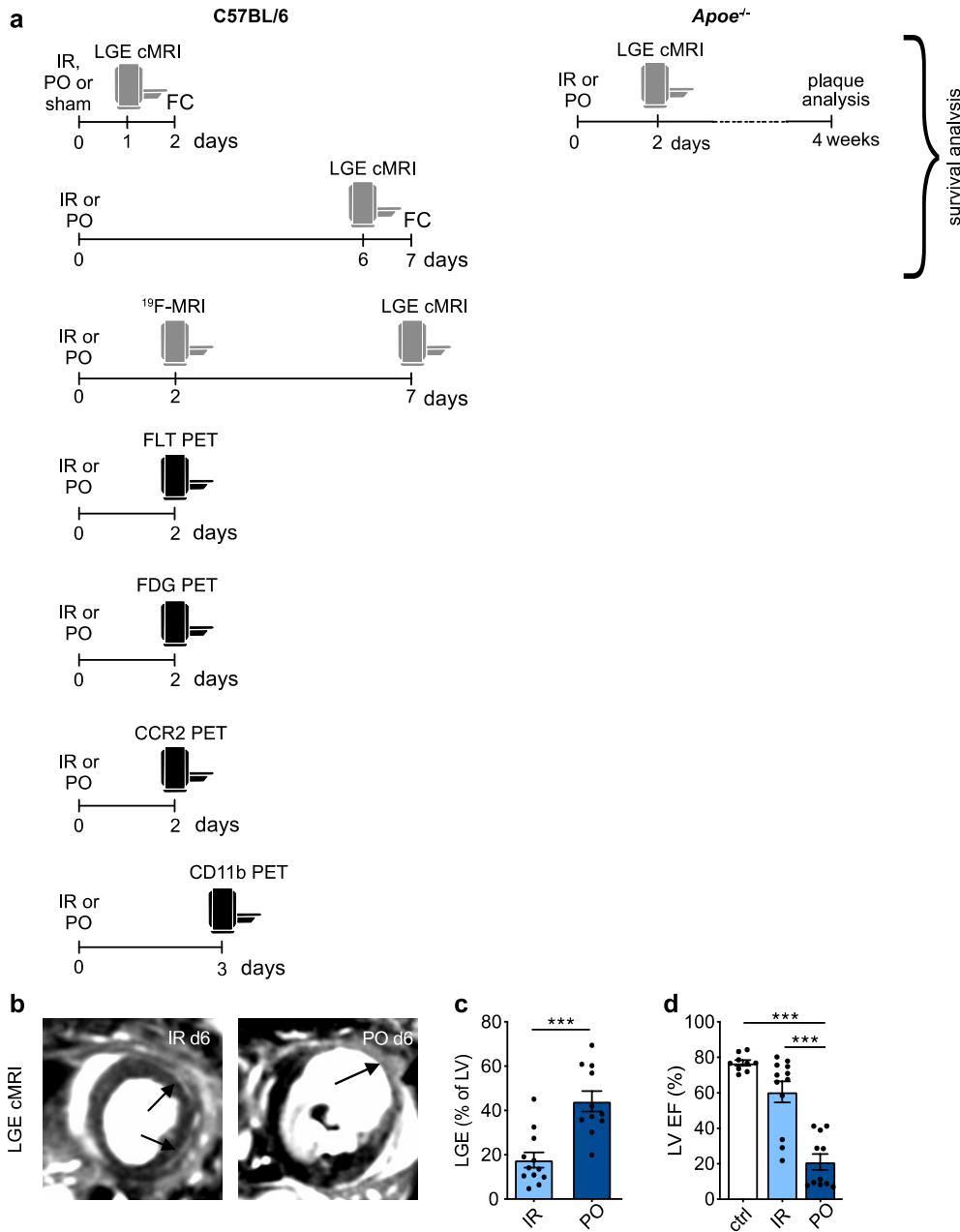
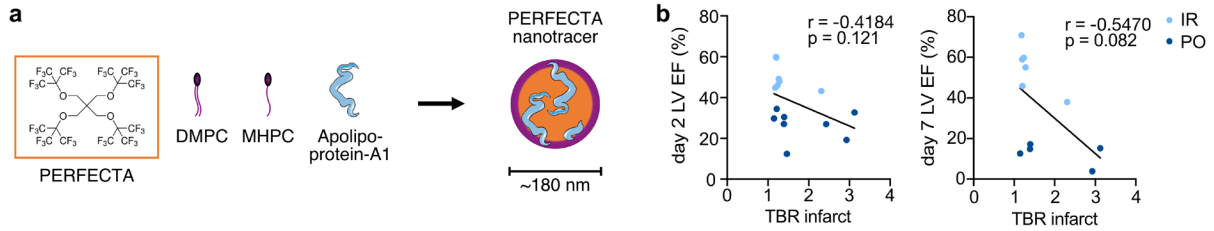


Supplemental Figure 1. Study protocol and cardiac MRI 6 days after myocardial infarction. (a) Study protocol for C57BL/6 and *ApoE*^{-/-} mice and each imaging modality/tracer. FC = Flow cytometry. (b) Representative LGE cMR images on day 6 after myocardial infarction; arrows indicate LGE area. (c) LGE area in % of the left ventricle 6 days after surgery (n = 9-14, p < 0.001, two-tailed Student's t-test). (d) Left ventricular