Supplementary Material:

Gli1 pericyte loss induces capillary rarefaction and proximal tubular injury

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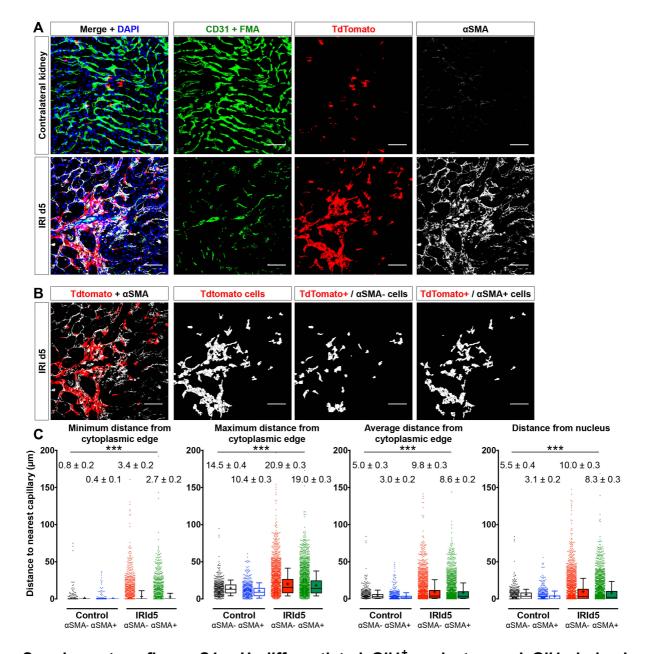
or

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Supplementary Material 1 : ImageJ script for distance analysis

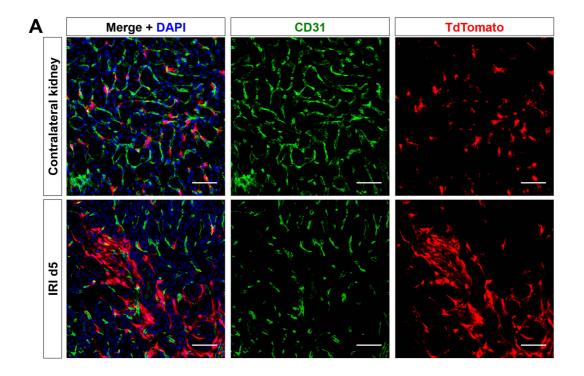
```
Open the selected image
run("8-bit");
run("Split Channels"); //split image into different channels
selectWindow("C2-pic");
selectWindow("C3-pic");
selectWindow("C4-pic");
run("Duplicate...", "title=cy5");
selectWindow("C3-pic");
run("Duplicate...", "title=tdt");
selectWindow("C2-pic");
run("Duplicate...", "title=fitc");
selectWindow("C1-pic");
run("Duplicate...", "title=dapi");
run("Merge Channels...", "c1=tdt c2=fitc c3=dapi c4=cy5 create keep");
selectWindow("cy5");
run("Gaussian Blur...", "sigma=2"); //using blur function to clear up noise
setAutoThreshold("Huang"); //Huang autothreshold is the best for our cy5 staining
//run("Threshold...");
setAutoThreshold("Huang dark");
//setThreshold(38, 255);
setOption("BlackBackground", true);
run("Convert to Mask");
run("Invert");
run("Distance Map"); //Create a distance map from cy5 channel
selectWindow("fitc");
run("Gaussian Blur...", "sigma=2");
setAutoThreshold("Huang dark"); //Huang autothreshold is the best for our FITC
staining
//run("Threshold...");
//setThreshold(21, 255);
run("Convert to Mask");
run("Invert");
run("Distance Map"); //Create a distance map from FITC channel
selectWindow("tdt");
run("Gaussian Blur...", "sigma=2");
setAutoThreshold("Moments dark"); //Moments autothreshold is the best for our
TRITC color
//run("Threshold...");
//setThreshold(5, 255);
run("Convert to Mask");
run("Duplicate...", "title=redarea");
selectWindow("redarea");
selectWindow("dapi");
run("Gaussian Blur...", "sigma=2");
run("Find Maxima...", "noise=20 output=[Single Points]"); //use the maximal point of
intensity of each nucleus as representative point
imageCalculator("AND create", "dapi Maxima", "redarea"); //select nuclei that are
within tdTomato<sup>+</sup> area
selectWindow("Result of dapi Maxima");
```

