American College of Radiology ACR Appropriateness Criteria®

Suspected and Known Heart Failure

Variant 1: Adult. Suspected heart failure. No history of heart failure. Initial imaging.

	Appropriaten	PSS ~ ~ ~							I	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6		8	9
US echocardiography transthoracic resting	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	0	1	3	10
		References		Study	Quality				•						
		26 (11263606)			3										
		22 (26910112)		C	Good										
		31 (24863953)			4										
		27 (26559428)			4										
		32 (22874137)			2										
		33 (26811160)		Inac	lequate										
		34 (28741909)			1										
		28 (27037982)			4										
		29 (34284098)			3										
		1 (35363499)			4										
		30 (18992671)			4										
Radiography chest	Usually appropriate	Strong	� <0.1 mSv	v <0.03 v mSv [ped]	9	9	0	0	1	1	0	1	2	2	7
		References		Study	Quality										
		21 (20045607)			3										
		23 (22994440)			2										
		25 (22104551)			3										

		22 (26910112)		(Good										
		24 (30874784)			Assessed										
MRI heart function and morphology without IV contrast	May approp	Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	1	4	4	4	0	0	0
		References		Study	y Quality		•		•	•	•		•		
		20 (28785465)			4										
MRI heart function and morphology without and with IV contrast	May approp	Limited	O 0 mSv	O 0 mSv [ped]	5	5	1	0	1	3	3	5	0	0	0
		References		Study	y Quality										
		20 (28785465)			4										
CT heart function and morphology with IV contrast	May approp	Limited	≎≎≎≎ 10-3 mSv	30	4	4	0	1	1	7	4	0	0	0	0
		References		Study	y Quality							•			
		19 (31400060)			4										
Nuclear medicine ventriculography	May approp	Expert Consensus	≎≎≎ 1-10 mSv	⊕⊕⊕⊕ 3- 10 mSv [ped]	4	4	1	0	3	7	2	0	0	0	0
US echocardiography transthoracic stress	May approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	3	1	2	3	3	1	0	0	0
CT chest with IV contrast	Usually approp	Expert Consensus	≎≎≎ 1-10 mSv	⊕⊕⊕⊕ 3- 10 mSv [ped]	3	3	3	3	3	3	1	0	1	0	0
CT chest without IV contrast	Usually approp	Expert Consensus	��� 1-10 mSv		3	3	4	3	3	2	1	0	1	0	0
CT chest without and with IV contrast	Usually approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	4	3	3	2	1	0	1	0	0
MRI heart function with stress without and with IV contrast	Usually approp	Limited	O 0 mSv	O 0 mSv [ped]	3	3	4	2	3	3	0	1	0	0	0
	·	References		Study	y Quality										

4

20 (28785465)

US echocardiography transesophageal	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	6	0	5	2	0	0	0	0	0
CTA coronary arteries with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	5	4	1	0	3	0	0	0	0
CT coronary calcium	Usually not appropriate	Expert Consensus	��� 1-10 mSv		2	2	7	1	3	1	1	0	1	0	0
MRA coronary arteries without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	7	2	3	0	1	0	1	0	0
FDG-PET/CT heart	Usually not appropriate	Expert Consensus	���� 10-30 mSv	���� 3- 10 mSv [ped]	2	2	7	1	1	1	3	0	0	0	1
Arteriography coronary	Usually not appropriate	Expert Consensus	≎≎≎ 1-10 mSv		1	1	8	4	1	0	0	0	0	0	0
Rb-82 PET/CT MPI rest and stress	Usually not appropriate	Expert Consensus	���� 10-30 mSv		1	1	7	5	0	1	0	0	0	0	0
SPECT or SPECT/CT MPI rest and stress	Usually not appropriate	Expert Consensus	ଫଫଫଫ 10-30 mSv	����� 10-30 mSv [ped]	1	1	8	3	1	1	0	0	0	0	0

Variant 2: Adult. Known heart failure. Unknown etiology. Initial imaging.

