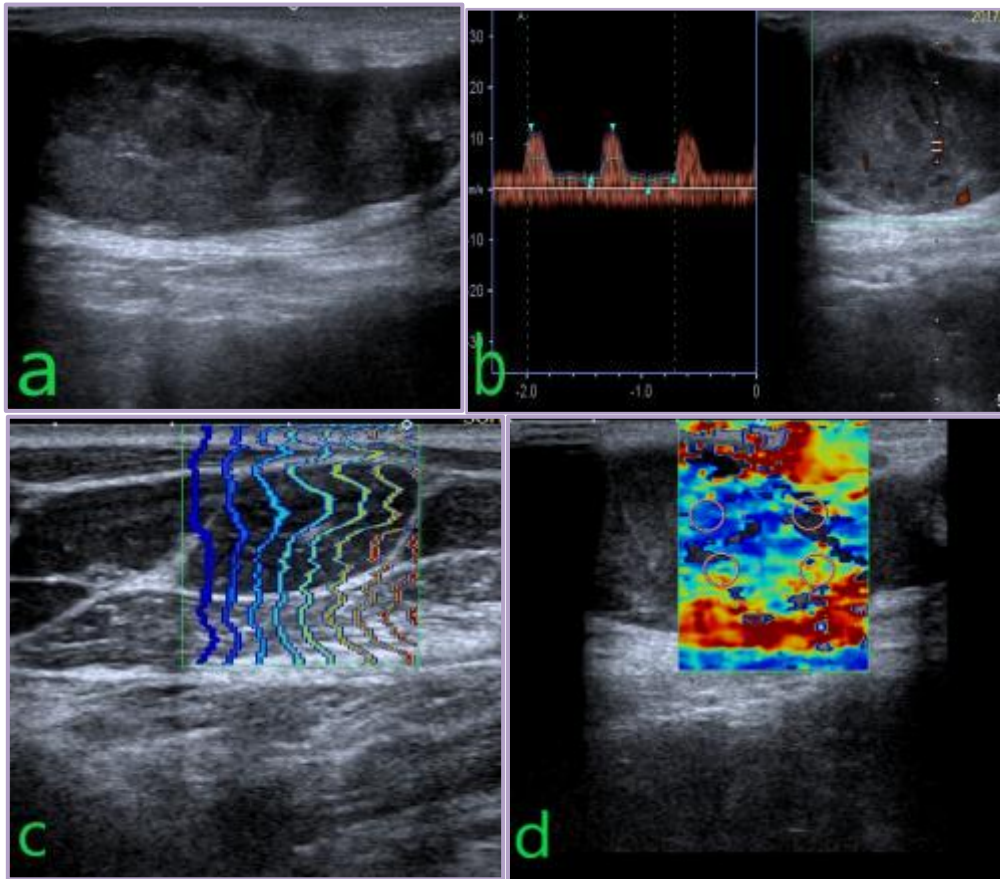


Fig. 1. Average elasticity and mSWV of examined L.N.s based on final diagnosis



*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:*

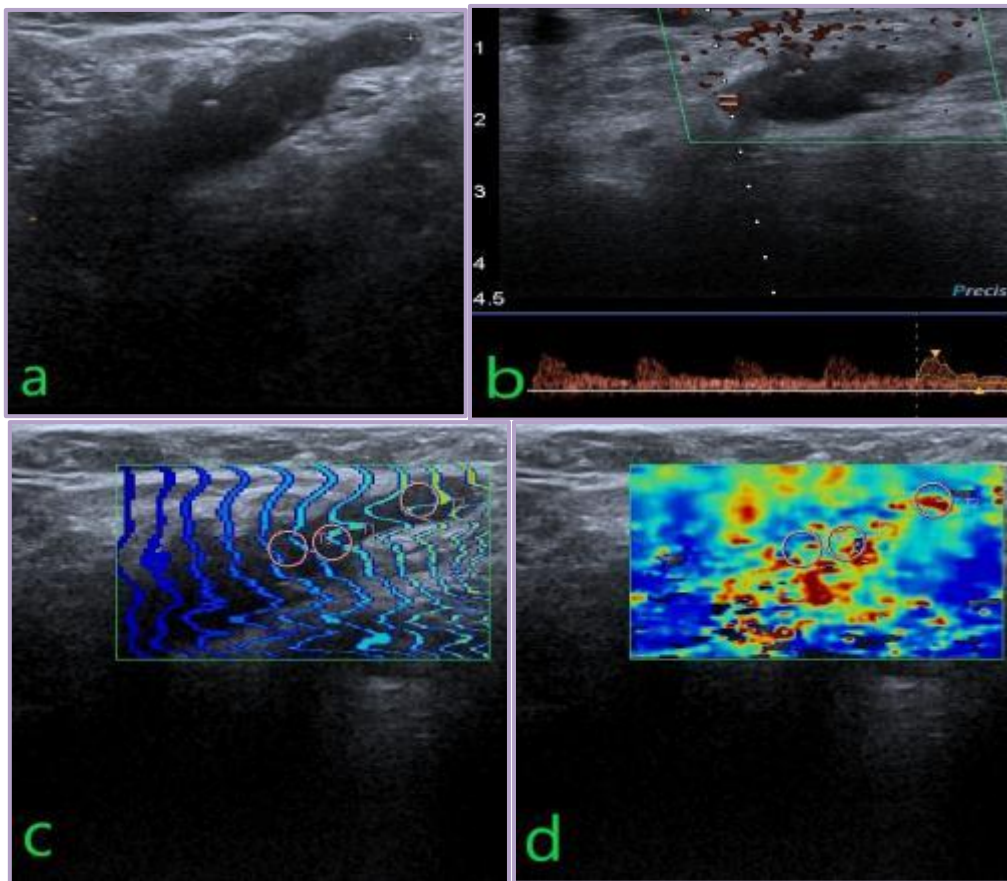


Fig. 3. 33 years old female patient presented by left axillary tuberculous lymphadenopathy past history of pulmonary tuberculosis followed by anti-TB treatment 5 years ago.
US examination of the predominant lymph node:

