Fig. 1. Average elasticity and mSWV of examined L.N.s based on final diagnosis
Fig. 2. 60 years old female patient presented by right inguinal metastatic lymphadenopathy of cancer urinary bladder treated by radical cystectomy.

US examination of the predominant lymph node:
Fig. 3. 33 years old female patient presented by left axillary tuberculous lymphadenopathy past history of pulmonary tuberculosis followed by anti-TB treatment 5 years ago. US examination of the predominant lymph node:
Fig. 4. 60 years old male patient presented by cervical, axillary and inguinal chronic leukemic lymphadenopathy.

US examination of right axillary enlarged L.N.:
30 years old female patient had Ludwig's angina and presented by bilateral submandibular reactive lymphadenopathy.

**US examination of a predominant lymph node:**

(a) B-mode; it measured 20 x 9 mm, isoechoic pattern, oval shaped, well circumscribed with regular outline and preserved hilum.

(b) CDS; resistance index (RI) was 0.25, pulsatility index (PI) was 0.68 and S/D ratio was 1.34.

(c) Color map.

(d) Shear wave elastography; average elasticity was 9.37 KPa and shear wave speed was 1.1 m/s.
Fig. 6. 47 years old male patient had NHL presented by cervical, axillary and inguinal lymphadenopathy. US examination showed:
Fig. 7. 65 years old female patient known as cancer mandible and presented by metastatic cervical lymphadenopathy.
US examination of the largest lymph node seen submental:
Fig. 8. 22 years old female patient was diagnosed as chronic parotitis and presented by right infra parotid reactive lymphadenopathy.
US examination of the predominant lymph node: