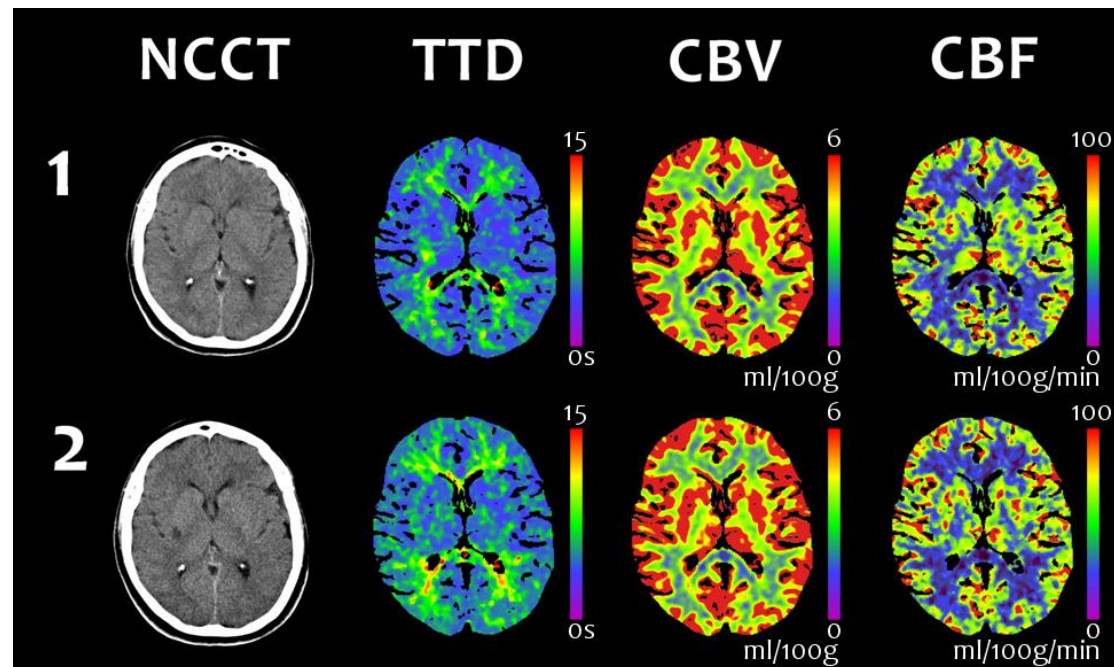


**Supplementary material:**

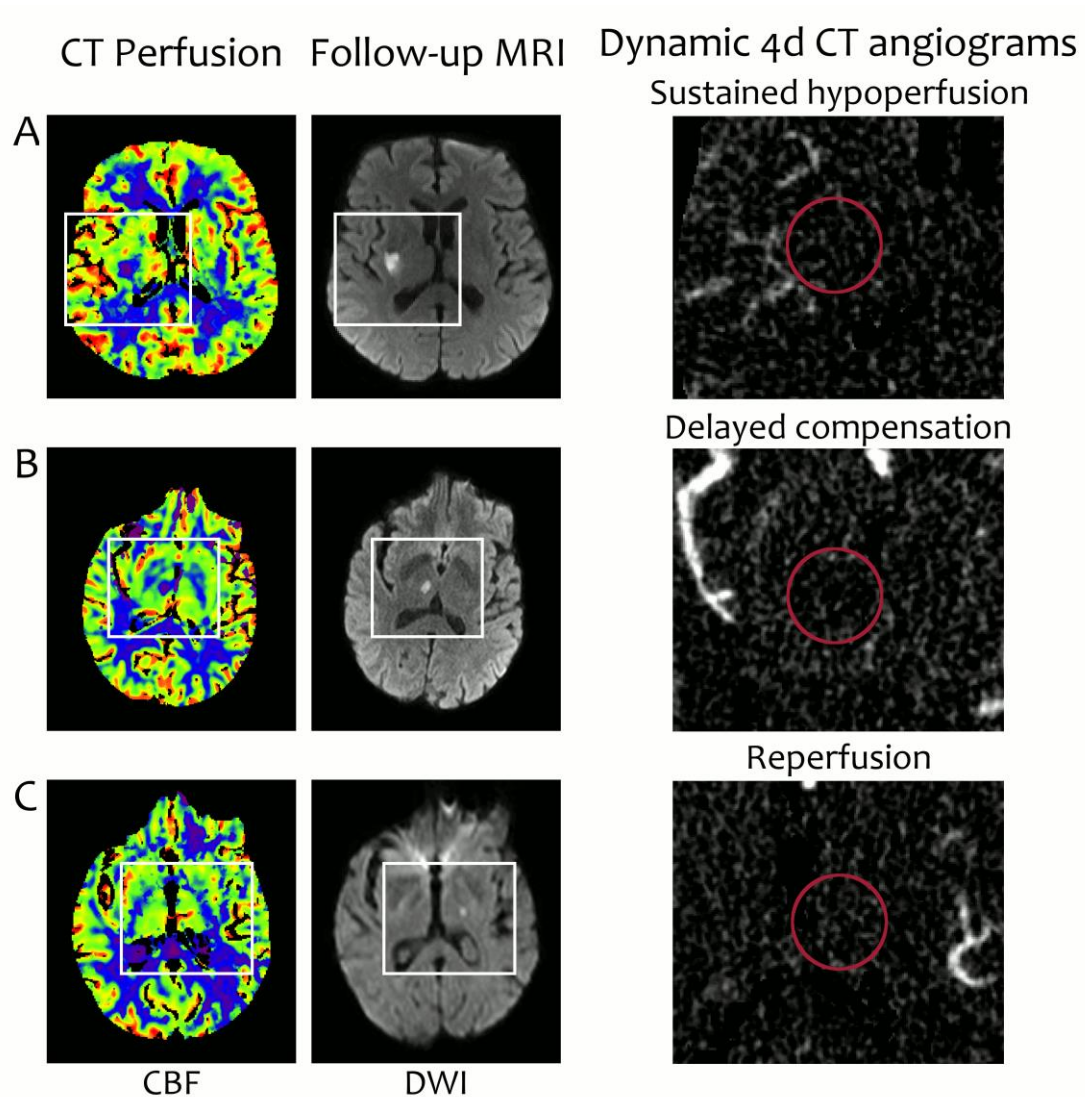
Supplementary figure:



**CTP map changes in a patient with repeated studies.**

A 65 year-old male patient presented with mild left sensorymotor syndrome. The first CTP is shown in the upper row (1) and was acquired 3.5 hours from symptom onset. Notice the typical image of decreased CBF and delayed time maps (TTD) in the right putamen with normal CBV and no low attenuations on NCCT. In the second study (2), performed 48 hours later, the NCCT showed a clear low attenuation consistent with an established ischemic lesion whereas CBF and TTD showed no abnormalities. The perfusion is compensated in the second CTP study, despite the presence of an established infarct.

Supplementary video: (GIF file sent separately)



**Loop-movie of the 3 patterns on D4DCTA in patients with recent small subcortical infarcts.** In patients with sustained hypoperfusion pattern (A) there was no contrast enhancement in any D4DCTA sequence. In patients with delayed compensation pattern (B), after an initial lack of perfusion, the contrast filled the ROI centripetally and washed out late. In patients with reperfusion pattern (C) the contrast quickly filled the ROI and washed out early.

## Supplementary table

	<b>Hypoperfusion on CTP maps (N=51)</b>	<b>Normoperfusion on CTP maps (N=12)</b>	<b>Hyperperfusion on CTP maps (N=4)</b>
<b>Sustained hypoperfusion on D4DCTA (N=32)</b>	31 (97)	1 (3)	0 (0)
<b>Delayed compensation on D4DCTA (N=18)</b>	16 (89)	2 (11)	0 (0)
<b>Reperfusion on D4DCTA (N=11)</b>	0 (0)	7 (63)	4 (37)
<b>Poor quality images on D4DCTA (N=6)</b>	4 (67)	2 (33)	0 (0)

Contingency table of the results of the CTP maps and D4DCTA