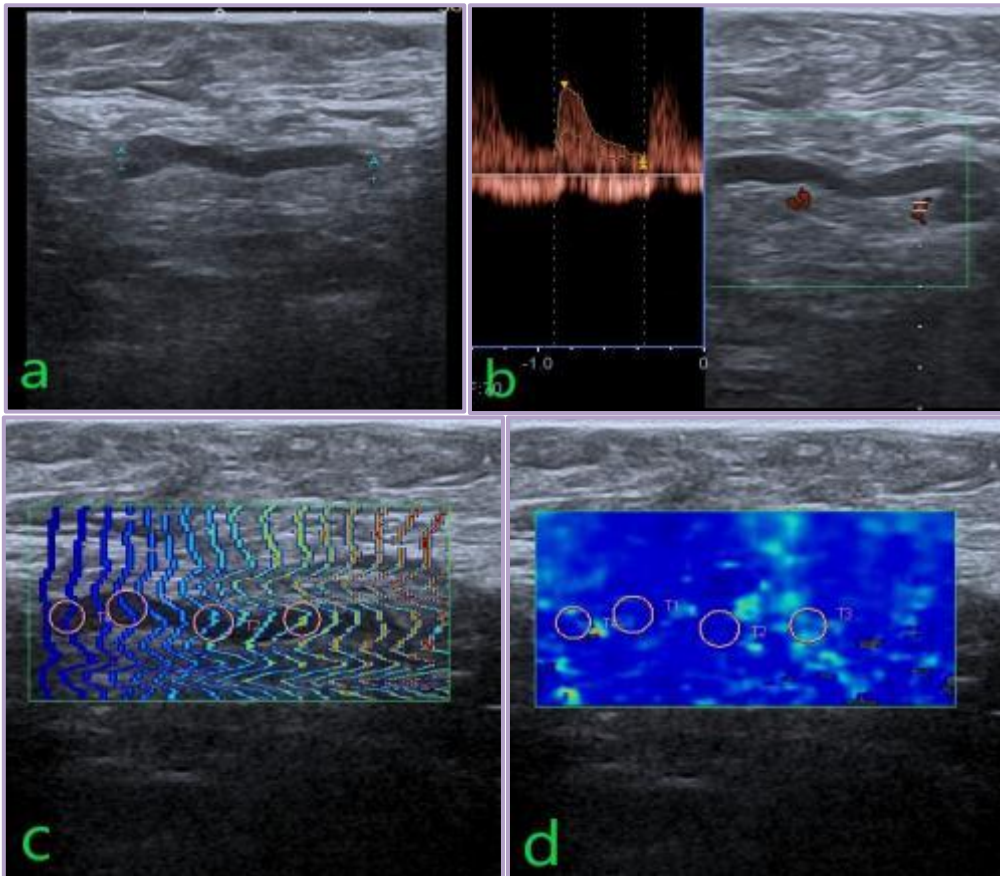


Fig. 4. 60 years old male patient presented by cervical, axillary and inguinal chronic leukemic lymphadenopathy.
US examination of right axillary enlarged L.N.:

