

Figure S1. Ultrasound images of three representative cases in the cervical lymph node metastasis group. (A) Ultrasound images of Case 1 revealed the disappearance of the (a) normal lymph node structure and (b) unclear corticomedullary differentiation. (B) Red arrows in the ultrasound images of Case 2 indicated the (a) presence of microcalcifications and cystic changes within the lymph node, as well as a (b) peripheral vascular supply. (C) Red arrows in the ultrasound images of Case 3 indicated (a) areas within the lymph node showing microcalcifications, disappearance of the normal structure, unclear boundaries, irregular shape and fusion with adjacent lymph nodes, as well as a (b) mixed and abundant vascular supply.

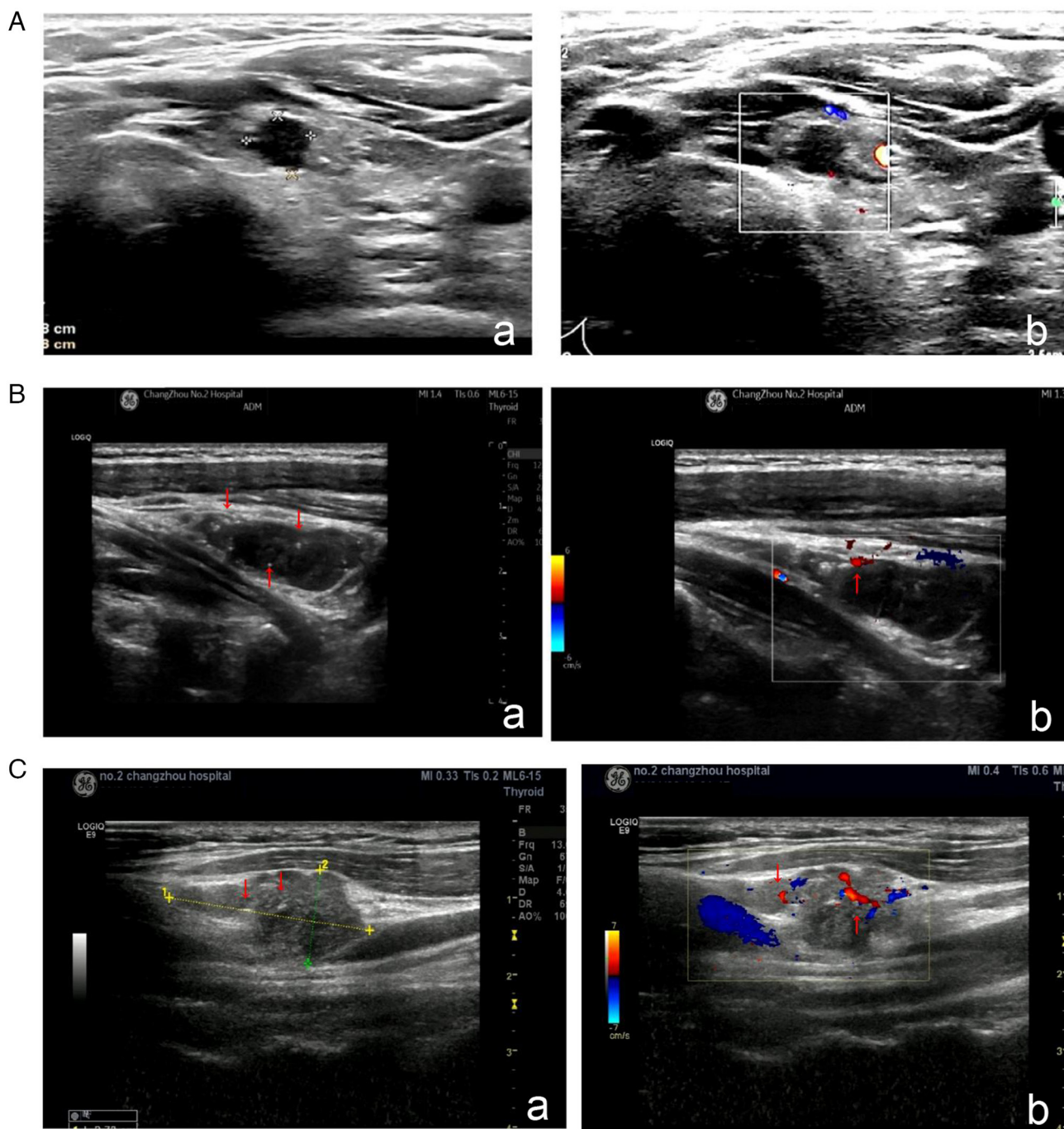


Figure S2. Ultrasound images of three representative cases in the non-cervical lymph node metastasis group. (A) Red arrows in the ultrasound images of Case 1 showed a (a) clear lymph node structure and a (b) visible central vascular supply. (B) Red arrow in the ultrasound images of Case 2 exhibited a (a) well-defined lymph node structure with clear boundaries, regular shapes and distinct corticomedullary differentiation, as well as a (b) central vascular supply. (C) Red arrow in the ultrasound images of Case 3 suggested a (a) well-defined lymph node structure with clear boundaries, a regular shape and distinct corticomedullary differentiation, as well as (b) normal vascularization.

