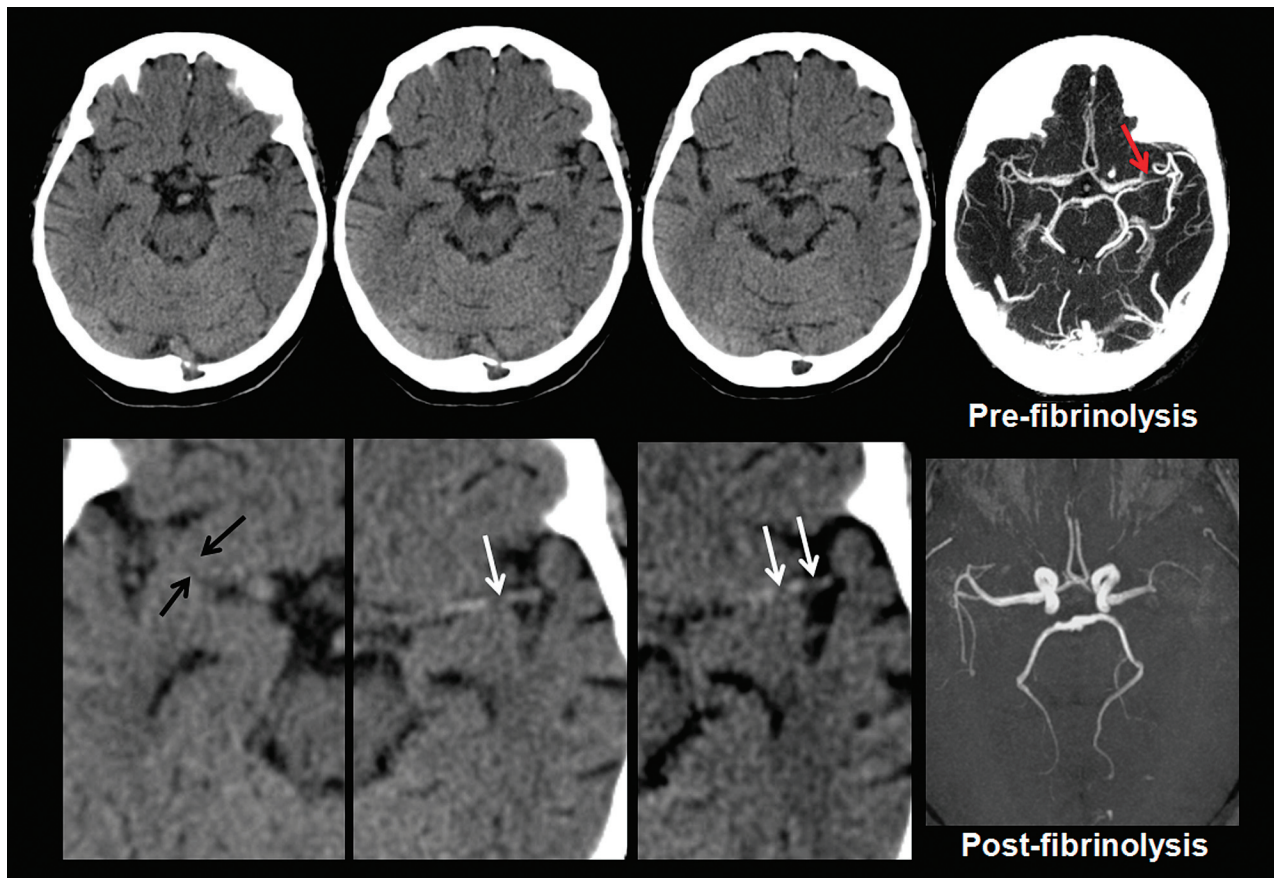**On-line Table 1: Univariate statistics between patients with complete recanalization and patients with persistent occlusion**

