

American College of Radiology ACR Appropriateness Criteria®

Imaging for Pulmonary Embolism, Known Clot

Variant 1: Adult. Known history of acute pulmonary embolism. Suspected recurrent or residual embolic disease. Initial imaging.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
CTA pulmonary arteries with IV contrast	Usually appropriate	Strong	⊕⊕⊕ 1-10 mSv		9	9	0	0	0	0	0	0	1	1	10
		References		Study Quality											
		21 (29846802)		2											
		19 (25445893)		2											
		17 (24147466)		2											
		14 (30962147)		2											
		15 (1732955)		4											
		16 (9280245)		3											
		18 (35774215)		2											
		20 (35738818)		4											
V/Q scan lung	Usually appropriate	Moderate	⊕⊕⊕ 1-10 mSv		7	7	0	0	0	1	3	2	2	4	0
		References		Study Quality											
		37 (17475953)		4											
		35 (18165667)		1											
		34 (19465853)		4											
		36 (18195380)		3											
MRA chest with IV contrast	Usually appropriate	Strong	○ 0 mSv	○ 0 mSv [ped]	7	7	0	0	0	0	4	2	6	0	0

		References	Study Quality													
		22 (12020524)	1													
		25 (21347594)	4													
		27 (21947513)	3													
		24 (23553735)	3													
		23 (20368649)	2													
		26 (21887483)	3													
V/Q scan with SPECT or SPECT/CT lung	Usually appropriate	Strong	☼☼☼ 1-10 mSv		7	7	0	0	0	1	2	2	2	4	1	
		References	Study Quality													
		41 (19525358)	2													
		38 (24852679)	2													
		39 (17625390)	2													
		43 (32198309)	2													
		42 (33433051)	Good													
		40 (37487880)	Good													
MRA chest without and with IV contrast	May be appropriate	Strong	○ ○ mSv	○ ○ mSv [ped]	6	6	1	0	0	0	5	1	5	0	0	
		References	Study Quality													
		22 (12020524)	1													
		25 (21347594)	4													
		27 (21947513)	3													
		23 (20368649)	2													
		28 (28116500)	2													
		26 (21887483)	3													
MRA chest without IV contrast	May be appropriate	Limited	○ ○ mSv	○ ○ mSv [ped]	4	4	0	3	0	5	5	0	0	0	0	
		References	Study Quality													
		28 (28116500)	2													
US echocardiography transthoracic resting	May be appropriate	Limited	○ ○ mSv	○ ○ mSv [ped]	4	4	1	2	3	3	2	1	0	0	0	

		References		Study Quality											
		32 (26669928)		3											
		31 (8752195)		2											
		33 (34875048)		4											
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	☹☹☹ 1-10 mSv	☹☹☹☹ 3-10 mSv [ped]	3	3	4	2	3	1	1	1	0	0	0
CT heart function and morphology with IV contrast	Usually not appropriate	Expert Consensus	☹☹☹☹ 10-30 mSv	☹☹☹☹ 3-10 mSv [ped]	3	3	5	1	3	2	0	0	1	0	0
Arteriography pulmonary	Usually not appropriate	Expert Consensus	☹☹☹☹ 10-30 mSv		3	3	1	4	3	2	1	0	1	0	0
Arteriography pulmonary with right heart catheterization	Usually not appropriate	Expert Consensus	☹☹☹☹ 10-30 mSv		3	3	3	2	4	0	2	0	1	0	0
MRI heart function and morphology without IV contrast	Usually not appropriate	Expert Consensus	○ ○ mSv	○ ○ mSv [ped]	3	3	2	2	6	1	1	0	0	0	0
MRI heart function and morphology without and with IV contrast	Usually not appropriate	Limited	○ ○ mSv	○ ○ mSv [ped]	3	3	2	2	4	3	1	0	0	0	0
		References		Study Quality											
		29 (36843875)		3											
CT chest with IV contrast	Usually not appropriate	Expert Consensus	☹☹☹ 1-10 mSv	☹☹☹☹ 3-10 mSv [ped]	2	2	2	5	5	1	0	0	0	0	0
US echocardiography transesophageal	Usually not appropriate	Limited	○ ○ mSv	○ ○ mSv [ped]	2	2	3	4	3	1	0	1	0	0	0
		References		Study Quality											
		32 (26669928)		3											
		31 (8752195)		2											
Radiography chest	Usually not appropriate	Limited	☹ <0.1 mSv	☹ <0.03 mSv [ped]	2	2	6	4	2	0	0	0	1	0	0
		References		Study Quality											
		30 (28060193)		4											

CT chest without IV contrast	Usually not appropriate	Expert Consensus	☹☹☹ 1-10 mSv	☹☹☹☹ 3-10 mSv [ped]	1	1	7	2	2	1	0	0	0	0	0
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Variant 2: Adult. Known chronic thromboembolic disease. Surveillance.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
CTA pulmonary arteries with IV contrast	Usually appropriate	Strong	☹☹☹ 1-10 mSv		9	9	0	0	0	1	0	1	1	3	6

