RATE MY VSO // VISUAL FIELD GUIDE

PEPTIC ULCER

VA CLAIM GUIDE

Episodes, daily medication, bleeding, and objective testing drive the record.

STATIC REFERENCE

STOMACH // DC 7304

Episodes, daily medication, bleeding, and objective testing drive the record.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE RATING EVIDENCE IS MORE SPECIFIC THAN STOMACH PAIN

Current DC 7304 looks to documented ulcer history, the duration and frequency of painful episodes, nausea or vomiting, daily prescribed medication, bleeding, anemia, and hospital care.

EPISODES
Record how long attacks last and how many occurred in the past year.

TREATMENT
Show daily prescribed medication and whether symptoms persist despite it.

COMPLICATIONS
Document hematemesis, melena, anemia, perforation, hemorrhage, and hospitalization.

02 SERVICE-CONNECTION PATHS

DIRECT	An ulcer beginning in service or medically linked to an in-service event, illness, or exposure.
SECONDARY	A service-connected condition or prescribed treatment, including an NSAID theory when supported, caused or aggravated the ulcer.
ONE-YEAR RULE	Gastric or duodenal ulcer is a listed chronic disease. The applicable timing and evidence rules still must be met.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Upper-abdominal pain or discomfort
- Feeling full too soon
- Uncomfortable fullness after eating
- Nausea or vomiting
- Bloating
- Belching

04 BUILD THE RECORD

1. **CONFIRMATION**
   Endoscopy or imaging documenting ulcer disease.
2. **EPISODE LOG**
   Start date, duration, pain, nausea, vomiting, and recovery.
3. **MEDICATION**
   Prescriptions, dose, adherence, response, and NSAID history.
4. **BLEEDING**
   Melena, hematemesis, emergency treatment, and hospitalization.
5. **OBJECTIVE EFFECTS**
   CBC results, anemia, weight change, and H. pylori testing.
6. **MEDICAL LINK**
   Veteran-specific reasoning for direct, chronic-disease, secondary, or aggravation theory.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — NO PERSUASIVE NEXUS
The ulcer was not medically connected to service or treatment.

B — HISTORY WITHOUT CURRENT PROOF
Stomach symptoms were reported without objective ulcer confirmation.

C — NSAID THEORY INCOMPLETE
Medication use was named but mechanism, timing, alternatives, or aggravation were not addressed.

D — EPISODES NOT COUNTED
Duration, annual frequency, medication, bleeding, or hospital care was missing.

06 SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

PTSD // Spine conditions // Diabetes // Depression or anxiety // GERD

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

GERD // Hiatal hernia // Depressive disorders // Hypertension

07 DO THIS, NOT THAT

DO

- Keep an episode calendar.
- Bring endoscopy and lab findings.
- List every prescribed medication and timing.

DO NOT

- Call all dyspepsia an ulcer.
- Hide bleeding or emergency care.
- Use a generic NSAID article as the nexus.

Medical symptoms: NIH/NIDDK peptic ulcer guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.