Supplementary Table S1. Cardiac magnetic resonance acquisition parameters

Parameter	Cine SSFP	Native T1 mapping (MOLLI 5(3)3)	T2 mapping (multi-echo GraSE)	LGE (PSIR)
Acquisition	Long/short-axis	Basal/mid/apical SAX, diastolic	Basal/mid/apical SAX	10 min post-contrast
TR (ms)	3.6	3.8	2–3 R-R	700
TE (ms)	1.5	1.5	10–70 (7 echoes)	3.4
Flip angle (°)	60	35	—	25–30
Bandwidth	± 90 kHz	1250 Hz/pixel	~1500–2000 Hz/pixel	—
Matrix	192 × 192	192 × 144	160–192	—
FOV (mm)	350	320 × 360	320–360	—
In-plane resolution (mm)	—	2.2 × 2.2	~2.0–2.5	—
Slice thickness (mm)	8	8	8	6–8
Gap (mm)	1	—	—	—
NEX	1	—	—	—
SENSE	—	2	~2	—
Temporal resolution (ms)	—	—	—	150–200

All examinations were performed on a 1.5-T scanner (Ingenia, Philips Healthcare, Best, the Netherlands) with a 32-channel phased-array coil. Late gadolinium enhancement was acquired 10 minutes after intravenous administration of gadolinium-based contrast (0.15 mmol/kg). Abbreviations: FOV, field of view; GraSE, gradient- and spin-echo; LGE, late gadolinium enhancement; MOLLI, modified Look-Locker inversion recovery; NEX, number of excitations; PSIR, phase-sensitive inversion recovery; SAX, short axis; SSFP, steady-state free precession; TE, echo time; TR, repetition time.

Supplementary Table S2. Comparison of baseline characteristics between patients with and without follow-up CMR

Variable	Follow-up (n=40)	No follow-up (n=99)	p	SMD
Age, months	159 (54–187)	142 (30–199)	0.78	+0.09
Male, n (%)	26 (65.0)	72 (72.7)	0.41	−0.17
Peak troponin, ng/L	248 (121–891)	235 (104–391)	0.49	+0.21
Peak CRP, mg/L	23.6 (3.7–49.3)	14.3 (4.3–43.0)	0.71	−0.13
NT-proBNP, pg/mL	563 (156–13280)	749 (142–14197)	0.99	−0.11
CMR LVEF, %	54 (39–59)	50 (32–57)	0.15	+0.21
Reduced LVEF <55%, n (%)	21 (52.5)	69 (69.7)	0.077	−0.36
LGE present, n (%)	40 (100)	87 (87.9)	0.019	+0.53
LGE extent, %	4 (3–6)	4 (3–5)	0.095	+0.28
Native T1, ms	1121 (1046–1204)	1131 (1043–1200)	0.80	−0.05
T2, ms	66 (54–96)	60 (53–68)	0.024	+0.73
ECV, %	37 (32–51)	36 (30–45)	0.29	+0.21
Pericardial effusion, n (%)	10 (25.0)	12 (12.1)	0.074	+0.34

Data are median (IQR) or n (%). Continuous variables were compared with the Mann–Whitney U test and categorical variables with the chi-square or Fisher exact test. SMD, standardized mean difference (|SMD| > 0.2 indicates a potentially meaningful imbalance). Patients who underwent follow-up CMR had a higher baseline prevalence of late gadolinium enhancement and higher T2 values, indicating preferential follow-up of patients with more pronounced baseline myocardial abnormalities. Abbreviations: CMR, cardiac magnetic resonance; CRP, C-reactive protein; ECV, extracellular volume; LGE, late gadolinium enhancement; LVEF, left ventricular ejection fraction