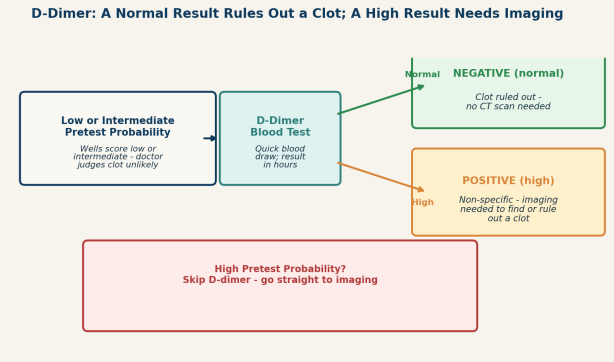
Your D-Dimer Blood Test Result

What This Test Means, Why a Normal Result Is Good News, and Why a High Result Usually Does NOT Mean You Have a Clot

The D-dimer test looks for signs of clotting in your blood. A normal result is good news. It makes a clot very unlikely. A high result is common. Most of the time it is not a clot at all. It just means you may need one more test.



Online: https://go.riasalimd.com/d-dimer-guide

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Last Updated: August 2026

Names & Terms You Will Hear

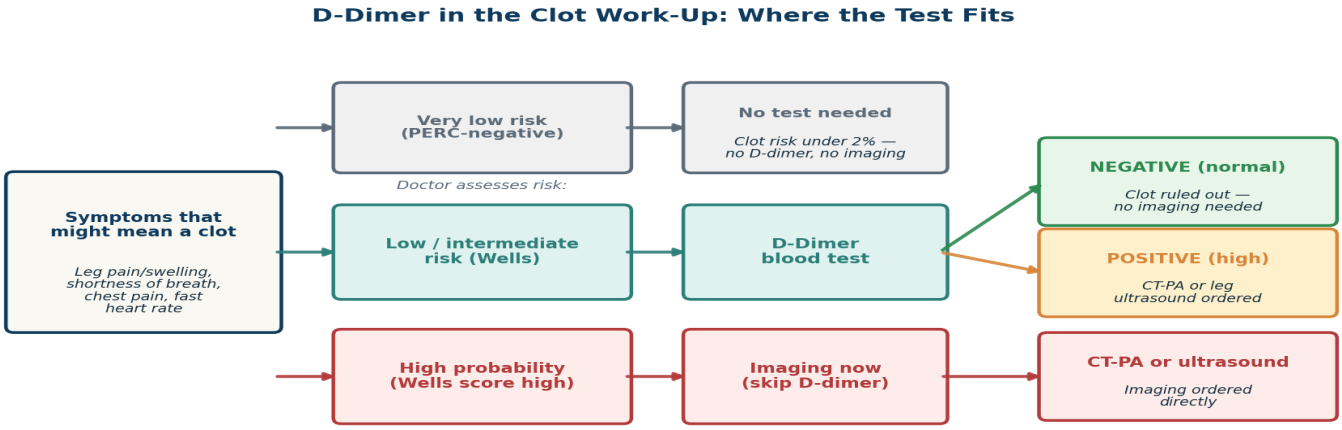
Term	Meaning
D-dimer	A tiny bit of protein left in your blood when a clot breaks down. Your body makes and breaks down small clots all the time. So you always have a little D-dimer. A high level means more clot break-down than normal.
Fibrin degradation product	Another name for D-dimer. Fibrin is the protein that holds a clot together. When a clot breaks down, fibrin breaks into bits. One of those bits is D-dimer.
Negative (normal) D-dimer	A result below the cut-off. If your clot risk is low or medium, a normal result is strong proof you do not have a clot. You do not need a scan.
Positive (high) D-dimer	A result above the cut-off. This does NOT mean you have a clot. It means something is breaking down more clots than usual. Many things can do this. A scan is the next step to look for a clot.
Pretest probability	How likely a clot is before the test is run. Your doctor judges this from your signs and your past health. The Wells score helps. D-dimer works best when this risk is low or medium. When it is high, you get a scan right away.
Wells score	A simple score doctors use to guess how likely a clot is. It uses your risk factors and your signs. A low or medium score is when D-dimer helps the most.
Age-adjusted cut-off	If you are over 50, the cut-off for a normal result goes up. The new cut-off is your age times 10. D-dimer goes up with age on its own. This higher cut-off keeps the test useful in older people. It still does not miss real clots.
PERC rule	A list of 8 checks used in very-low-risk people. If you pass all 8 (no swollen leg, no recent surgery, heart rate under 100, and more), your clot risk is tiny. You do not even need a D-dimer.
PE (pulmonary embolism)	A blood clot in the lungs. Signs are sudden trouble breathing, chest pain, or a fast heart rate. D-dimer is often the first test to help rule this out in lower-risk people.