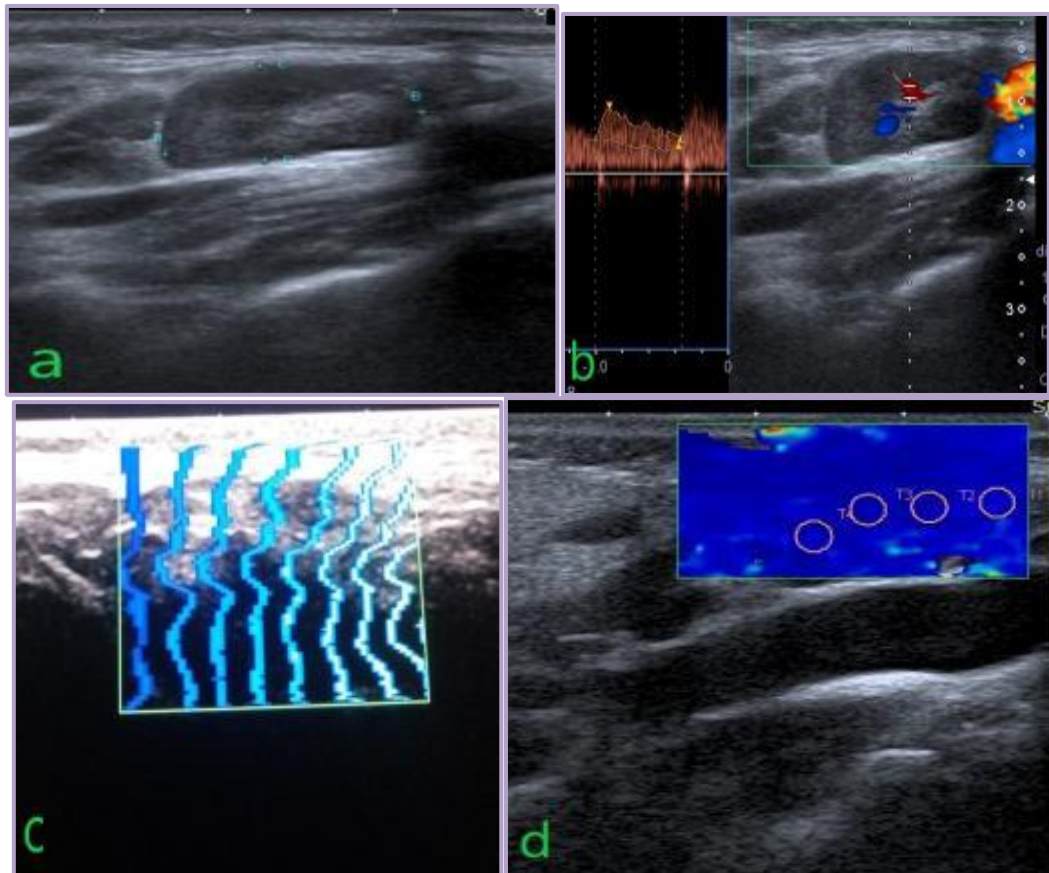


Fig. 5. 30 years old female patient had Ludwig's angina and presented by bilateral submandibular reactive lymphadenopathy.

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.

