

# THE LANCET

## Infectious Diseases

### Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.  
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Supplement to: Lang M, Som A, Mendoza DP, et al. Hypoxaemia related to COVID-19: vascular and perfusion abnormalities on dual-energy CT. *Lancet Infect Dis* 2020; published online April 30. [https://doi.org/10.1016/S1473-3099\(20\)30367-4](https://doi.org/10.1016/S1473-3099(20)30367-4).

## APPENDIX

**Supplemental Figure 1.** Dual-energy computed tomography (DECT) in two additional patients with COVID-19 pneumonia without evidence of pulmonary emboli. **Patient 2:** 58-year-old female who has been immobile during her hospital stay due to fatigue and weakness exhibited acute worsening of shortness of breath on admission day 4. The patient required nasal cannula with flow rate of 2 liters per minute to maintain oxygen saturation above 90%. **(A)** Peripheral ground glass opacities are present in the lower lobes (black arrowheads), and central ground glass opacities are noted in the right middle and left lower lobes (white arrows); corresponding PBV image in **(B)** shows a peripheral perfusion defect with halo of increased perfusion in the left lower lobe (black arrows). There are also areas of increased perfusion corresponding to the central ground glass opacities (arrowheads). **Patient 3:** 41-year-old female who presented with 7 days of cough, shortness of breath, and hemoptysis. The patient was tachypneic with a respiratory rate of 22 but oxygenation saturation remained greater than 90% on room air while at rest. **(C)** There are areas of peripheral ground glass opacity within the posterior lungs and central ground glass opacities with enlarged vessels within the upper lobes (arrows); corresponding PBV image **(D)** shows peripheral areas of decreased perfusion with surrounding halos of increased perfusion (arrows).

