Supplementary



Figure S1 Representative images from MS-DIR and MS-RDIR in two patients. Patient 1 was a 13-year-old boy with a clinical indication of Kawasaki disease, and patient 2 a 10-year-old boy with a clinical indication of myocarditis. Signal dropout (arrowheads) can be observed in MS-DIR. MS-RDIR yielded fewer signal dropout artifacts than MS-DIR. MS-DIR, multi-shot DB-FSE based on DIR; MS-RDIR, multi-shot DB-FSE based on RDIR; SS-RDIR, single-shot DB-FSE based on RDIR.



Figure S2 Representative images from MS-RDIR and SS-RDIR in two patients. Patient 1 was an 11-year-old boy and patient 2 was a 9-year-old boy; both of them had a clinical indication of congenital heart disease. Motion-related ghosting artifacts (arrowheads) can be observed in MS-RDIR. SS-RDIR considerably suppressed the ghosting artifacts relative to MS-RDIR. MS-DIR, multi-shot DB-FSE based on DIR; MS-RDIR, multi-shot DB-FSE based on RDIR; SS-RDIR, single-shot DB-FSE based on RDIR.