

Figure e-1: Flow diagram demonstrating the spectrum of cross-sectional ADC patterns seen among the CNS IDD cohort (n=30 cases). There were 10 cases with restriction in any part of the lesion (homogenous lesion/dark ADC n=1; peripheral dark ring n=9). There were 2 cases with homogenous normal diffusion throughout the lesion (homogenous isointense ADC), and 18 cases with predominantly facilitated diffusion in the lesion (homogenous bright n=10; heterogenous bright n=4; bright center/isointense periphery n=4)) with or without some areas of normal diffusion.

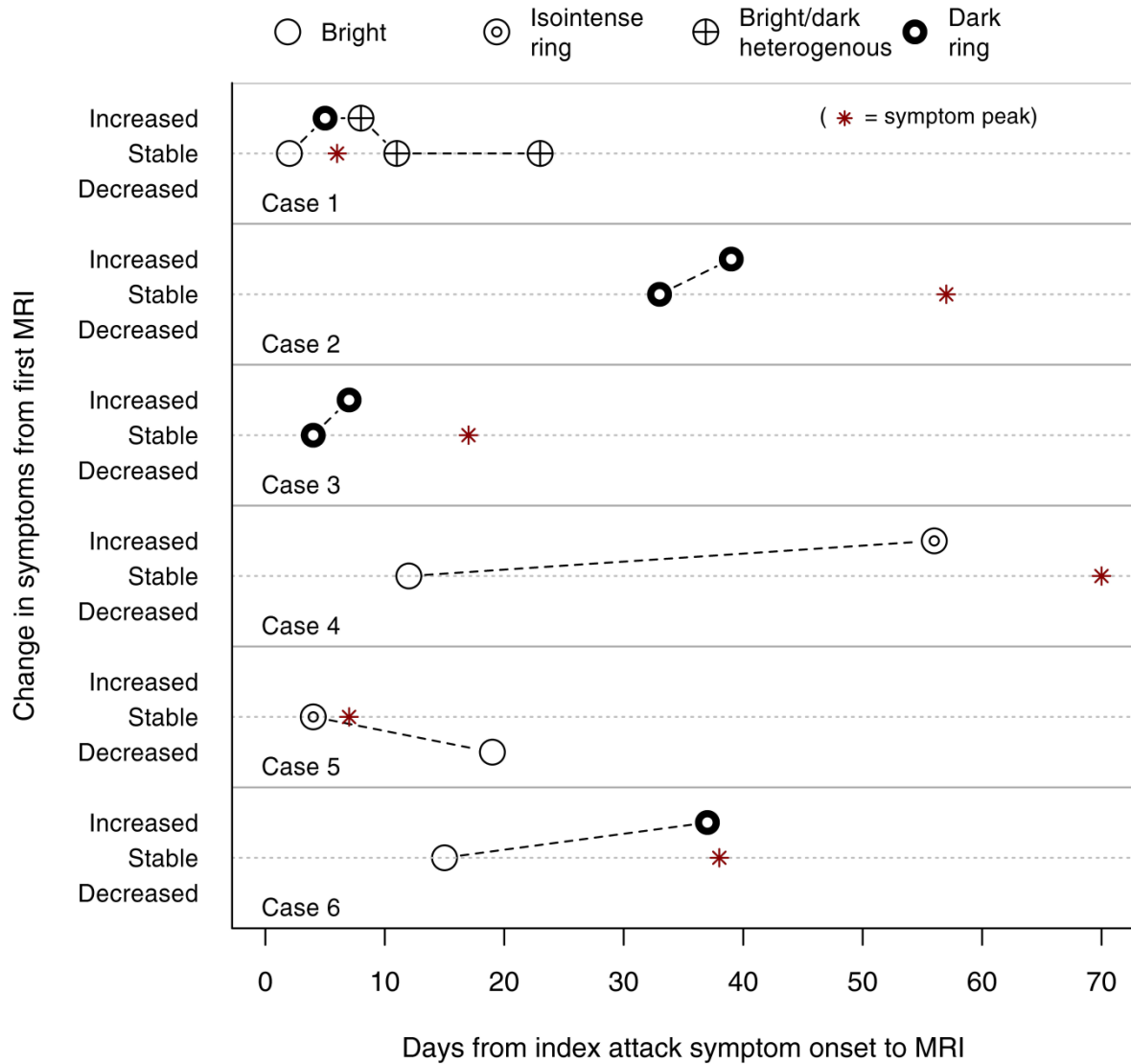


Figure e-2: Summary of the radiologic (index lesion) and clinical changes in the longitudinal cases with clinical data (n=6). Of the 6 cases represented in the figure, 4 show a change in ADC pattern classification over a range of 3-42 days, whereas 2 cases show the same ADC pattern on repeat MRI. Five of the six cases demonstrated an increase in clinical symptoms on longitudinal follow-up compared