Term	Meaning
DVT (deep vein thrombosis)	A blood clot in a deep vein, most often in the leg. Signs are leg pain, swelling, and warmth. D-dimer can help rule out DVT in lower-risk people, along with a leg ultrasound.
FEU vs DDU units	Two ways labs report D-dimer. They use different scales. So 500 on one scale is not the same as 500 on the other. Your doctor knows which one your lab uses.

The one-line takeaway. A **normal D-dimer rules out a blood clot** if your risk is low or medium. You do not need a scan. A **high D-dimer** is **not specific**. Many things raise it besides a clot. So a high result means a scan is the next step. It does not mean you have a clot.

Your D-Dimer Blood Test Result?

- D-dimer is a tiny bit of protein. It shows up in your blood when a clot is breaking down. Your body makes and breaks down small clots all the time. So you always have a little. A high level means more clot break-down than normal.
- The test checks how much D-dimer is in your blood. It is a quick blood draw. You get the result in a few hours.
- D-dimer helps rule out blood clots. It is used most for a clot in the lungs (called PE) or a clot in a leg vein (called DVT). The key words are rule out.
- The test is very good at catching clots. It catches about 95 to 98 out of 100. It almost never misses one. So a normal result is good news if your risk is not high.
- The test has one weak point. A high result is often not a clot. Many other things raise it. These include older age, an infection, surgery, pregnancy, cancer, swelling, or a hospital stay. So a high result does NOT prove you have a clot.
- Put these together. The test rules clots out well. It rules them in poorly. So it works best to skip a scan when the result is normal.



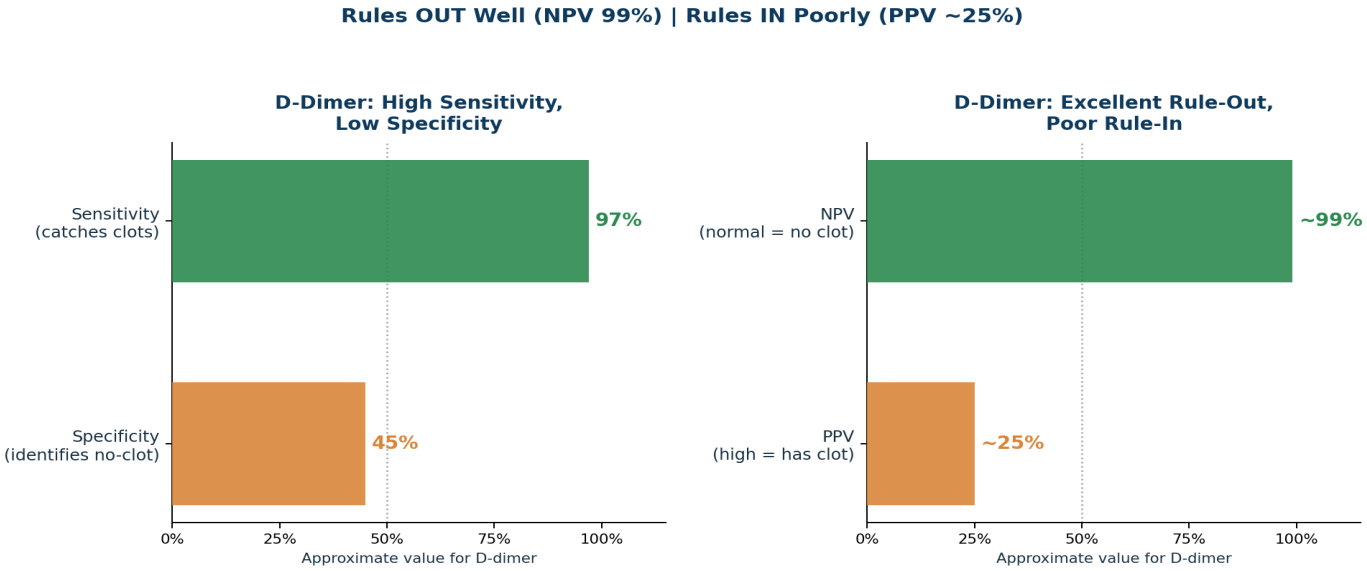
How D-dimer fits the clot work-up. Your doctor first judges your clot risk with the Wells score. If your risk is low or medium, you get a D-dimer. A normal result rules out the clot. A high result means a scan. If your risk is high, you skip the D-dimer and get a scan. If your risk is very low (PERC-negative), you need no test at all.