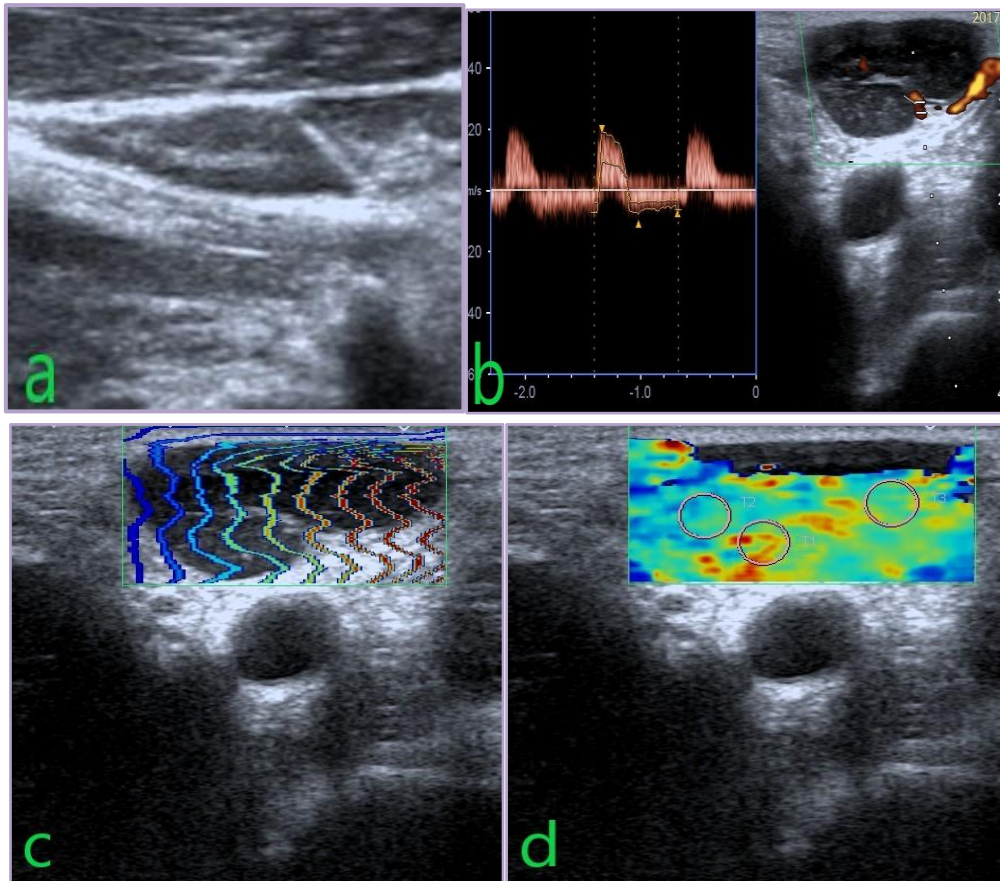


Fig. 6. 47 years old male patient had NHL presented by cervical, axillary and inguinal lymphadenopathy. US examination showed:

