

THE LANCET

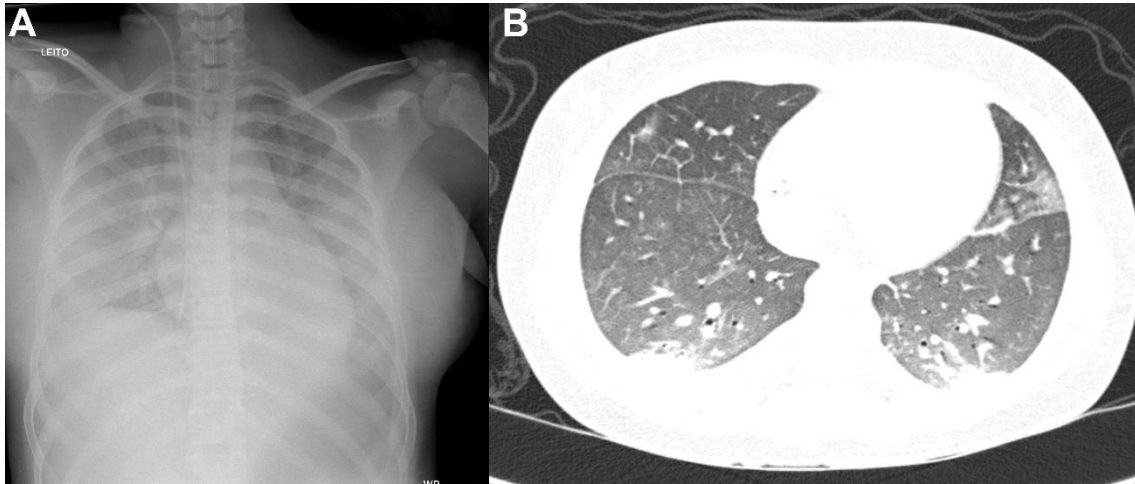
Child & Adolescent Health

Supplementary appendix

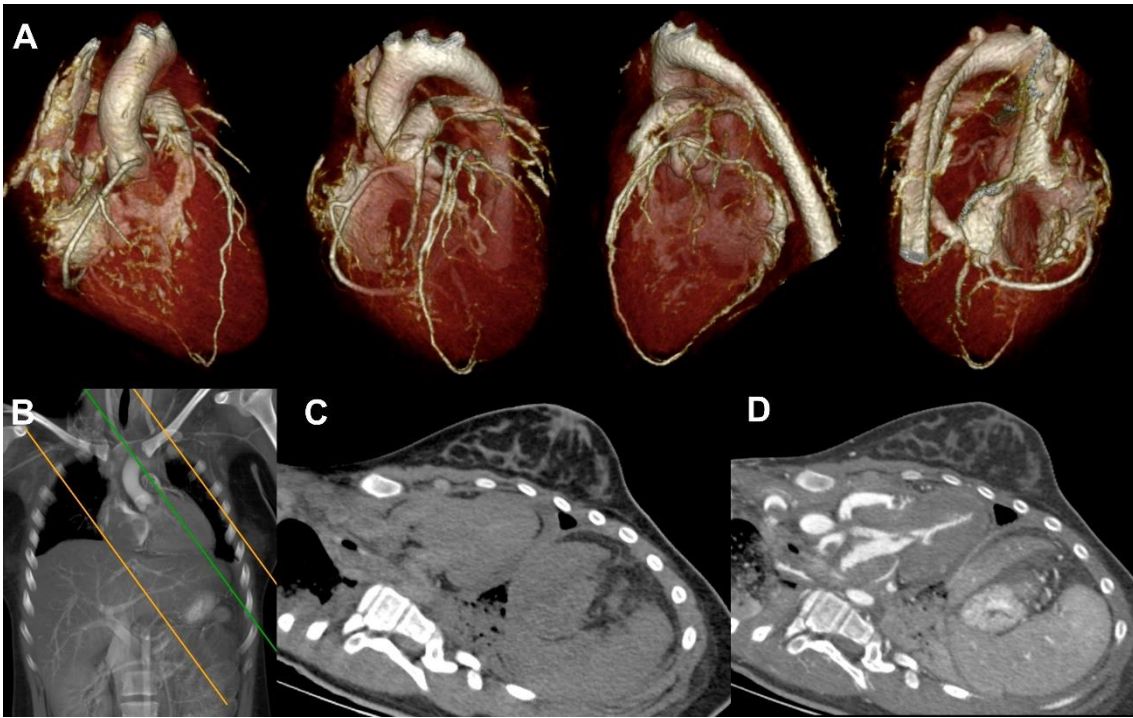
This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Dolhnikoff M, Ferranti JF, de Almeida Monteiro RA, et al. SARS-CoV-2 in cardiac tissue of a child with COVID-19-related multisystem inflammatory syndrome. *Lancet Child Adolesc Health* 2020; published online August 20. [https://doi.org/10.1016/S2352-4642\(20\)30257-1](https://doi.org/10.1016/S2352-4642(20)30257-1).