Common Causes of a High D-Dimer: Clot vs Not-a-Clot

Cause	Is it a clot?	What it means for you
Pulmonary embolism (PE)	YES	Imaging confirms; blood thinner started
Deep vein thrombosis (DVT)	YES	Ultrasound confirms; blood thinner started
Recent surgery or injury	No	Body healing; high D-dimer is expected
Infection or sepsis	No	Inflammation raises it; treat the infection
Cancer (active)	No (usually)	Raises clotting activity; image to be sure
Pregnancy	No (usually)	Rises with pregnancy; interpret carefully
Older age (over 60)	No	Age-adjusted cutoff used to reduce false positives
Recent hospitalization	No (usually)	Being in hospital raises it; clinical context needed
Autoimmune or inflammatory disease	No	Inflammation raises D-dimer without a clot

Why It Matters

- A normal D-dimer is good news if your risk is low or medium. It is strong proof against a clot. Most guidelines say you do not need a scan.
- A high D-dimer is common. It is more common in older people. It is also common after surgery, with an infection, or in the hospital. Most of the time it is NOT a clot.
- The test helps most before a scan. If the result is normal, you can often skip the scan. That saves you radiation, time, cost, and worry.
- If the D-dimer is high, your doctor knows a scan is the next step. It does not mean you have a clot. The scan makes the final call. A CT scan finds a PE. A leg ultrasound finds a DVT.
- The test only helps when your clot risk is low or medium. If your doctor thinks a clot is very likely, you skip the D-dimer. You go straight to a scan.
- Some people have a very low risk. They are called PERC-negative. They do not need a D-dimer at all. Even a normal result would not change the plan.



D-dimer catches almost every clot (about 97 out of 100). So a normal result is right about 99 times out of 100. But a high result is right only about 1 time in 4. Many things besides a clot raise it. So D-dimer rules clots OUT well, but rules them IN poorly.

A Normal (Negative) D-Dimer: Reassuring News

- A normal result is strong proof you do not have a clot. This holds when your clot risk is low or medium. Most guidelines say you do not need a scan.
- The test is right about 99 times out of 100 here. So about 99 out of 100 low-risk people with a normal result have no clot.
- This is the test's best job. It can spare you a CT scan and its radiation. Or it can spare you an ultrasound.
- A normal result does not brush off your signs. Your doctor will still look for other causes of your trouble breathing, leg pain, or chest pain.
- The relief from a normal result is real. A clot is now very unlikely, and you did not need a scan to know that.

A High (Positive) D-Dimer: Imaging Is the Next Step

- A high D-dimer does NOT mean you have a clot. It means your body is breaking down more clots than usual. Many things can cause this (see the table above).
- When the result is high, the test is right only about 1 time in 4. So about 3 out of 4 people with a high result have no clot on the scan.
- The next step is a scan. A CT scan looks for a lung clot. A leg ultrasound looks for a leg clot. The scan makes the final call.
- While you wait, stay calm. Most high results are not a clot. But if your breathing or chest pain gets worse before the scan, go to the ER.
- If the scan finds a clot, you start a blood thinner. If it finds no clot, you do not need one. The high level came from something else.

