

Figure S1 (related to Figure 1). **Flow cytometry gating scheme and cardiac phenotype of *Tnnt2* ^{$\Delta K210/\Delta K210$} mice across the spectrum of age.** **A**, Flow cytometry gating strategies for cardiac macrophages. **B**, Kaplan-Meier curve showing reduced survival of *Tnnt2* ^{$\Delta K210/\Delta K210$} mice compared to controls (n>20 per group). **C**, Heat map showing genes differentially expressed in control and *Tnnt2* ^{$\Delta K210/\Delta K210$} hearts at 8 weeks of age (n=5-6 per experimental group). Representative genes related to macrophages and innate immunity that were differentially expressed in *Tnnt2* ^{$\Delta K210/\Delta K210$} hearts compared to controls are displayed. CPM: counts per million. FDR p<0.05 (control vs *Tnnt2*) for comparisons. **D-E**, Immunostaining of control and *Tnnt2* ^{$\Delta K210/\Delta K210$} hearts showing increased numbers of CD68⁺ (white) macrophages in *Tnnt2* ^{$\Delta K210/\Delta K210$} hearts compared to controls at P7 and 8 weeks of age. Green: cardiac actin. * denotes p<0.05 compared to controls. Mann-Whitney test. n=6 per experimental group. **E**, Flow cytometry of CD45⁺CD64⁺Ly6G⁻ macrophages showing shifts in macrophage composition in control and *Tnnt2* ^{$\Delta K210/\Delta K210$} hearts across the spectrum of age. n=6 per experimental group.

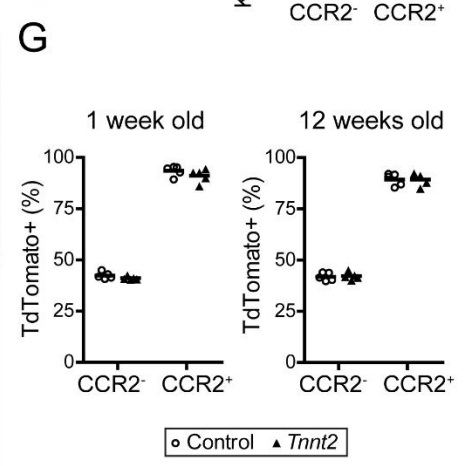
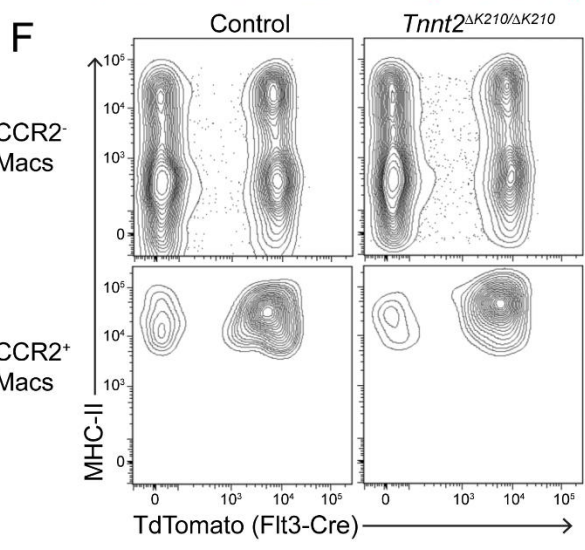
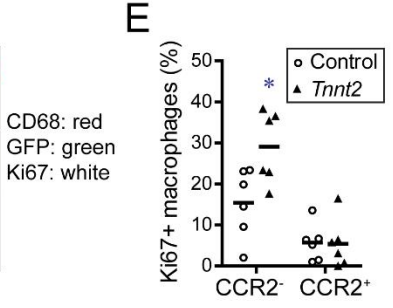
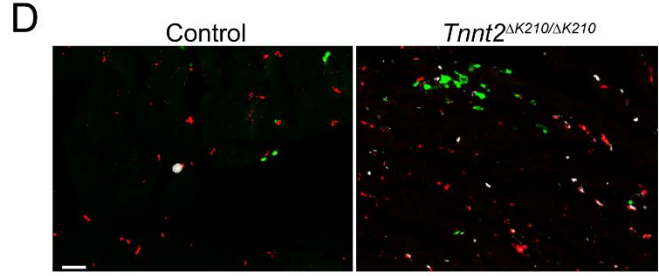
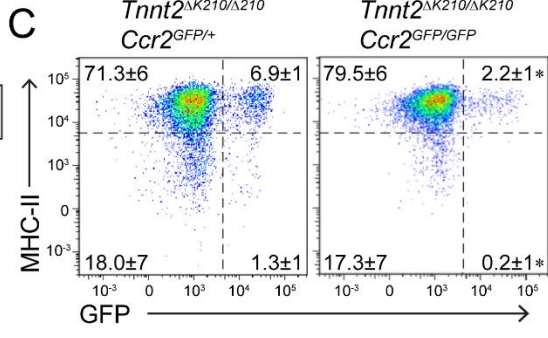
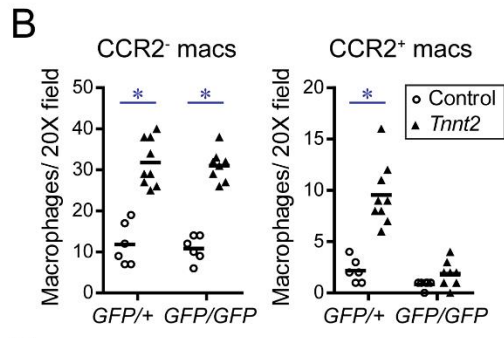
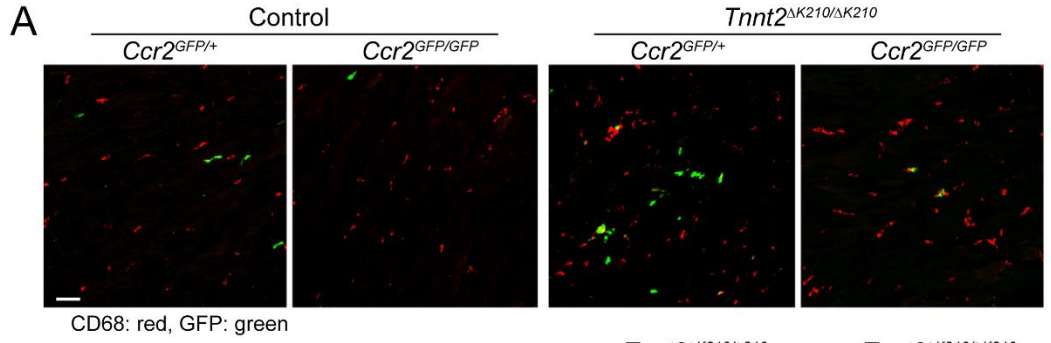
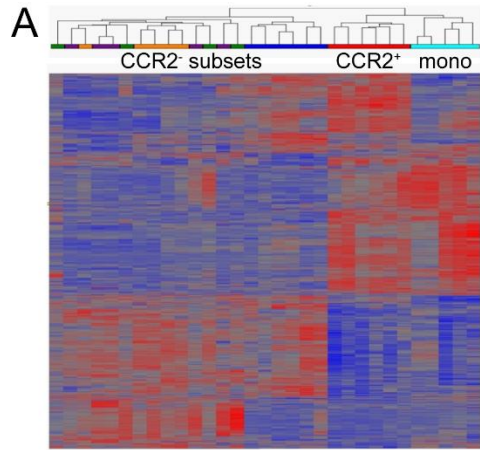
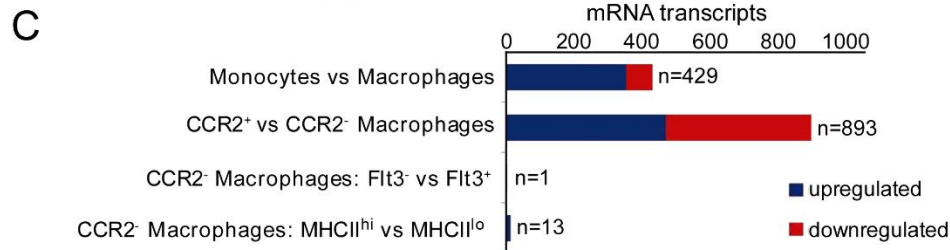
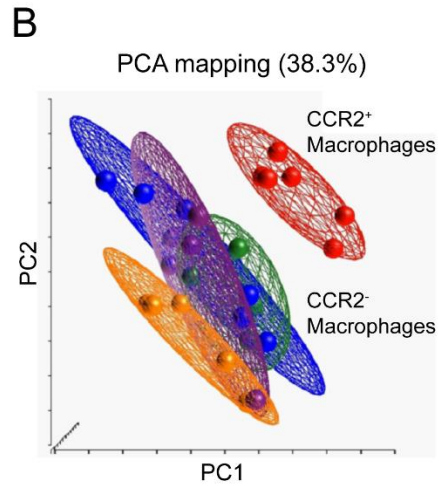


