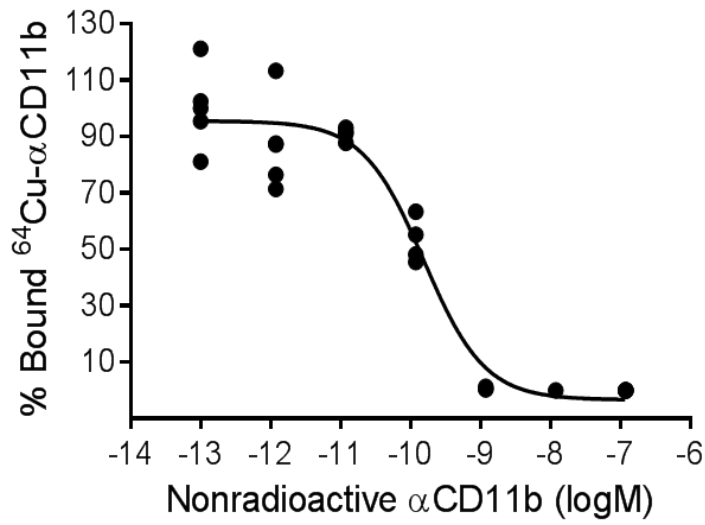
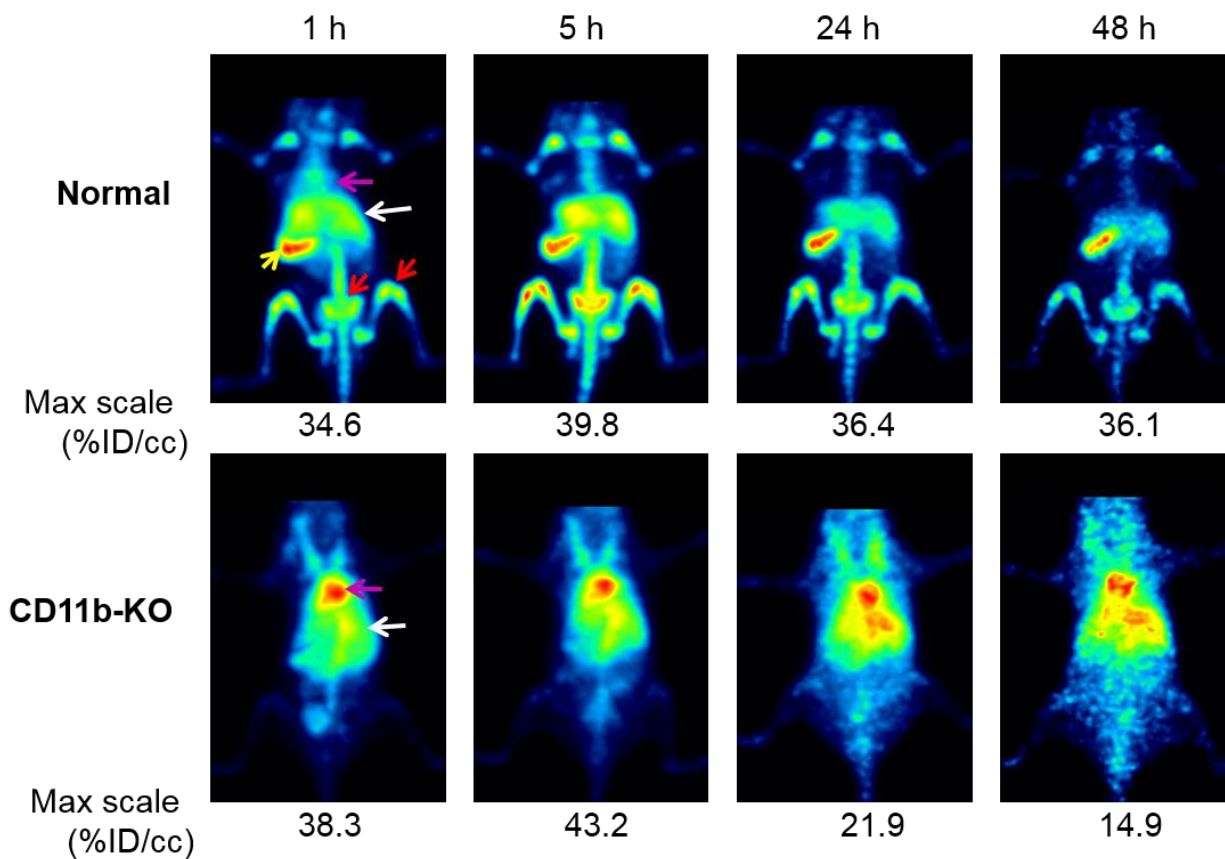


Supplemental Table 1. Number of DOTA per α CD11b antibody on DOTA- α CD11b conjugate