ejection fraction (LVEF) 6 days after surgery (n = 9-12, p < 0.001 for ctrl vs. PO and IR vs. PO, p = 0.058 for ctrl. vs. IR, one-way ANOVA). Data are presented as mean ± standard error of the mean, unless otherwise specified. Symbols used are specified as *p < 0.05, **p < 0.01 and ***p < 0.001.

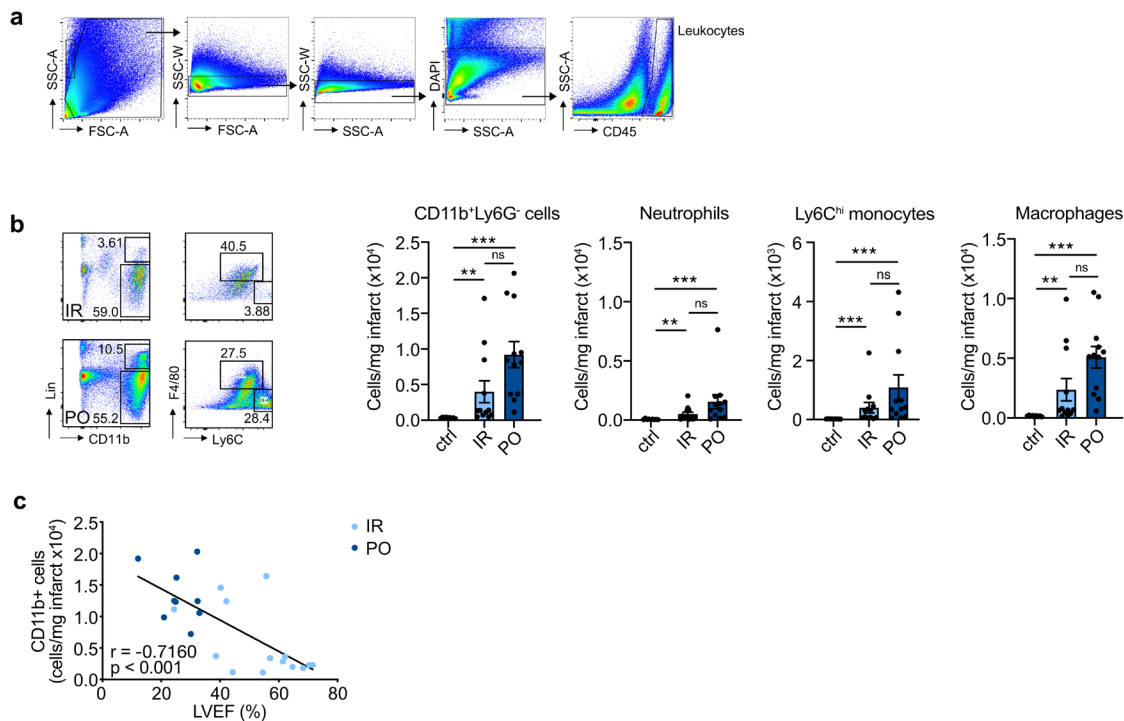


Supplemental Figure 2. ^{19}F -MRI nanotracer and ^{19}F infarct/LVEF correlations (a)

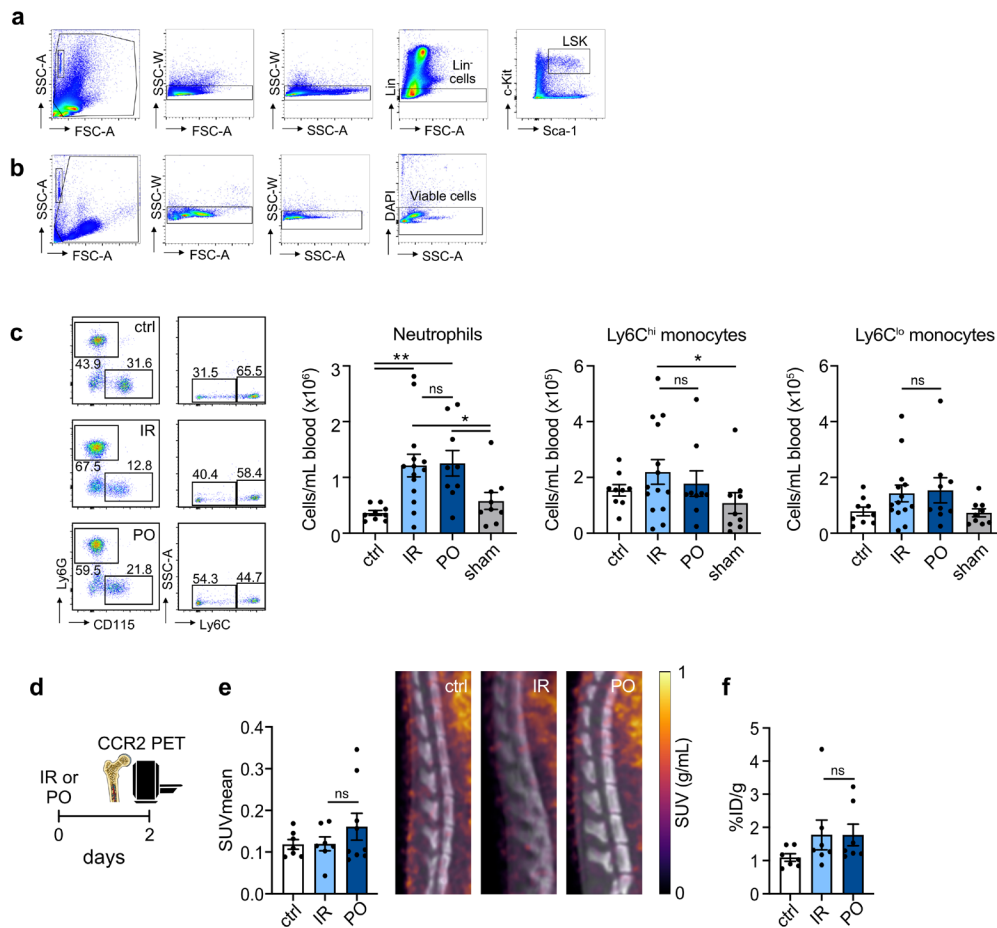
Components and schematic representation of the PERFECTA nanotracer. The nanotracer consists of PERFECTA, DMPC, MHPC and Apolipoprotein A1. PERFECTA, 1,3-bis[[1,1,1,3,3,3-hexafluoro-2-(trifluoromethyl)propan-2-yl]oxy]-2,2-bis[[1,1,1,3,3,3-hexafluoro-2-(trifluoromethyl)propan-2-yl]oxymethyl]propane; DMPC, 1,2-Dimyristoyl-*sn*-glycero-3-phosphocholine; MHPC, 1-myristoyl-2-hydroxy-*sn*-glycero-3-phosphocholine. (b) PERFECTA target-to-background-ratio (TBR) in the infarct and left ventricular ejection fraction (LVEF) are inversely correlated on day 2 and 7 after IR/PO.