Want to understand your D-dimer number? Try our Understand Your Result tool. Pick your test, type in your value, and see which general range it falls in. It is a learning tool only, not a diagnosis. Always go over your result with your doctor.

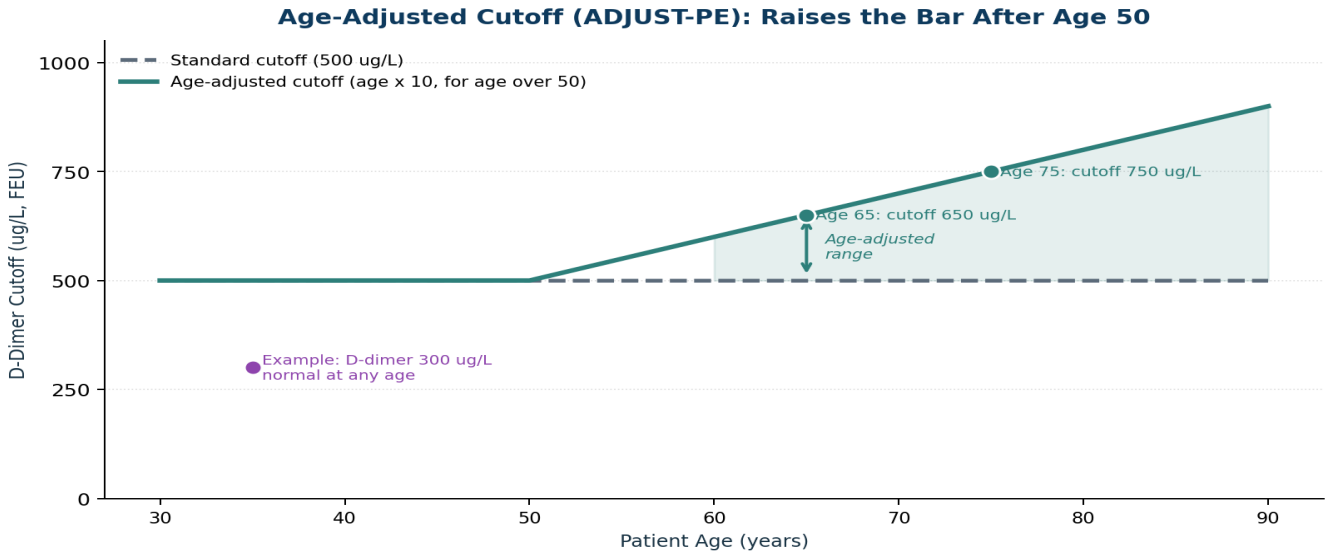
Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Pulmonary embolism (PE)	A clot in the lungs. This is the most serious cause. Signs are sudden trouble breathing, chest pain, a fast heart rate, or coughing up blood. D-dimer goes up as the clot breaks down.
Deep vein thrombosis (DVT)	A clot in a leg or arm vein. Signs are leg pain, swelling, warmth, and redness. A leg clot can break off and travel to the lungs. So it matters to find it and treat it.
Older age	D-dimer goes up with age on its own. This is true even with no clot. That is why the cut-off is raised for people over 50. The higher cut-off means fewer older people get a scan they do not need.
Recent surgery or injury	Any surgery or injury wakes up your clotting system. So D-dimer stays high for weeks after. A high result in this time is normal. It does not always mean a new clot.
Infection or swelling	Bad infections raise D-dimer. So do conditions that cause swelling in the body. Lung infections, sepsis, and autoimmune flares can all do this.
Cancer	Active cancer makes the blood clot more. This raises D-dimer. People with cancer also have a higher clot risk. So a high result in cancer needs a careful read.
Pregnancy	D-dimer goes up during pregnancy. By the third trimester it is often above the normal cut-off. Pregnancy also raises clot risk. So a high result here is hard to read without a scan.
Recent clot or a hospital stay	A past clot or a hospital stay raises D-dimer for weeks. A high result during or after a hospital stay is very common. It is expected.