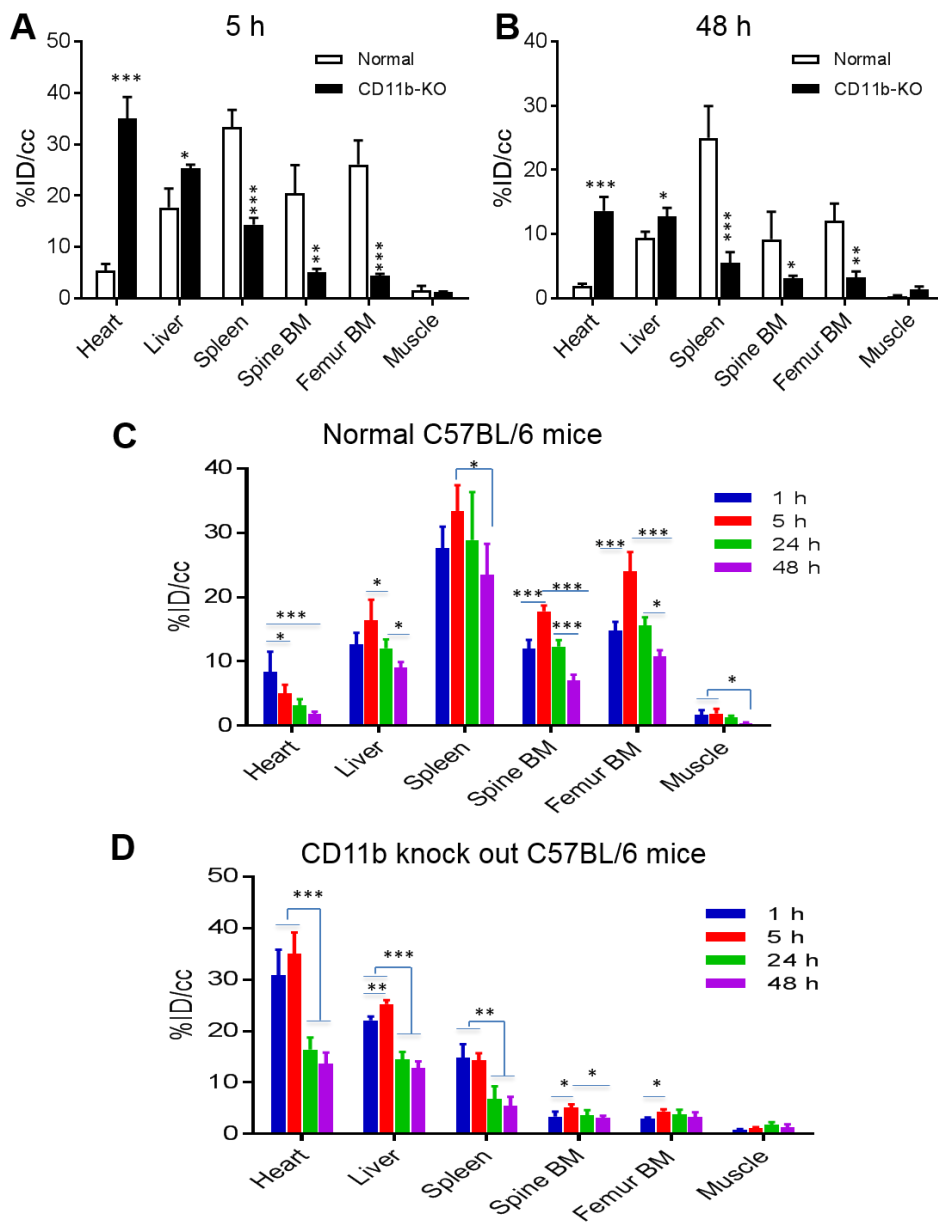
DOTA/ α CD11b ratio	50:1
Number of DOTA per α CD11b	5.77 \pm 0.394



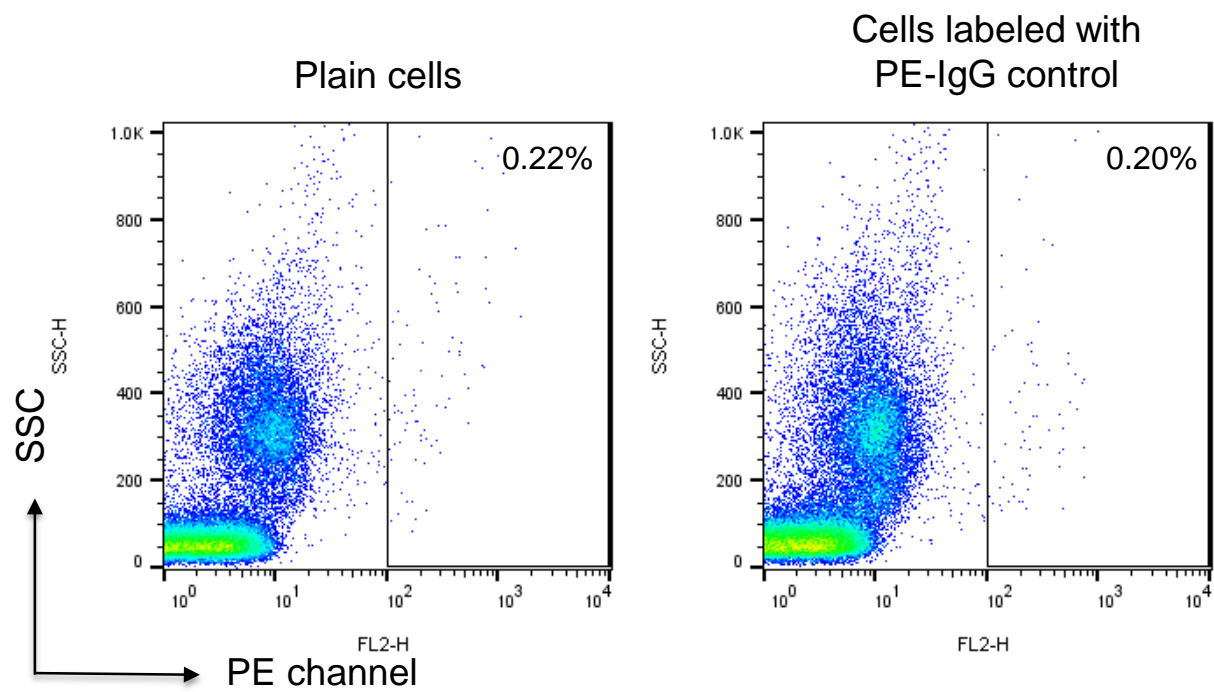
Supplemental Figure 1. Cell binding assay. Displacement of the binding of ⁶⁴Cu-αCD11b to bone marrow cells by nonradioactive αCD11b (n=5).