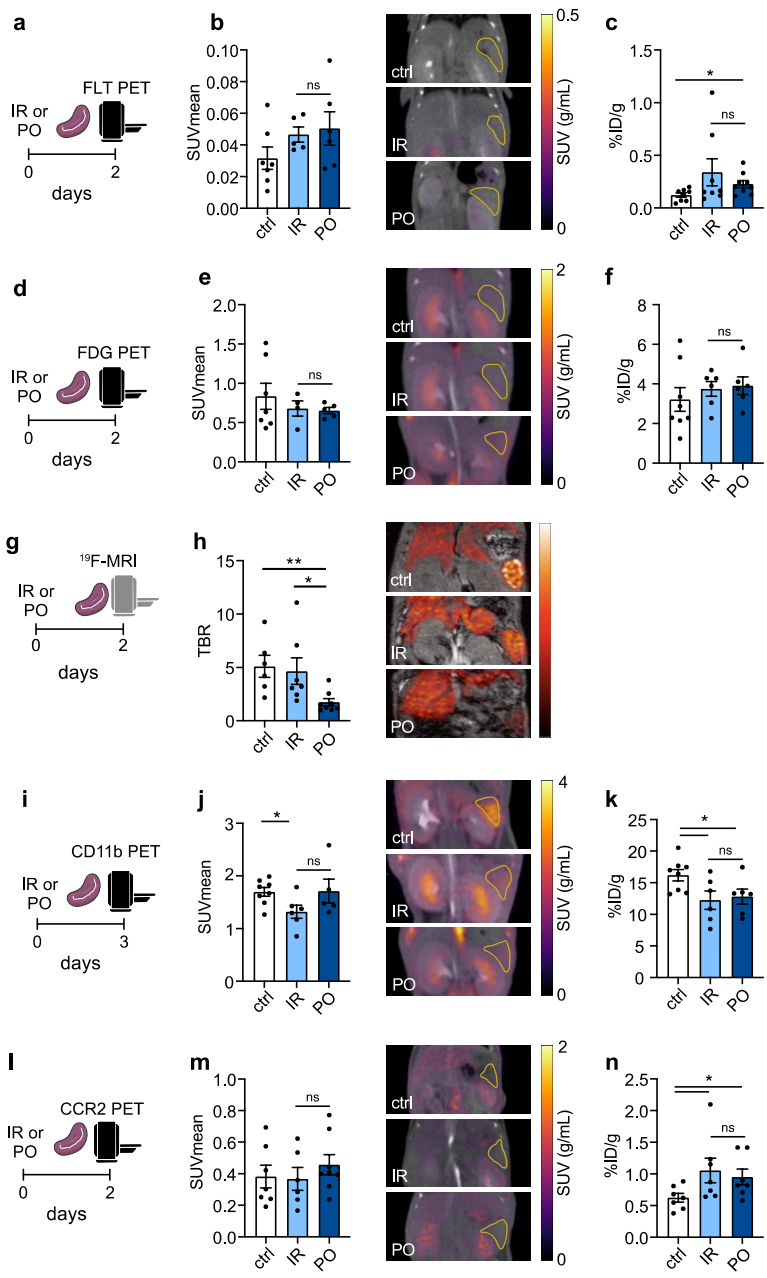
Supplemental Figure 3. Myeloid cell numbers in the ischemic myocardium and correlation with left ventricle ejection fraction. (a) The flow cytometry gating strategy used to identify leukocytes in the heart (infarct zone) and aorta. (b) Representative flow cytometry plots of the IR and PO infarct areas 7 days after myocardial infarction. IR upper row, PO lower row. Following CD11b⁺/Ly6G⁻ (n = 9-12, p = 0.002 ctrl. vs. IR; p < 0.001 ctrl. vs. PO; p = 0.091 IR vs. PO, Kruskal-Wallis test), neutrophil (n = 9-12, p = 0.007 ctrl. vs. IR; p < 0.001 ctrl. vs. PO; p = 0.12 IR vs. PO, Kruskal-Wallis test), Ly6C^{hi} monocytes (n = 9-12, p < 0.001 ctrl. vs. IR; p < 0.001 ctrl. vs. PO; p = 0.28 IR vs. PO, Kruskal-Wallis test) and macrophage numbers (n = 9-12, p = 0.005 ctrl. vs. IR; p < 0.001 ctrl. vs. PO; p = 0.080 IR vs. PO, Kruskal-Wallis test). (c) CD11b⁺ cell numbers in the infarct and left ventricular ejection fraction (LVEF) are inversely correlated on day 2 after IR/PO. Data are presented as mean ± standard error of the mean, unless otherwise specified. Symbols used are specified as *p < 0.05, **p < 0.01 and ***p < 0.001.



