American College of Radiology
ACR Appropriateness Criteria®

Nonvariceal Upper Gastrointestinal Bleeding

Variant: 1 Adult. Suspected nonvariceal upper gastrointestinal bleeding; no endoscopy performed. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
CTA abdomen and pelvis without and with IV contrast	Usually Appropriate	☢☢☢☢
Arteriography visceral	May Be Appropriate	☢☢☢
Fluoroscopy upper GI series	Usually Not Appropriate	☢☢☢
MR enterography	Usually Not Appropriate	O
CT abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without IV contrast	Usually Not Appropriate	☢☢☢
CTA abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest without and with IV contrast	Usually Not Appropriate	☢☢☢
RBC scan abdomen and pelvis	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CT abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CT enterography	Usually Not Appropriate	☢☢☢☢
CTA abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢☢
CTA abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢

Variant: 2 Adult. Endoscopy confirms nonvariceal upper gastrointestinal bleeding with a clear source, but treatment not possible or continued bleeding after endoscopic treatment. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
Arteriography visceral	Usually Appropriate	☢☢☢
CTA abdomen and pelvis without and with IV contrast	Usually Appropriate	☢☢☢☢
CTA chest without and with IV contrast	May Be Appropriate	☢☢☢
CTA abdomen without and with IV contrast	May Be Appropriate	☢☢☢☢
Fluoroscopy upper GI series	Usually Not Appropriate	☢☢☢
MR enterography	Usually Not Appropriate	O
CT abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without IV contrast	Usually Not Appropriate	☢☢☢
CTA abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest with IV contrast	Usually Not Appropriate	☢☢☢
RBC scan abdomen and pelvis	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☢☢☢☢

CT abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CT enterography	Usually Not Appropriate	☢☢☢☢
CTA abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢☢

Variant: 3 Adult. Endoscopy confirms nonvariceal upper gastrointestinal bleeding without a clear source. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
CTA abdomen and pelvis without and with IV contrast	Usually Appropriate	☢☢☢☢
Arteriography visceral	May Be Appropriate	☢☢☢
CTA chest without and with IV contrast	May Be Appropriate	☢☢☢
RBC scan abdomen and pelvis	May Be Appropriate	☢☢☢
CT enterography	May Be Appropriate	☢☢☢☢
Fluoroscopy upper GI series	Usually Not Appropriate	☢☢☢
MR enterography	Usually Not Appropriate	O
CT abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without IV contrast	Usually Not Appropriate	☢☢☢
CTA abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CT abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CTA abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢☢
CTA abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢

Variant: 4 Adult. Nonvariceal upper gastrointestinal bleeding; negative endoscopy. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
CT enterography	Usually Appropriate	☢☢☢☢
CTA abdomen and pelvis without and with IV contrast	Usually Appropriate	☢☢☢☢
MR enterography	May Be Appropriate	O
RBC scan abdomen and pelvis	May Be Appropriate	☢☢☢
CT abdomen and pelvis without and with IV contrast	May Be Appropriate	☢☢☢☢
CTA abdomen without and with IV contrast	May Be Appropriate (Disagreement)	☢☢☢☢
Arteriography visceral	Usually Not Appropriate	☢☢☢
Fluoroscopy upper GI series	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without IV contrast	Usually Not Appropriate	☢☢☢
CTA abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest without and with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢

CTA abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢☢

<u>Variant: 5</u> Adult. Postsurgical or traumatic causes of nonvariceal upper gastrointestinal bleeding. Endoscopy is contraindicated. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
Arteriography visceral	Usually Appropriate	☢☢☢
CTA abdomen and pelvis without and with IV contrast	Usually Appropriate	☢☢☢☢
CT abdomen and pelvis with IV contrast	May Be Appropriate	☢☢☢
CTA chest without and with IV contrast	May Be Appropriate	☢☢☢
CT abdomen and pelvis without and with IV contrast	May Be Appropriate	☢☢☢☢
CT enterography	May Be Appropriate	☢☢☢☢
Fluoroscopy upper GI series	Usually Not Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CT abdomen without IV contrast	Usually Not Appropriate	☢☢☢
CTA abdomen with IV contrast	Usually Not Appropriate	☢☢☢
CTA chest with IV contrast	Usually Not Appropriate	☢☢☢
RBC scan abdomen and pelvis	Usually Not Appropriate	☢☢☢
CT abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢
CTA abdomen and pelvis with IV contrast	Usually Not Appropriate	☢☢☢☢
CTA abdomen without and with IV contrast	Usually Not Appropriate	☢☢☢☢

Panel Members

Summary of Literature Review

Introduction/Background

Special Imaging Considerations

Initial Imaging Definition

Discussion of Procedures by Variant

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.

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A. Arteriography Visceral

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
B. CT Abdomen and Pelvis With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
C. CT Abdomen and Pelvis Without and With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
D. CT Abdomen and Pelvis Without IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
E. CT Abdomen With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
F. CT Abdomen Without and With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
G. CT Abdomen Without IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
H. CT Enterography

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
I. CTA Abdomen and Pelvis With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
J. CTA Abdomen and Pelvis Without and With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
K. CTA Abdomen With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
L. CTA Abdomen Without and With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
M. CTA Chest With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
N. CTA Chest Without and With IV Contrast

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
O. Fluoroscopy Upper GI Series

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
P. MR Enterography

Variant 1: Endoscopy is the usual first test in patients presenting with overt or occult UGIB [6]. This variant is applicable to a clinical scenario in which a patient presents clinically with overt UGIB and initial endoscopy was not performed due to large volume bleeding or clinical instability.
Q. RBC Scan Abdomen and Pelvis

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive

treatment of the bleeding was not possible or there is continued bleeding after treatment.

