

Diagnostic Testing for Suspected PAD

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History and physical examination suggestive of PAD without rest pain, nonhealing wound, or gangrene (Table 4) → Suspect CLI (Figure 2)

ABI with or without segmental limb pressures and waveforms (Class I)

Noncompressible arteries
ABI: >1.40

Normal ABI: 1.00–1.40
Borderline ABI: 0.91–0.99

Abnormal ABI: ≤0.90

TBI (Class I)

Normal (>0.70) | Abnormal (≤0.70)

Exertional non-joint related leg symptoms

Yes | No

Exercise ABI (Class I)

Search for alternative diagnosis (Table 5)

Exercise ABI (Class IIa)

Search for alternative diagnosis (Table 5)

Lifestyle-limiting claudication despite GDMT, revascularization considered

Yes | No

Continue GDMT (Class I)

Options

Anatomic assessment:
• Duplex ultrasound
• CTA or MRA (Class I)

Anatomic assessment:
• Invasive angiography (Class IIa)

Do not perform invasive or noninvasive anatomic assessments for asymptomatic patients (Class III: Harm)

Colors correspond to Class of Recommendation in Table 1.

ABI indicates ankle-brachial index; CLI, critical limb ischemia; CTA, computed tomography angiography; GDMT, guideline-directed management and therapy; MRA, magnetic resonance angiography; PAD, peripheral artery disease; and TBI, toe-brachial index.