n 1	Appropriateness	COF	A L L DDI	D I DDI	D 41	N. 6 11			F	inal '	Гаbи	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
MRI heart function and morphology without and with IV contrast	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	8	8	0	0	0	0	1	0	2	7	4

References	Study Quality
48 (19755468)	2
47 (26251006)	2
49 (21900085)	2
50 (21789747)	1

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		46 (30152581)			3										
		51 (34936084)			3										
		45 (33673946)			4										
		53 (31910649)			2										
		52 (29321034)			3					1	1				
US echocardiography transthoracic resting	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	8	8	0	0	1	0	2	1	3	3	4
		References		Study	Quality										
		64 (32558395)			2										
CTA coronary arteries with IV contrast	Usually appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	7	7	1	0	0	1	0	1	5	5	1
		References		Study	Quality										
		39 (23759285)			2										
		38 (25281557)			3										
		19 (31400060)			4										
MRI heart function and morphology without IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	2	5	2	5	0
		References		Study	Quality										
		45 (33673946)			4										
MRI heart function with stress without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	1	0	1	2	6	3	1
		References		Study	Quality										
		54 (33472397)			2										
US echocardiography transthoracic stress	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	0	1	11	1	0
		References		Study	Quality										
		67 (21685198)			4										
		66 (22291430)			2										
		68 (30451399)			3										
		65 (28327159)			4										
															

SPECT or SPECT/CT MPI rest and stress	Usua approp	lly riate	Strong	���� 10- mSv	30	����� 10-30 mSv [ped]	7	7	0	0	0	0	3	3	5	3	0
			References			Study	Quality										
			56 (23990345)				4										
			62 (24948152)				4										
			63 (27331209)				3										
			60 (30815834)				3										
			61 (34344513)				2										
			57 (9832104)				2										
			58 (15219501)				3										
			59 (19152132)				2										
CT heart function and morphology with IV contrast	May approp	be riate	Limited	���� 10- mSv	30	���� 3- 10 mSv [ped]	5	5	1	0	0	5	4	0	4	0	0
			References			Study	Quality										
			19 (31400060)				4										
			40 (32548777)				4										
			41 (25727003)				4										
Arteriography coronary	May approp		Limited	��� 1-10 mSv	0		5	5	0	0	0	1	6	4	1	1	0
			References			Study	Quality		-								
			35 (22499335)				4										
			1 (35363499)				4										
US echocardiography transesophageal	May approp	be riate	Expert Consensus	O 0 mSv	/	O 0 mSv [ped]	5	5	0	0	0	4	6	2	0	1	0
FDG-PET/CT heart	May approp		Limited	���� 10- mSv	30	���� 3- 10 mSv [ped]	5	5	0	0	0	4	5	4	0	0	0
			References			Study	Quality										
			44 (32670472)				4										
			42 (35579526)			C	Good										

		42 (22 (00 4 5 5)			4										
		43 (33688455)			4				1						
Rb-82 PET/CT MPI rest and stress	May approp	Limited	���� 10-30 mSv		5	5	0	0	0	6	5	2	0	0	0
		References		Study	y Quality										
		55 (30902043)			3										
CT coronary calcium	Usuall approp	Strong	≎≎≎ 1-10 mSv		3	3	3	1	5	3	1	0	0	0	0
		References		Study	y Quality										
		39 (23759285)			2										
		36 (21257010)			2										
		37 (28041705)			4										
		38 (25281557)			3		a.								
CT chest with IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	5	2	5	1	1	0	0	0	0
MRA coronary arteries without and with IV contrast	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	5	1	7	0	0	0	0	0	0
CT chest without IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	2	4	1	0	0	0	0	0
CT chest without and with IV contrast	Usuall; approp	Expert Consensus	��� 1-10 mSv		2	2	5	4	3	1	1	0	0	0	0
Nuclear medicine ventriculography	Usuall approp	Expert Consensus	��� 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	2	2	5	2	6	0	0	0	0	0	0
Radiography chest	Usuall approp	Expert Consensus	≎ <0.1 mSv		2	2	4	3	6	0	0	0	0	0	0

Variant 3: Adult. Known heart failure. Follow-up imaging.