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. A. Arteriography Visceral

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. B. CT Abdomen and Pelvis With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. C. CT Abdomen and Pelvis Without and With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. D. CT Abdomen and Pelvis Without IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. E. CT Abdomen With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. F. CT Abdomen Without and With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. G. CT Abdomen Without IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. H. CT Enterography

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. I. CTA Abdomen and Pelvis With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment. J. CTA Abdomen and Pelvis Without and With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
K. CTA Abdomen With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
L. CTA Abdomen Without and With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
M. CTA Chest With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
N. CTA Chest Without and With IV Contrast

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
O. Fluoroscopy Upper GI Series

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
P. MR Enterography

Variant 2: This variant is applicable in a clinical scenario when the patient had endoscopy performed, which diagnosed the upper GI tract as the source of bleed, but definitive treatment of the bleeding was not possible or there is continued bleeding after treatment.
Q. RBC Scan Abdomen and Pelvis

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
A. Arteriography Visceral

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
B. CT Abdomen and Pelvis With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these

patients typically present with overt GIB.
C. CT Abdomen and Pelvis Without and With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
D. CT Abdomen and Pelvis Without IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
E. CT Abdomen With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
F. CT Abdomen Without and With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
G. CT Abdomen Without IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
H. CT Enterography

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
I. CTA Abdomen and Pelvis With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
J. CTA Abdomen and Pelvis Without and With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
K. CTA Abdomen With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
L. CTA Abdomen Without and With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.

M. CTA Chest With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
N. CTA Chest Without and With IV Contrast

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
O. Fluoroscopy Upper GI Series

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
P. MR Enterography

Variant 3: This variant is applicable to clinical scenario in which endoscopy shows UGIB but the site or source of the bleeding cannot be determined on endoscopy. Clinically, these patients typically present with overt GIB.
Q. RBC Scan Abdomen and Pelvis

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
A. Arteriography Visceral

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
B. CT Abdomen and Pelvis With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
C. CT Abdomen and Pelvis Without and With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite

complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
D. CT Abdomen and Pelvis Without IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
E. CT Abdomen With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
F. CT Abdomen Without and With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
G. CT Abdomen Without IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
H. CT Enterography

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
I. CTA Abdomen and Pelvis With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
J. CTA Abdomen and Pelvis Without and With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which

may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
K. CTA Abdomen With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
L. CTA Abdomen Without and With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
M. CTA Chest With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
N. CTA Chest Without and With IV Contrast

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
O. Fluoroscopy Upper GI Series

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
P. MR Enterography

Variant 4: This variant is applicable to patients with no clear source of bleeding despite complete endoscopic evaluation. Clinically, these patients can have obscure bleeding (which may be noted in the form of visible passage of blood or melena or occult bleeding, unexplained iron deficiency anemia, or guaiac-positive stools without visible passage of blood). Small bowel pathology is the frequent source of bleeding in these patients.
Q. RBC Scan Abdomen and Pelvis

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
A. Arteriography Visceral

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
B. CT Abdomen and Pelvis With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
C. CT Abdomen and Pelvis Without and With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
D. CT Abdomen and Pelvis Without IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
E. CT Abdomen With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
F. CT Abdomen Without and With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
G. CT Abdomen Without IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
H. CT Enterography

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
I. CTA Abdomen and Pelvis With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
J. CTA Abdomen and Pelvis Without and With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
K. CTA Abdomen With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
L. CTA Abdomen Without and With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
M. CTA Chest With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
N. CTA Chest Without and With IV Contrast

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
O. Fluoroscopy Upper GI Series

Variant 5: This variant is applicable to postsurgical or trauma patients with UGIB, contraindicated to upper GI endoscopy.
P. RBC Scan Abdomen and Pelvis

Summary of Recommendations

Supporting Documents

The evidence table, literature search, and appendix for this topic are available at https://acsearch.acr.org/list. The appendix includes the strength of evidence assessment and the final rating round tabulations for each recommendation.

For additional information on the Appropriateness Criteria methodology and other supporting documents, please go to the ACR website at https://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/Appropriateness-Criteria.

Appropriateness Category Names and Definitions

Appropriateness Category Name	Appropriateness Rating	Appropriateness Category Definition
Usually Appropriate	7, 8, or 9	The imaging procedure or treatment is indicated in the specified clinical scenarios at a favorable risk-benefit ratio for patients.
May Be Appropriate	4, 5, or 6	The imaging procedure or treatment may be indicated in the specified clinical scenarios as an alternative to imaging procedures or treatments with a more favorable risk-benefit ratio, or the risk-benefit ratio for patients is equivocal.
May Be Appropriate (Disagreement)	5	The individual ratings are too dispersed from the panel median. The different label provides transparency regarding the panel's recommendation. "May be appropriate" is the rating category and a rating of 5 is assigned.
Usually Not Appropriate	1, 2, or 3	The imaging procedure or treatment is unlikely to be indicated in the specified clinical scenarios, or the risk-benefit ratio for patients is likely to be unfavorable.

Relative Radiation Level Information

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Disclaimer

The ACR Committee on Appropriateness Criteria and its expert panels have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified medical condition(s). These criteria are intended to guide radiologists, radiation oncologists and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patient's clinical condition should dictate the selection of appropriate imaging procedures or treatments. Only those examinations generally used for evaluation of the patient's condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document. The availability of equipment or personnel may influence the selection of appropriate imaging procedures or treatments. Imaging techniques classified as investigational by the FDA have not been considered in developing these criteria; however, study of new equipment and applications should be encouraged. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination.

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