Supplemental Figure 4. Blood myeloid cell numbers after IR/PO and CCR2 imaging of the bone marrow. (a) Flow cytometry gating strategy for bone marrow progenitors. (b) Gating strategy for viable cells in the blood. (c) Neutrophils (n = 9-14, p = 0.002 ctrl. vs. IR; p = 0.003 ctrl. vs. PO; p = 0.39 ctrl. vs. sham; p = 0.87 IR vs. PO; p = 0.027 IR vs. sham; p = 0.032 PO vs. sham, Kruskal-Wallis test), Ly6C^{hi} monocytes (n = 9-14, p = 0.77 ctrl. vs. IR; p = 0.62 ctrl. vs. PO; p = 0.070 ctrl. vs. sham; p = 0.40 IR vs. PO; p = 0.021 IR vs. sham; p = 0.19 PO vs. sham, Kruskal-Wallis test) and Ly6C^{lo} monocytes (n = 9-14, p = 0.13 ctrl. vs. IR; p = 0.16 ctrl. vs. PO; p = 0.81 ctrl. vs. sham; p = 0.96 IR vs. PO; p = 0.076 IR vs. sham; p = 0.098 PO vs. sham, Kruskal-Wallis test) in the blood 2 days after myocardial infarction compared to naïve controls and sham controls. (d) ⁶⁴Cu-DOTA-ECL1i PET/CT of the bone marrow was performed 2 days after IR/PO surgery. The scan was conducted during the first 60 minutes after injection. (e) Quantification of ⁶⁴Cu-DOTA-ECL1i signal in the lumbar vertebrae and representative CCR2 PET images. The CCR2 tracer bone marrow signal did not show significant differences between mice with IR/PO and controls (n = 7 – 9, p = 0.58 ctrl. vs. IR; p = 0.54 ctrl. vs. PO; p = 0.98 IR vs. PO, Kruskal-Wallis test). (f) *Ex vivo* gamma counting of CCR2 tracer uptake in the bone marrow (n = 7, p = 0.12 ctrl. vs. IR; p = 0.070 ctrl. vs. PO; p = 0.80 IR vs. PO, Kruskal-Wallis test). Data are presented as mean ± standard error of the mean, unless otherwise specified. Symbols used are specified as *p < 0.05, **p < 0.01 and ***p < 0.001.

