



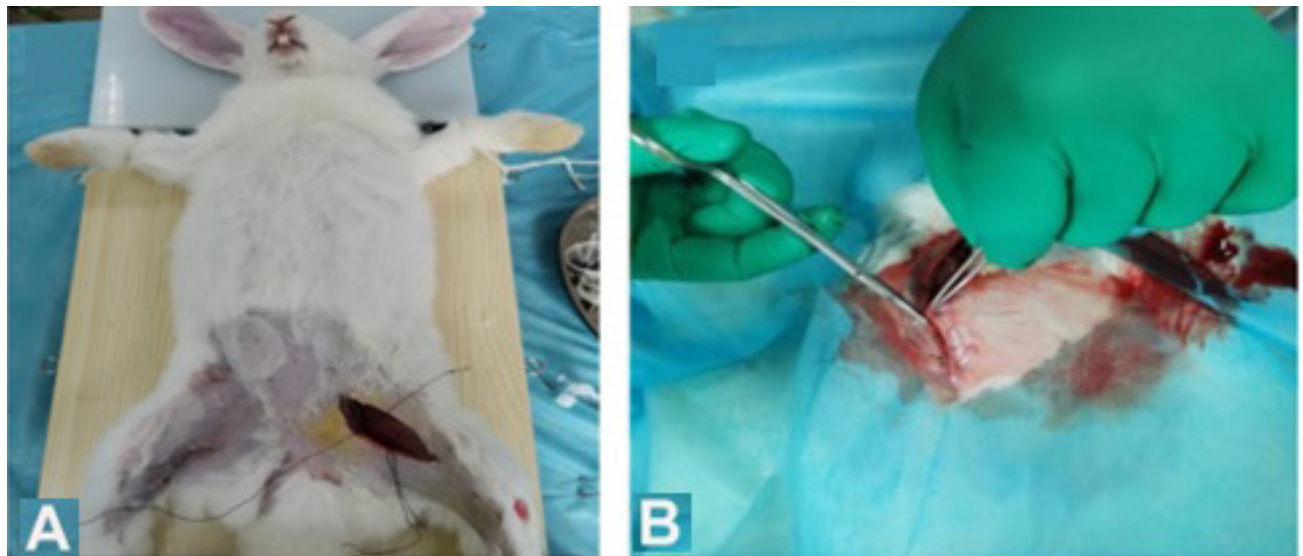
Supplementary Material

The Establishment and Evaluation of an Atherosclerotic Vulnerable Plaque Model Involving New Zealand Rabbits

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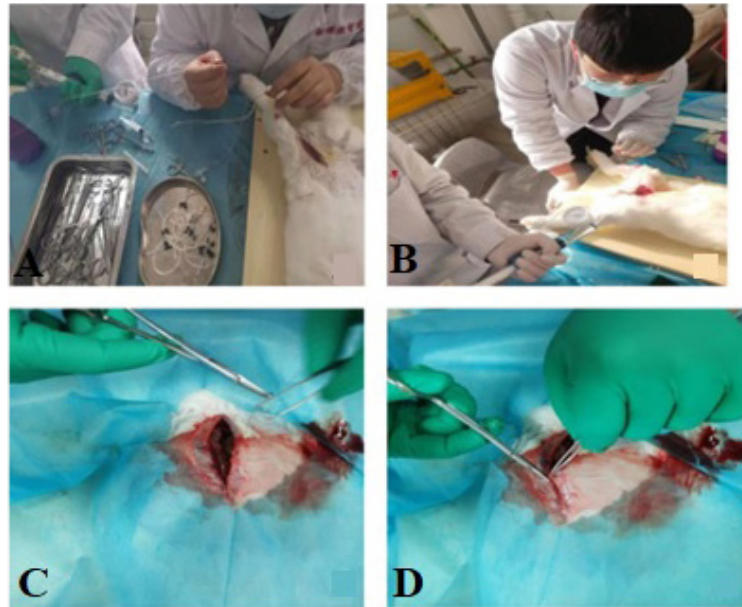
Supplementary Fig. S1. Representative images of the procedure in the right femoral artery. (A) The animals were anesthetized by intraperitoneal injection of 10% chloral hydrate (3.5 ml/kg) and fixed on the experimental table in supine position. The skin was prepared and sterilized. The skin was cut distally along the leg in the medial groin, and the incision was 5-6 cm to separate the right femoral artery. (B) After the balloon catheter was withdrawn, the right distal femoral artery was ligated, and the incision was sutured layer by layer.

