American College of Radiology®

PE-RADS™ v2026 Assessment Categories

Release Date: July 2026

PE-RADS Score	Findings	Management and Referral Considerations*	Additional Investigations Specific to PE Management
0			
PE-RADS 0	No acute PE present	Acute PE is not the cause of the patient's symptoms Consider alternative diagnosis	
1		Subsegmental	
PE-RADS 1	Acute PE is present	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms and VTE risk factors	Consider lower extremity venous imaging in isolated subsegmental PE to inform anticoagulation management vs. surveillance
PE-RADS 1 RV+	Acute PE is present Acute PE is unlikely the sole cause of RV enlargement	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms and VTE risk factors 3) Assessment of clinical symptoms including signs of RV failure and hemodynamic instability	Consider dedicated workup for etiology of RV enlargement (eg, echocardiography and electrocardiogram)
2		Segmental	
PE-RADS 2	Acute PE is present	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms and VTE risk factors	
PE-RADS 2 RV+	Acute PE is present Acute PE may be the cause of RV enlargement if there is extensive obstructive thrombus present	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms and VTE risk factors 3) Assessment of clinical symptoms including signs of RV failure and hemodynamic instability	Consider dedicated cardiovascular assessment (eg, echocardiography and electrocardiogram)
3		Lobar	
PE-RADS 3	Acute PE is present	1) Anticoagulation and bleeding risk† 2) PE risk stratification‡	
PE-RADS 3 RV+	Acute PE is present Acute PE may be the major contributing cause of RV enlargement	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms including signs of RV failure and hemodynamic instability 3) PE risk stratification‡ 4) Assessment for reperfusion therapy† 5) PE specialist consultation§	**Recommend dedicated cardiovascular assessment (eg, echocardiography and electrocardiogram)**

4			
		Central	
PE-RADS 4	Acute PE is present	1) Anticoagulation and bleeding risk† 2) PE risk stratification‡	
PE-RADS 4 RV+	Acute PE is present Acute PE is likely a major contributing cause of RV enlargement	1) Anticoagulation and bleeding risk† 2) Assessment of clinical symptoms, including signs of RV failure and hemodynamic instability 3) PE risk stratification‡ 4) Assessment for reperfusion therapy† PE specialist consultation§	Recommend dedicated cardiovascular assessment (eg, echocardiography and electrocardiogram)

PE-RADS Modifier		Findings	Management and Referral Considerations*	Additional Investigations Specific to PE Management
Thrombus May add to score 0-4	T+	Thrombus identified in the right atrium and/or right ventricle	PE specialist consultation§ Cardiac intervention or surgical or vascular interventional radiology consultation if thrombus is traversing patent foramen ovale	Recommend dedicated cardiovascular assessment (eg, echocardiography and electrocardiogram)
Non-diagnostic	N	Cannot exclude presence of PE at any level		Consider alternative imaging or repeat CT/MR angiography
Limited	L	No PE identified but study is limited at the segmental or subsegmental arteries	Per definition, classified as PE-RADS 0L; determine next steps based on clinical assessment	

Note — Ordinal score for anatomic location/exception/right ventricle (RV)/thrombus (T) would be preferred order for reporting. Exceptions should be used in place of an anatomic location if no acute pulmonary embolism (PE) is present or can be added if acute PE is present and there is an additional exception also present, in which case the pathology for the exception should be clearly stated and included in the final classification. Use of non-diagnostic instead of an ordinal number or limited in conjunction with an ordinal number of 0 should only be used if no definitive acute PE is identified: N/(RV/T) or 0L/(RV/T). 0L indicates no acute PE identified, with the study limited in assessment at segmental or subsegmental levels. If there are limitations in image quality (ie, noise, artifacts, etc.) and acute PE is identified, the N notation should not be used. RV enlargement (RV+) and thrombus present in the RV or right atrium (T+) descriptors are only used if RV to left ventricle ratio is equal to or greater than 1.0 or a thrombus is definitely identified. VTE 16= venous thromboembolism.

* Management considerations are on a population basis to provide guidance for next step management; management for specific patients must include patient-specific factors.

† Anticoagulation and/or reperfusion therapy should be considered in the context of individual patient bleeding risk assessment.

‡ PE risk stratification performed with a clinical risk prediction score to guide treatment.

§ PE specialist consultation (ie, critical care, pulmonary, hematology, cardiology, interventional radiology, or PE response team).