

Finding category	PMCT positive	Autopsy positive	Concordant positive	PMCT-only	Autopsy-only	Comments
SAH	14	16	14	0	2	Small or localized subarachnoid hemorrhage may be difficult to appreciate on routine axial PMCT images; however, opacity-adjusted volume-rendered images may improve conspicuity and facilitate visual recognition of the hemorrhage.
Scalp/facial soft-tissue hematoma	13	17	9	4	8	Small or superficial scalp/facial soft-tissue hematomas, particularly at the vertex or occipital region, may be overlooked on axial images; sagittal reformations can improve detection.
Posterior cervical muscle hemorrhage	12	13	8	4	5	Narrow soft-tissue or brain window settings may improve visibility.
Major cranio-cervical skeletal abnormality: fracture/diastasis/dislocation	24	23	23	1	0	Atlantoaxial dislocation may be difficult to confirm anatomically after dissection or repositioning.
Other facial, neck, or upper thoracic skeletal injury	14	9	9	5	0	PMCT-only findings may reflect limited dissection of fractures already identified before autopsy, rather than true discordance.
Cranial or skull base fracture	4	2	2	2	0	

PMCT, postmortem computed tomography; SAH, subarachnoid hemorrhage.

For each finding category, each case was counted once, even when multiple lesions were present within the same category.

Concordant positive indicates cases in which the same category of finding was identified on both PMCT and autopsy in the same anatomical region.

PMCT-only and autopsy-only findings were used to describe imaging-autopsy correlation and were not intended to estimate diagnostic accuracy.

Absence of description in the autopsy report was treated as autopsy-negative for tabulation, although this does not necessarily indicate true absence of the finding.

Major cranio-cervical skeletal abnormalities included cervical vertebral fracture, intervertebral diastasis, vertebral dislocation, atlantoaxial dislocation, and occipital condyle fracture (cranio-cervical junction).

Occipital condyle fractures were categorized separately from other occipital bone fractures and were included among major cranio-cervical skeletal abnormalities.

Cranial or skull base fractures included cranial vault fractures, skull base fractures, sphenoid fractures, and occipital bone fractures other than occipital condyle fractures.

Other facial, neck, or upper thoracic skeletal injuries included facial bone, hyoid, thyroid cartilage, clavicular, scapular, and thoracic spine fractures.

For facial fractures, including zygomatic arch fractures, anatomical confirmation may be limited to palpation when the fracture is already evident on PMCT, to avoid unnecessary cosmetic damage.