Figure S2 (related to Figure 1). **Recruitment dynamics and origins of cardiac macrophages in control and *Tnnt2*^{ΔK210/ΔK210} mice.** **A**, Immunostaining for CD68 (red) and GFP (green) in control (*Ccr2*^{GFP/+}), *Ccr2*^{GFP/GFP}, *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/+}, and *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/GFP} hearts at 8 weeks of age. Representative images of n=6-8 per experimental group. Scale bar 20μm **B**, Quantification of CCR2⁻ and CCR2⁺ macrophages in the LV myocardium of *Ccr2*^{GFP/+}, *Ccr2*^{GFP/GFP}, *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/+}, and *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/GFP} hearts. * denotes p<0.05 compared to control (Mann-Whitney test). n=6-8 per experimental group. **C**, Flow cytometry of CD45⁺CD64⁺Ly6G⁻ macrophages in *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/+} and *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/GFP} hearts at 8 weeks of age showing specific reductions in only CCR2⁺ macrophages. * denotes p<0.05 compared to *Tnnt2*^{ΔK210/ΔK210} *Ccr2*^{GFP/GFP} hearts (Mann-Whitney test). n=6 per experimental group. **D**, Immunostaining for CD68 (red), GFP (green), and Ki67 (white) in control and *Tnnt2*^{ΔK210/ΔK210} hearts at 8 weeks of age showing increased proliferation of CCR2⁻ macrophages in *Tnnt2*^{ΔK210/ΔK210} hearts. n=6 per experimental group. Scale bar 20μm. **E**, Quantification of the percent of CCR2⁻ and CCR2⁺ macrophages that expressed Ki67. * denotes p<0.05 compared to controls (Mann-Whitney test). n=6-8 per experimental group. **F-G**, Flow cytometry of CD45⁺CD64⁺Ly6G⁻ macrophages in control (*Flt3-cre Rosa26-tdTomato*) and *Tnnt2*^{ΔK210/ΔK210} *Flt3-cre Rosa26-tdTomato* hearts at 1 week and 12 weeks of age showing that the percent of CCR2⁻ and CCR2⁺ macrophages derived from definitive hematopoietic progenitors (tdTomato⁺) remains unchanged between control and *Tnnt2*^{ΔK210/ΔK210} hearts. B, E, G: each data point represents a biologically independent replicate (n=5-6 per experimental group).



■ CCR2⁺ MHCII^{hi} Flt3⁺ ■ CCR2⁻ MHCII^{lo} Flt3⁺
■ CCR2⁻ MHCII^{hi} Flt3⁻ ■ CCR2⁻ MHCII^{lo} Flt3⁻
■ CCR2⁻ MHCII^{hi} Flt3⁺ ■ monocytes



D

| CCR2 ⁺ Macrophages | p-value |
|---------------------------------|----------|
| Antigen processing/presentation | 9.0 e-10 |
| Immune response | 4.6 e-9 |
| Angiogenesis | 1.6 e-8 |
| Inflammatory response | 4.3 e-6 |
| T-cell costimulation | 6.8 e-4 |
| Integrin signaling | 8.4 e-4 |

E

| CCR2 ⁻ Macrophages | p-value |
|-------------------------------|---------|
| Endocytosis | 6.8 e-5 |
| Transport | 1.5 e-4 |
| Nervous system development | 2.2 e-3 |
| Cell migration | 2.6 e-3 |
| Cell adhesion | 2.8 e-3 |

