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11 (24614544) | 4 |
9 (21772209)  | 4 |
13 (22698295) | 3 |
15 (23287107) | 3 |

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| 17 (25882280)                 | 2                 |

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Variant 2: Nontraumatic orbital asymmetry, exophthalmos, or enophthalmos. Initial imaging.
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  - 36 (18356442)
  - 35 (18071114)

| MRA head and neck without and with IV contrast | May be appropriate | Limited | ☢ 0 mSv | ☢ 0 mSv [ped] | 6 | 6 | 0 | 0 | 1 | 1 | 5 | 5 | 3 | 2 |

References
- Study Quality
  - 36 (18356442)
  - 35 (18071114)

| MRI head without and with IV contrast | May be appropriate | Expert Consensus | ☢ 0 mSv | ☢ 0 mSv [ped] | 6 | 6 | 0 | 1 | 0 | 1 | 6 | 11 | 0 | 0 | 0 |
| MRI orbits without IV contrast | May be appropriate | Limited | ☢ 0 mSv | ☢ 0 mSv [ped] | 6 | 6 | 0 | 0 | 1 | 1 | 4 | 11 | 2 | 0 | 0 |

References
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| MRA head and neck without IV contrast | May be appropriate (Disagreement) | Expert Opinion | ☢ 0 mSv | ☢ 0 mSv [ped] | 5 | 5 | 0 | 4 | 1 | 3 | 7 | 4 | 0 | 0 | 0 |

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35 (18071114) | 4

Variant 3: Suspected orbital cellulitis, uveitis, or scleritis. Initial imaging.
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**CT head with IV contrast**

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**MRA head and neck without IV contrast**

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**Arteriography cervicocerebral**

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| CTA head and neck with IV contrast | Usually not appropriate | Expert Consensus | ☢☢☢ 1-10 mSv | ☢☢☢ 3-10 mSv | 2 | 2 | 8 | 5 | 3 | 1 | 0 | 0 | 0 | 0 |
|-----------------------------------|-------------------------|-----------------|---------------|---------------|---|---|---|---|---|---|---|---|---|---|---|
| MRA head and neck without and with IV contrast | Usually not appropriate | Expert Consensus | 0 0 mSv | 0 0 mSv [ped] | 2 | 2 | 8 | 5 | 3 | 1 | 0 | 0 | 0 | 0 |
| MRA head and neck without IV contrast | Usually not appropriate | Expert Consensus | 0 0 mSv | 0 0 mSv [ped] | 2 | 2 | 8 | 6 | 2 | 1 | 0 | 0 | 0 | 0 |
| CT head without IV contrast | Usually not appropriate | Limited | ☢☢☢ 1-10 mSv | ☢☢☢ 0.3-3 mSv [ped] | 2 | 2 | 6 | 5 | 3 | 4 | 1 | 0 | 0 | 0 |

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Variant 5: Visual loss. Etiology identified on ophthalmologic examination or laboratory tests.

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Variant 6: Visual loss. Intraocular mass, optic nerve, or pre-chiasm symptoms. Initial imaging.
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Variant 7: Nonischemic visual loss. Chiasm or post-chiasm symptoms. Initial imaging.
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### Variant 8: Ophthalmoplegia or diplopia. Initial imaging.

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| MRI orbits without and with IV contrast | Usually appropriate | Limited | O 0 mSv   | O 0 mSv [ped] | 9      | 9      | 0  0  0  0  0  0  1  3  13 |

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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.