Genitourinary System (Post Challenge)

**Answer Key**

**Table of Contents**

[Practical Exercise 2](#_Toc441668361)

Practical Exercise

**The instructor is to review the scenarios with the trainees and provide the answers to the associated questions.**

**Instructions:** Provide diagnostic code(s), disease entity and percent in your answer.

1. The Veteran served in the Navy from 1965 to 1985. During service, he suffered trauma to the left kidney which developed into chronic nephritis and the kidney was removed. Arteriosclerotic heart disease (ASHD) was diagnosed in 1982, just before the Veteran retired from service. Current VA examination shows a normally functioning right kidney and ASHD with workload of 6 METs.

**The heart disease and the absent left kidney may be rated separately. The heart disorder will be rated 30% under DC 7005 and the absent left kidney rated at 30% under DC 7500.**

**In general, separate ratings are not to be assigned for disabilities due to disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular and renal disabilities. However, if there is absence of a kidney (even if removal was required because of nephritis), the absent kidney and any hypertension or heart disease will be separately rated.  *Citation: 38 CFR § 4.115***

1. The Veteran is service-connected for pyelonephritis with hypertensive cardiovascular disease. The current hospital report shows chronic renal failure requiring dialysis three times weekly and chronic congestive heart failure with hepatic dysfunction, cardiomegaly and dyspnea on any exertion.

**The Veteran should be rated 100% for chronic renal failure under DC 7530 and 100% for hypertensive heart disease under DC 7007. There is also entitlement to SMC under subsection (s) because of a single disability rated 100% plus other disability independently ratable at 60% or more. *Citation: 38 CFR §§ 4.7 and 4.115; 38 CFR § 3.350(i)***

1. The Veteran had nephrosclerosis diagnosed during service, and now has recurring albumin with casts. In addition, he has essential hypertension with blood pressure readings predominately 170/120 plus symptoms of headaches, dizziness, palpitations and undue fatigue, causing him to lose time from work.

**The Veteran should be awarded service connection for nephrosclerosis with hypertension at the 60% evaluation. Separate evaluations for nephritis and heart conditions are not allowed in this scenario. *Citation: 38 CFR §4.115.***

1. The Veteran is service connected for diabetes mellitus, type II, presumptively associated to herbicide exposure, since 2005, with diabetic nephropathy separately evaluated at 60% due to definite decrease in kidney function. We receive a new claim for compensation for coronary artery disease on December 15, 2015. The IHD DBQ on March 15, 2016 shows a confirmed diagnosis of CAD diagnosed in 2014, with LVEF of 40%.

**Service connection for CAD should be established as presumptively associated to herbicide exposure. A separate 60% evaluation is warranted for LVEF less than 50%. The effective date is December 15, 2015, date of receipt of claim. Separate evaluations are warranted for diabetic nephropathy and CAD, as these conditions are not applicable to 38 CFR 4.115.**

1. The Veteran is service connected for diabetic nephropathy as well as prostate cancer. VA exam results indicate voiding dysfunction related to prostate cancer requiring the wearing of absorbent materials which must be changed 2 to 4 times per day. Lab results also indicate creatinine levels of 2.1mg% (upper lab limits 1.4mg%) are directly related to diabetic nephropathy.

**An evaluation of 40% is warranted for residuals of prostate cancer for voiding dysfunction, and a separate 60% evaluation is warranted for diabetic nephropathy for definite decrease in kidney dysfunction.**