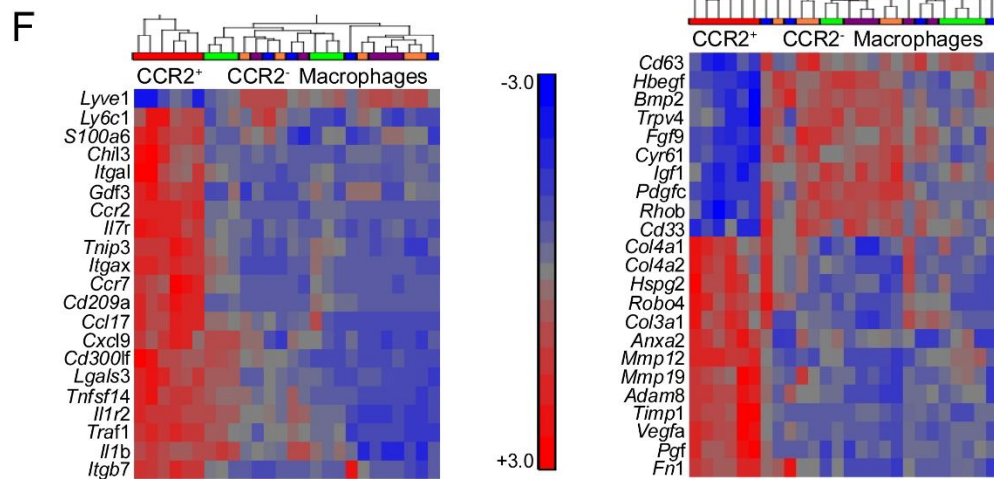


Figure S3 (related to Figure 1). **CCR2⁻ and CCR2⁺ macrophages have distinct gene expression profiles in dilated cardiomyopathy.** **A**, Hierarchical Clustering of CCR2⁺MHCII^{hi}Flt3⁺, CCR2⁻MHCII^{lo}Flt3⁺, CCR2⁻MHCII^{hi}Flt3⁺, CCR2⁻MHCII^{lo}Flt3⁺, CCR2⁻MHCII^{hi}Flt3⁺, and CCR2⁺Ly6C^{hi} monocytes FACS sorted from 8-week-old *Tnnt2*^{ΔK210/ΔK210} mice. n=5-7 per experimental group. **B**, Principal component analysis (PCA) highlighting that CCR2⁺MHCII^{hi}Flt3⁺ macrophages cluster independently from each of the CCR2⁻ macrophage populations. Each data point represents biologically independent samples. **C**, Bar graph showing the number of differentially expressed genes (FDR p<0.05, fold change>1.5) for each of the listed comparisons. Blue: upregulated in *Tnnt2*^{ΔK210/ΔK210} mice. Red: down regulated in *Tnnt2*^{ΔK210/ΔK210} mice. **D**, Pathways enriched in CCR2⁺ and CCR2⁻ (all subgroups combined) macrophages. **F**, Heat maps listing individual genes differentially expressed in CCR2⁺ and CCR2⁻ macrophages. Scale bar denotes fold change.