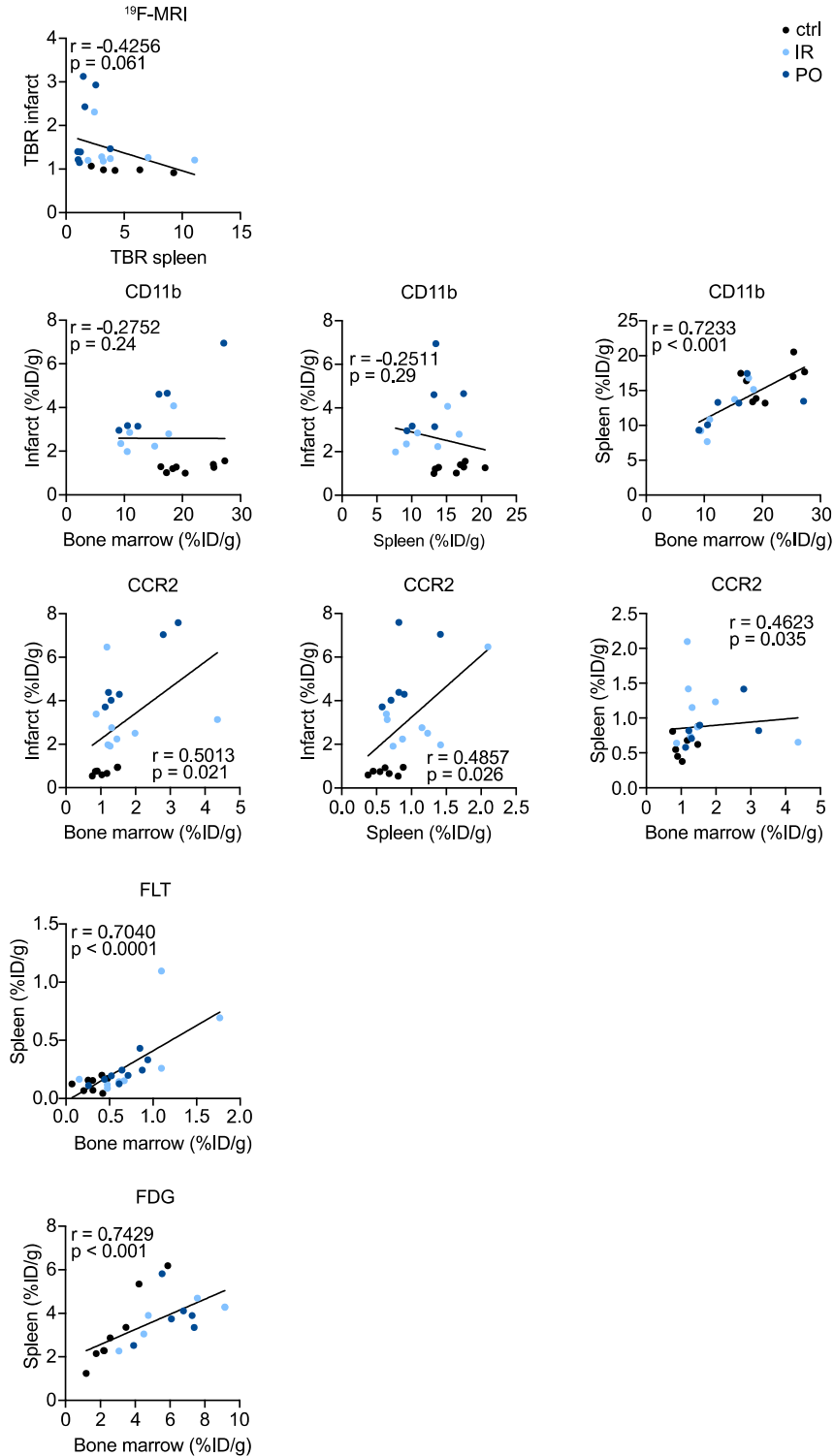


Supplemental Figure 5. Multiparametric imaging of the spleen following ischemia-reperfusion and permanent LAD occlusion. (a) ^{18}F -FLT PET/CT was performed 2 days after IR/PO surgery; ^{18}F -FLT was injected 90 minutes prior the scan. (b) Quantification of ^{18}F -FLT signal in the spleen and representative ^{18}F -FLT PET/CT images ($p = 0.15$ ctrl. vs. IR; $p = 0.12$ ctrl. vs. PO; $p = 0.97$ IR vs. PO). (c) *Ex vivo* gamma counting of ^{18}F -FLT uptake in the spleen ($n = 8-9$, $p = 0.14$ ctrl. vs. IR; $p = 0.042$ ctrl. vs. PO; $p = 0.62$ IR vs. PO, Kruskal-Wallis test). (d) ^{18}F -FDG PET/CT was performed 2 days after IR/PO surgery. ^{18}F -FDG was injected 30 minutes before imaging. (e) Quantification of ^{18}F -FDG signal in the spleen and representative ^{18}F -FDG PET/CT images. (f) *Ex vivo* gamma counting of ^{18}F -FDG uptake in the spleen. Both showing no significant differences. (g) ^{19}F -MRI of the spleen 2 days after IR/PO surgery and 1 day after PERFECTA nanotracer injection. (h) Quantification of fluorine uptake in the spleen, expressed as target-to-background ratio ($n = 6-8$, $p = 0.58$ ctr. vs. IR; $p = 0.004$ ctrl. vs. PO; $p = 0.015$ IR vs. PO, Kruskal-Wallis test), and representative fused ^{19}F -MR images. (i) ^{89}Zr -CD11b nanobody PET/CT was performed 3 days after IR/PO surgery. The