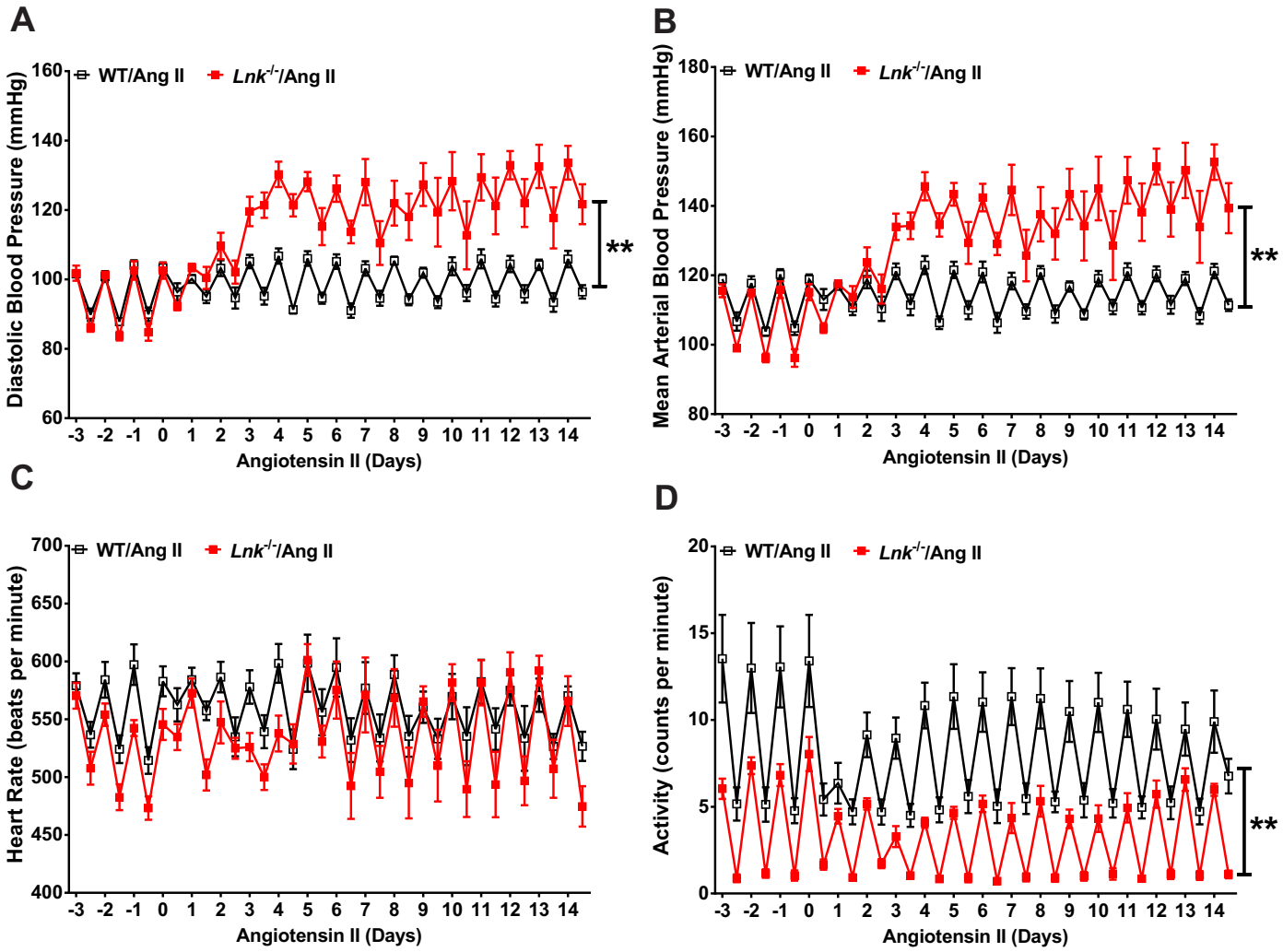
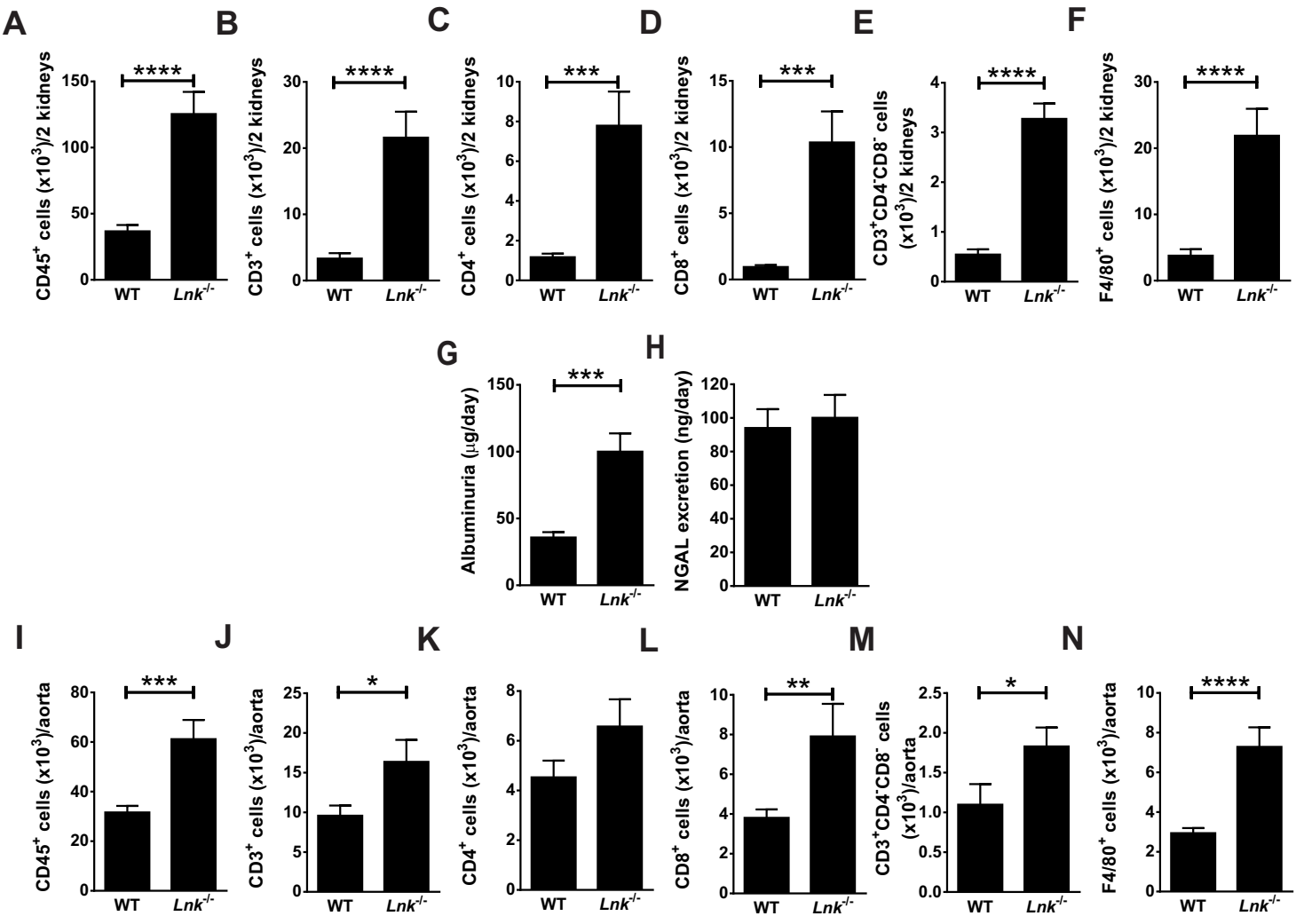
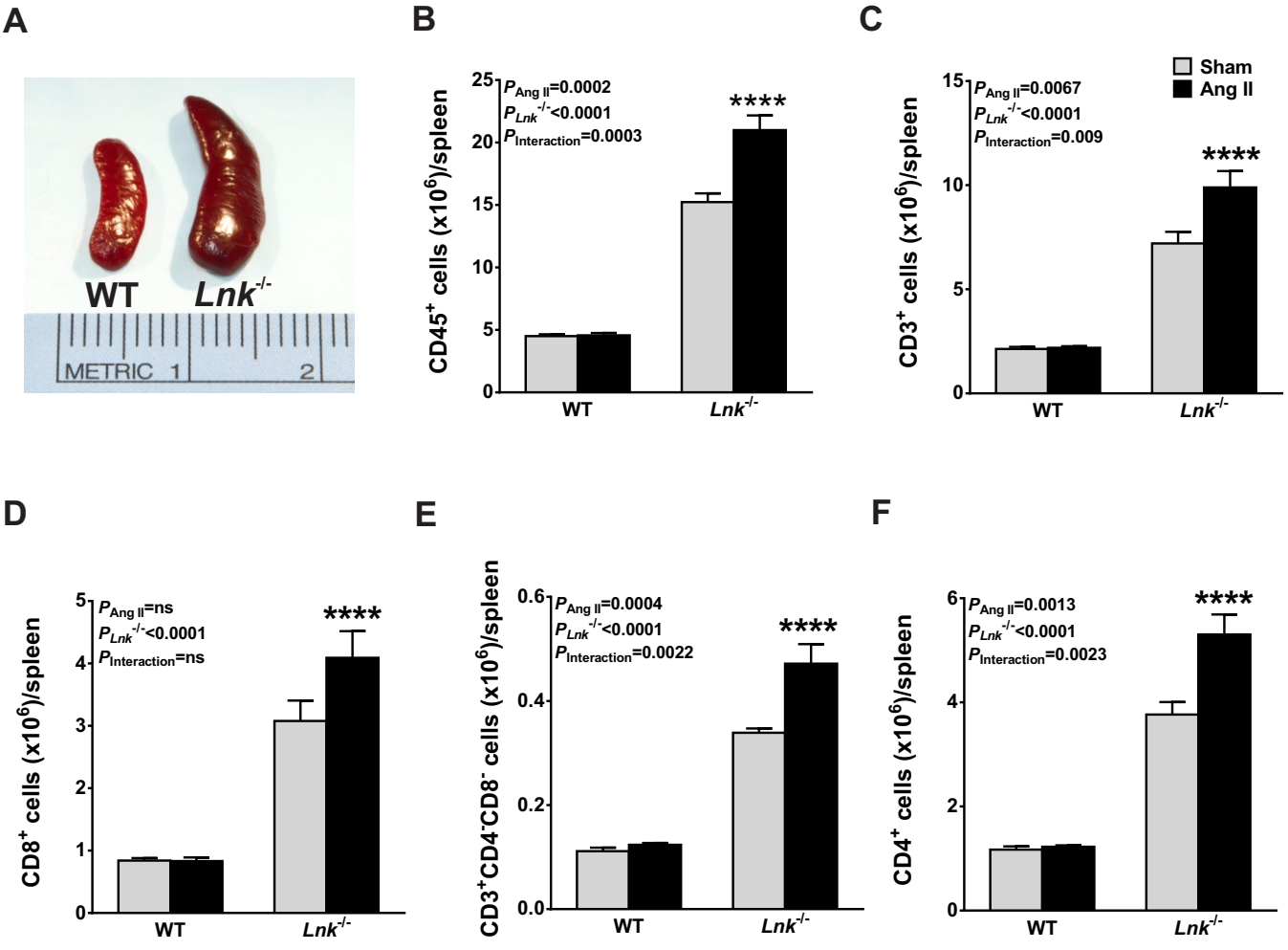


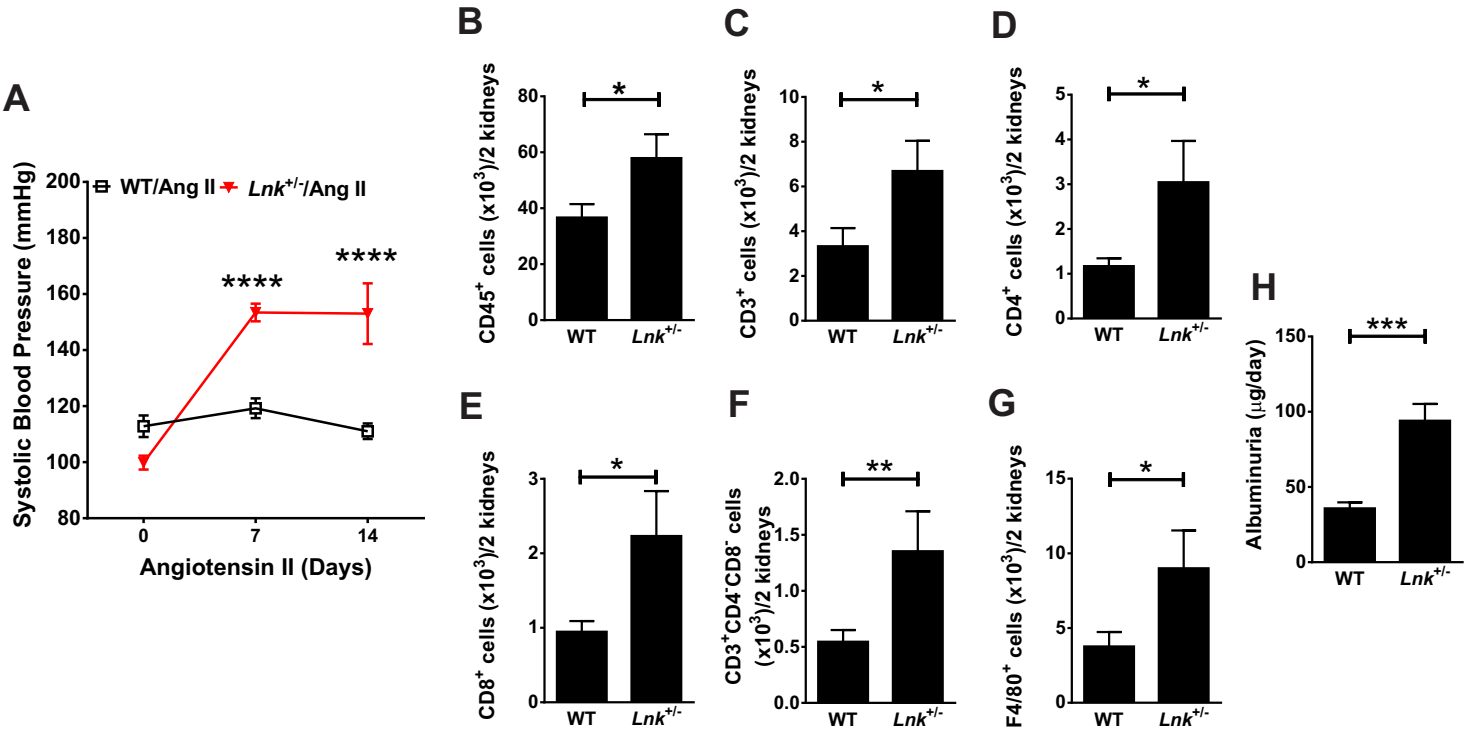
Supplemental Figure 1. Loss of LNK exacerbates angiotensin II (Ang II)-induced hypertension and diminishes activity. Telemetry recordings of A) diastolic blood pressure, B) mean arterial pressure, C) heart rate, and D) activity at baseline and during 14 days of Ang II infusion (140 ng/kg/min) in wild type (WT) and *Lnk*$^{-/-}$ mice [n=5 per group]. Data are expressed as mean ± SEM. Data were analyzed by ANOVA with repeated measures. $^{**}P<0.01$ vs WT/Ang II.



Supplemental Figure 2. LNK Deficiency results in enhanced renal/vascular inflammation and glomerular injury in response to a normally subpressor dose of Ang II. Summary data of absolute