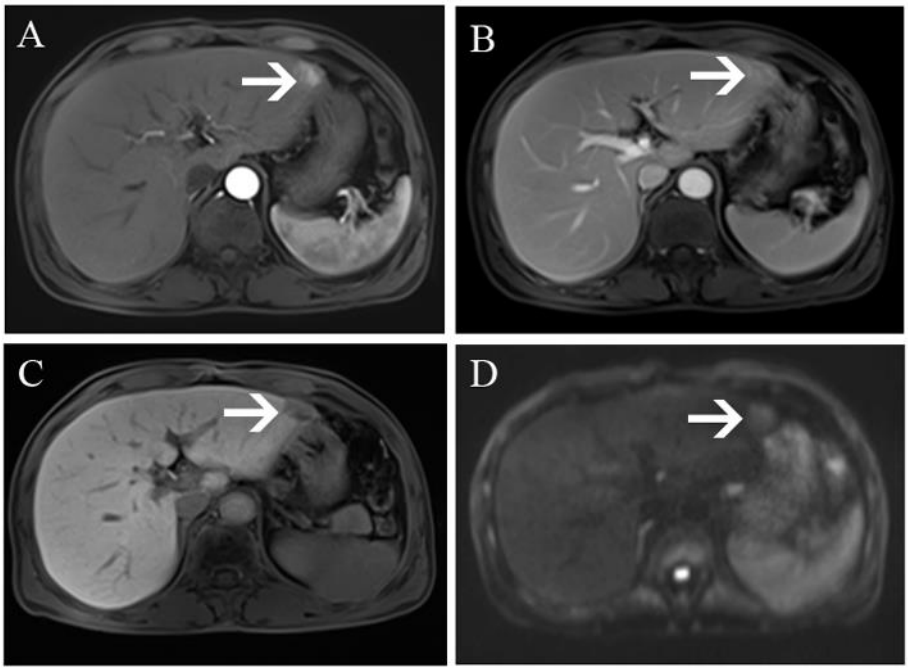
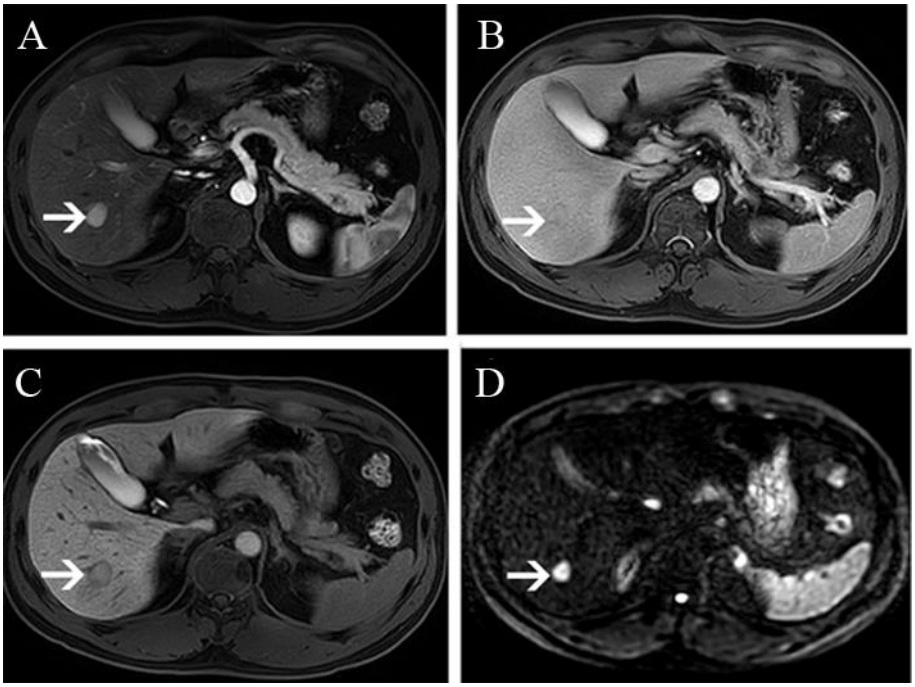
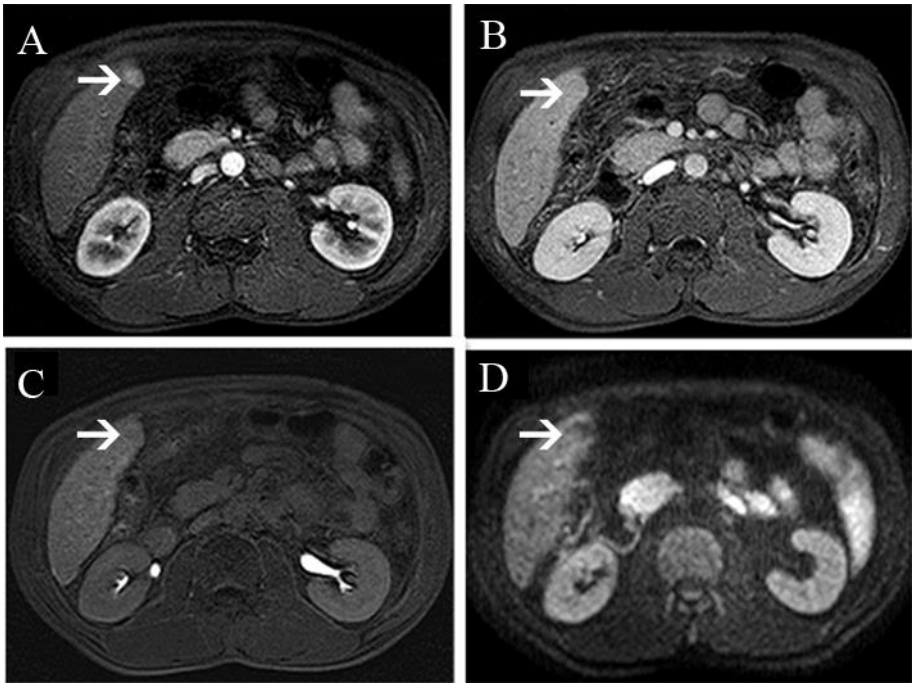
Supplementary Material