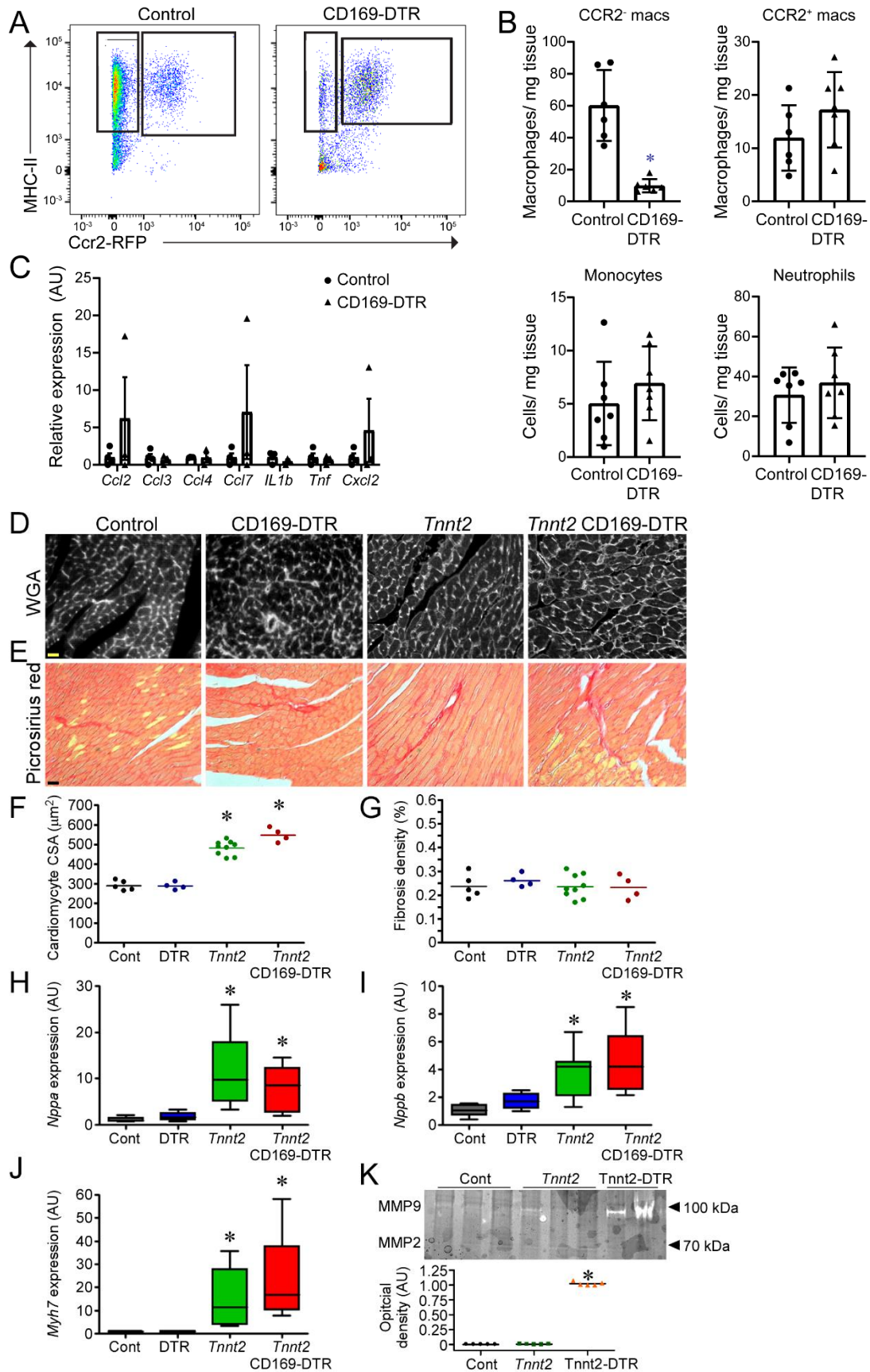


Figure S4. CCR2⁻ macrophage ablation and adverse LV remodeling (related to Figures 2-4). **A**, Flow cytometry of macrophages (CD45⁺Ly6G⁻CD11b⁺CD64⁺) isolated from the hearts of control (*Cx3cr1-GFP/+ Ccr2-RFP/+*) and CD169-DTR (CD169-DTR *Cx3cr1-GFP/+ Ccr2-RFP/+*) mice. n=6 per experimental group. **B**, Quantification of flow cytometry data showing depletion of CCR2⁻ macrophages and no changes in the abundance of CCR2⁺ macrophages, monocytes, or neutrophils. Each data point denotes a biologically independent sample (n=6 per experimental group). * denotes p<0.05 compared to controls (Mann-Whitney test). **C**, Quantitative RT-PCR for chemokine and cytokine mRNA expression in CCR2⁺ macrophages isolated from control (*Cx3cr1-GFP/+ Ccr2-RFP/+*) and CD169-DTR (CD169-DTR *Cx3cr1-GFP/+ Ccr2-RFP/+*) hearts. Each data point denotes a biologically independent sample (n=4-6 per experimental group). No statistically significant differences were observed (Mann-Whitney test). **D-E**, Wheat germ agglutinin (WGA, D) and Picrosirius red (E) staining of control, CD169-DTR, *Tnnt2*^{ΔK210/ΔK210}, and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR hearts after 3 weeks of DT treatment. Scale bar 20μm **F-G**, Quantification of cardiomyocyte cross-sectional area and fibrotic density in the hearts of control, CD169-DTR, *Tnnt2*^{ΔK210/ΔK210}, and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR mice after 3 weeks of DT treatment. * denotes p<0.05 compared to controls. Each data point represents a biologically independent replicate. **H-J**, Box and whisker plots of *Nppa*, *Nppb*, and *Myh7* mRNA expression in control, CD169-DTR, *Tnnt2*^{ΔK210/ΔK210}, and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR hearts after 3 weeks of DT treatment. * denotes p<0.05 compared to controls. n=5-6 per experimental group. **K**, Gelatinase activity assay showing minimal metalloproteinase (MMP) activity in control and *Tnnt2*^{ΔK210/ΔK210} hearts. *Tnnt2*-DTR mice (DT-cardiomyocyte ablation model) treated with DT were included as a positive control as they display marked increase in MMP activity following cardiomyocyte cell death and resultant inflammatory cell infiltration. * denotes p<0.05 compared to controls. Each data point represents a biologically independent replicate. n=4-9 per experimental group.

