

Table 4. V/Q Scanning, Pretest Probability for PE*, and Incidence of PE

Scan Report	Incidence of PE
<i>Overall performance</i>	
Normal scan	<<1%
Low probability scan	14%
Intermediate probability scan	30%
High probability scan	90%
<i>Low clinical likelihood</i>	
Normal scan	<<1%
Low probability scan	4%
Intermediate probability scan	16%
High probability scan	80%
<i>High clinical likelihood</i>	
Normal scan	<1%
Low probability scan	14%
Intermediate probability scan	66%
High probability scan from PIOPED data	>90%

* For pretest probability, see Table 5.

Table 5: Wells' Criteria for Assessment of Pretest Probability for Pulmonary Embolism

Criteria	Points
Clinical signs and symptoms of DVT (objectively measured calf swelling and pain with palpation in the deep vein region)	3.0
An alternative diagnosis is less likely than PE	3.0
Heart rate >100 beats per minute	1.5
Immobilization or surgery in the previous four weeks	1.5
Previous DVT or PE	1.5
Hemoptysis	1.0
Malignancy (on treatment, treated in the past six months, or palliative care)	1.0

Interpretation of Point Total

Score	Mean Probability	Risk
<2 points	3.6	Low
2 to 6 points	20.5	Moderate
>6 points	66.7	High

From Wells et al., Ann Int Med 2001;135:98-107.

Figure 1. Algorithm for the Diagnosis of Pulmonary Embolism
(see Table 4 for test characteristics of V/Q scan and Table 5 for Wells score for PE)

