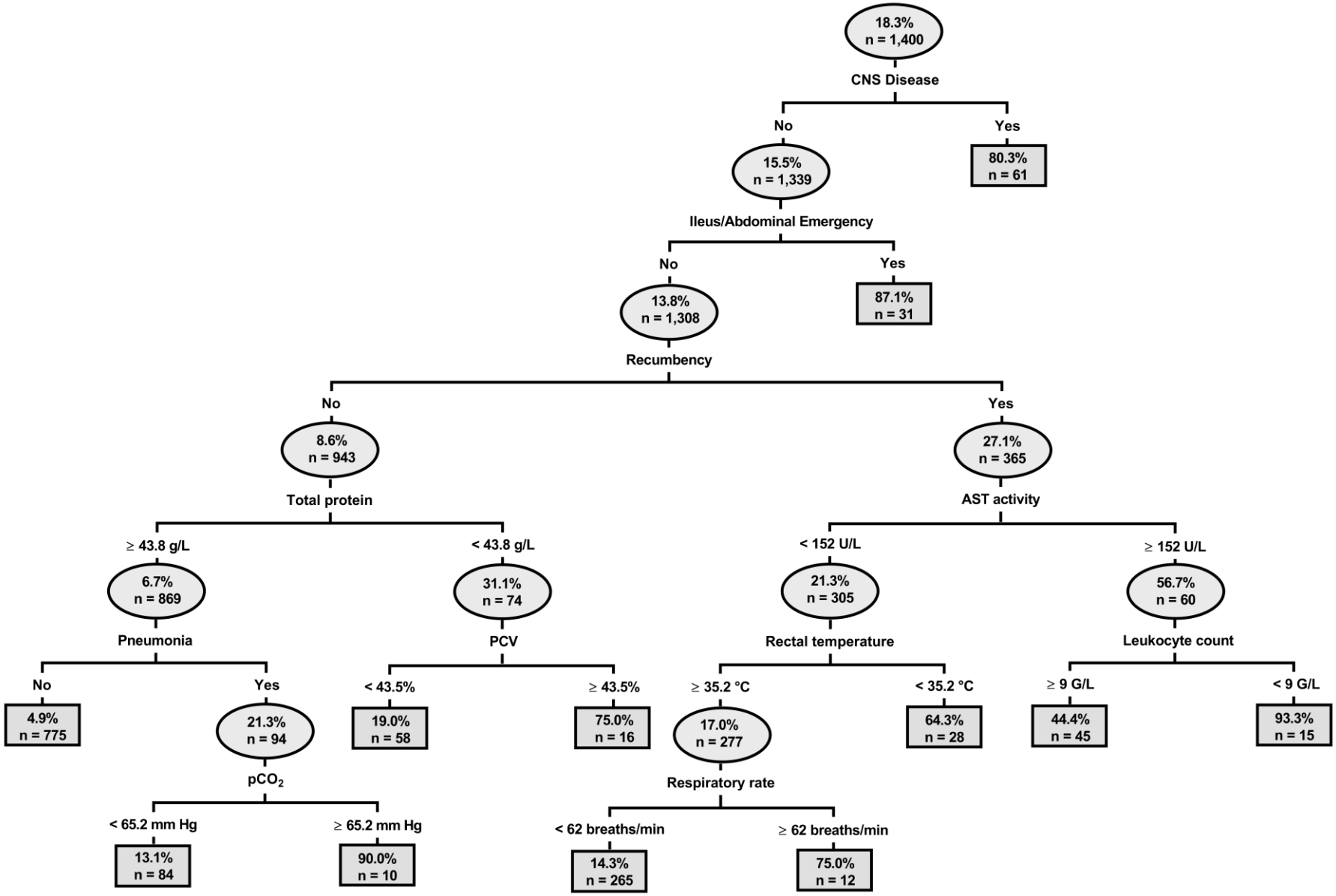

S1 Figure. Estimated classification tree identifying significant associations between clinical and laboratory variables and predicted mortality. Each oval identifies a subset of the population, the probability of mortality for the subset, and the number of calves in the subset. Lines leaving the oval identify a study variable and its cutpoint value that is a significant predictor of mortality. Branches to the left indicate subgroups with lower mortality (better outcome), whereas branches to the right indicate subgroups with higher mortality (poorer outcome). Classification tree analysis suggests that predicted mortality is associated with the presence of central nervous system disease, ileus or abdominal emergency, abnormal posture, a serum total protein concentration < 43.8 g/L, the presence of pneumonia, a jugular venous $pCO_2 \geq 65.2$ mm Hg in calves with pneumonia, and a packed cell volume ≥ 43.5% in calves with a serum total protein concentration < 43.8 g/L. Also in recumbent calves, a serum AST activity ≥ 152 U/L, a leukocyte count < 9 G/L, a rectal temperature < 35.2 ^{o}C and a respiratory rate ≥ 62 breaths/min was significantly associated with predicted mortality.