

Currently Accepted Indications for Outpatient Cardiac MRI

Acute systolic heart failure, cause unknown (LVEF <40%)

? Acute inflammatory myocarditis/cardiac sarcoidosis *

? Acute stress/Takotsubo cardiomyopathy (LVEF <40%)

? Acute/Constrictive pericarditis

? Intracavitary thrombus

Recent sudden cardiac arrest, VT/VF

High-risk genetic cardiomyopathy **

Coronary artery disease, viability assessment

? or Known Iron Overload

New systolic heart dysfunction, cause unknown (LVEF 40-50%)

Suspected non-ischemic cardiomyopathy, non-acute, new Dx (LVEF <50%)

Known non-ischemic cardiomyopathy, clinical worsening (LVEF <40%)

LVH, ? HCM vs other, wall thickness > 17 mm on echo (new diagnosis only)

? Cardiac amyloidosis (new diagnosis only)

? Shunt or congenital heart disease (new diagnosis only)

Congenital heart disease, considering intervention

Cardiac/pericardial mass (new diagnosis only)

* Criteria for cardiac sarcoidosis:

- Cardiac involvement is suspected in a new sarcoid patient
- Unexplained AV block (age < 60 yrs) or VTs (pre)Syncope
- New (delta) high-grade AV block (<60 yrs)
- New onset ventricular arrhythmias in patients with known sarcoid
- NO routine CMR f/u in stable, asymptomatic patients (no changes in ECG, echo, etc.)

* Criteria for high-risk genetic cardiomyopathy:

- New diagnosis for baseline scan AND
- High risk variant (FLNC, DES, DSP, PLN, LMNA, TMEM43, and RBM20) OR muscular dystrophy
- NO routine CMR f/u in stable, asymptomatic patients (no changes in ECG, echo, etc.)

Some indications may only be approved if ordered by certain specialists.