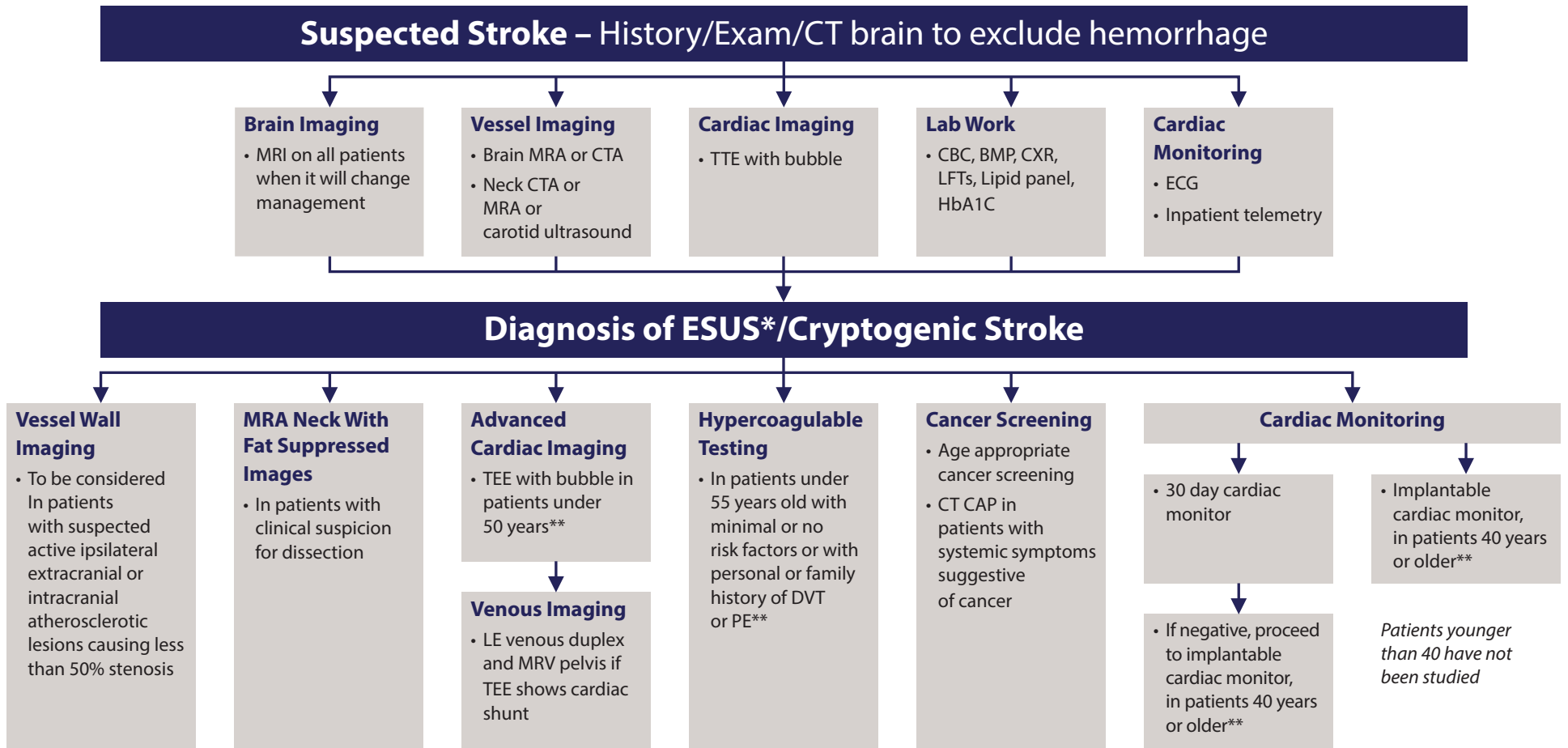


# Cryptogenic Stroke Pathway



CT: Computerized Tomography; MRI: Magnetic Resonance Imaging; MRA: Magnetic Resonance Angiography, CTA: Computerized Tomography Angiography; TTE: Transthoracic Echocardiography; CBC: Complete Blood Count; BMP: Basic Metabolic Panel, CXR: Chest X-Ray; LFTs: Liver Function Tests, HbA1C: Hemoglobin A1C, ECG: Electrocardiogram; TEE: Transesophageal Echocardiography; LE: Lower Extremity; MRV: Magnetic Resonance Venography; ILR: Implantable Loop Recorder; AF: Atrial Fibrillation; DVT: Deep Venous Thrombosis; PE: Pulmonary Embolism; CAP: Chest/Abdomen/Pelvis.

## Criteria for Diagnosis of Embolic Stroke of Undetermined Source (ESUS)\*

1. Ischemic stroke detected by CT or MRI that is not lacunar†
2. Absence of extracranial or intracranial atherosclerosis causing  $\geq 50\%$  luminal stenosis in arteries supplying the area of ischemia
3. No major risk cardioembolic source of embolism‡
4. No other specific cause of stroke identified (eg, arteritis, dissection, migraine/vasospasm, and drug abuse)

CT indicates computed tomography; and MRI, indicates magnetic resonance imaging.

\* Requires minimum diagnostic evaluation that includes cardiac rhythm monitoring for  $>24$  hours with automated rhythm detection.

\*\* Population recommendation based on data when available and decisions should be made based on clinical suspicion/judgement.

† Lacunar defined as a subcortical infarct  $\leq 1.5$  cm ( $\leq 2.0$  cm on MRI diffusion images) in largest dimension, including on MRI diffusion-weighted images, and in the distribution of the small, penetrating cerebral arteries of the cerebral hemispheres and pons.

‡ Permanent or paroxysmal atrial fibrillation, sustained atrial flutter, intracardiac thrombus, prosthetic cardiac valve, atrial myxoma or other cardiac tumors, mitral stenosis, recent ( $<4$  weeks) myocardial infarction, left ventricular ejection fraction  $<30\%$ , valvular vegetations, or infective endocarditis.