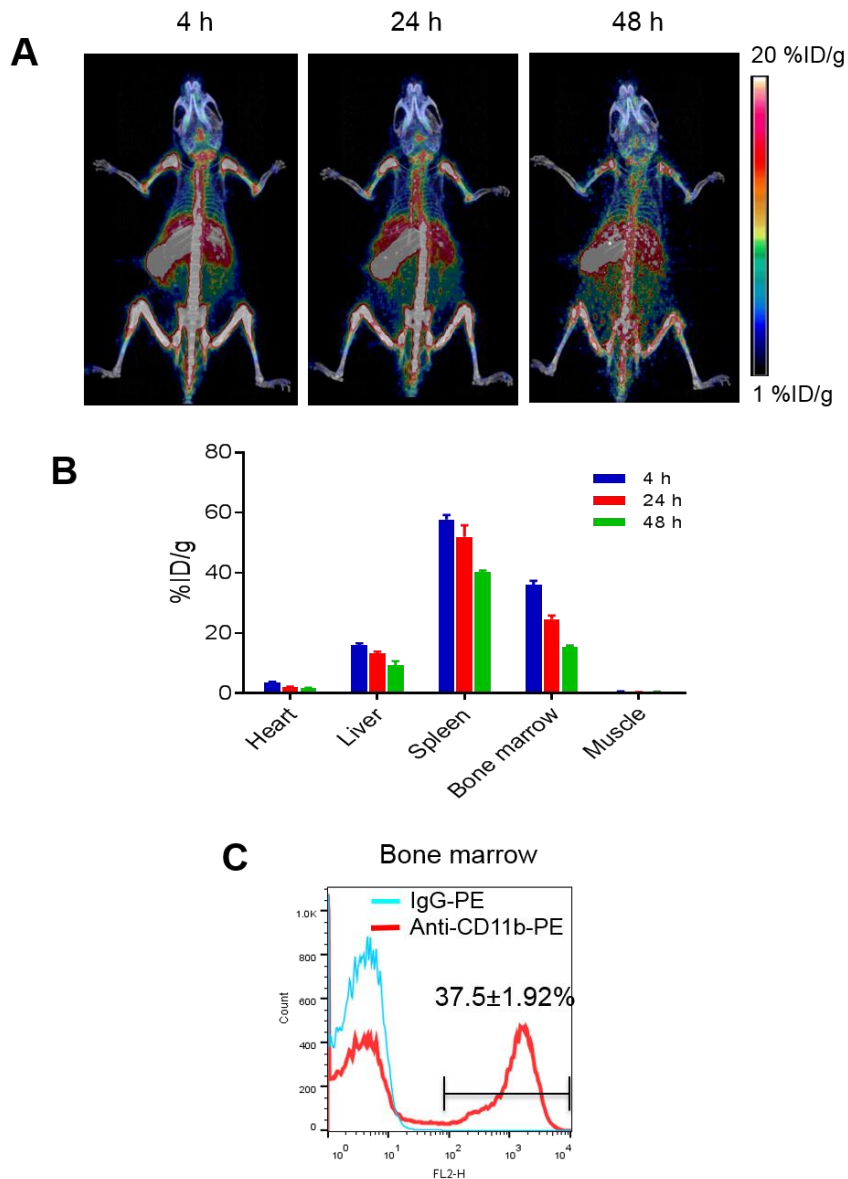
Supplemental Figure 2. Representative 3D maximum intensity projection (MIP) μ PET images with ^{64}Cu - αCD11b on normal and CD11b knockout (CD11b-KO) C57BL/6 mice. Red arrows: bone marrow; yellow arrows: spleen; white arrows: liver; purple arrows: heart (n=3).



