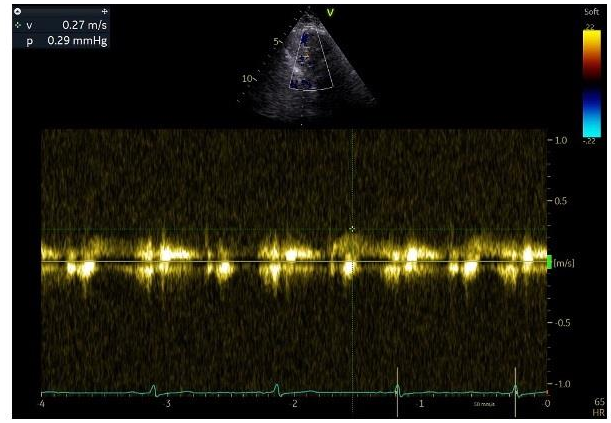
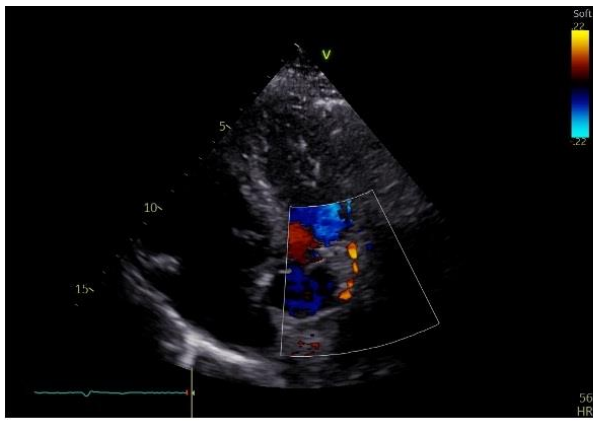


a

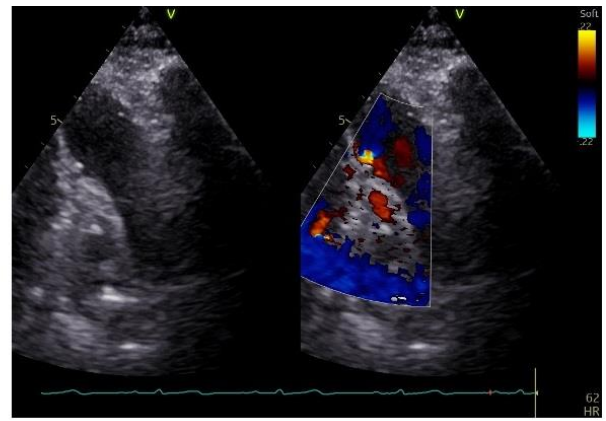


b

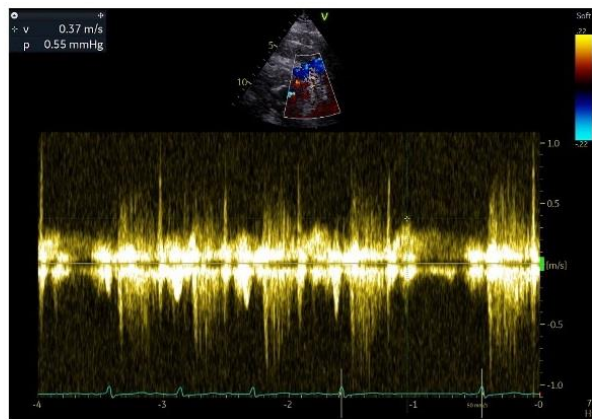
Figure S1. The segmentation of LAD and the corresponding echocardiographic views for P, M, and D-LAD with anatomical references. D-LAD: distal-left anterior descending coronary artery; M-LAD: mid-left anterior descending coronary artery; P-LAD: proximal-left anterior descending coronary artery



