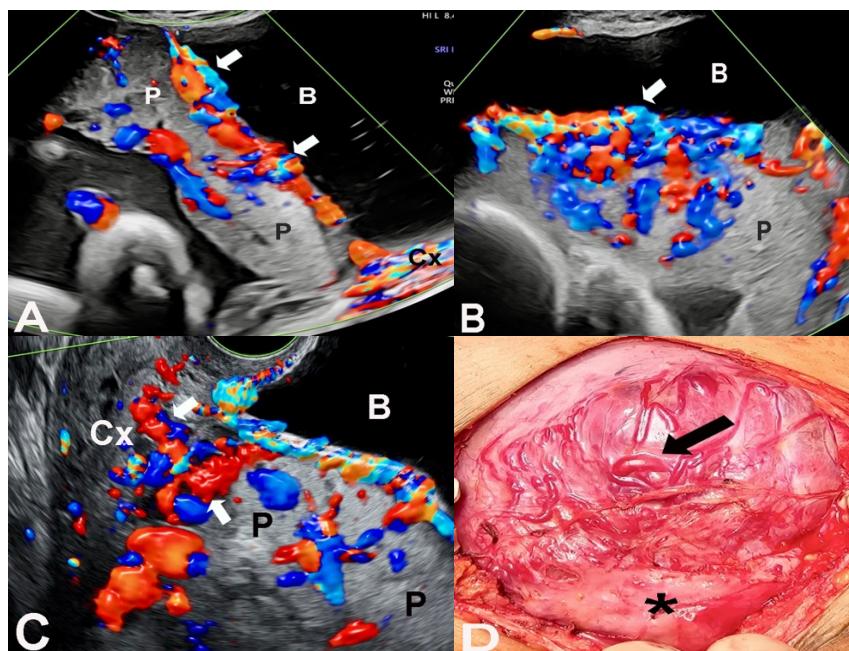


## Figure legends

**Figure 1:** Case of a patient at 36 weeks with PAS at birth managed by peripartum hysterectomy. **A:** Longitudinal TAS CDI mapping of the LUS showing a placenta (P) previa partially covering the cervix (Cx) and showing uteroplacental (merged subplacental uterovesical) hypervascularity interconnected with bridging vessels (arrows) corresponding to a rail sign. Note the cervical increased vascularity; **B:** Transverse TAS CDI mapping of the same area as in A; **C:** TVS CDI mapping showing the increased vasculature at cervico-placental interface with large lakes filled with blood (arrows); **D:** Intraoperative view of the anterior LUS wall at laparotomy before dissection of the bladder (\*) showing enlarged subserosal vessels running crano-caudally and laterally in the anterior uterine serosa (arrow). P= Placenta; B= Bladder.



**Figure 2:** Case of a patient at 36 weeks with no evidence of PAS at birth. **A:** Longitudinal TAS CDI mapping of the LUS showing a placenta (P) previa partially covering the cervix (Cx) and showing increased uteroplacental vascularity along the utero-bladder interface (between arrows); **B:** Transverse TAS CDI mapping showed an area of focal merged subplacental uterovesical hypervascularity interconnected with bridging vessels (arrow) corresponding to a rail sign.; **C:** Intraoperative view of the anterior LUS wall at laparotomy before dissection of the bladder (\*) showing a small area of enlarged subserosal vessels (arrow) corresponding anatomically to the ultrasound area (arrow) in B. P= Placenta; B= Bladder.

