



**Supplementary Figure 2.** Electrogram findings of a patient in whom therapeutic shock was delivered. The implantable cardioverter (ICD) worked normally before and after the magnetic resonance (MRI) scan. This patient had vascular dementia, stroke, end-stage renal disease treated by hemodialysis, heart failure due to ischemic cardiomyopathy, and arteriosclerosis obliterans. He had an ICD due to ischemic cardiomyopathy. The patient experienced therapeutic shock on June 2012, without any symptoms such as palpitation, chest discomfort, and dizziness. After the event, there were no reports or records of ventricular tachycardia/ventricular fibrillation (VT/VF) for 3 years. Three years later, the patient's dementia and arteriosclerosis obliterans of the left leg worsened and he became bedridden, after which a coccyx sore developed. He was repeatedly admitted for the treatment of fever, pneumonia, and the coccyx sore. (A) The patient had already experienced one episode of therapeutic shock in June 2012, before the MRI scan. The electrogram at this time showed appropriate shock delivery. (B) The patient underwent MRI scanning to evaluate the extent of his coccyx sore on December 2015. He experienced 10 episodes of spontaneous VT/VF and nine therapeutic shocks after MRI. All therapeutic shocks were appropriate. The red box shows the days of the events and therapeutic shock delivery.