a



b

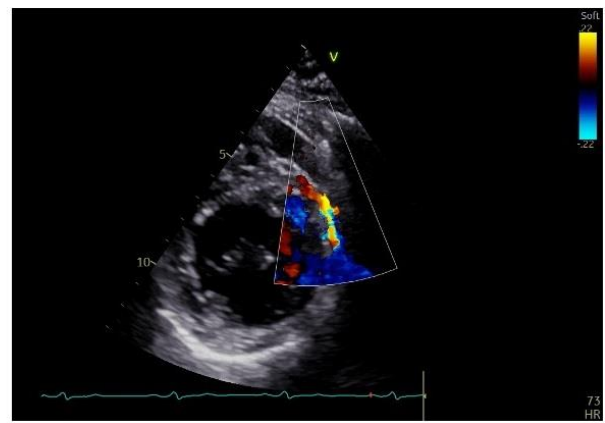


c

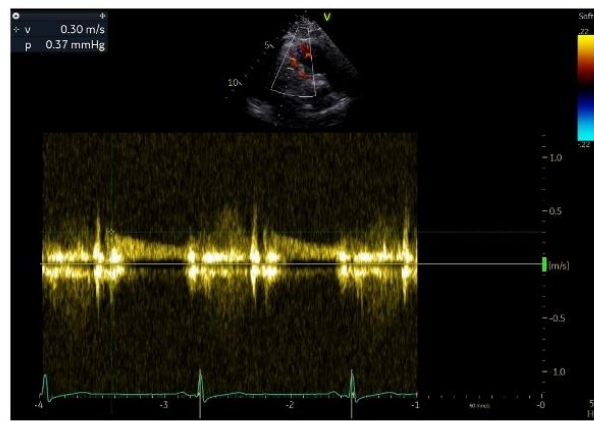
Figure S2. A typical color-flow appearance for a P-LAD: 2a from apical 5-chambers approach; 2b from 3-chambers approach; 2-c s pulsed-wave Doppler CFV envelope. The P tract goes from the aortic root approximately up to pulmonary valve, running over the interventricular septum and parallel to pulmonary artery. To obtain a good color-PW Doppler signal from P-LAD are needed about 2–3 minutes



a

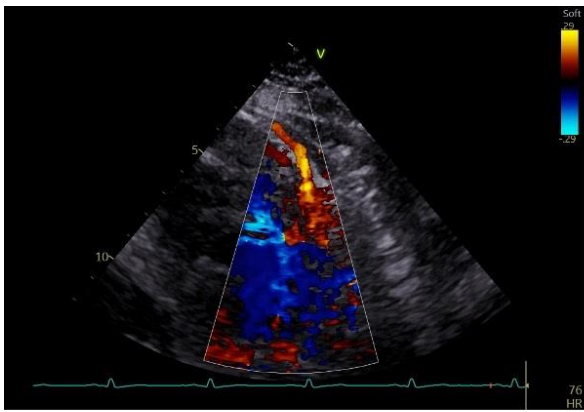


b

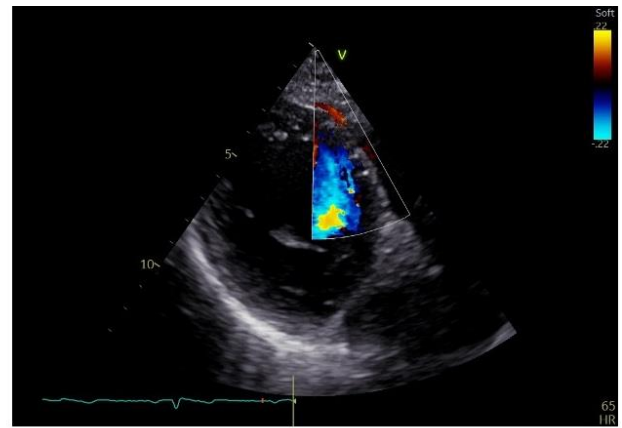


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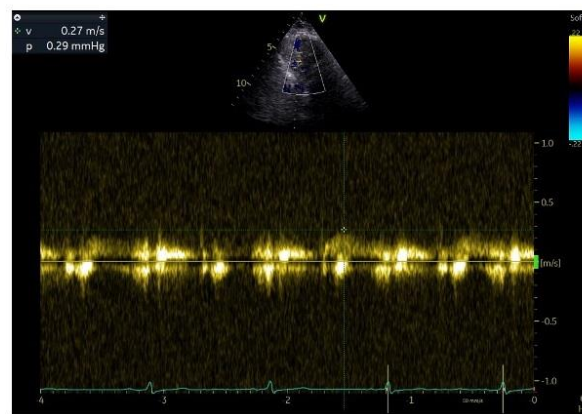
Figure S3. A typical color-flow appearance for a M-LAD: 3a from apical 3-chambers approach; 3b from parasternal short axis approach; 3-c s pulsed-wave Doppler CFV envelope. The M-LAD tract runs up to the insertion of the tip of right ventricle on the interventricular septum. To obtain a good color-PW Doppler signal from M-LAD are needed about 1–2 minutes



a



b



c

Figure S4. A typical color-flow appearance for a D-LAD: 4a from apical 3-chambers approach; 4b a very distal tract over the left ventricular apex; 4-c s pulsed-wave Doppler CFV envelope. The D-LAD goes downstream the M-LAD over the interventricular septum enveloping the apex of left ventricle. To obtain a good color-PW Doppler signal from this segment are needed about 1–2 minutes