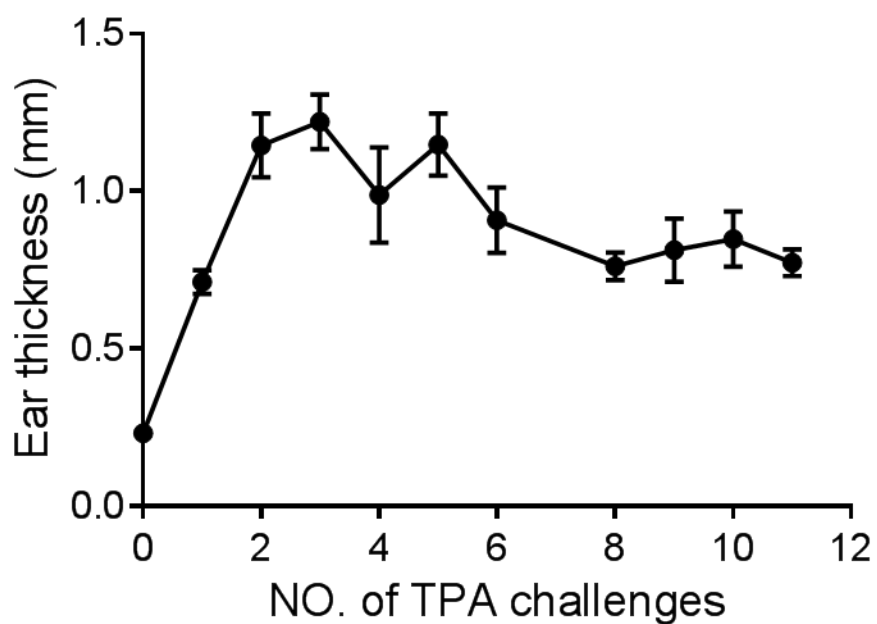
Supplemental Figure 3. Quantitative analysis of μ PET/CT imaging data of $^{64}\text{Cu-}\alpha\text{CD11b}$ in normal and CD11b-KO C57BL/6 mice. (A, B) Quantity analysis μ PET/CT imaging data acquired at 5 h (A) or 48 h (B) after intravenous injection of $^{64}\text{Cu-}\alpha\text{CD11b}$. (C, D) Quantity μ PET/CT imaging data in normal C57BL/6 mice (C) and CD11b-KO C57BL/6 mice (D) at 1, 5, 24, and 48 h after radiotracer injection. Data are expressed as mean \pm SD (n=3/group).



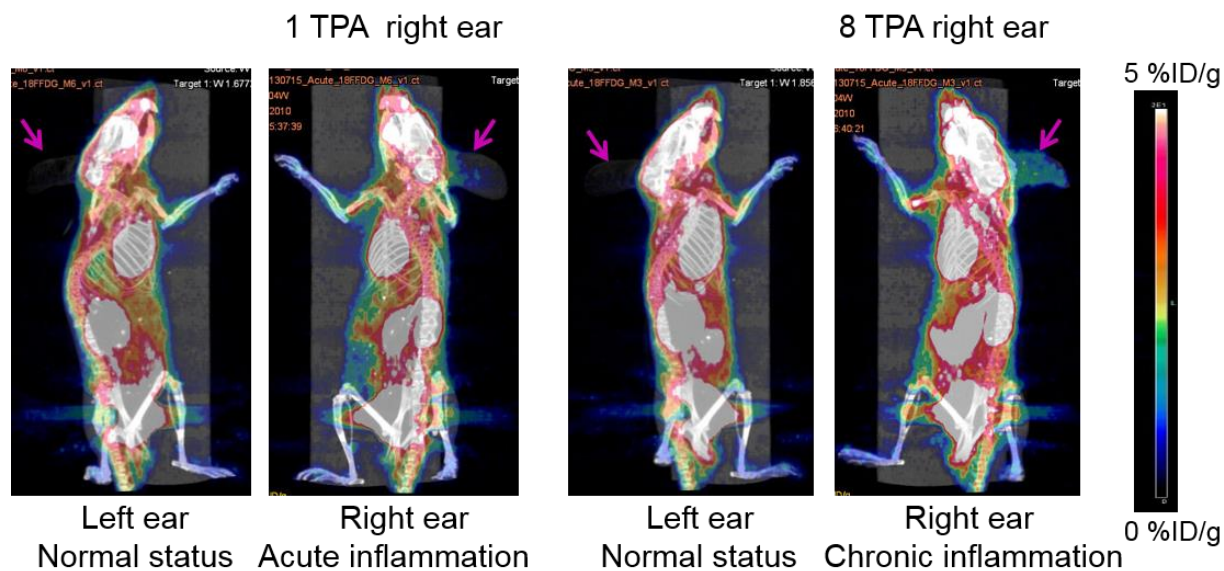
Supplemental Figure 4. Dot plot diagram of flow cytometry showing background signals from the PE channel for plain bone marrow cells and bone marrow cells treated with PE-IgG control.