numbers of total leukocytes ($CD45^+$ cells), total T lymphocytes ($CD45^+CD3^+$ cells), T cell subsets ($CD4^+$, $CD8^+$, and $CD3^+CD4^-CD8^-$ cells), and monocytes/macrophages ($CD45^+F4/80^+$ cells) per 2 kidneys (A-F) or per thoracic aorta (I-N) in wild type (WT) and *Lnk*$^{-/-}$ mice infused with Ang II (140 ng/kg/min) for 2 weeks (n=7-10 per group). Glomerular filtration barrier injury was assessed by quantifying 24-hr urinary excretion of albumin (G), and renal tubular damage was evaluated by measuring 24-hr urinary excretion of neutrophil gelatinase-associated lipocalin (NGAL) (H) [n=6-7 per group]. Data were analyzed by Student's one-tailed *t*-test and are expressed as mean ± SEM. **P*<0.05, ***P*<0.01, ****P*<0.001, *****P*<0.0001 vs WT.



Supplemental Figure 3. LNK deficiency results in increased numbers of total splenic leukocytes and T lymphocytes. A) Representative image of a WT and *Lnk*$^{-/-}$ mouse spleen at baseline. B-F) Summary data of absolute numbers of total leukocytes (CD45$^+$ cells), total T lymphocytes (CD45$^+$CD3$^+$ cells) and T cell subsets (CD4$^+$, CD8$^+$, and CD3$^+$CD4$^-$CD8$^-$ cells) per spleen in wild type (WT) and *Lnk*$^{-/-}$ mice infused with vehicle (Sham) or Ang II (490 ng/kg/min) for 2 weeks. Data are expressed as mean ± SEM (n=5-6 per group). *P* values for the effect of Ang II, the effect of LNK deficiency, and the interaction of Ang II and genotype as calculated by 2-way ANOVA are shown. ****P<0.0001 vs WT/Ang II.



Supplemental Figure 4. Loss of only one LNK allele results in elevated blood pressure, renal inflammation, and albuminuria in response to a normally subpressor dose of Ang II. A) Non-invasive systolic blood pressure measurements recorded via the tail-cuff method at baseline and weekly after infusion of Ang II (140 ng/kg/min) in wild type (WT) and heterozygous *Lnk*$^{+/-}$ mice (n=6-10 per group). B-G) Summary data of absolute numbers of total leukocytes (CD45$^+$ cells), total T lymphocytes (CD45$^+$CD3$^+$ cells), T cell subsets (CD4$^+$, CD8$^+$, and CD3$^+$CD4$^-$ CD8$^-$ cells), and monocytes/macrophages (CD45$^+$F4/80$^+$ cells) per 2 kidneys (n=6-10 per group). E) 24-hr urinary excretion of albumin (n=6-7 per group). Data are expressed as mean ± SEM. Blood pressure data were analyzed by ANOVA with repeated measures. All other data were analyzed by Student's one-tailed *t*-test. **P*<0.05, ***P*<0.01, ****P*<0.001, *****P*<0.0001 vs WT.