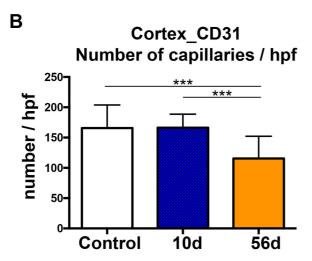
```
selectWindow("dapi Maxima");
run("Find Connected Regions", "allow_diagonal display_one_image display_results
regions for values over=100 minimum number of points=1 stop after=-1");
//Assign each nucleus as different data point
run("Marker-controlled Watershed", "input=redarea marker=All mask=redarea
calculate use"); //Use nuclei to divide large red area into equal pieces base on nuclei
within the area
setAutoThreshold("Huang dark"); //convert divided red area into binary data
//run("Threshold...");
setAutoThreshold("Huang");
run("Convert to Mask");
run("Invert");
run("Options...", "iterations=2 count=5 black edm=32-bit do=Erode");
run("Tile");
selectWindow("EDM of cy5");
selectWindow("EDM of fitc");
selectWindow("redarea");
selectWindow("dapi Maxima");
selectWindow("Result of dapi Maxima");
selectWindow("All connected regions");
selectWindow("redarea-watershed");
```



Supplementary figure S1: Undifferentiated Gli1⁺ pericytes and Gli1 derived myofibroblasts both detach from the microvasculature.

- (A) Representative images of kidneys from bigenic Gli1CreER;tdTomato mice at day 5 after ischemia reperfusion injury versus sham with CD31 staining, fluorescence microangiography (FMA) and α SMA co-staining. Scale bars 50 μ m, DAPI, 4',6-diamidino-2-phenylindole
- (B) To dissect activated Gli1 derived myofibroblasts and undifferentiated Gli1⁺ pericytes the tdTomato⁺ cells were subdivided based on their expression of αSMA using further image processing algorighm. Scale bars 50μm
- (C) Measured distances of tdTomato cells to the closest capillary in kidneys of bigenic Gli1CreER;tdTomato mice at day 5 following ischemia reperfusion injury (IRI) versus sham (control) stratified for α SMA expression. Of note, data represents n=11 mice, 6 female and 5 male, in the CLK group and n=10 mice, 5 female and 5 male, in the severe IRI group; mean \pm SEM; box and whiskers with 10th-90th percentiles; \pm indicates mean; ***p<0.001, by one way ANOVA with posthoc Bonferroni.



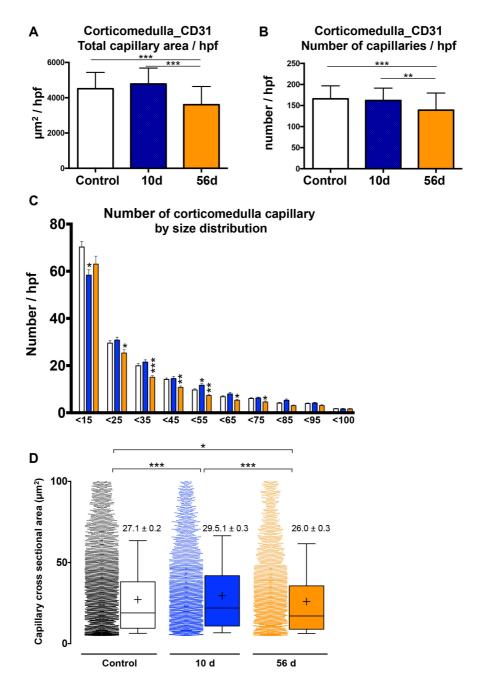


Supplementary Figure S2: Ischemia reperfusion injury (IRI) triggers capillary rarefaction

- (A) Representative pictures of kidney outer-medullary microvasculature stained by CD31 at day 5 after severe IRI. Note the decreased numbers of stained capillaries and increased number of tdTomato $^{+}$ cells after IRI (scale bars are 50 μ m).
- (B) Total number of capillaries after pericyte ablation was decreased from 165.7 ± 6.5 in control to 115.6 ± 6.6 capillaries/hpf at 56 days. Total number of capillaries at day 10 was 166.4 ± 5.0 capillaries/hpf. Data represent n = 7 mice in control, n = 4 mice in 10 days group and n = 6 in 56 days group; ***p<0.001.