Treatment Options

- Say your D-dimer is normal and your clot risk was low or medium. Then you do not need a scan. Your doctor is sure there is no clot. No clot means no treatment.
- Say your D-dimer is high. Then a scan is the next step. For a lung clot, you get a CT scan of the chest. For a leg clot, you get a leg ultrasound.
- If the scan finds a clot, treatment starts. For most clots, the treatment is a blood thinner. It can be a pill or a shot. Blood thinners stop the clot from growing. They also stop new ones.
- How long you take it depends on the cause. A clot after surgery is often treated for 3 months. A clot with no clear cause, or one from cancer, often needs more time.
- Say the high D-dimer came from another cause, like an infection or surgery. And say the scan finds no clot. Then you do not need a blood thinner. The high level was just your body at work.
- A high D-dimer needs a careful read in some people. This is true in cancer, in pregnancy, and after a past clot. Here your doctor may start treatment before the scan is back.



The age-adjusted cut-off (ADJUST-PE trial). If you are over 50, the cut-off for a normal result goes up. The new cut-off is your age times 10. A 65-year-old uses 650. A 75-year-old uses 750. This cuts down on scans older people do not need, and it does not miss real clots.

The Age-Adjusted Cutoff: Better Results After Age 50

- D-dimer goes up with age on its own, with no clot. So one fixed cut-off for everyone calls many healthy older people positive.
- The ADJUST-PE trial tested a fix for this. For people over 50, it set the cut-off at age times 10. This ruled out more clots and did not miss any.
- Here is an example. A 68-year-old has a D-dimer of 620. The old cut-off would call that high. The age-adjusted cut-off of 680 calls it normal.
- The age-adjusted cut-off is common now, but not used everywhere. Ask your doctor which cut-off they used.
- There is another option called the YEARS rule. It changes the cut-off based on a few signs. Your doctor may use this instead.

When D-Dimer Should NOT Be Ordered

- When your risk is high (a high Wells score). Your doctor already thinks a clot is likely. You get a scan right away. A normal D-dimer here could give false comfort.
- When your risk is very low (PERC-negative). If you pass all 8 PERC checks, your clot risk is under 2 percent. Even a normal result would not change the plan. So no test is run.
- Right after surgery or an injury. D-dimer stays high for weeks. A test now is almost always high. It cannot tell a real clot from normal healing.
- With active cancer. D-dimer is almost always high in cancer. So a person with cancer and clot signs usually gets a scan right away.
- To watch a known clot. D-dimer is not used to track treatment. It does not decide when to stop a blood thinner.

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Use D-dimer to rule out a clot, or go straight to a CT scan	A CT scan uses radiation. A D-dimer adds a blood draw and a short wait. If the D-dimer is normal, you often skip the CT scan.	In a low-risk person, a normal D-dimer is as good as a CT scan for ruling out a clot. And it has no radiation, less cost, and less wait.	If your risk is high, your doctor may skip the D-dimer. You get a scan right away. The test only helps when the risk is not already high.
Treat a high D-dimer now, or wait for the scan	A blood thinner can cause serious bleeding. Starting one before the scan confirms a clot adds that risk for no clear reason.	The scan confirms or rules out the clot first. For most people, waiting a few hours for the scan is the safer path.	In some people who are very sick, your doctor may start treatment before the scan is back. That is a judgment call.
Use the age-adjusted cut-off, or the standard one, after age 50	The standard cut-off (500) calls many normal older results positive. That leads to scans they do not need.	The age-adjusted cut-off (age x 10) cuts those false positives. And it does not miss real clots. The ADJUST-PE trial showed it is safe.	Not every hospital uses the age-adjusted cut-off yet. Ask your doctor which one they used.