nanobody was injected 2 days after surgery. (j) Quantification of ^{89}Zr -CD11b nanobody signal in the spleen ($n = 5-8$, $p = 0.020$ ctrl. vs. IR; $p = 0.54$ ctr. vs. PO; $p = 0.13$ IR vs. PO, Kruskal-Wallis test) and representative ^{89}Zr -CD11b nanobody PET/CT images. (k) *Ex vivo* gamma counting of ^{89}Zr -CD11b nanobody uptake in the spleen ($n = 6-8$, $p = 0.041$ ctrl. vs. IR; $p = 0.046$ ctrl. vs. PO; $p = 0.96$ IR vs. PO, Kruskal-Wallis test). (l) ^{64}Cu -DOTA-ECL1i PET/CT of the spleen was performed 2 days after IR/PO surgery, during the first 60 minutes after injection. (m) Quantification of CCR2 tracer signal in the spleen and representative ^{64}Cu -DOTA-ECL1i PET/CT images. (n) *Ex vivo* gamma counting of CCR2 tracer uptake the spleen ($n = 7$, $p = 0.039$ ctrl. vs. IR; $p = 0.039$ ctrl. vs. PO; $p > 0.99$ IR vs. PO, Kruskal-Wallis test). Data are presented as mean \pm standard error of mean, unless otherwise specified. Symbols used are specified as * $p < 0.05$, ** $p < 0.01$ and *** $p < 0.001$.

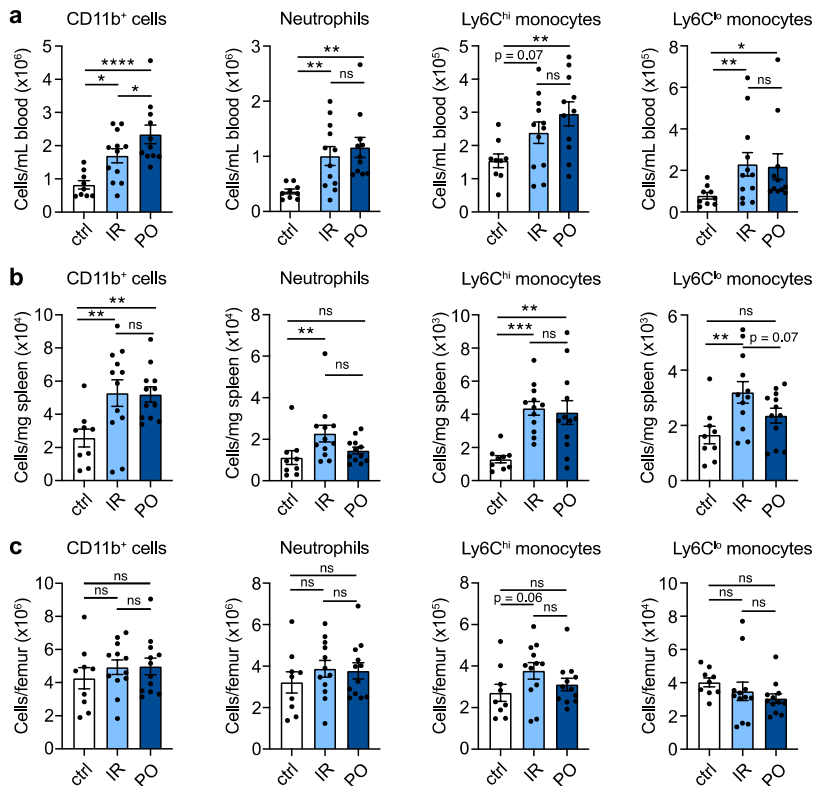


Supplemental Figure 6. Correlations between tracer uptake in tissues of interest.

Spearman's correlations between tracer uptake in the infarct, spleen and/or bone marrow. For ^{19}F -MRI, *in vivo* target-to-background ratios were used. For the PET tracers, *ex vivo* gamma counting data were used.



