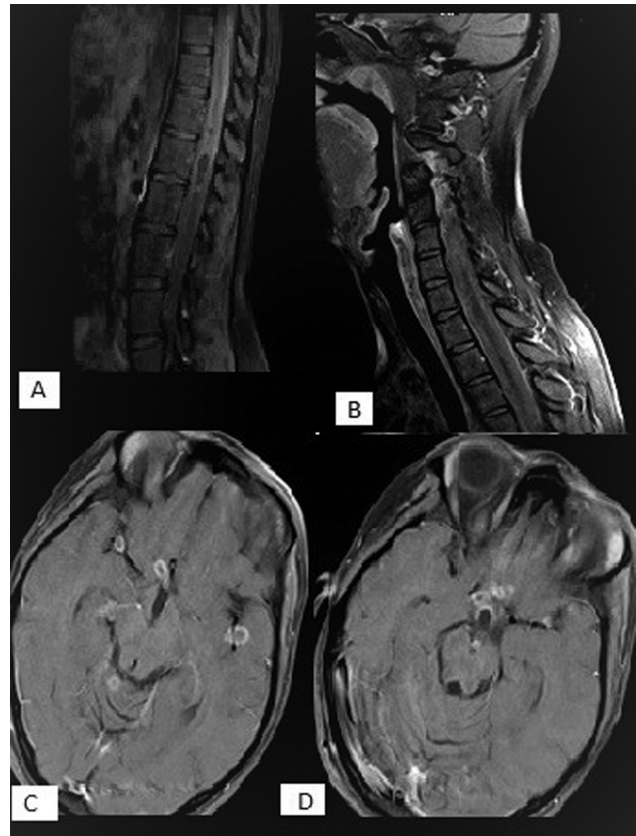


**Supplementary Fig. S1** Neuromyelitis optica (NMO). (A) Coronal T1 fat sat post-contrast image shows bulky bilateral optic nerve suggestive of optic neuritis. (B) Sagittal T2WI shows long segment hyperintense signal changes of dorsal cord. (C) Axial T2WI of brain shows periventricular high signal changes.



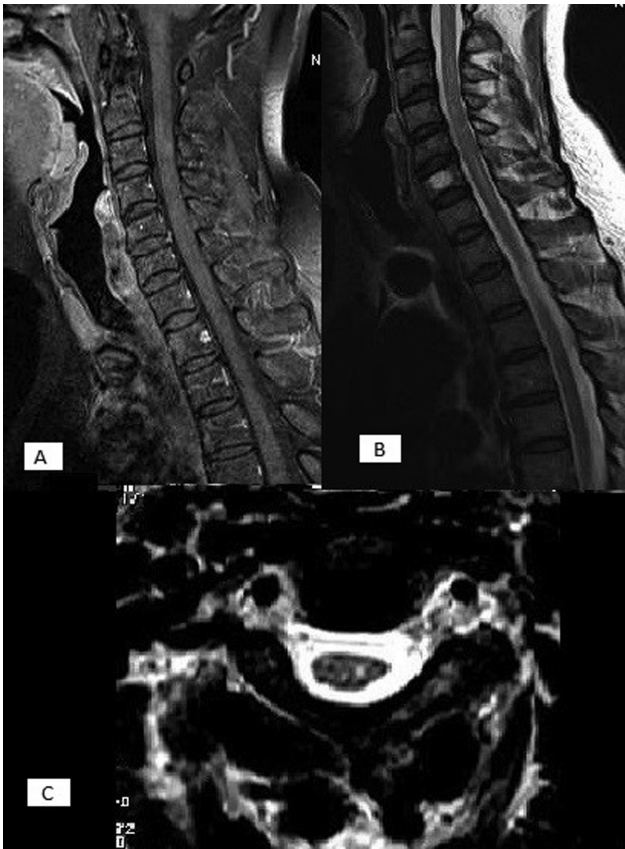
**Supplementary Fig. S2** Tuberculosis. (A) Sagittal T1 fat sat post-contrast images show oval-shaped hypointense lesion at the level of conus medullaris with peripheral enhancement. (B) Corresponding cervico-dorsal cord shows hypointensity of central cord suggestive of syrinx. (C, D) Axial T1 post-contrast study of same case showing discrete and conglomerated ring-enhancing lesion.



**Supplementary Fig. S3** Radiation myelitis. (A) Sagittal T1WI of cervico-dorsal spine shows bulky and hypointense cord of contiguous four vertebral segments. (B) Corresponding T1 post-contrast imaging shows heterogeneous enhancement of the cord with heterogeneous enhancement of few spinous process and posterior soft tissues. (C) Axial T2WI shows bulky cord with predominately central high signal intensity and posterior soft tissue high signal changes.



**Supplementary Fig. S4** Acute disseminated encephalomyelitis (ADEM). (A) Sagittal T2WI of cervico-dorsal cord shows long segment T2 hyperintensity of 8 contiguous vertebral segments with bulky cord. (B) T1 post-contrast study shows heterogeneous patchy enhancement. (C) Axial T2WI of cervical spine shows bulky cord with high signal intensity predominantly involving central cord. (D) Axial fluid-attenuated inversion recovery (FLAIR) image of same patient shows ill-defined subcortical hyperintensity.



**Supplementary Fig. S5** Post-Japanese encephalitis case. (A) Sagittal cervico-dorsal cord shows patchy enhancement of the cord in T1 post-contrast with subtle cord hyperintensities in T2WI. (B) Four cervical vertebrae are contiguously involved in T1 post-contrast. (C) Axial T2WI shows focal hyperintensities at the left anterolateral aspect of the cord with anterior horn cell involvement.