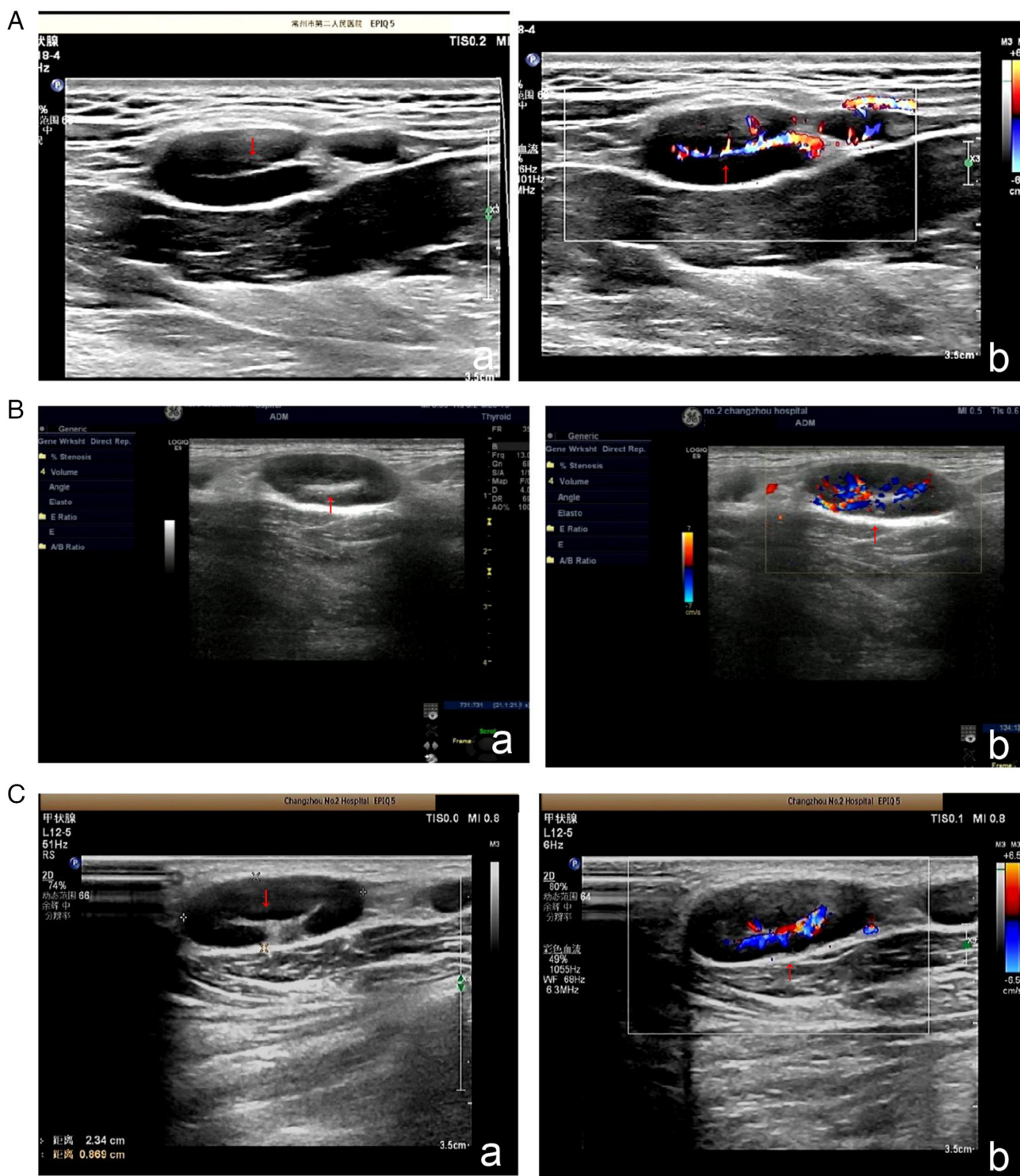


Figure S3. Receiver operating characteristic curves for the diagnostic performance of various methods in detecting cervical lymph node metastasis in thyroid cancer. FNA, fine-needle aspiration; TPO-Ab, thyroid peroxidase antibody; Tg-Ab, thyroglobulin antibody.