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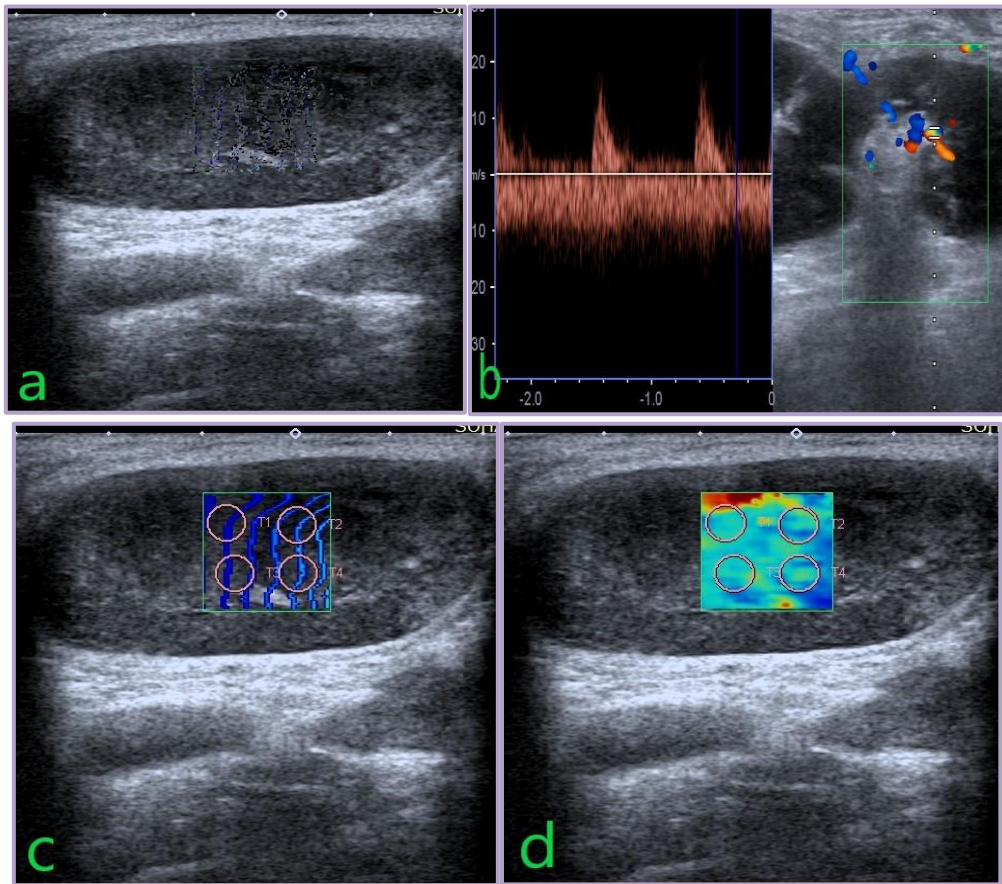
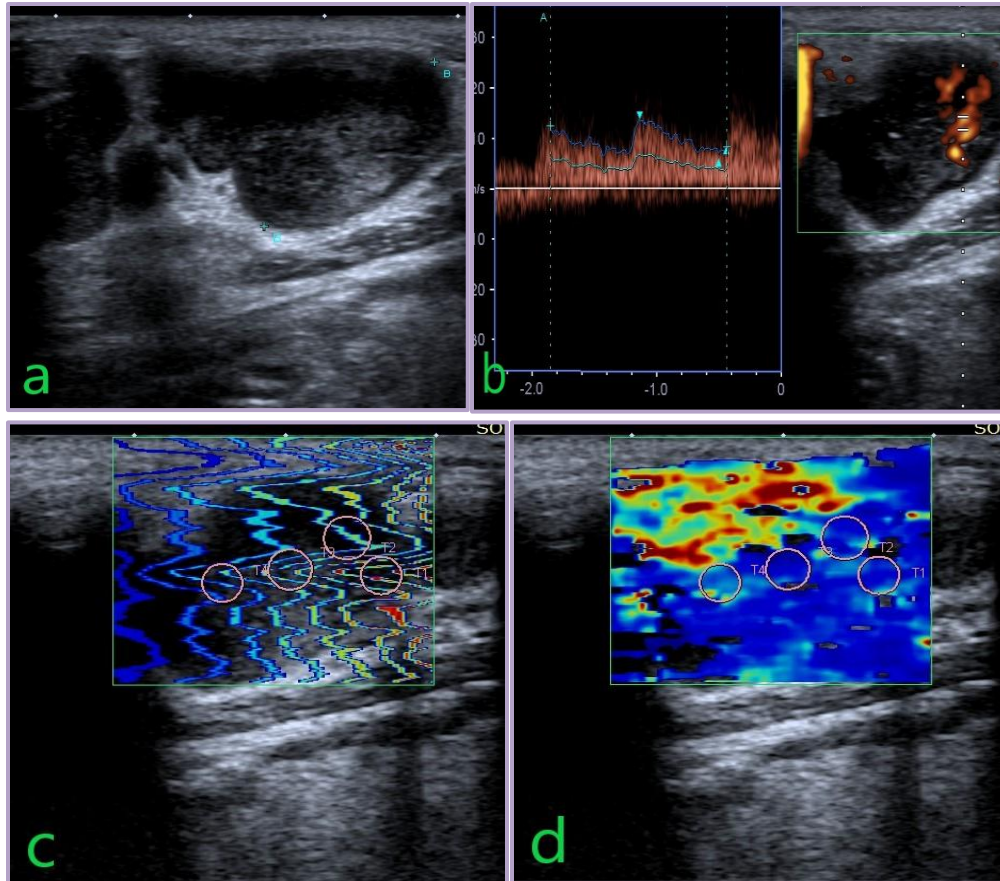


Fig. 7. 65 years old female patient known as cancer mandible and presented by metastatic cervical lymphadenopathy.

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:*