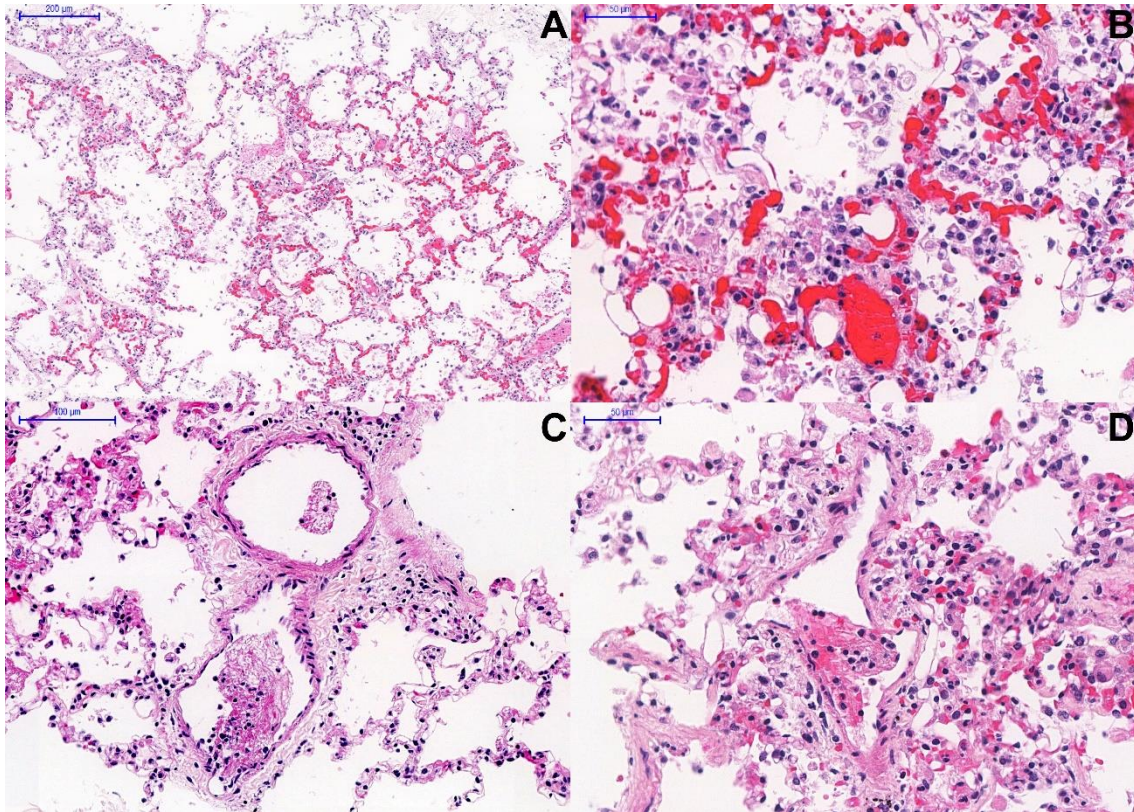
Appendix



Imaging of the chest in a case of SARS-COV-2-associated myocarditis. (A) Initial Chest X-ray showing enlarged cardiac area and bilateral lung opacities. (B) Chest computed tomography (CT) evidencing multiple ground-glass pulmonary opacities, associated with thickening of interlobular septa and sparse consolidation foci.



Post-Mortem angiotomography in a case of SARS-COV-2-associated myocarditis. (A) 3D Volume Rendering for heart - arterial phase (130kV; 120mAs; Collimation: 9.6cm; Kernel B30; Slice Thickness: 0.75mm, InPlane Resolution: 0.62 x 0.62 mm²) showing no coronary alterations or dilations; (B to D) Diagonal reconstructed (B) slices from the postmortem angiotomography native phase (pre-contrast) (C) and arterial phase (D).



Pulmonary findings at autopsy in a case of SARS-COV-2-associated myocarditis. A and B. Pulmonary tissue with focal exudative changes and mild pneumocyte hyperplasia. C and D. Fibrinous thrombi in small pulmonary arterioles.