**American College of Radiology**  
**ACR Appropriateness Criteria®**

**Right Upper Quadrant Pain**

**Variant 1:** Right upper quadrant pain. Suspected biliary disease. Initial imaging.

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Variant 2: Right upper quadrant pain. No fever or high white blood cell (WBC) count. Suspected biliary disease. Negative or equivocal ultrasound.
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### Variant 4: Right upper quadrant pain. Suspected acalculous cholecystitis. Negative or equivocal ultrasound.

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Please refer to the supporting documentation for a more complete discussion of the concepts and their definitions below.

**Final Tabulations:** A histogram of the number of panel members who rated the recommendation as noted in the column heading (ie, 1, 2, 3, …etc.)

**Disagree:** The variation of the individual ratings from the median rating indicates panel disagreement on the final recommendation.

**References:** Lists the references associated with the recommendation.

**SQ:** Study Quality (1, 2, 3, 4, Good M or Inadequate M) of the references listed.

**RRL:** Information on the Relative Radiation Level (RRL) designations can be found [here](#).