Supplementary FIGURE 1. MR images of a 63-year-old man with a pathologically proven HCC (white arrows) and a history of hepatitis C virus infection. Arterial-phase imaging shows an enhancing nodule in segment II of the liver (A). Equilibrium-phase MR image (B) shows a nodule not demonstrating washout of the contrast material. The lesion is hypointensity compared to the surrounding liver parenchyma (C). On diffusion-weighted image (D), the lesion shows hyperintensity compared to the surrounding liver parenchyma.



Supplementary FIGURE 2. MR images of a 43-year-old man with a pathologically proven HCC (white arrows) and a history of hepatitis B virus infection. Arterial-phase image (A) shows an enhancing nodule in segment VI of the liver. Equilibrium-phase MR image (B) shows a nodule not demonstrating washout of the contrast material. A hepatobiliary phase image (C) shows isointensity compared to the surrounding liver parenchyma. On diffusion-weighted image (D), the lesion shows hyperintensity compared to the surrounding liver parenchyma.



Supplementary FIGURE 3. MR images of a 47-year-old man with a pathologically proven Low-grade dysplastic nodule (white arrows) and a history of hepatitis B virus infection. Arterial-phase image (A) shows an enhancing nodule in segment V of the liver. Equilibrium-phase MR image (B) shows a nodule not demonstrating washout of the contrast material. A hepatobiliary phase image (C) shows a lesion nearly isointensity compared to the surrounding liver parenchyma. On diffusion-weighted image (D), the lesion shows iso to hypointensity compared with the surrounding liver parenchyma.