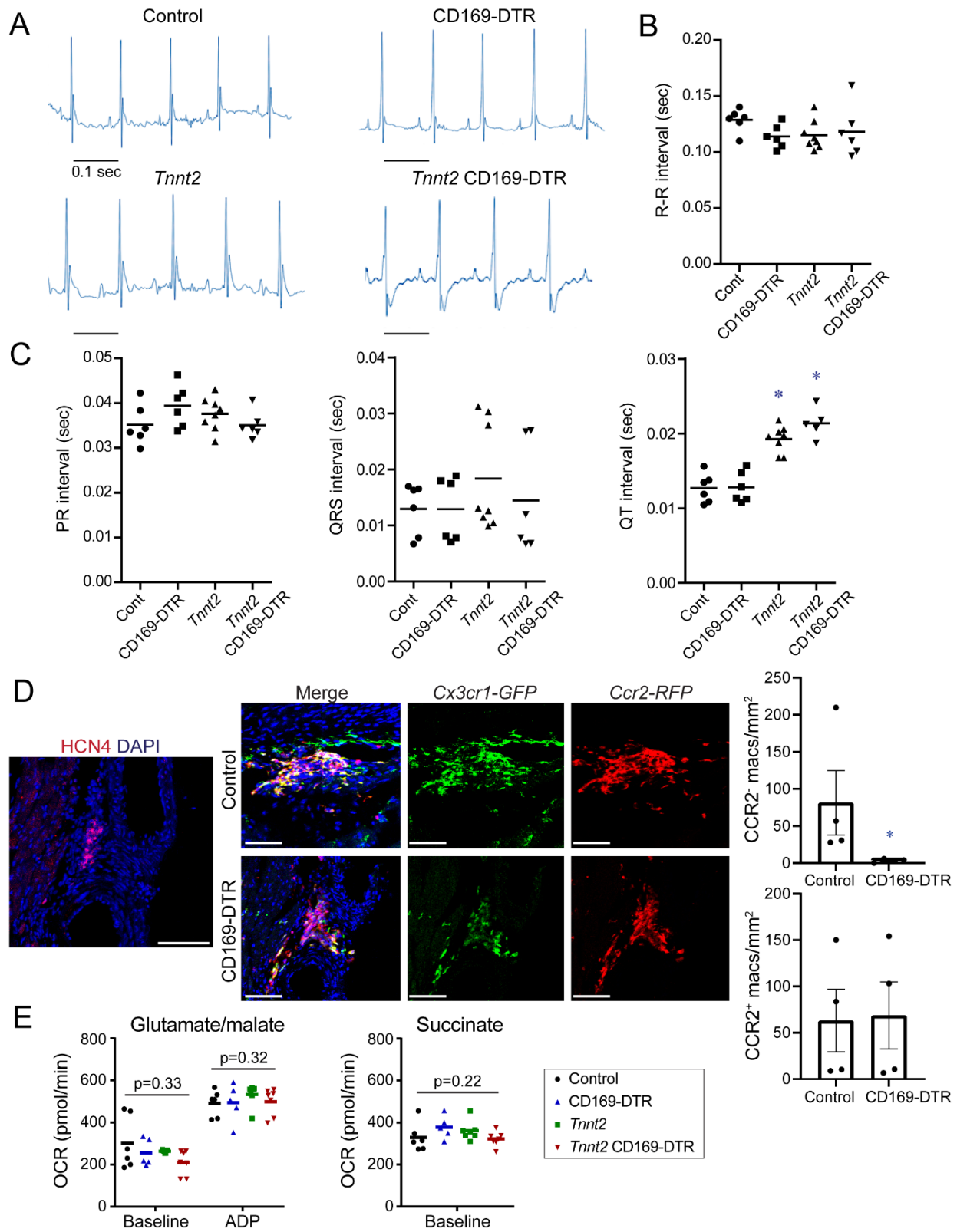


Figure S5 (related to Figures 2-4). **Telemetry, atrioventricular node macrophages, and myocardial metabolism following CCR2⁻ macrophage depletion.** **A**, Representative ECG tracings of control, CD169-DTR, *Tnnt2*^{ΔK210/ΔK210}, and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR hearts after 3 weeks of DT treatment. **B-C**, Quantification of R-R, PR, QRS, and QT intervals in each experimental group. Prolongation of the QT interval was observed in *Tnnt2*^{ΔK210/ΔK210} and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR hearts compared to controls. * denotes p<0.05 compared to controls. Each data point represents a biologically independent replicate. 6-8 mice per experimental group. **D**, *Left*, representative image of HCN4 immunostaining (red) showing staining in the atrioventricular node. DAPI: blue. Scale bar 100μm. *Center*, immunostaining for GFP (green) and RFP (red) in the atrioventricular node of control (*Cx3cr1-GFP/+ Ccr2-RFP/+*) and CD169-DTR (CD169-DTR *Cx3cr1-GFP/+ Ccr2-RFP/+*) mice. The atrioventricular node region was identified in serial sections using HCN4 staining. DAPI: blue. Scale bar 50μm. *Right*, quantification of CCR2⁻ and CCR2⁺ macrophages in the atrioventricular node of control (*Cx3cr1-GFP/+ Ccr2-RFP/+*) and CD169-DTR (CD169-DTR *Cx3cr1-GFP/+ Ccr2-RFP/+*) mice. * denotes p<0.05 compared to controls. Each data point represents a biologically independent replicate (n=4). All immunostaining studies were performed in 4 independent specimens. **E**, Oxygen consumption rate (OCR) in mitochondria isolated from the hearts of control, CD169-DTR, *Tnnt2*^{ΔK210/ΔK210}, and *Tnnt2*^{ΔK210/ΔK210} CD169-DTR mice after 3 weeks of DT treatment. Mitochondria were provided either glutamate/malate or succinate substrates. ADP was added to measure maximal OCR. Each data point represents mitochondria preparations from an individual hearts. n=5-6 mice per experimental group.

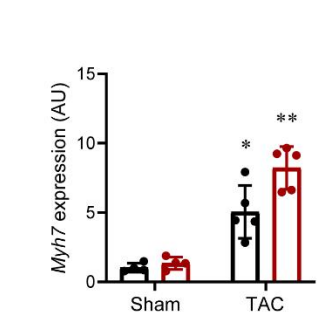
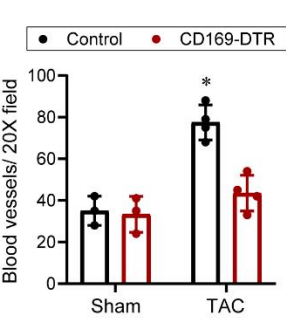
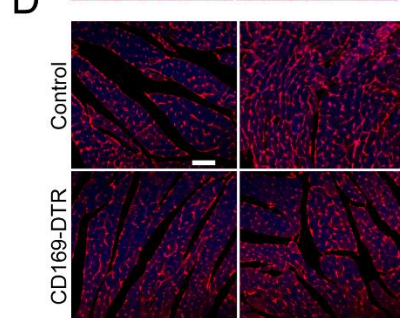
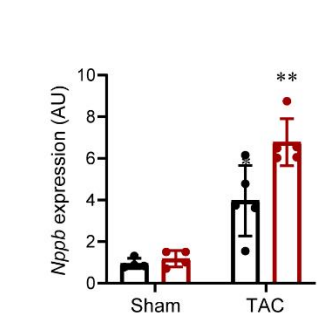
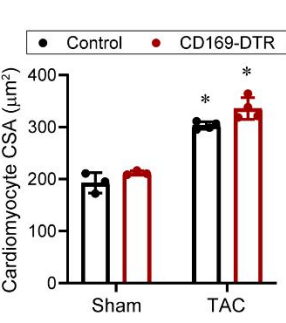
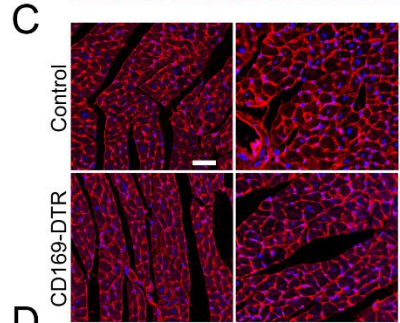
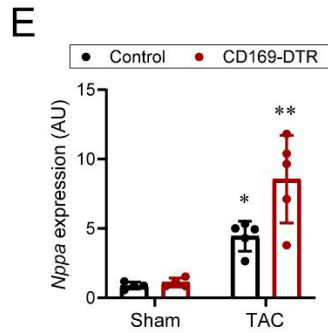
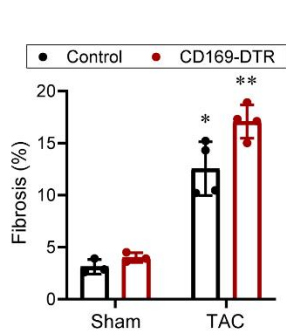
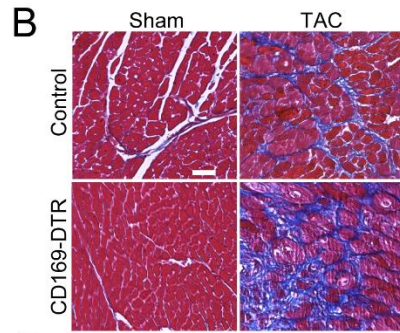
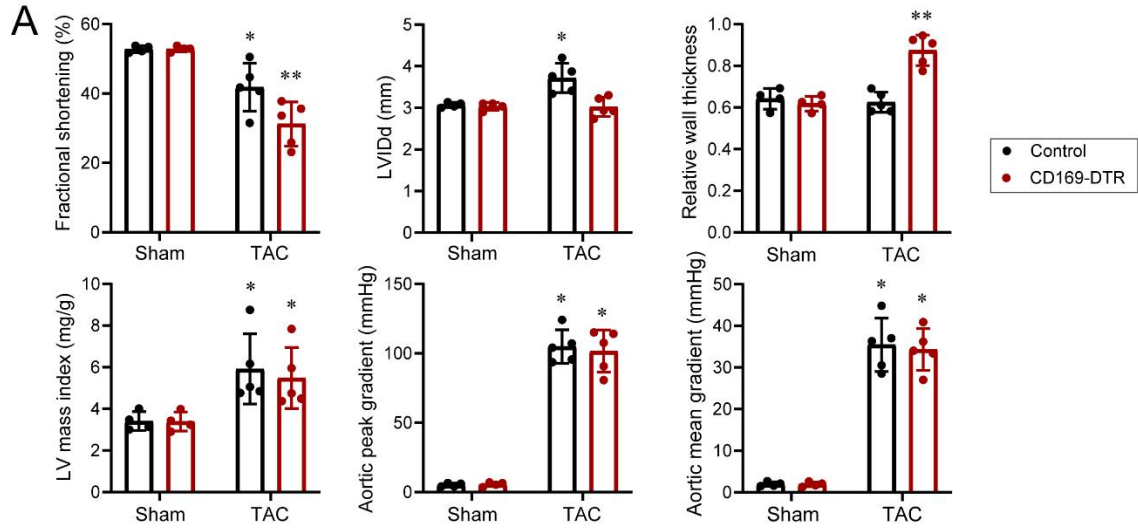