	References		Study Quality	
	19 (25445893)		2	
	54 (27501891)		2	
	30 (28060193)		4	
	60 (27501896)		2	
	59 (34459967)		2	
	58 (32991219)		3	
	49 (33334946)		4	
	51 (34712746)		2	
	52 (30897932)		2	
	53 (7962789)		3	
	55 (35800352)		3	
	56 (37423613)		3	
	57 (33532057)		3	

MRA chest with IV contrast	May be appropriate	Strong	○ 0 mSv	○ 0 mSv [ped]	6	6	0	0	1	2	3	2	4	0	0
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	References		Study Quality	
	64 (30311032)		2	
	63 (26727392)		3	
	62 (32096280)		3	
	61 (15332240)		3	

Arteriography pulmonary with right heart catheterization	May be appropriate (Disagreement)	Expert Opinion	⚠⚠⚠⚠ 10-30 mSv		5	5	0	2	0	3	1	0	6	1	0
		References		Study Quality											
		47 (30545968)		4											
		48 (27327769)		3											
		49 (33334946)		4											
MRA chest without and with IV contrast	May be appropriate (Disagreement)	Expert Opinion	0 0 mSv	0 0 mSv [ped]	5	5	0	2	1	2	4	3	1	0	0
		References		Study Quality											
		64 (30311032)		2											
		63 (26727392)		3											
		62 (32096280)		3											
		61 (15332240)		3											
MRI heart function and morphology without IV contrast	May be appropriate	Strong	0 0 mSv	0 0 mSv [ped]	5	5	1	0	0	3	3	2	2	1	0
		References		Study Quality											
		68 (30790024)		2											
		69 (30159622)		2											
		12 (36372884)		3											
		66 (14760316)		3											
		67 (35111592)		3											
		70 (10478263)		3											
		71 (35185084)		4											
MRI heart function and morphology without and with IV contrast	May be appropriate (Disagreement)	Expert Opinion	0 0 mSv	0 0 mSv [ped]	5	5	0	2	2	3	1	5	0	0	0
		References		Study Quality											
		68 (30790024)		2											
		69 (30159622)		2											
		12 (36372884)		3											
		66 (14760316)		3											

			67 (35111592)		3														
			70 (10478263)		3														
			71 (35185084)		4														
V/Q scan lung	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗ 1-10 mSv		5	5	1	1	0	0	5	2	4	0	0				
		References		Study Quality															
			75 (32531708)		2														
			74 (35194769)		3														
			76 (2245685)		2														
US echocardiography transthoracic resting	May be appropriate (Disagreement)	Expert Opinion	○ ○ mSv	○ ○ mSv [ped]	5	5	0	1	0	4	2	2	0	4	0				
		References		Study Quality															
			72 (26476768)		2														
			73 (36265185)		1														
V/Q scan with SPECT or SPECT/CT lung	May be appropriate (Disagreement)	Expert Opinion	⊗⊗⊗ 1-10 mSv		5	5	1	1	0	0	5	2	4	0	0				
		References		Study Quality															
			77 (33688452)		2														
			78 (34785945)		2														
Arteriography pulmonary	May be appropriate	Limited	⊗⊗⊗⊗ 10-30 mSv		4	4	0	2	1	4	5	1	0	0	0				
		References		Study Quality															
			45 (25828726)		3														
			44 (27729418)		2														
			46 (37470202)		4														
CT chest with IV contrast	Usually not appropriate	Expert Consensus	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	3	3	4	1	4	1	1	0	1	0	0				
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	⊗⊗⊗ 1-10 mSv	⊗⊗⊗⊗ 3-10 mSv [ped]	3	3	4	2	4	2	0	0	0	0	0				

CT heart function and morphology with IV contrast	Usually not appropriate	Limited	☢☢☢☢ 10-30 mSv	☢☢☢☢☢ 3-10 mSv [ped]	3	3	1	2	5	0	4	0	0	0	0
		References		Study Quality											
		50 (22843839)		3											
		51 (34712746)		2											
MRA chest without IV contrast	Usually not appropriate	Limited	○ 0 mSv	○ 0 mSv [ped]	3	3	3	3	1	2	2	1	0	0	0
		References		Study Quality											
		65 (15844148)		3											
CT chest without IV contrast	Usually not appropriate	Expert Consensus	☢☢☢ 1-10 mSv	☢☢☢☢☢ 3-10 mSv [ped]	2	2	6	3	2	0	1	0	0	0	0
US echocardiography transesophageal	Usually not appropriate	Strong	○ 0 mSv	○ 0 mSv [ped]	2	2	4	4	2	3	0	0	0	0	0
		References		Study Quality											
		72 (26476768)		2											
		73 (36265185)		1											
Radiography chest	Usually not appropriate	Expert Consensus	☢ <0.1 mSv	☢ <0.03 mSv [ped]	2	2	5	2	3	0	1	0	1	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.