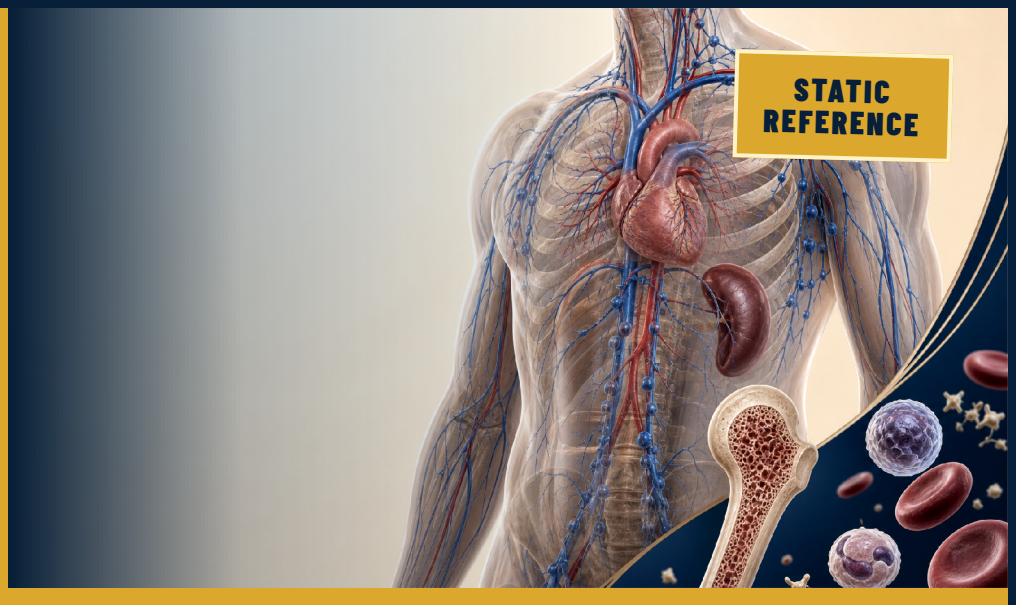
RATE MY VSO // VISUAL FIELD GUIDE

BLOOD AND LYMPHATIC

VA RATING GUIDE

Name the exact blood or lymphatic disorder, establish its current phase, and preserve the labs, treatment, and residuals its code requires.



EXACT DIAGNOSIS // LABS // TREATMENT // RESIDUALS

Name the exact blood or lymphatic disorder, establish its current phase, and preserve the labs, treatment, and residuals its code requires.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THERE IS NO SINGLE BLOOD-DISORDER FORMULA

The controlling code may use active disease or treatment, transfusions, infection frequency, laboratory thresholds, symptom crises, or separately rated residuals. Anemia, leukemia, lymphoma, myeloma, platelet disorders, and immune-cell disorders require diagnosis-specific evidence.

EXACT DIAGNOSIS
Identify the disease, subtype, affected cell line, pathology, and controlling diagnostic code.

CURRENT PHASE
Document active disease, treatment, remission, watchful waiting, relapse, or post-treatment status.

RESIDUALS
Separate lasting organ, nerve, bone, infection, fatigue, or treatment effects under the proper code.

02 SERVICE-CONNECTION PATHS

DIRECT	The diagnosed disease is medically linked to an in-service illness, event, exposure, treatment, or onset.
NAMED PRESUMPTION	The exact disease and qualifying service meet a current toxic-exposure, herbicide, Camp Lejeune, or other named presumption.
SECONDARY OR TREATMENT	A service-connected disease, blood loss, organ disorder, medication, or cancer treatment caused or aggravated the blood condition.

03 SYMPTOMS

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

- Fatigue, weakness, or shortness of breath
- Dizziness, fainting, or headache
- Easy bruising, bleeding, or petechiae
- Repeated infection, fever, or chills
- Enlarged lymph nodes, night sweats, or weight loss
- Bone pain or treatment-related nerve and organ effects

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Hematology notes, pathology, marrow testing, flow cytometry, genetics, and disease subtype when applicable.
2. **SERIAL LABORATORIES**
   CBC trends, differential, platelets, iron studies, immune studies, or other code-specific values.
3. **TREATMENT TIMELINE**
   Medication, infusion, transfusion, radiation, transplant, surgery, and start and stop dates.
4. **DISEASE PHASE**
   Active disease, treatment, remission, relapse, surveillance, and mandatory follow-up examinations.
5. **RESIDUALS**
   Infection, bleeding, bone, nerve, kidney, heart, lung, fatigue, or treatment effects diagnosed and measured separately.
6. **SERVICE ROUTE**
   Exposure and service facts, exact presumption eligibility, onset, or a reasoned direct or secondary nexus.

05 WHY CLAIMS BREAK DOWN

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

A — UMBRELLA LABEL ONLY
Anemia, blood disorder, or cancer was claimed without the exact diagnosis and subtype needed by the schedule.

B — LABS OR TREATMENT STALE
The record did not show the current laboratory pattern, treatment frequency, transfusions, or infection history.

C — PHASE UNCLEAR
Active treatment, remission, surveillance, and residual disability were not separated on a reliable timeline.

D — PRESUMPTION ASSUMED
The disease name, service facts, effective rule, exception, or direct nexus evidence was not established.

06 BLOOD AND LYMPHATIC CAUSES AND EFFECTS TO EVALUATE

These disorders have many causes. A hematology diagnosis and veteran-specific medical reasoning are essential.

CONDITIONS OR TREATMENTS THAT MAY AFFECT BLOOD

Blood loss or malabsorption // kidney or immune disease // infection // medication or therapy // toxic exposure // marrow or lymphatic cancer

DISTINCT EFFECTS TO DIAGNOSE AND DOCUMENT

Fatigue or shortness of breath // bleeding or clotting // repeated infection // bone or organ damage // neuropathy // treatment residuals

07 DO THIS, NOT THAT

DO

- Use the exact hematology diagnosis.
- Preserve serial labs and treatment dates.
- Separate active disease from residuals.

DO NOT

- Assume all anemia uses one rating method.
- Use one old CBC as the whole record.
- Assume every exposure creates a presumption.

Medical and symptom source: NIH/NHLBI anemia and platelet guidance, NCI lymphoma guidance, and VA hematologic DBQ. Rating rules: 38 CFR 4.117 and named presumptions in 38 CFR Part 3. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.