Figure S1

Multimodal imaging of a 38 year-old female patient with diabetes type II and quiescent proliferative DR (patient 3). In the area affected by SCP and DCP non-perfusion AO-OCT en face volumes revealed hyporeflectivity and loss of PR signals both at the axial position of IS/OS and COST (D,E). PR signal distortion seemed most pronounced in the lower left portion of the image, that is directed towards the center of SCP and DCP perfusion, where
RS is almost completely lost (0-4 dB) (C, inferonasally from the red box). In contrast, in the upper and right section of the image that is located close to a region with intact SCP and DCP perfusion and only mildly affected RS (23–26 dB) PR signals were less distorted (C, above and right from the red box). In an area with intact SCP and DCP perfusion (A,B, green box) AO-OCT en-face volumes show hyperreflective and regularly arranged PR signals (G,H). RS was unaffected in this area (30 dB - C, green box) The corresponding AO-OCT B-scans also show regularly arranged and hyperreflective PR signals at IS/OS and COST (I2, I4) in this area, whereas hyporeflectivity and loss of PR signals is seen in the ischemic area (F2,F4). MP revealed severely reduced RS in the area of DCP non-perfusion (B,C, within the white dotted circle). In contrast RS was almost unaffected in areas with intact DCP perfusion (B,C, outside the white dotted circle).

Analogously, in the corresponding SD-OCT scans the PR layer seems quite regularly arranged in the upper section of the image (F1, blue box) and hyporeflective in the lower section (F3, violet box).The tip of the orange arrow points at a small movement artefact (G, H).