to the initial presenting index symptoms. Only case 5 displayed a reduction in clinical symptoms. The corresponding ADC pattern changed from an isointense ring to a homogeneously bright lesion, with more facilitation noted at the periphery of the lesion.

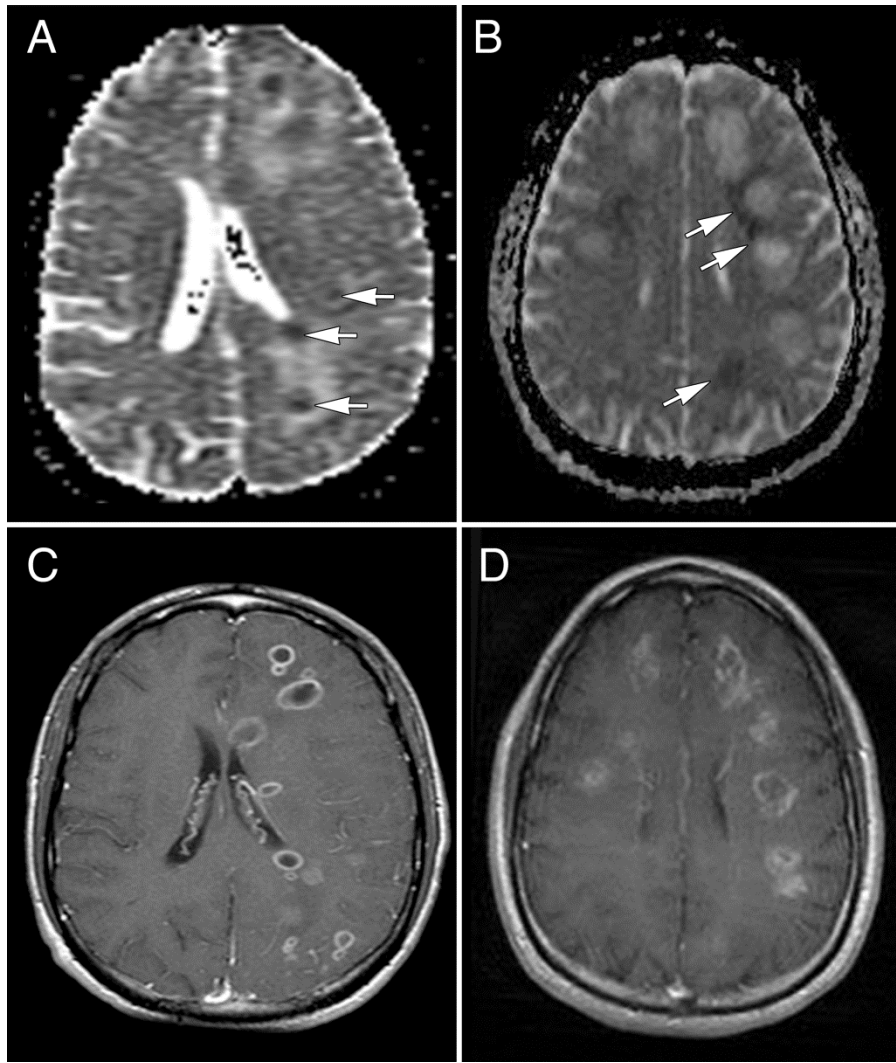


Figure e-3: Comparison of ADC pattern in Cerebral Abscesses and CNS IDD. A: ADC map in a case with multiple cerebral abscesses demonstrates multiple lesions with a uniform ADC pattern consisting of homogeneously dark centers representing centrally restricted diffusion (arrows). This pattern was exclusively seen among cerebral abscesses. B: ADC map from a case of CNS IDD shows multiple lesions with different ADC restriction patterns including lesions with peripherally restricted and homogeneously restricted diffusion characteristics (arrows). An ADC pattern of peripheral restriction was most common among cases of CNS IDD. C/D: Corresponding T1W gadolinium images both demonstrate ring enhancement.