Common Misconceptions

Myth	Reality
A high D-dimer means I have a blood clot.	No. A high level just means more clot break-down than usual. Many things cause this. Older age, an infection, surgery, pregnancy, and cancer can all do it. Only a scan can confirm or rule out a real clot.
A normal D-dimer means I am completely fine.	A normal level rules out a clot if your risk is low or medium. That is the main worry here. But it is not a full check-up. It only tells you about clots.
The D-dimer test tells us exactly where the clot is.	No. The D-dimer only tells us clot break-down is high. It cannot find where a clot is. A CT scan finds a lung clot. A leg ultrasound finds a leg clot. A scan is what locates it.
I should always have a D-dimer to check for clots.	No. D-dimer only helps when your risk is low or medium. Very low-risk people do not need it. High-risk people get a scan right away. Testing everyone leads to false alarms and extra scans.
A high D-dimer in a pregnant woman means she has a clot.	Not on its own. D-dimer goes up during a normal pregnancy. By late pregnancy it is often above the normal cut-off with no clot at all. So doctors use a scan or special cut-offs in pregnancy.
The D-dimer result is the same everywhere.	No. Labs use two different scales. So 500 in one lab is not the same as 500 in another. Your doctor knows which scale your lab uses.
A high D-dimer needs treatment right away.	No. A high level alone does not start treatment. A scan confirms the clot first. Blood thinners can cause bleeding. So we confirm before we treat, unless you are very sick.

Over 50? Ask about the age-adjusted cut-off. D-dimer goes up with age on its own. The old cut-off of 500 was set for younger people. It can call many older people positive by mistake. The age-adjusted cut-off is your age times 10. It fixes this. Ask your doctor if they used it for your result.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
A scan you did not need	A high D-dimer can come from a cause that is not a clot. It can then lead to a scan that finds nothing. That adds radiation, cost, and worry. The age-adjusted cut-off helps cut down on this.
Missing a clot in a high-risk person	D-dimer should not be used when your risk is high. High-risk people need a scan right away. Using D-dimer here can give false comfort. It can also delay the care you need.
Worry about a high result that is not a clot	A high D-dimer can be scary while you wait for the scan. But most high results are not a clot. The scan will clear this up within hours.
Bleeding from blood thinners	If the scan finds a clot, you may start a blood thinner. The main risk is bleeding. Your doctor will check all your other medicines. Then they pick the right blood thinner and dose for you.
A new clot if you stop treatment too soon	Some people need a blood thinner for a long time. This is true for a clot with no clear cause, or one from cancer. Stopping too soon can let a new clot form. Your doctor sets the right length for you.

Points to Know

If you remember nothing else, remember these key points.

- D-dimer goes up when your body breaks down a clot. A high level means more break-down than usual. It does not mean you have a clot.
- A NORMAL D-dimer rules out a clot if your risk is low or medium. You do not need a scan.
- A HIGH D-dimer is common. Many things raise it. An infection, surgery, older age, pregnancy, and cancer can all do it. A scan is the next step to look for a real clot.
- D-dimer only helps when your clot risk is low or medium. High-risk people get a scan right away. Very low-risk people do not need the test at all.
- After age 50, the normal cut-off goes up. The new cut-off is your age times 10. This is the age-adjusted cut-off.
- Labs report D-dimer on two different scales. Your doctor knows which one your lab uses.
- A high D-dimer alone does not start treatment. A scan confirms the clot first.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Sudden trouble breathing, or breathing that gets worse fast: call 911 or go to the ER. This can be a clot in the lungs.
- Chest pain, or a sharp pain that hurts more when you breathe in: call 911. This is a common sign of a lung clot.
- A sudden fast or pounding heart rate with trouble breathing: call 911.
- Leg pain, swelling, warmth, or redness, most often in one leg: call our office the same day. This may be a leg clot.
- Coughing up blood, even a small amount: call 911 or go to the ER.
- Already had a high D-dimer? If any of these signs start before your scan, do not wait. Go to the ER.
- Worried about your result, or not sure of the next step? Call our office. A quick talk beats a worried night.

Office: (727) 943-5200

Understanding Your Result - Related Guides

- If the scan found a clot in the lungs: see our Pulmonary Embolism (PE) guide for what comes next.
- If the scan found a clot in a leg vein: see our Deep Vein Thrombosis (DVT) guide.
- If you were put on apixaban (Eliquis) for your clot: see our Eliquis (apixaban) guide.
- If you were put on rivaroxaban (Xarelto) for your clot: see our Xarelto (rivaroxaban) guide.

