Table 2: Summarized Clinical, Diagnostic, and Follow-Up Findings for CMI- subjects

No.	Clinical Findings	Diagnostic Test Findings	Procedures	Follow-Up	How was suspicion raised?
1	Unexplained weight loss and nausea.	Endoscopy: Choledocholithiasis. MRI: Choledocholithiasis.	Diagnostic testing	Symptom relief after ERCP with sphincterotomy, bile duct stone removal.	Symptoms
2	Intermittent nausea, vomiting, weight loss (~3 weeks). Denies abdominal pain or diarrhea.	EGD: Esophagitis. CT: Ectatic aorta. Moderate to severe stenosis of CA. Tortuous SMA.	Diagnostic testing	Conservative therapy. Symptoms improved on itself.	Symptoms
3	Postprandial RUQ pain (>1 year). No weight loss or fear of eating. Underwent cholecystectomy for pain with no improvements.	MRCP: Status post cholecystectomy, no new pathological findings.	Diagnostic testing	Conservative therapy. History of irritable bowel syndrome, abdominal pain, peptic ulcer, esophageal reflux, difficulty passing stool.	Symptoms
4	Postprandial abdominal pain. History of abdominal aortic aneurysm post endovascular repair complicated by graft infection.	MRI: Stable postoperative changes from distal aortic resection and right axillary to bifemoral bypass graft.	Diagnostic testing	Patient continued to have abdominal pain; additional testing revealed that these were linked to inguinal hernia	Symptoms
5	Abdominal pain with occasional nausea. History of laparotomy with median arcuate ligament release, total pancreatectomy, and celiac plexus block.	CT: Incomplete opacification of SMV may represent partial thrombosis. Moderate narrowing of CA. Prominent collaterals between mesenteric vessels. MRI: SMV patent. Unchanged CA narrowing. EGD: Bile gastritis	Diagnostic testing	Conservative therapy of bile gastritis. Given imaging findings, patient would not likely benefit from further release of arcuate ligament.	Symptoms/Imaging
6	Nausea, constipation, diarrhea. Patient must lay down for couple of hours, otherwise postprandial pain and vomiting.	CT: Focal narrowing of SMA may represent nonocclusive thrombus. MRI: SMA patent.	Diagnostic testing	Conservative therapy. Chronic sphincter of Oddi pain persisted.	Symptoms/Imaging
7	Follow-up examination in patient with mesenteric steal phenomenon, secondary to hemolytic anemia. History of thoracoabdominal aneurysm repair, occlusion of SMA.	MRI: Patient reimplanted CA and IMA and occluded SMA with collateral circulation. Spleen size decreased.	N/A	No symptoms indicating mesenteric ischemia.	Imaging
8	Chronic abdominal pain, weight loss. History of median arcuate ligament release, with persistence of symptoms. Possibility of irritable bowel syndrome.	MRI: Repaired median arcuate ligament. CA patent without any dynamic compression. SMA and IMA patent.	Diagnostic testing	N/A	Symptoms
9	Irritable bowel syndrome symptoms. Diagnostic testing ordered to exclude CMI as a differential diagnosis.	MRI: Marked compression of proximal celiac axis with expiration that is only partially relieved with inspiration.	Diagnostic testing	N/A	Symptoms
10	Abdominal pain, nausea, vomiting, and weight loss. On imaging, concerns for CA compression syndrome.	MRI: Focal compression of CA and signs of hemodynamically significant stenosis from the median arcuate ligament syndrome. Cholelithiasis.	Median arcuate ligament surgical release	Postprocedural, no significant improvement of symptoms, persistence of abdominal pain.	Symptoms/Imaging
11	Right-side abdominal pain radiating to groin. Diagnostic testing ordered to exclude CMI as a differential diagnosis.	MRI: ~50% CA stenosis, possible median arcuate ligament compression. US abdominal: No testicular mass, probable small fat-containing left inguinal hernia.	Diagnostic testing	Findings on MRI were considered incidental with no clinical significance. Symptoms not consistent with MALS.	Symptoms
12	Chronic abdominal pain.	MRI: High-grade stenosis of CA at origin, partially mitigated during inspiration. Post-stenotic CA dilatation, prominent pancreaticoduodenal arcade. Findings suggest MALS; other etiologies should be considered.	Diagnostic testing	Abdominal pain largely resolved. Conservative management of obstructive bowl symptoms with bowel rest and nasogastric tube decompression.	Symptoms
13	Abdominal pain, nausea. History of gastric ulcer.	MRI: Decreased distance and angle between SMA and aorta suggests SMA syndrome. EGD: Hiatal hernia, suggestion of extrinsic compression of duodenum, at the approximate location of the SMA.	N/A	N/A	Symptoms/Imaging

Abbreviations: CMI=chronic mesenteric ischemia; CA=celiac artery; SMA=superior mesenteric artery; IMA=inferior mesenteric artery; CT=computed tomography; MRI=magnetic resonance imaging; MRA=magnetic resonance angiography; US=ultrasound; MALS=median arcuate ligament syndrome; EGD=esophagogastroduodenoscopy; ERCP=endoscopic retrograde cholangiopancreatography; MRCP=Magnetic resonance cholangiopancreatography; RUQ=Right upper quadrant; N/A=Not applicable