

Section S2: Histopathologic lung evaluation

All sections were examined with a Leica DMLB microscope, and all groups, including control, were evaluated according to modified Ashcroft criteria (Hübner et al., 2008). Modified Ashcroft Scale was used for evaluating thickening alveolar septa and fibrosis in the lung. The criteria are listed in Table 5 below.

Table V. Modified Ashcroft Scale

Grade of Fibrosis	Modified Ashcroft Scale (Hübner et al., 2008)	
	Alveolar septa	Lung structure
0	No Fibrotic burden at the thinnest small fibers in some alveolar walls	Normal lung
1	No isolated gentle fibrotic changes (septum $\leq 3x$ thicker than normal)	Alveoli partly enlarged and rarefied, but no fibrotic masses present
2	Clearly fibrotic changes (septum $>3x$ thicker than normal) with knot-like formation but not connected to each other	Alveoli partly enlarged and rarefied, but no fibrotic masses
3	Contiguous fibrotic walls (septum $>3x$ thicker than normal) predominantly in whole microscopic field	Alveoli partly enlarged and rarefied, but no fibrotic masses
4	Variable	Single fibrotic masses ($\leq 10\%$ of microscopic field)
5	Variable	Confluent fibrotic masses ($>10\%$ and $\leq 50\%$ of microscopic field). Lung structure severely damaged but still preserved.
6	Variable, mostly not existent	Large contiguous fibrotic masses ($>50\%$ of microscopic field). Lung architecture mostly not preserved
7	Non-existent	Alveoli nearly obliterated with fibrous masses but still up to five air bubbles
8	Non-existent	Microscopic field with complete obliteration with fibrotic masses