| | Persistent Occlusion (n = 30, 67.0%) | Recanalized (n = 15, 33.3%) | P Value |
|---|---|---|---|
| Demographics | | | |
| Age (median) (IQR) | 72.5 (60.5–80) | 73 (59-77) | .682 |
| Female (No.) (%) | 14 (46.7) | 6 (40.0) | .671 |
| Risk factors | | | |
| Hypertension (No.) (%) | 20 (66.7) | 9 (60) | .660 |
| Diabetes (No.) (%) | 7 (23.3) | 2 (13.3) | .429 |
| Smoking (No.) (%) | 13 (43.3) | 7 (46.7) | .832 |
| Hyperlipidemia (No.) (%) | 16 (53.3) | 5 (33.3) | .205 |
| Alcoholism (No.) (%) | 7 (23.3) | 6 (40.0) | .245 |
| Atrial fibrillation (No.) (%) | 9 (30.0) | 4 (26.7) | .816 |
| History of stroke/TIA (No.) (%) | 3 (10.0) | 3 (20.0) | .352 |
| Coronary artery disease (No.) (%) | 8 (26.7) | 1 (6.7) | .114 |
| Hyperfibrinogenemia (No.) (%) | 12 (40.0) | 7 (46.7) | .670 |
| Hyperglycemia (No.) (%) | 19 (63.3) | 11 (73.3) | .502 |
| Hematocrit (median) (IQR) | 42 (40–43.2) | 41 (38–42) | .124 |
| Platelet count (median) (IQR) | 223 (184–258) | 264 (205–302) | .380 |
| Statin use (No.) (%) | 10 (33.3) | 3 (20.0) | .352 |
| Antiplatelet use (No.) (%) | 15 (50) | 7 (46.7) | .833 |
| TOAST (No.) | | | |
| Large artery (No.) (%) | 14 (46.7) | 1 (6.7) | .007[a] |
| Cardioembolic (No.) (%) | 11 (36.7) | 10 (66.7%) | .057 |
| Indeterminate (No.) (%) | 5 (16.7) | 4 (26.7) | .429 |
| Clinical variables | | | |
| NIHSS at baseline (median) (IQR) | 17.5 (12.0–20.2) | 14 (10–18) | .284 |
| Day 1 NIHSS (median) (IQR) | 15.0 (9.5–18.5) | 8.5 (5.8–18) | .166 |
| Infarct side, left (No.) (%) | 18 (60) | 10 (66.7) | .664 |
| ASPECTS at baseline (median) (IQR) | 8.0 (6.0–9.2) | 9.0 (7.0-10.0) | .250 |
| HMCAS (No.) (%) | 17 (65.39) | 9 (34.61) | .475 |
| Dot sign (No.) (%) | 8 (50) | 8 (50) | .475 |
| Thrombus length (mm) (median) (IQR) | 13.7 (8.4–21.6) | 11.7 (6.8–13.5) | .159 |
| Thrombus area (mm$^2$) (median) (IQR) | 25.5 (17.2–39.5) | 25 (15–31) | .198 |
| Absolute thrombus HU (median) (IQR) | 42.0 (38.7–45.1) | 50.0 (42.2–55.2) | .001[a] |
| Contralateral MCA HU (median) (IQR) | 36.6 (35.7–38.0) | 33.1 (28.1–36.8) | .021[a] |
| rHU (median) (IQR) | 1.15 (1.18–1.23) | 1.52 (1.39–1.70) | <.001[a] |
| HU ratio >1.382 | 0 (0%) | 13 (86.7%) | <.001[a] |
| Occlusion location | | | |
| M1-MCA (No.) (%) | 18 (60.0%) | 8 (53.3%) | .670 |
| M2-MCA (No.) (%) | 5 (16.7%) | 6 (40.0%) | .086 |
| M1-M2 MCA (No.) (%) | 7 (23.3%) | 1 (6.7%) | .168 |
| DWI infarct volume <12 hr (cm$^3$) (median) (IQR) | 20.5 (9.4–64.0) | 12.7 (6.7–67.3) | .689 |
| DWI infarct volume at 72 hr (cm$^3$) (median) (IQR) | 137.5 (27.3–194) | 36.0 (9.0–94.1) | .084 |
| Final infarct volume (30-day FLAIR) (cm$^3$) (median) (IQR) | 29.0 (9.3–90.1) | 10.9 (7.4–93.7) | .911 |
| Treatment process and outcomes | | | |
| Time from onset to rtPA (min) (median) (IQR) | 159.5 (130–226) | 195 (145–224) | .308 |
| Day 3 NIHSS (median) (IQR) | 14.0 (8.8–20.2) | 5.5 (1.0–15.5) | .026[a] |
| Day 30 NIHSS (median) (IQR) | 8.0 (2.0–15.0) | 1.0 (1.0–11.0) | .221 |
| Day 90 NIHSS (median) (IQR) | 5.5 (1.0–15.0) | 1.0 (0.0–9.0) | .290 |
| mRS score >2 at 3 mo (No.) (%) | 15 (68.2%) | 7 (53.8%) | .396 |
| Hemorrhagic transformation (No.) (%) | 10 (33.3%) | 5 (33.3%) | 1.000 |
| Symptomatic hemorrhagic transformation (No.) (%) | 2 (6.7%) | 2 (13.3%) | .459 |
| Mortality (No.) (%) | 7 (23.3%) | 3 (20.0%) | .800 |

[a] P value < .05.

**On-line Table 2: Summary of class performance**

| | Sensitivity | Specificity | Positive Predictive Value | Negative Predictive Value | $r_\varphi$ |
|---|---|---|---|---|---|
| rHU | 100 | 86.67 | 93.75 | 100 | .901 |
| LAA | 100 | 23.33 | 39.47 | 100 | .303 |

**On-line Fig.** A 79-year-old man presented with hemiparesis and aphasia 60 minutes after symptom onset. NCCT reveals a hyperattenuated left MCA (top images), Axial MIP of CTA (*red arrow*) reveals an occlusion in the postbifurcation segment of M1. The hyperattenuation seen in the left prebifurcation M1 segment proved permeable; HMCAS could be misdiagnosed only if NCCT was analyzed because this segment is actually more hyperattenuated than the contralateral one (bottom, *black arrows*). Most interesting, magnified images revealed a heterogeneous hypoattenuated thrombus (*white arrows*) with low rHU (not shown). Intravenous thrombolysis failed, as is seen on MRA (right bottom row).