Supplemental Figure 7. Myeloid cell numbers by flow cytometry of the blood, spleen, and bone marrow 7 days after IR/PO. (a) Blood. CD11b⁺/Ly6G⁻ cells (n = 9-12, p = 0.012 ctrl. vs. IR; p < 0.001 ctrl. vs. PO; p = 0.046 IR vs. PO, one-way ANOVA), Neutrophils (n = 9-12, p = 0.008 ctrl. vs. IR; p = 0.002 ctrl. vs. PO; p = 0.47 IR vs. PO, one-way ANOVA), Ly6C^{hi} monocytes (n = 9-12, p = 0.072 ctrl. vs. IR; p = 0.005 ctrl. vs. PO; p = 0.20 IR vs. PO, one-way ANOVA) and Ly6C^{lo} monocytes (n = 9-12, p = 0.010 ctrl. vs. IR; p = 0.016 ctrl. vs. PO; p = 0.90 IR vs. PO, Kruskal-Wallis test). (b) Spleen. CD11b⁺/Ly6G⁻ cells (n = 9-12, p = 0.007 ctrl. vs. IR; p = 0.008 ctrl. vs. PO; p = 0.92 IR vs. PO, one-way ANOVA), Neutrophils (n = 9-12, p = 0.005 ctrl. vs. IR; p = 0.17 ctrl. vs. PO; p = 0.13 IR vs. PO, Kruskal-Wallis test), Ly6C^{hi} monocytes (n = 9-12, p < 0.001 ctrl. vs. IR; p = 0.001 ctrl. vs. PO; p = 0.73 IR vs. PO, one-way ANOVA) and Ly6C^{lo} monocytes (n = 9-12, p = 0.004 ctrl. vs. IR; p = 0.16 ctrl. vs. PO; p = 0.074 IR vs. PO, one-way ANOVA). (c) Bone marrow. CD11b⁺/Ly6G⁻ cells (n = 9-12, p = 0.39 ctrl. vs. IR; p = 0.36 ctrl. vs. PO; p = 0.95 IR vs. PO, one-way ANOVA), Neutrophils (n = 9-12, p = 0.25 ctrl. vs. IR; p = 0.35 ctrl. vs. PO; p = 0.82 IR vs. PO, Kruskal-Wallis test), Ly6C^{hi} monocytes (n = 9-12, p = 0.059 ctrl. vs. IR; p = 0.46 ctrl. vs. PO; p = 0.20 IR vs. PO, one-way ANOVA) and Ly6C^{lo} monocytes (n = 9-12, p = 0.37 ctrl. vs. IR; p = 0.12 ctrl. vs. PO; p = 0.45 IR vs. PO, one-way ANOVA). Data are presented as mean ± standard error of mean, unless otherwise specified. Symbols used are specified as *p < 0.05, **p < 0.01 and ***p < 0.001.



Supplemental Figure 8. Myeloid cell numbers in the bone marrow, spleen, and aorta of *Apoe*^{-/-} mice 4 weeks after IR/PO. (a) Flow cytometry analysis of CD11b⁺/Ly6G⁻ cells and neutrophils in the femur and spleen (n = 6-9, p = 0.063 ctrl. vs. IR; p = 0.071 ctrl. vs. PO for spleen CD11b⁺ cells, Kruskal-Wallis test) of *Apoe*^{-/-} mice 4 weeks after IR/PO surgery. (b) CD11b⁺/Ly6G⁻ (n = 6-9, p < 0.001 ctrl. vs. IR; p = 0.018 ctrl. vs. PO; p = 0.34 IR vs. PO, Kruskal-Wallis test) and neutrophil (n = 6-9, p = 0.002 ctrl. vs. IR; p = 0.044 ctrl. vs. PO; p = 0.45 IR vs. PO, Kruskal-Wallis test) counts from the aortas of *Apoe*^{-/-} mice 4 weeks after IR/PO surgery. Data are presented as mean ± standard error of mean, unless otherwise specified. Symbols used are specified as *p < 0.05, **p < 0.01 and ***p < 0.001.

