## Supplementary material

Borodzicz-Jazdzyk S, de Mooij GW, van Loon RM, Götte MJW. Microvascular dysfunction in hypertrophic cardiomyopathy: diagnostic role of noninvasive, fully automated quantitative perfusion cardiovascular magnetic resonance imaging. Pol Arch Intern Med. 2024; 134: 16603. doi:10.20452/pamw.16603

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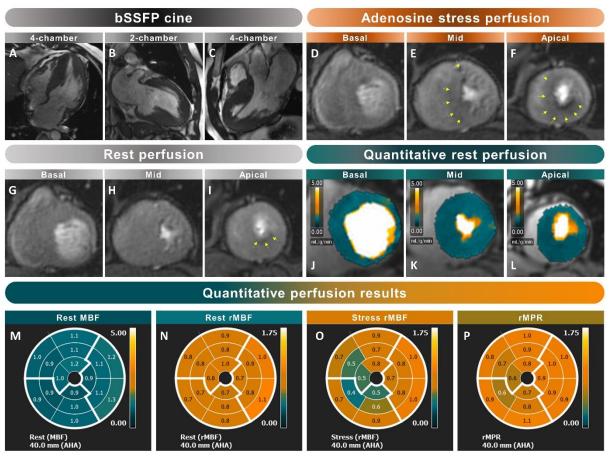


Figure S1. Cardiac magnetic resonance imaging in a patient with hypertrophic

cardiomyopathy; **A-C** – bSSFP cine images in four-chamber (**A**), two-chamber (**B**) and threechamber (**C**) views show severe, asymmetric left ventricular hypertrophy; **D-F** – conventional grey-scale adenosine stress first pass perfusion images reveal perfusion defects in hypertrophied mid inferoseptal segment, apical inferior, septal and partially lateral segment (*yellow arrows*) in basal (**D**), mid-ventricular (**E**) and apical (**F**) left ventricular segments; **G-I**  - conventional grey-scale rest first pass perfusion images reveal perfusion defect in apical inferior segment (*yellow arrows*); J-L - color pixel maps of fully automated quantitative rest first-pass perfusion analysis in basal (J), mid-ventricular (K) and apical (L) segments; M-P - results of quantitative perfusion assessment, including rest MBF (M), rest rMBF (N), stress rMBF (O) and rMPR (P)

Abbreviations: bSSFP – balanced steady-state free precession; MBF – myocardial blood flow; rMBF – relative myocardial blood flow; rMPR – relative myocardial perfusion reserve.