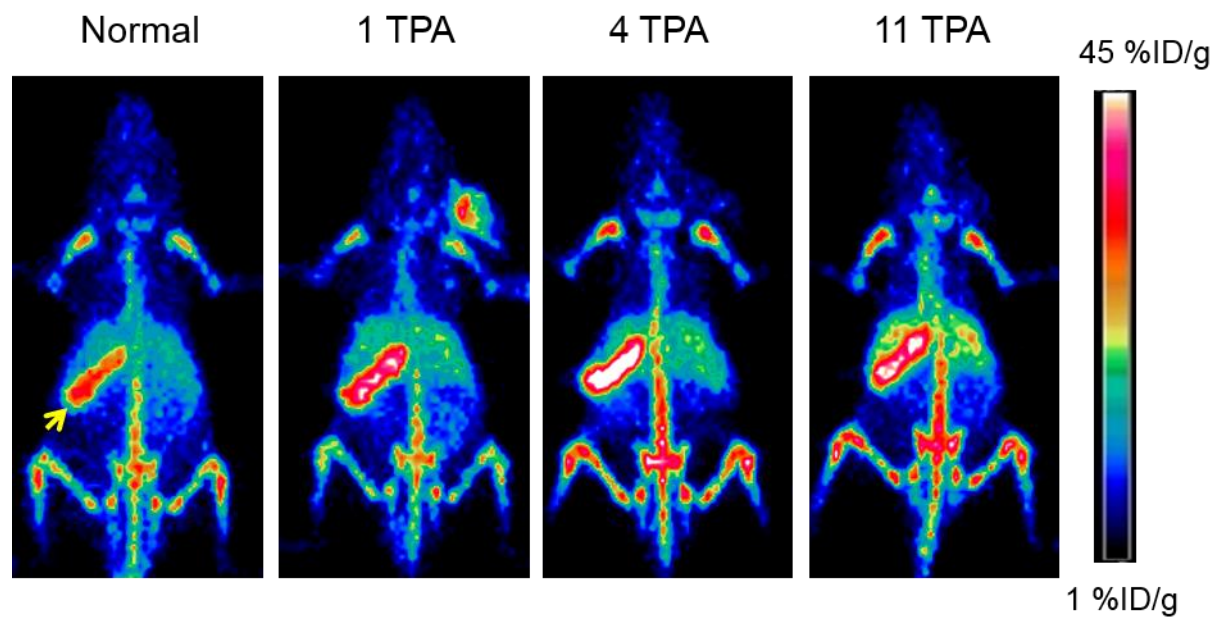
Supplemental Figure 5. ^{64}Cu - αCD11b $\mu\text{PET}/\text{CT}$ in normal BALB/c mice. (A) Representative $\mu\text{PET}/\text{CT}$ images of normal BALB/c mice at 4, 24, and 48 h after intravenous injection of ^{64}Cu - αCD11b . (B) Quantitative analysis of $\mu\text{PET}/\text{CT}$ data showing distribution of ^{64}Cu - αCD11b in major organs at different times after radiotracer injection. (C) Flow cytometry analysis of CD11b^+ myeloid cells in bone marrow. The resting bone marrow contains a large number of CD11b^+ myeloid cells in BALB/c mice. Data were expressed as mean \pm SD (n=3).



