused by the asbestos and radiation 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.

The results/findings of the exam accurately reflect the veteran's current known status to the best of knowledge with all available records provided and reviewed. The

information/opinion/conclusion of this exam is rendered in conjunction with the last C&P exam/tabbed evidence and totality of all records provided, any additional information and/or

Testing is not indicated at this time.

SECTION IX- OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

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

A) ischemic heart disease

I have reviewed the medical records provided; the records show the veteran's service from 8/30/1972 to 5/31/1993. Medical record HEART CONDITIONS (INCLUDING ISCHEMIC AND NON-ISCHEMIC

HEART DISEASE, ARRHYTHMIAS, VALVULAR DISEASE, AND CARDIAC SURGERY)

DBQ, 03/2026: Reports veteran has been diagnosed with aortic valve stenosis in 2015, arteriosclerotic heart disease in 2024, and atrial fibrillation and flutter in 2024. It is not clear when the veteran's cardiovascular condition started, but medical records show that he has had coronary artery disease since at least 2016-2017. For example, a cardiac catheterization on 11/15/2016 showed nonobstructive coronary artery disease, and a diagnosis of coronary arteriosclerosis was made in 09/2017. The condition has progressed over time, resulting in aortic valve stenosis requiring valve replacement and the development of atrial fibrillation. The veteran currently reports symptoms including fatigue, shortness of breath, and dizziness. Ongoing management includes Apixaban 5 mg twice daily for atrial fibrillation, Rosuvastatin 20 mg daily for hyperlipidemia, Amlodipine 10 mg daily for blood pressure control, and Metoprolol succinate 25 mg daily.

Surgical history includes a porcine aortic valve replacement in 2015 and a cardiac catheterization in 2016.

IHD (atherosclerotic disease) is a separate condition.

Atrial fibrillation is secondary to structural/valvular heart disease, not directly due to IHD.

Valvular disease and conduction abnormalities are independent, non-IHD processes, though they may coexist and contribute to overall cardiac impairment.

<https://www.mayoclinic.org/diseases-conditions/arteriosclerosis-atherosclerosis/symptoms-causes/syc-20350569>

Atrial fibrillation/flutter:

Less likely than not proximately due to IHD.

At least as likely as not due to valvular heart disease and post-surgical remodeling.

Valvular heart disease (aortic stenosis, status post replacement):

Less likely than not proximately due to or aggravated by IHD.

Heart block/bradycardia:

Less likely than not proximately due to or aggravated by IHD. The veteran's reduced exercise tolerance (manifested by fatigue, dyspnea, and dizziness) is multifactorial, including contributions from IHD, valvular heart disease (status post replacement), and atrial fibrillation.

When isolating functional limitation due solely to IHD, it is reasonable to estimate that

The interview-based METs level due to IHD alone is greater than the overall combined METs impairment, as non-IHD conditions (valvular disease and atrial fibrillation) significantly contribute to symptom burden.

Estimated METs due solely to IHD: >5-7 METs range (moderate functional capacity)

This reflects that IHD contributes partially, but not predominantly, to the veteran's overall functional limitation.

It is less likely than not (less than approximately balanced probability) that the veteran's:

Paroxysmal atrial fibrillation/flutter

Valvular heart disease/heart replacement

Heart block

Bradycardia

were caused by or are the result of asbestos or ionizing radiation exposure, even after considering cumulative and synergistic toxic exposures.

Asbestos exposure is not associated with arrhythmias, valvular disease, or conduction disorders; its effects are primarily pulmonary.

Ionizing radiation, at low or occupational exposure levels (as suggested by the TERA memo), is not established as a cause of these cardiac conditions. High-dose exposure may rarely contribute to cardiovascular pathology, but such exposure is not demonstrated in this case.

The veteran's conditions are better explained by age-related degeneration, structural

heart disease, and standard cardiovascular risk factors, supported by the timeline of onset decades after service.

The results/findings of the exam accurately reflect the veteran's current known status to the best of knowledge with all available records provided and reviewed. The information/opinion/conclusion of this exam is rendered in conjunction with the last C&P exam/tabbed evidence and totality of all records provided, any additional information and/or

Testing is not indicated at this time.

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:

[Redacted Signature]
NP
Date: 04/10/2026 01:40:17 100.00
GEN

[Redacted Name]

15-Apr-2026

11D. Examiner's phone/fax numbers:

11E. National Provider Identifier (NPI) number:

[Redacted Phone/Fax Numbers]

11F. Medical license number and state:

11G. Examiner's address:

24186787 VA

12321 Middlebrook Road,Suite 101, Germantown, Maryland 20874