Supplementary Figure 1. Computed tomography angiography (CTA) data reconstructed by maximum intensity projection (MIP) clearly show axial images of Gilbert types I, II, and III. (A) The first dorsal metatarsal artery (FDMA) traveling under the dorsal skin and the surface of first dorsal interosseous muscle (FDIM), belong to Gilbert type I. (B) FDMA following the way between FDIM, belong to Gilbert type II. (C) Absent FDMA but presence of first plantar metatarsal artery (FPMA), belong to Gilbert type III.
Supplementary Figure 2. CTA data reconstructed by MIP clearly show sagittal images of Gilbert types I, II, and III. (A) The FDMA traveling under the dorsal skin and the surface of FDIM, belong to Gilbert type I. (B) FDMA following the way between FDIM, belong to Gilbert type II. (C) Absent FDMA but presence of FPMA, belong to Gilbert type III. DPA: dorsalis pedis artery.
Supplementary Figure 3. CTA data reconstructed by volume rendering (VR) clearly show axial images of Gilbert types I, II, and III. (A) The FDMA traveling under the dorsal skin and the surface of FDIM, belong to Gilbert type I. (B) FDMA following the way between FDIM, belong to Gilbert type II. (C) Absent FDMA but presence of FPMA, belong to Gilbert type III.
Supplementary Figure 4. For these two patients (three feet) whose CTA was inconclusive, the dorsal artery segment met the requirements for clinical diagnosis (2-3 points), but when the dorsal artery continues to the FDMA, the CTA image became of low quality and we could not determine if the FDMA was really absent, FDMA was fine or if the image quality was just too bad.