



**Figure 3 - figure supplement 1: Myocyte PKD2 knockout does not alter phenylephrine or angiotensin II-induced vasoconstriction in hindlimb arteries.** **A:** Mean passive diameter at 80 mmHg of first-order gastrocnemius arteries (G) and third-, fourth- and fifth-order mesenteric arteries (M) (*Pkd2<sup>fl/fl</sup>*: G, n= 5; M3<sup>rd</sup> n=4; M4<sup>th</sup> n=5; M5<sup>th</sup> n=5 and *Pkd2 smKO*: G, n= 5; M3<sup>rd</sup> n=7; M4<sup>th</sup> n=4; M5<sup>th</sup> n=5). **B:** Mean data for 60 mM K<sup>+</sup>-induced constriction in pressurized (100 mmHg) gastrocnemius arteries from *Pkd2<sup>fl/fl</sup>* (n=4) and *Pkd2 smKO* (n=4) mice. \* indicates P<0.05 versus *Pkd2<sup>fl/fl</sup>*. **C:** Mean data of phenylephrine-induced constriction in pressurized gastrocnemius arteries (*Pkd2<sup>fl/fl</sup>* n= 4, *Pkd2 smKO* n=5). **D:** Mean data of angiotensin II-induced constriction in gastrocnemius arteries pressurized to 100 mmHg (*Pkd2<sup>fl/fl</sup>*, n=5 and *Pkd2 smKO*, n=5-6). **E:** Mean data of phenylephrine-induced pressure responses in intact hindlimb (*Pkd2<sup>fl/fl</sup>*, n=11-13 and *Pkd2 smKO*, n=8-9).