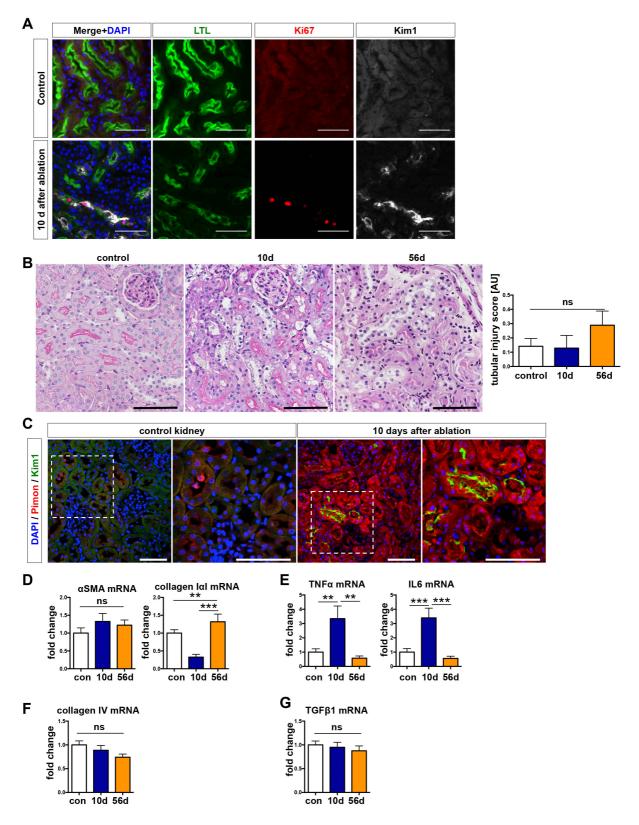
Supplementary Material 2 : Software-based high throughput automated analysis of fluorescence microangiography

```
folder name = uigetdir; %Prompts user to select folder
filename = uigetfile; %Prompts user to select file to be analyzed
uiimport = (filename); %Imports selected file name
I = imread(filename); %Reads imported file
background = imopen(I,strel('disk', 15)); %Standardizes background and threshold
figure, surf(double(background(1:8:end,1:8:end))),zlim([0 255]);
set(gca,'ydir','reverse');
12 = I - background; %Removes excess noise
imshow(I2);
level = graythresh(I2);
bw = im2bw(I2, level);
bw = bwareaopen(bw,50); %States capillary area
cc = bwconncomp(bw,4);
cc.NumObjects;
labeled = labelmatrix(cc);
whos labeled;
RGB_label = label2rgb(labeled, @spring, 'c', 'shuffle');%colors individual capillaries
with pretty colors
figure, imshow(RGB label);
capillarydata = regionprops(cc,'all'); %reads all perimeter data of the capillaries
capillary peri = [capillarydata.Perimeter];
capillary area = [capillarydata.Area];
[min_perim, idx] = min(capillary_peri);
capillary = false(size(bw));
capillary(cc.PixelIdxList{idx}) = true;
%Converts perimeter data to micrometers
PDataInMicrons =capillary peri*0.30120';
%Converts Area data to Micrometers
ADataInMicrons =capillary area*0.0907';
nbins = 50:
figure, hist(ADataInMicrons, nbins) %Generates capillary Area histogram
title('Histogram of Capillary Area Data')
figure, hist(PDataInMicrons, nbins) %Generates capillary Perimeter histogram
title('Histogram of Capillary Perimeter Data')
SA = ADataInMicrons';
SP = PDataInMicrons';
csvwrite('AreaQuant1.csv', SA) %Writes data to area excel sheet
csvwrite('PerimQuant1.csv', SP) %Writes data to perimeter excel sheet
```



Supplementary Figure S3: Capillary rarefaction in the outer medulla following pericyte ablation.

- (A-B) Ablation of Gli1⁺ cells resulted in reduction of total capillary cross-sectional area (control 4514±124.4, 10 days 4782±152.2 and 56 days 3608±153.4 µm2) and total number of capillaries in the outer medulla (control 166±4.15, 10 days 162±4.96 and 56 days 139±6.07 capillaries/high-power field (hpf, 400x)) (mean±SEM, **p<0.01, ***p<0.001 by one way ANOVA with posthoc Bonferroni).
- (C) Gli1⁺ cell ablation resulted in loss of small and large capillaries in the outer medulla. (mean±SEM, *p<0.05,**p<0.01, ***p<0.001 by one way ANOVA with posthoc Bonferroni).
- (D) The individual outermedullary capillary cross-sectional area slightly decreased after pericyte ablation (mean±SEM; box and whiskers with 10th-90th percentiles; + indicates mean; one-way ANOVA with post hoc Bonferroni)
- (Of note, data represents n = 12 mice in control, n = 7 mice in 10 days group and n = 9 in 56 days group)



Supplementary Figure S4: Gli1 pericyte ablation induces hypoxic tubular injury, inflammation and mild tubulointerstitial fibrosis.

- (A) We detected increased proliferation (Ki67 positive nuclei) in tubules that strongly expressed Kim1. Scale bars $50\mu m$
- (B) Representative images of Periodic acid-Schiff (PAS) stained images of kidneys from mice at 10 days and 56 days after Gli1 ablation versus control. Images very blindly scored for the severity of tubular injury (0-5% 0; 5-10% 1, 11-25% 2, 26-

- 45% 3, 46-75% 4, 76-100% 5 for tubular atrophy, dilatation, protein casts, necrotic cells and brush border loss). Scale bars 100µm
- (C) Representative images of pimonidazole (Pimon) stained kidney from control mice and mice at 10days after Gli1 cell ablation costatined for kidney injury molecule 1 (Kim1) indicating hypoxia in areas of tubular injury (Kim1). Scale bars 50µm
- (D-G) Relative mRNA expression for the fibrotic readouts alpha smooth muscle actin (α -SMA) and collagen[α], the inflammatory cytokines tumor necrosis factor alpha (TNF α) and interleukin 6 (IL6), the most prominent collagen of the basement membrane (collagen IVal) and the profibrotic growth factors transforming growth factor beta 1 (TGF β 1). **p<0.01, ***p<0.001 by one way ANOVA with posthoc Bonferroni.