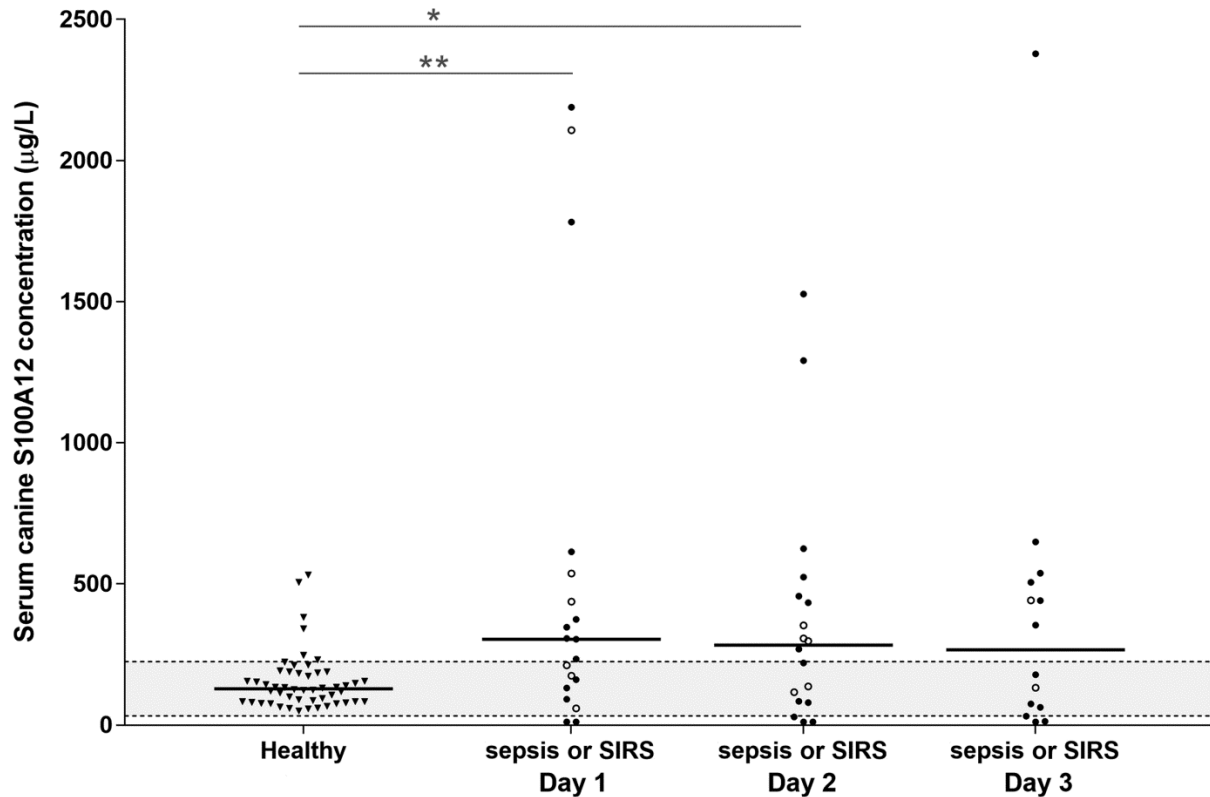
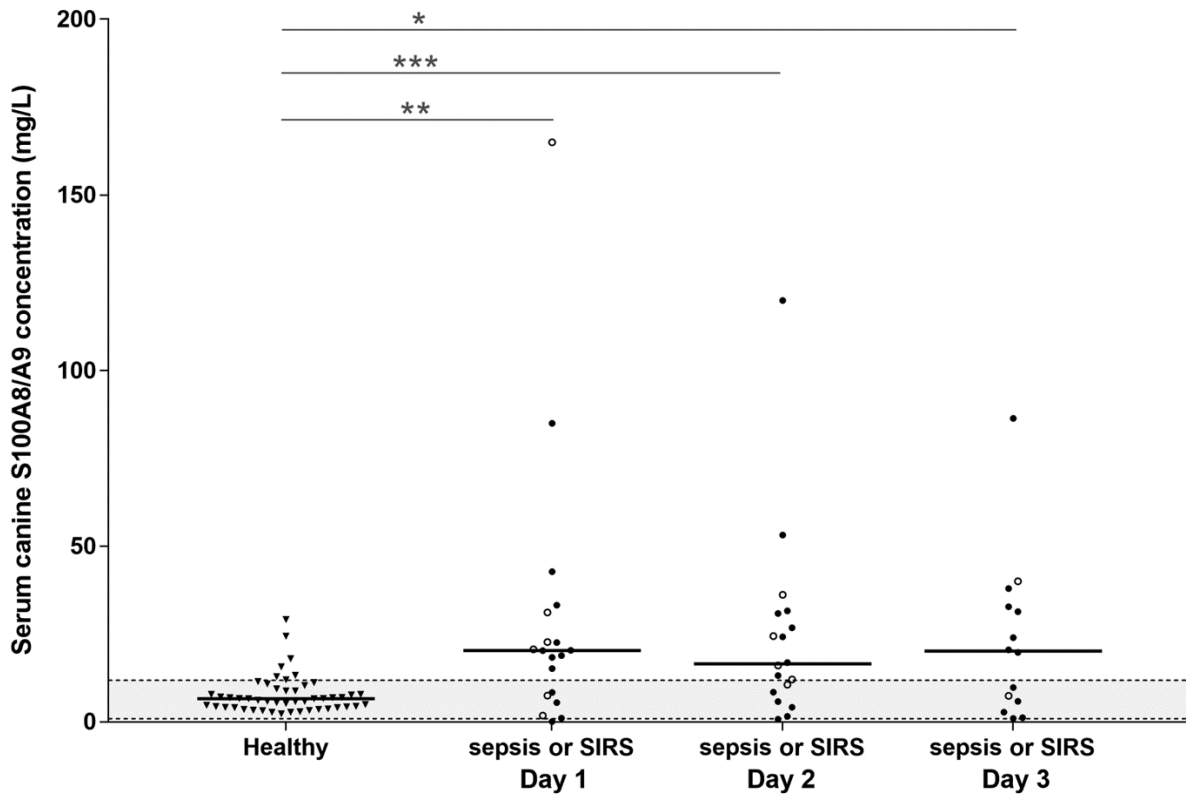


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**Supplementary Figure 1.** Serum S100A12 concentrations in dogs with sepsis or SIRS ( $n = 19$ ) and healthy control dogs ( $n = 50$ ). Compared to healthy control dogs (median = 129  $\mu\text{g/L}$ , IQR = 84–186  $\mu\text{g/L}$ ), concentrations of S100A12 were increased in dogs with sepsis or SIRS at hospital admission (day 1; median = 305  $\mu\text{g/L}$ , IQR = 132–537  $\mu\text{g/L}$ ;  $p = 0.005$ ) and on day 2 (median = 284  $\mu\text{g/L}$ , IQR = 84–474  $\mu\text{g/L}$ ;  $p = 0.043$ ), but not on day 3 (median = 266  $\mu\text{g/L}$ , range = 56–514  $\mu\text{g/L}$ ;  $p = 0.310$ ). Solid lines = medians; gray-shaded area between dashed lines = reference interval (33.2–225.1  $\mu\text{g/L}$ ); symbols ( $\blacktriangledown$ ,  $\bullet$ , and  $\circ$ ) = serum S100A12 concentrations in individual dogs ( $\bullet$  represent survivors;  $\circ$  are non-survivors).



**Supplementary Figure 2.** Serum S100A8/A9 concentrations in dogs with sepsis or SIRS ( $n = 19$ ) and healthy control dogs ( $n = 50$ ). Compared to healthy control dogs (median = 6.6 mg/L, IQR = 4.2–9.1 mg/L), concentrations of S100A8/A9 were increased in dogs with sepsis or SIRS at hospital admission (day 1; median = 20.3 mg/L, IQR = 7.5–31.2 mg/L;  $p = 0.001$ ), day 2 (median = 16.5 mg/L, IQR = 7.8–31.1 mg/L;  $p < 0.001$ ), and day 3 (median = 20.2 mg/L, range = 5.1–34.1 mg/L;  $p = 0.024$ ). Solid lines = medians; gray-shaded area between dashed lines = reference interval (0.9–11.9 mg/L); symbols ( $\blacktriangledown$ ,  $\bullet$ , and  $\circ$ ) = serum S100A8/A9 concentrations in individual dogs ( $\bullet$  represent survivors;  $\circ$  are non-survivors).