American College of Radiology™

PE-RADS™ v2026 Lexicon

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Term	Definition	Clinical Implication
	Image Quality	
Optimal Diagnostic	Examination can assess pulmonary arteries to the subsegmental levels. Homogeneous attenuation of contrast attained to the subsegmental pulmonary arteries without artifact obscuring the vessel lumen	Ability to exclude presence of PE to the subsegmental pulmonary arteries
Limited /Sub-optimal	Examination can assess pulmonary arteries to the lobar level. Image quality concerns are limited to segmental and subsegmental pulmonary arteries	Reduced sensitivity and specificity for excluding PE at segmental and/or subsegmental levels
Non-diagnostic	Examination cannot exclude pulmonary embolus at the central or lobar levels. Image quality concerns present at the central levels of the pulmonary arteries	This should be used if there is an inability to exclude PE at main or lobar levels
	Pulmonary Embolism	
Acute	Round or tubular filling defect with well-defined borders located within the vessel lumen. Centrally located within the lumen, and when occlusive, the embolus may expand the affected vessel. Density is typically 40–70 HU for CT	Within 14 days
Subacute	Tubular or elliptical filling defect within vessel lumen. No expansion of the vessel	2-12 weeks
Chronic	Filling defects with vessel lumen at site of prior acute PE. Central or peripherally located. No expansion of the vessel. Linear filling defects, occluded small vessels	Greater than 12 weeks
	Heart	
Right Ventricle Enlargement	Right ventricle is the same size as, or larger than, the left ventricle*	
Right Heart Thrombus	Filling defect of variable size or morphology within right atrium or ventricle, distinguishable from trabeculations, mixing artifacts, and non-acute etiologies (eg, foreign body)	

* In the setting of right ventricular hypertrophy, enlargement may reflect chronic pressure elevation; without prior imaging, this should be noted as possibly long-standing.