Figure S6 (related to Figures 2-4). **CCR2⁻ Macrophages Promote Adaptive Remodeling following Pressure Overload.** **A**, Echocardiographic analysis of control and CD169-DTR mice performed 4 weeks after sham surgery or transverse aortic constriction (TAC). * denotes $p < 0.05$ compared to control, ** denotes $p < 0.05$ compared to control TAC group (ANOVA, post-hoc Tukey). $n = 4-5$ per experimental group. LVIDd: LV end diastolic dimension. **B-D**, Quantification of myocardial fibrosis (B, Trichrome staining, scale bar $20\mu\text{m}$), cardiomyocyte cross-sectional area (C, WGA staining, scale bar $20\mu\text{m}$), and myocardial microvascular density (D, CD34 staining, scale bar $40\mu\text{m}$) in control and CD169-DTR hearts 4 weeks after sham surgery or TAC. * denotes $p < 0.05$ compared to control, ** denotes $p < 0.05$ compared to control TAC group. Each data point represents a biologically independent sample. **E**, RT-PCR measuring the expression of *Nppa*, *Nppb*, and *Myh7* mRNA in the hearts of control and CD169-DTR mice 4 weeks after sham surgery or TAC. * denotes $p < 0.05$ compared to control, ** denotes $p < 0.05$ compared to control TAC group. Each data point represents a biologically independent sample.