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- MedlinePlus - D-dimer Test (NIH/NLM) - Plain-language overview from the US National Library of Medicine on what the test is, when it is ordered, and what the results mean.
- Cleveland Clinic - D-Dimer Test - Patient-friendly explanation of a positive vs negative result and common causes of a high D-dimer that are not a clot.
- Mayo Clinic - D-dimer Test - Mayo patient overview covering when the test is ordered and how to interpret results in plain language.
- American Heart Association - Pulmonary Embolism - AHA overview of PE, its symptoms, and how it is diagnosed and treated - useful context for understanding why D-dimer is ordered.
- American Heart Association - Deep Vein Thrombosis - AHA plain-language page on DVT symptoms, diagnosis (including D-dimer and ultrasound), and treatment.
- Testing.com - D-Dimer Test - Consumer-lab explanation of D-dimer purpose, what results mean, and the difference between FEU and DDU units.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- Wells PS et al. Excluding PE at the bedside without imaging (Wells score). Ann Intern Med 2001 *[Primary-Evidence]*
  Pretest-probability scoring that D-dimer is interpreted against (low/intermediate vs high).
- Righini M et al. Age-Adjusted D-Dimer Cutoff to Rule Out PE (ADJUST-PE). JAMA 2014 *[Primary-Evidence]*
  Basis for the age x10 cutoff over 50 that improves specificity without missing PE.
- van der Hulle T et al. YEARS algorithm for suspected PE. Lancet 2017 *[Primary-Evidence]*
  Modern variable-threshold D-dimer rule-out pathway.
- Kline JA et al. PERC rule for very-low-risk PE. J Thromb Haemost 2008 *[Primary-Evidence]*
  When D-dimer is not even needed (very low pretest probability, PERC-negative patients).
- Konstantinides SV et al. 2019 ESC Guidelines on Pulmonary Embolism. Eur Heart J 2020 *[Guideline]*
  European PE guidelines endorsing D-dimer + pretest probability as primary diagnostic pathway; sensitivity ~95-98%.
- Kearon C et al. Antithrombotic Therapy for VTE Disease: CHEST Guideline 2016 *[Guideline]*
  CHEST VTE diagnosis guidelines; D-dimer use and thresholds in the diagnostic workup for PE and DVT.
- American College of Emergency Physicians. Clinical Policy: Evaluation of Suspected PE. Ann Emerg Med 2011 *[Guideline]*
  ACEP clinical policy on D-dimer use, PERC rule, and imaging thresholds in emergency department evaluation.
- International Society on Thrombosis and Haemostasis (ISTH) — D-dimer assay standardization *[Guideline]*
  ISTH reference for D-dimer assay standardization, FEU vs DDU unit nomenclature, and lab variability.
- MedlinePlus — D-dimer Test (NIH/NLM) *[Patient-Education]*
  Plain-language patient framing of what the test is and means from the US National Library of Medicine.
- Cleveland Clinic — D-Dimer Test *[Patient-Education]*
  Patient-facing explanation of positive vs negative results and common causes of false positives.
- Mayo Clinic — D-dimer Test *[Patient-Education]*
  Patient-friendly overview from Mayo Clinic covering when the test is ordered and how to interpret results.
- Testing.com — D-Dimer Test: Purpose, Procedure, and Results *[Patient-Education]*
  Consumer-lab explanation of D-dimer test purpose, what results mean in plain language, and unit differences (FEU vs DDU).

About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed against the Cleveland Clinic D-dimer overview, Mayo Clinic D-dimer test page, and MedlinePlus D-dimer test summary. Ours adds: a pretest-probability decision flow (Wells + PERC context), a sensitivity vs specificity bar chart (rules-out vs rules-in framing), an age-adjusted cutoff visual (ADJUST-PE trial), a color-tinted table of causes of a high result (clot vs non-clot), and grade-colored subsections for negative, positive, and age-adjusted results.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

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