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CORRECTION

Correction to: Development of a dedicated 3D printed myocardial perfusion phantom: proof-of-concept in dynamic SPECT

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The original article contained a mistake.

Figure 4 is not displayed correctly in the published paper. The correct Figure 4 is shown below.

In addition, the caption was Fig. 4A-D and should have been Fig. 4A-E. The correct Figure caption is included.

The original article has been corrected.

The online version of the original article can be found at https://doi.org/10.1007/s11517-021-02490-z

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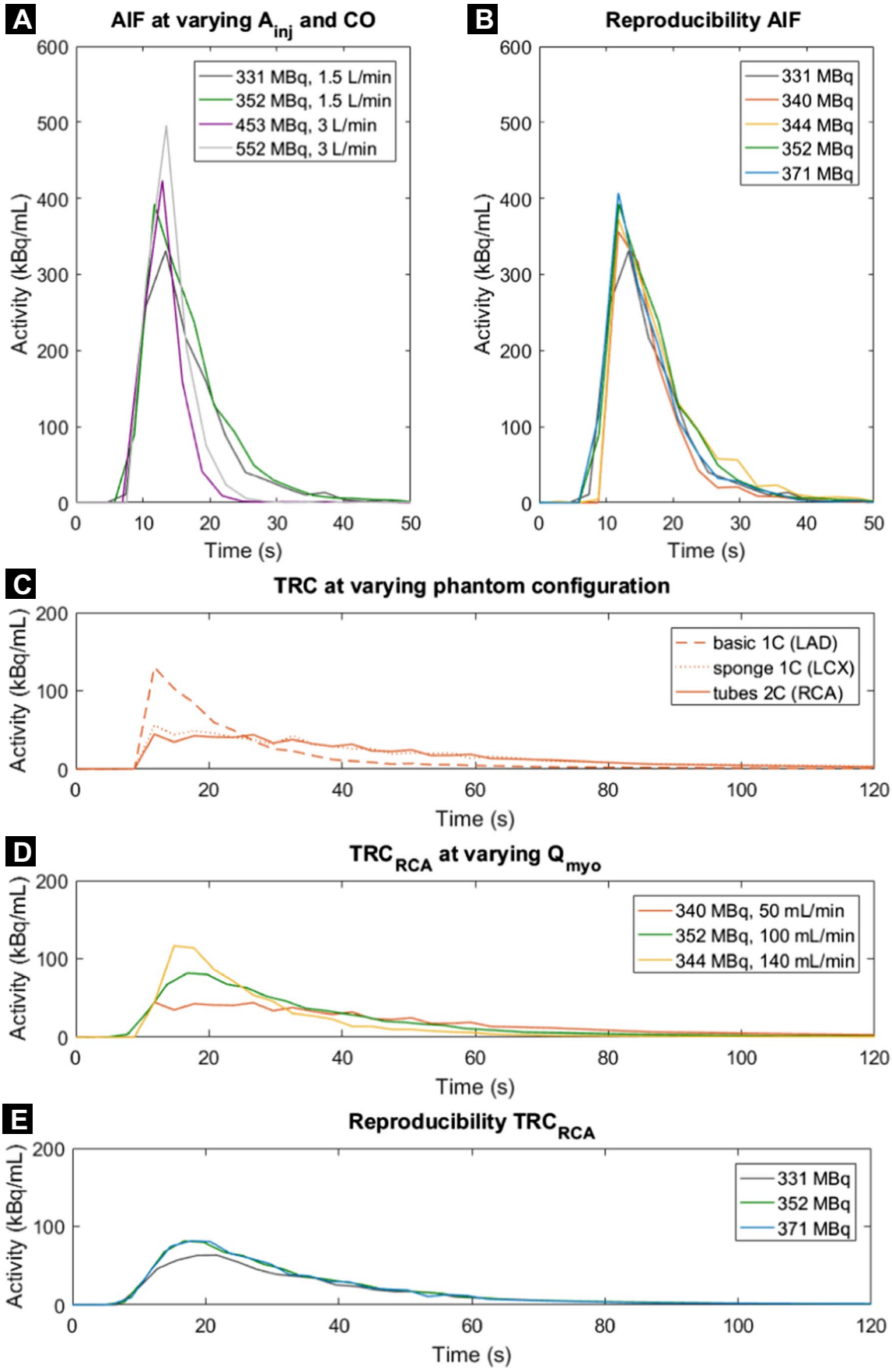
A
AIF at varying A_{inj} and CO
331 MBq, 1.5 L/min
352 MBq, 1.5 L/min
453 MBq, 3 L/min
552 MBq, 3 L/min
Activity (kBq/mL)
Time (s)
B
Reproducibility AIF
331 MBq
340 MBq
344 MBq
352 MBq
371 MBq
Activity (kBq/mL)
Time (s)
C
TRC at varying phantom configuration
basic 1C (LAD)
sponge 1C (LCX)
tubes 2C (RCA)
Activity (kBq/mL)
Time (s)
D
TRC_{RCA} at varying Q_{myo}
340 MBq, 50 mL/min
352 MBq, 100 mL/min
344 MBq, 140 mL/min
Activity (kBq/mL)
Time (s)
E
Reproducibility TRC_{RCA}
331 MBq
352 MBq
371 MBq
Activity (kBq/mL)
Time (s)

◂**Fig. 4** **A**–**E** Time activity curves obtained using the myocardial perfusion phantom. Arterial input functions (AIFs) were acquired in the-left ventricle at varying injected activity of ^{99m}Tc-tetrofosmin (A_{inj}) and cardiac output (CO). Resulting tissue response curves (TRCs) in the three myocardial segments were executed at varying myocardial fow rates (Q_{myo}) and tissue inlays (1 or 2 compartments). Each line colour denotes a single fow measurement (n=7). LAD=left anterior descending coronary artery, RCA=right coronary artery, LCX=left circumfex coronary artery