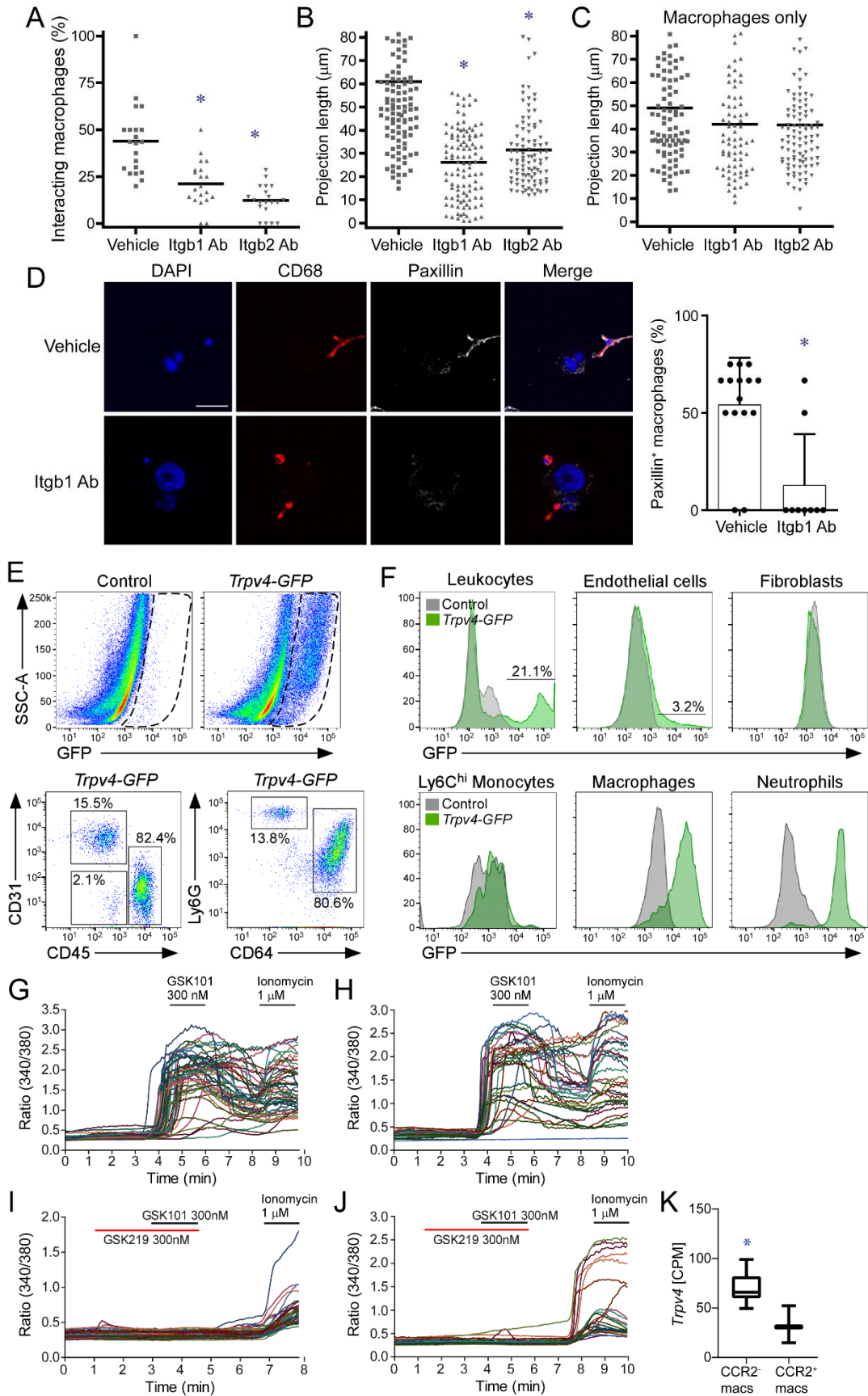


Figure S7 (related to Figures 5-6). **β -integrin mediated macrophage-cardiomyocyte interaction, TRPV4 expression, and TRPV4 activity in cardiac macrophages.** **A-B**, Quantification of the percent of macrophages interacting with cardiomyocytes (A) and macrophage projection length (B) in co-cultures treated with either isotype antibody (vehicle), Itgb1 neutralizing antibody, or Itgb2 neutralizing antibody. **C**, Quantification of projection length in bone marrow-derived macrophages cultured independently in the presence of isotype antibody (vehicle), Itgb1 neutralizing antibody, or Itgb2 neutralizing antibody. * denotes $p < 0.05$ compared to control (ANOVA, post-hoc Tukey). **D**, CD68 (red) and Paxillin (white) immunostaining showing loss of Paxillin expression in cultured macrophages treated with the neutralizing Itgb1 antibody. Blue-DAPI. Scale bar 20 μ m. Representative images from 4 independent experiments. * denotes $p < 0.05$ compared to vehicle control (Mann-Whitney test). Each data point in A-C represents information compiled from 4 experimental replicates. Experiments were repeated 4 times and all data was incorporated into the displayed graphs. **E**, Flow cytometry of *Trpv4-GFP* BAC transgenic hearts showing GFP expression in leukocytes (CD45⁺), endothelial cells (CD31⁺CD45⁻), neutrophils (Ly6G⁺CD64⁻), and macrophages (CD64⁺Ly6G⁻). Percentages of each cell type as a function of the number of GFP⁺ cells is shown. **F**, Histograms showing GFP mean fluorescent intensity of CD45⁺ leukocytes, CD31⁺CD45⁻ endothelial cells, MEFSK4⁺CD45⁻CD31⁻ fibroblasts, Ly6C^{hi} monocytes, CD64⁺Ly6C^{lo} macrophages, and Ly6G⁺ neutrophils isolated from littermate controls (grey) and *Trpv4-GFP* (green) hearts. Percentages of GFP⁺ leukocytes and endothelial cells are shown as a function of total number of leukocytes and endothelial cells, respectively. Data obtained from 3 independent experiments. **G-H**, Ratiometric calcium assays showing that CCR2⁻ (C) and CCR2⁺ (D) macrophages isolated from the adult mouse heart by flow cytometry express active TRPV4 channels. GSK101: TRPV4 agonist, Ionomycin: calcium ionophore. **I-J**, Ratiometric calcium assays showing that the TRPV4 antagonist (GSK219) blocks rises in intracellular calcium induced by GSK101 in cardiac CCR2⁻ (E) and CCR2⁺ (F) macrophages. Each tracing represents an independently analyzed cell. Tracings were compiled from 3 independent experiments. **K**, *Trpv4* mRNA expression in CCR2⁻ and CCR2⁺ cardiac macrophages. RNAseq data derived from Immgen (Immunological Genome, 2020). CPM: counts per million. * denotes $p < 0.05$ compared to CCR2⁺ macrophages (Mann-Whitney test). Data obtained from 5 biologically independent samples per experimental group.

Table S1. (related to Figure 1) **Serial echocardiography of Control and *Tnnt2*^{ΔK210/ΔK210} mice**

| | Control | <i>Tnnt2</i> ^{ΔK210/ΔK210} |
|-----------------------------|--------------|-------------------------------------|
| Fractional shortening (%) | | |
| 7 days | 48.7 ± 3.4 | 28.6 ± 3.4* |
| 14 days | 50.6 ± 3.1 | 26.0 ± 5.5* |
| 28 days | 60.7 ± 3.6 | 30.5 ± 2.9* |
| 8 weeks | 52.1 ± 1.3 | 21.9 ± 3.7* |
| 16 weeks | 53.1 ± 2.1 | 14.2 ± 4.7* |
| LV diastolic dimension (μm) | | |
| 7 days | 2.12 ± 0.12 | 2.18 ± 0.16 |
| 14 days | 2.28 ± 0.12 | 2.81 ± 0.23* |
| 28 days | 2.77 ± 0.33 | 3.78 ± 0.27** |
| 8 weeks | 3.11 ± 0.44 | 4.38 ± 0.40** |
| 16 weeks | 2.90 ± 0.47 | 4.39 ± 0.46* |
| Relative wall thickness | | |
| 7 days | 0.48 ± 0.08 | 0.43 ± 0.03 |
| 14 days | 0.47 ± 0.05 | 0.49 ± 0.03 |
| 28 days | 0.60 ± 0.14 | 0.40 ± 0.04* |
| 8 weeks | 0.64 ± 0.10 | 0.45 ± 0.04* |
| 16 weeks | 0.64 ± 0.10 | 0.47 ± 0.06* |
| LV mass (mg) | | |
| 7 days | 21.9 ± 2.9 | 21.4 ± 5.1 |
| 14 days | 26.7 ± 3.7 | 53.0 ± 11.7* |
| 28 days | 65.9 ± 4.9 | 98.3 ± 15.6** |
| 8 weeks | 104.5 ± 20.8 | 179.2 ± 34.1** |
| 16 weeks | 98.7 ± 17.6 | 173.8 ± 29.5* |

* denotes $p < 0.05$ compared to control, ** denotes $p < 0.05$ compared to earlier *Tnnt2*^{ΔK210/ΔK210} groups (ANOVA, post-hoc Tukey). n=5-6 per experimental group. LV: left ventricle. Mean values and standard deviations are displayed.

Table S2. (related to Figure 2) **Serum chemistries, cytokines, blood counts, and organ weights of control, *CD169-DTR*, *Tnnt2* ^{Δ K210/ Δ K210}, and *Tnnt2* ^{Δ K210/ Δ K210} *CD169-DTR* mice**

| | Control | | <i>Tnnt2</i> ^{ΔK210/ΔK210} | |
|----------------------------------|-------------|------------------|---|------------------|
| | - | <i>CD169-DTR</i> | - | <i>CD169-DTR</i> |
| BUN (mg)/dL | 44.7 ± 7.2 | 41.6 ± 4.8 | 40.7 ± 4.8 | 45.2 ± 5.8 |
| Creatinine (mg/dL) | 0.55 ± 0.08 | 0.51 ± 0.1 | 0.62 ± 0.07 | 0.63 ± 0.1 |
| Calcium (mg/dL) | 9.3 ± 0.9 | 10.0 ± 0.7 | 10.0 ± 0.6 | 10.4 ± 1.3 |
| Protein (g/dL) | 5.5 ± 0.7 | 5.5 ± 0.7 | 5.2 ± 0.6 | 6.0 ± 0.5 |
| Bilirubin (mg/dL) | 0.11 ± 0.06 | 0.13 ± 0.1 | 0.10 ± 0.06 | 0.14 ± 0.1 |
| ALT (units/L) | 94.7 ± 25 | 86.0 ± 34 | 78.4 ± 20 | 101 ± 31 |
| TNF (ng/μl) | 16.0 ± 2.4 | 15.9 ± 3.2 | 22.0 ± 3.1* | 22.8 ± 4.2* |
| IL1β (ng/μl) | 9.9 ± 1.4 | 8.7 ± 1.8 | 14.1 ± 2.6* | 11.7 ± 2.9* |
| WBC (x10 ³ /μl) | 14.3 ± 2.0 | 12.2 ± 1.5 | 13.9 ± 2.0 | 12.0 ± 1.4 |
| Hemoglobin (g/dL) | 14.6 ± 1.5 | 14.0 ± 1.9 | 14.7 ± 1.4 | 14.2 ± 1.8 |
| Platelets (x10 ³ /μl) | 893 ± 106 | 874 ± 190 | 1011 ± 183 | 1097 ± 207 |
| Heart/body weight | 6.1 ± 0.4 | 5.5 ± 0.3 | 9.3 ± 1.3* | 10.6 ± 2.8* |
| Lung/body weight | 9.0 ± 1.4 | 9.4 ± 1.5 | 8.2 ± 1.3 | 9.9 ± 1.7 |