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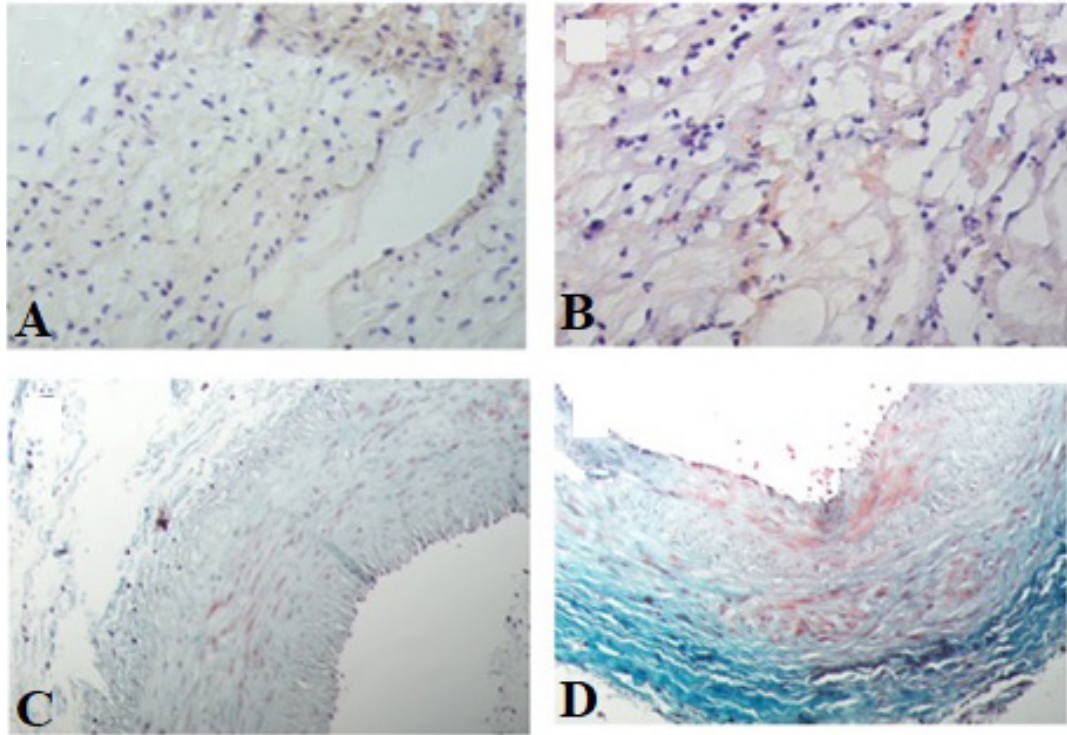
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Supplementary Fig. S2. Representative images of the modeling procedure. (A-B) The catheter is introduced into the right femoral artery and balloon is inflated to induce the vascular injury; (C-D) The distal femoral artery and superficial skin are ligated.



Supplementary Fig. S3. HR-MRI images of the abdominal aorta among normal and atherosclerotic experimental groups. (A-B) Normal abdominal aortic vessel wall; (C-D) Abdominal aorta in a rabbit model of atherosclerosis. Eccentric thickening is shown by HR-MRI in a rabbit model of atherosclerosis. HR-MRI: high resolution magnetic resonance imaging.



Supplementary Fig. S4. Pathological cross-sectional images of the abdominal aorta in the two groups. (A) Oil red O staining in the control group (40X); (B) Oil red O staining in the high-fat experimental group (40X); (C) Masson staining of blood vessel wall in the control group; (D) Masson staining of blood vessel wall in the high-fat experimental group.