	Appropriateness								F	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
US echocardiography transthoracic resting	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	9	9	0	0	0	0	0	1	3	3	7
		References		Study	Quality										
		82 (15808765)			3										
		83 (25783858)			3										
		87 (21029826)			1										
		81 (25355298)			4										
		27 (26559428)			4										
		89 (21788358)			2										
		84 (33533883)			3										
		85 (32563496)			3										
		88 (31074794)			2										
		86 (32004243)		1	3					1	1				
MRI heart function and morphology without IV contrast	Usually appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	7	7	0	0	1	0	2	1	7	3	0
MRI heart function and morphology without and with IV contrast	Usually appropriate	Moderate	O 0 mSv	O 0 mSv [ped]	7	7	0	0	1	0	1	1	5	3	3
		References		Study	Quality				-						
		73 (28017348)		(Good										
		74 (21911738)			2										
		72 (33221422)		(Good										
		75 (32312112)			3										
MRI heart function with stress without and with IV contrast	Usually appropriate	Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	1	0	3	2	5	1	2
		References		Study	Quality										
		78 (18634983)			3										
		76 (32771575)			3										
		77 (34419409)			2										

US echocardiography transthoracic stress	Usually appropriate	Strong	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	2	5	4	1	2
		References		Stud	y Quality										
		93 (26082167)			2										
		90 (16098295)			2										
		91 (19609896)			2										
		92 (17336751)			2										
		94 (30777323)			2										
		80 (31376903)			4										
CT heart function and morphology with IV contrast	May be appropriate	Expert Consensus	���� 10-3 mSv	0	5	5	0	0	0	4	9	0	0	0	0
Nuclear medicine ventriculography	May be appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	0	0	1	2	5	5	0	0	0
Radiography chest	May be appropriate	Limited	⊕ <0.1 mS\	v <0.03 mSv [ped]	5	5	0	1	0	4	7	0	1	0	0
		References		Stud	y Quality										
		79 (6507238)			3										
FDG-PET/CT heart	May be appropriate	Moderate	≎≎≎≎ 10-3 mSv	0	5	5	0	0	0	4	7	1	1	0	0
		References		Stud	y Quality										
		69 (32771569)			3										
		70 (31233411)			4										
		71 (27609816)			2										
Rb-82 PET/CT MPI rest and stress	May be appropriate	Limited	���� 10-3 mSv	0	5	5	0	1	0	3	4	1	4	0	1
		References		Stud	y Quality										
		80 (31376903)			4										

SPECT or SPECT/CT MPI rest and stress	May approp	Limited	୫୫୫୫ 10-30 mSv	����� 10-30 mSv [ped]	5	5	1	0	0	5	6	1	0	0	0
		References		Study	Quality										
		80 (31376903)			4										
CTA coronary arteries with IV contrast	Usuall approp	Expert Consensus	≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	5	1	6	0	0	1	0	0	0
US echocardiography transesophageal	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	2	4	2	4	1	0	0	0	0
CT chest with IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	6	5	2	0	0	0	1	0	0
CT chest without IV contrast	Usuall approp	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	6	5	2	0	0	1	0	0	0
CT chest without and with IV contrast	Usuall approp	Expert Consensus	≎⊕ ⊕ 1-10 mSv	���� 3- 10 mSv [ped]	2	2	6	5	2	0	0	0	1	0	0
MRA coronary arteries without and with IV contrast	Usuall approp	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	5	4	3	0	0	1	1	0	0
CT coronary calcium	Usuall approp	Expert Consensus	��� 1-10 mSv		1	1	8	3	1	0	0	1	1	0	0
Arteriography coronary	Usuall approp	Expert Consensus	��� 1-10 mSv		1	1	10	0	2	0	1	0	0	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.