Supplementary Table 1. Representative cases showing massive RLS of undetermined source with chronic lung disease

	Patient 1	Patient 2	Patient 3	Patient 4
Sex	Female	Male	Male	Male
Age (yr)	65	68	80	78
Lesion pattern	Single territory multiple	TIA	Single territory multiple	TIA
Vascular territory	Left PCA	TIA	Left MCA	TIA
Major artery occlusion	None	None	None	None
Symptom	VFD	Left hemiparesis	Right hemiparesis	Right hemiparesis
NIHSS upon admission	1	1	0	0
NIHSS at discharge	1	0	0	0
Clinical recurrence	None	None	None	None
Stroke risk factor	HL	HTN, DM, HL, obesity	HTN, HL, smoking	HL, stroke history
RoPE score	6	3	3	3
Spencer grade at rest by TCD*	V	I	I	II
Microbubble detection by TEE	Faintly detected after more than 3 cardiac cycles	Absence	Absence	Absence
Chronic lung parenchymal disease	Bronchiectasis	COPD	COPD	HCC with lung metastasis
From lung disease detection to stroke	24 months	0 months (detected after diagnosis)	2 months	2 months
D-dimer (μg/mL; reference: 0.04–0.49)	0.16	NA	NA	NA

RLS, right-to-left shunt; TIA, transient ischemic attack; PCA, posterior cerebral artery; MCA, middle cerebral artery; VFD, visual field defect; NIHSS, National Institutes of Health Stroke Scale; HL, hyperlipidemia; HTN, hypertension; DM, diabetes mellitus; RoPE, risk of paradoxical embolism; TCD, transcranial Doppler; TEE, transesophageal echocardiography; COPD, chronic obstructive pulmonary disease; HCC, hepatocellular carcinoma; NA, not assessed.
*Grade I (1–10 microbubbles), grade II (11–30 microbubbles), grade III (31–100 microbubbles), grade IV (101–300 microbubbles), and grade V (>300 microbubbles).

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