

Supplementary Materials: Low-dose Propranolol Prevents Functional Decline in Catecholamine-Induced Acute Heart Failure in Rats

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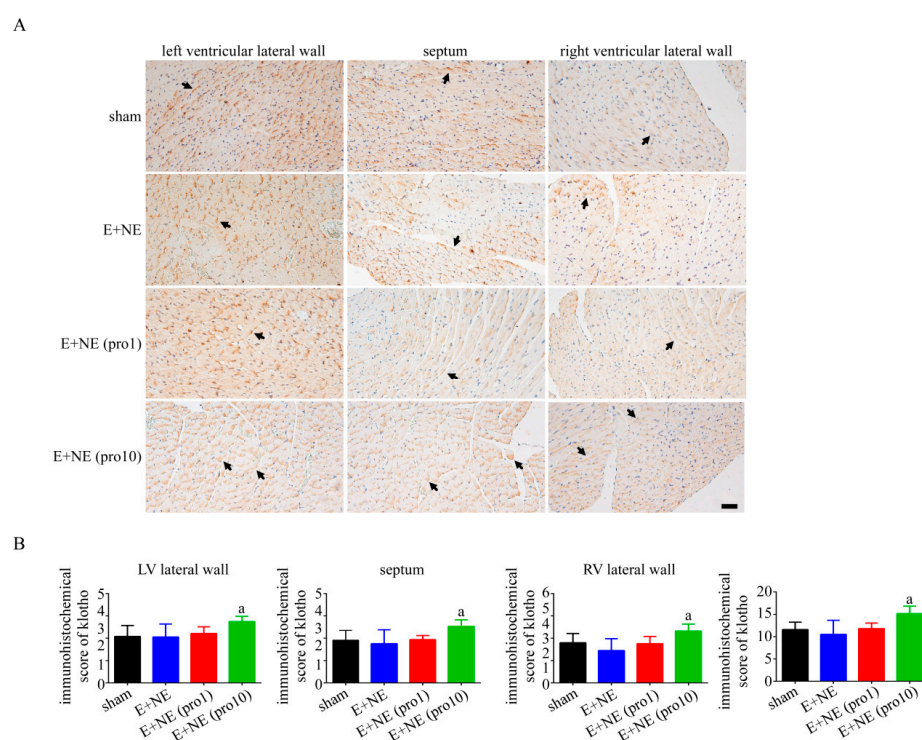


Figure S1. Klotho expression in the heart tissue 6 hours post continuous combined catecholamine infusion alone, or with propranolol treatment. **(A)** Representative immunohistochemical staining with klotho antibodies in cardiac tissue, and **(B)** immunohistochemical scores of klotho in LV lateral wall, LV septum, and RV lateral wall of the following groups: sham, $n = 8$; E+NE, $n = 8$; E+NE (pro1), $n = 6$; E+NE (pro10), $n = 5$. Data are expressed as mean \pm SD. Man-Whitney U test was used for statistical analysis of all panels. ^a $p < 0.05$ vs. sham group. E+NE, epinephrine and norepinephrine; LV, left ventricle; pro1, low-dose propranolol 1 mg/kg; pro10, high-dose propranolol 10 mg/kg; RV, right ventricle. Scale bar = 50 μ m.

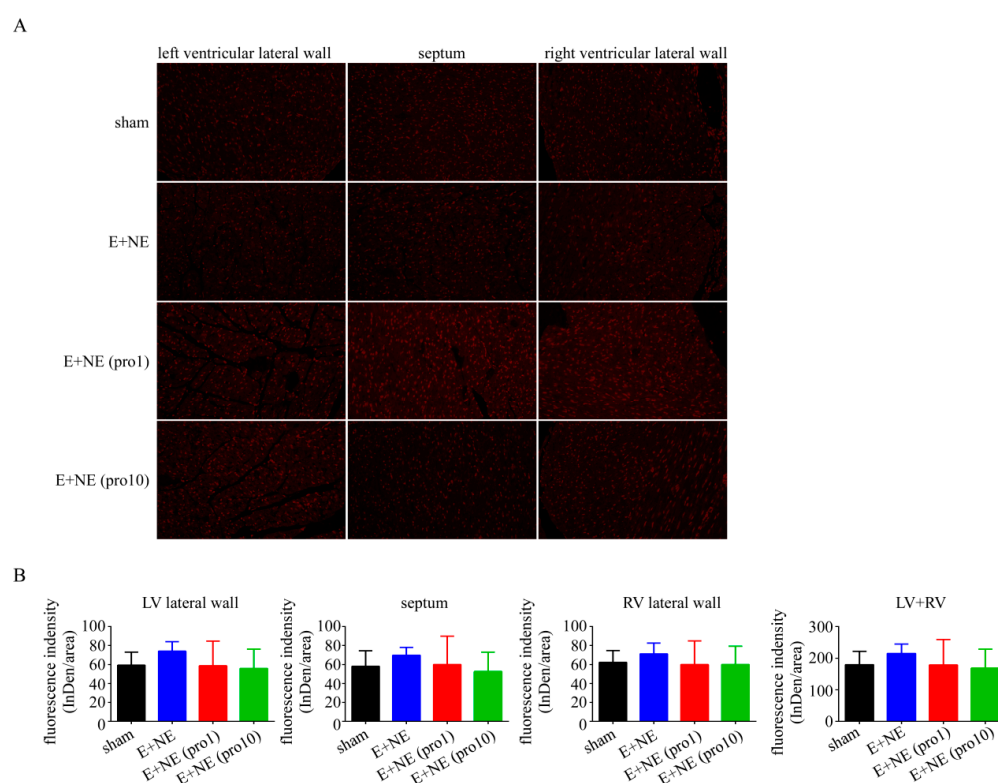


Figure S2. Level of reactive oxygen species in heart tissues 6 hours post excess catecholamine infusion alone, or with propranolol treatment. (A) Representative immunofluorescent images of dihydroethidium staining, and (B) quantitative analysis in LV lateral wall, LV septum, and RV lateral wall in groups of sham, $n = 4$; E+NE, $n = 4$; E+NE (pro1), $n = 3$; E+NE (pro10), $n = 3$. Data are expressed as mean \pm SD. Man-Whitney U test was used for statistical analysis of all panels. E+NE, epinephrine and norepinephrine; LV, left ventricle; pro1, low-dose propranolol 1 mg/kg; pro10, high-dose propranolol 10 mg/kg; RV, right ventricle.