

Supporting Information

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SI Materials and Methods

Isolation of Adult Cardiomyocytes. Hearts were cannulated and mounted on a Langendorff apparatus and then were perfused using a Liberase-containing solution (Roche) to digest the tissue for 10 min. Then the reaction was terminated using 1% BSA (Sigma Aldrich). After filtration through a 70- μ m gauze, cells were cultured in Medium 199 with Earl's salts, supplemented with L-carnitine (2 mM), taurine (2 mM), and L-creatine (5 mM) (medium and supplements all from Sigma Aldrich). Cells then were treated within 2 h of culture.

Cine MRI. Mice were anesthetized with 2% (vol/vol) isoflurane in O₂ and were positioned supine in a purpose-built cradle. ECG electrodes were inserted into the forepaws, a respiration loop was taped across the chest and heart, and respiration signals were monitored using a custom-built physiological motion-gating device (1). The cradle was lowered into a vertical-bore, 11.7-T MR system with a 40-mm birdcage coil (Rapid Biomedical) and visualized using a Bruker console running Paravision 2.1.1. A stack of contiguous 1-mm-thick true short-axis ECG- and respiration-gated cine-FLASH images was acquired. The entire *in vivo* imaging protocol was performed in ~60 min.

Image analysis was performed using ImageJ (National Institutes of Health). LV volumes and ejection fractions were calculated from the stack of cine images as described (1).

T₂. Mice were anesthetized with 2% (vol/vol) isoflurane in O₂ and positioned supine in a purpose-built cradle. All experiments were performed on a 7-T preclinical MRI system (Agilent Technologies) with a multinuclear parallel imaging Direct Drive

console and a small-animal gradient set (17.5 G/cm maximum strength; 87.5 G·cm⁻¹·ms⁻¹ slew rate). T₂ maps were determined by acquiring cardiac-gated spoiled gradient multiecho images within a single midventricular axial slice at a high spatial resolution (128 × 128 matrix; 32.0 × 32.0 mm field-of-view; 1.6-mm-thick slice with a sinc excitation; flip angle 15°; eight averages). An exponential array of eight echo times (Te) was used (Te = 1.81, 2.37, 3.10, 4.07, 5.33, 6.98, 9.15, or 12.00 ms) to ensure sensitivity to multiple decays of T₂. Data then were re-gridded appropriately in Matlab (Mathworks), zero-filled by a factor of two, and multiplied by a 2D Hamming window to reduce noise and discretization effects. After a 2D Fourier transformation, the resulting multiecho data were subjected to a threshold-based segmentation algorithm before fitting. Data then were fit (in parallel) to a single-exponential model over the echo times, using a linear least squares trust-region algorithm with bounded parameters. Cardiac T₂ statistics were calculated from a manually placed region of interest in the interventricular septum.

Iron Quantitation by ICP-MS. All samples were measured using the Thermo Finnigan Element 2 Sector-Field ICP-MS. Calibration was achieved using the process of standard additions; in the case of iron, spikes of 0, 0.5, 1, 10, 20, and 100 ng/g iron were added to replicates of a selected sample. An external iron standard (ICP-MS-68-A solution; High Purity Standards) was diluted and measured to confirm the validity of the calibration. Rhodium also was spiked onto each blank, standard, and sample as an internal standard at a concentration of 1 ng/g. Concentrations from ICP-MS were normalized to starting tissue weight.

1. Tyler DJ, et al. (2006) CINE-MR imaging of the normal and infarcted rat heart using an 11.7 T vertical bore MR system. *J Cardiovasc Magn Reson* 8(2):327–333.

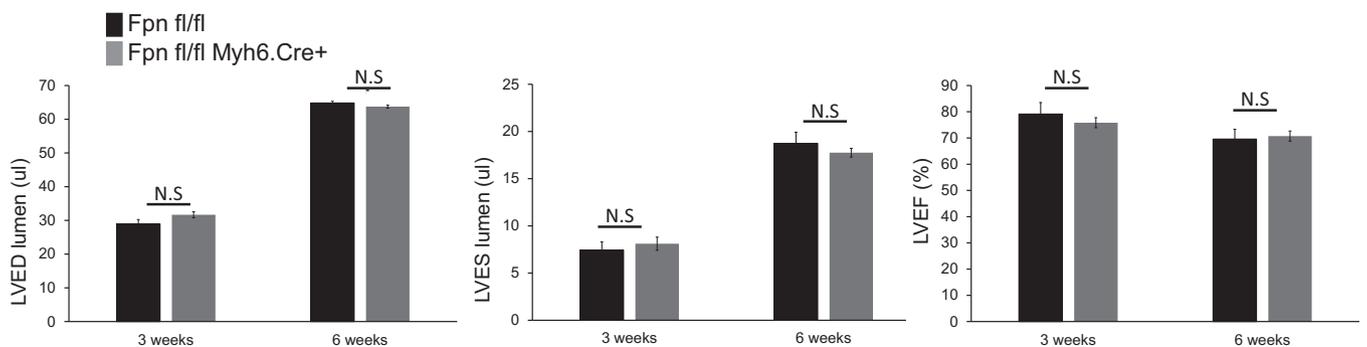


Fig. S1. Cardiac function in *Fpn fl/fl Myh6.Cre+* mice and *Fpn fl/fl* controls at age 3 and 6 wk. Values are shown as mean ± SEM. *n* = 3 per group.