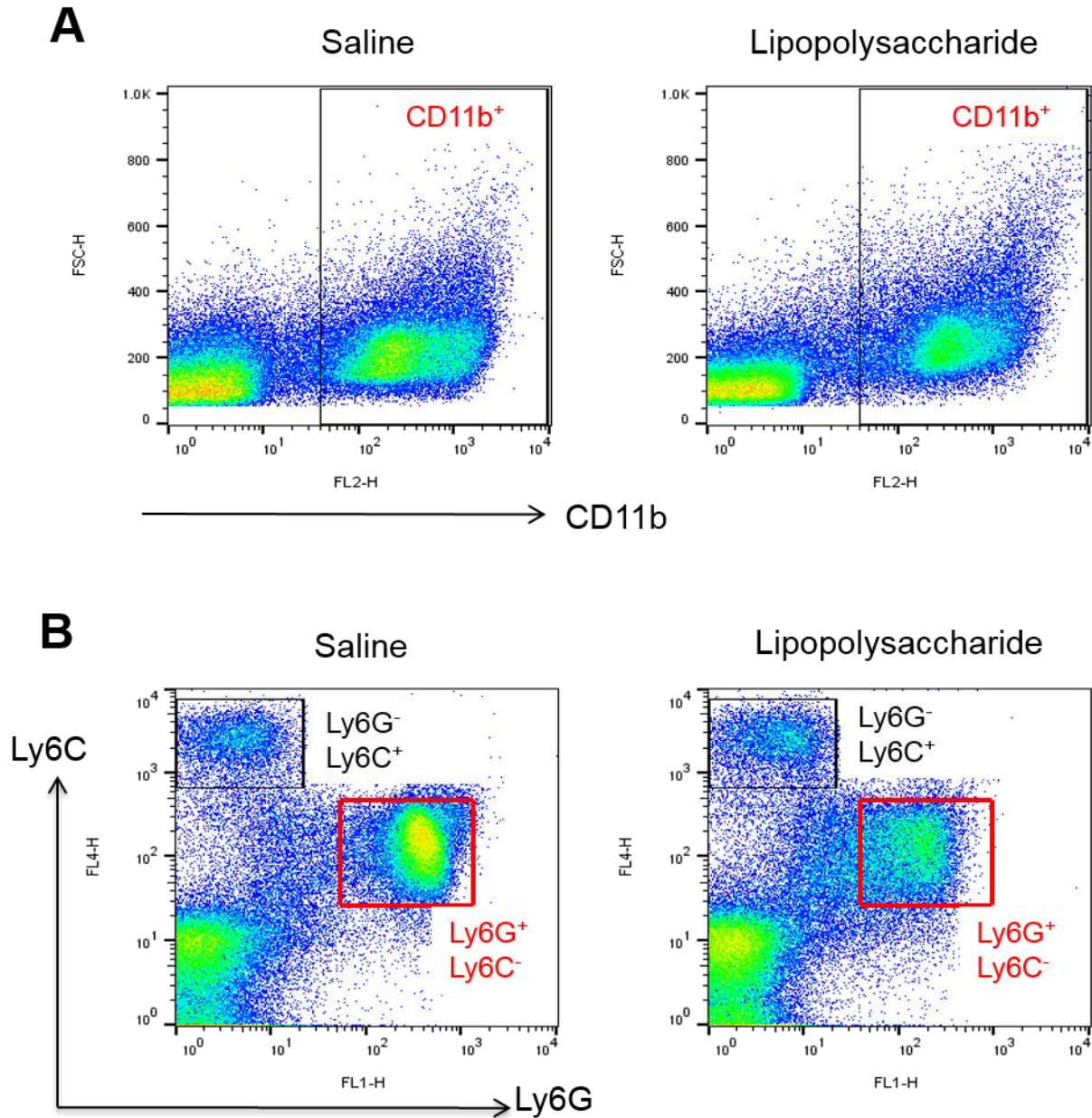
Supplemental Figure 6. Ear thickness after different numbers of TPA challenges on ear of BALB/c mice. Data are expressed as mean \pm SD (n=8).



Supplemental Figure 7. ^{18}F -FDG $\mu\text{PET}/\text{CT}$ in BALB/c mice with TPA-induced acute and chronic ear inflammation. Images were presented at a color scale (0 – 5 %ID/g) different from that in Figure 3C (3 – 10 %ID/g) to highlight uptake of the radiotracer in the inflammation ear. Purple arrow: ear.



Supplemental Figure 8. ^{64}Cu - αCD11b $\mu\text{PET}/\text{CT}$ in BALB/c mice with TPA-induced acute and chronic ear inflammation. Images were presented at a color scale (1 – 45 %ID/g) different from that in Figure 2 (1 – 20 %ID/g) to highlight changes in the spleen after different numbers of TPA challenges. Yellow arrow: spleen.



Supplemental Figure 9. The representative flow cytometric dot plots showing bone marrow cells from normal mice and mice with acute lung inflammation. Bone marrow cell samples were analyzed 24 h after intratracheal instillation of lipopolysaccharide. **(A)** Black grid: CD11b⁺ cells. **(B)** Black grid: Ly6G⁻Ly6C⁺ monocytic cells; red grid: Ly6G⁺Ly6C^{low} granulocytic cells.