* denotes p<0.05 compared to control groups (ANOVA, post-hoc Tukey). n=5-9 per experimental group. ALT: alanine aminotransferase. Mean values and standard deviations are displayed.

Table S3. (related to Figure 2) **Invasive hemodynamics of control, *CD169-DTR*, *Tnnt2* ^{Δ K210/ Δ K210}, and *Tnnt2* ^{Δ K210/ Δ K210} *CD169-DTR* mice.**

| | Control | | <i>Tnnt2</i> ^{ΔK210/ΔK210} | |
|------------------------------|---------------|------------------|---|------------------|
| | - | <i>CD169-DTR</i> | - | <i>CD169-DTR</i> |
| Heart rate (beats/minute) | | | | |
| baseline | 266 ± 52 | 260 ± 72 | 273 ± 71 | 308 ± 73 |
| 4 ng/min | 302 ± 68 | 288 ± 91 | 264 ± 54 | 323 ± 92 |
| 8 ng/min | 341 ± 103 | 411 ± 97 | 330 ± 62 | 345 ± 84 |
| 16 ng/min | 505 ± 129 | 549 ± 30 | 417 ± 111 | 484 ± 114 |
| 32 ng/min | 581 ± 53 | 621 ± 58 | 457 ± 122 | 553 ± 68 |
| 64 ng/min | 614 ± 38 | 615 ± 22 | 554 ± 44 | 582 ± 58 |
| dP/dt max. (mmHg/sec) | | | | |
| baseline | 5586 ± 1184 | 5249 ± 1201 | 1871 ± 490* | 2018 ± 778* |
| 4 ng/min | 7595 ± 1961 | 7451 ± 2295 | 1858 ± 652* | 3016 ± 1323* |
| 8 ng/min | 11224 ± 2313 | 11044 ± 2780 | 4021 ± 1837* | 4726 ± 1455* |
| 16 ng/min | 16206 ± 1851 | 15292 ± 1833 | 4832 ± 1993* | 7083 ± 1694* |
| 32 ng/min | 17758 ± 1515 | 17013 ± 2142 | 5685 ± 2135* | 8070 ± 1692* |
| 64 ng/min | 17686 ± 1601 | 18049 ± 1752 | 7464 ± 2790* | 8918 ± 1828* |
| dP/dt min. (mmHg/sec) | | | | |
| baseline | -5588 ± 1044 | -5236 ± 1134 | -2266 ± 637* | -2487 ± 1213* |
| 4 ng/min | -7084 ± 1848 | -7374 ± 2487 | -2312 ± 954* | -4398 ± 1746* |
| 8 ng/min | -9481 ± 2146 | -9599 ± 3043 | -5204 ± 2250* | -6529 ± 1572* |
| 16 ng/min | -12926 ± 1713 | -11558 ± 2533 | -6037 ± 2533* | -8768 ± 1390* |
| 32 ng/min | -12584 ± 1806 | -11386 ± 3065 | -6841 ± 2255* | -9908 ± 1239 |
| 64 ng/min | -12094 ± 2294 | -11271 ± 2498 | -7855 ± 1911 | -10139 ± 1206 |
| LVSP (mmHg) | | | | |
| baseline | 89.1 ± 10 | 91.4 ± 16 | 53.7 ± 13 | 53.7 ± 16 |
| 4 ng/min | 105 ± 15 | 107 ± 27 | 54.4 ± 19 | 73.7 ± 15 |
| 8 ng/min | 132 ± 31 | 114 ± 23 | 80.1 ± 13 | 89.5 ± 11 |
| 16 ng/min | 153 ± 35 | 130 ± 21 | 82.9 ± 7.5 | 95.7 ± 7.5 |
| 32 ng/min | 155 ± 40 | 142 ± 31 | 83.3 ± 6.9 | 97.2 ± 11 |
| 64 ng/min | 155 ± 40 | 147 ± 44 | 85.8 ± 7.3 | 101 ± 14 |
| LVEDP (mmHg) | | | | |
| baseline | 7.7 ± 1.4 | 8.4 ± 2.2 | 6.8 ± 2.0 | 5.8 ± 1.4 |
| 4 ng/min | 9.1 ± 4.1 | 7.5 ± 2.0 | 6.2 ± 1.8 | 7.1 ± 2.1 |
| 8 ng/min | 7.2 ± 2.6 | 6.0 ± 1.2 | 5.6 ± 2.7 | 8.7 ± 4.5 |
| 16 ng/min | 5.5 ± 1.9 | 5.2 ± 1.5 | 5.2 ± 2.2 | 7.7 ± 2.7 |
| 32 ng/min | 4.9 ± 1.2 | 6.8 ± 5.4 | 5.5 ± 2.3 | 8.7 ± 6.0 |
| 64 ng/min | 6.1 ± 2.4 | 5.4 ± 2.1 | 5.2 ± 1.7 | 8.1 ± 5.5 |

* denotes $p < 0.05$ compared to control groups (ANOVA, post-hoc Tukey). Mice received escalating doses of dobutamine (ng/ml) via intravenous infusion. Measurements were obtained at baseline and indicated dobutamine infusion rates. $n=6$ per experimental group. dP/dt max: maximum rate of pressure increase, dP/dt min: maximum rate of pressure decrease, LVSP: peak LV systolic pressure, LVEDP: LV end diastolic pressure. Mean values and standard deviations are displayed. Data obtained from 9 week old control, *CD169-DTR*, *Tnnt2* ^{Δ K210/ Δ K210}, and *Tnnt2* ^{Δ K210/ Δ K210} *CD169-DTR* hearts after 3 weeks of DT treatment.