

Reviewer 1:

1. How is the follow up of patient?

Thank you for your useful comments on our study. The follow-up of this patient was shown on page 4, line 26.

2. (<https://doi.org/10.1111/tbj.13174>) and (DOI: 10.21802/gmj.2019.2.11) I suggest these uptodate related studies for the references.

Thank you for your suggestion. We have downloaded these papers and read them carefully. These studies are excellent. However, these cases are not breast cancers. We find it's very difficult to update them in these references of our paper. Thank you for your advice.

Reviewer 2:

1: -Add previous studies discuss the same issue.

Thank you for your comments. We have summarized previous studies as shown in Table 1 and on page 5 line 4-14.

2:-Discuss role of imaging using these ref -Abdel Razek AA, Poptani H. MR spectroscopy of head and neck cancer. Eur J Radiol 2013;82:982-9. -Razek AA, Tawfik AM, Elsorogy LG, Soliman NY. Perfusion CT of head and neck cancer. Eur J Radiol 2014;83:537-44.

Thank you for your comments. We have added these papers as our references (Ref. 20,21,22). Page 5 line 22.

2: English language correction through the manuscript

Thank you for your careful comments. Actually, this manuscript was edited for

proper English language, grammar, punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at SNAS. This certificate was issued on December 11, 2019 and may be verified on the SNAS website using the verification code D4BC-6AD2-DE0E-A7D0-9B9C. Moreover, we checked this manuscript carefully again. Thank you for your advice.

3: Discus merits and limitations of technique applied -Update of ref using this ref -Abdel Razek AAK. Routine and Advanced Diffusion Imaging Modules of the Salivary Glands. Neuroimaging Clin N Am 2018;28:245-254.

Reviewer 3:

Dear Authors, The authors wrote the literature well.They discussed the issue well. I would like to thank them for their success.

Thank you for your comments.

Reviewer 4:

The authors claim the diagnosis was based on the imaging and the past medical history. But malignancy is a histological diagnosis. The patient underwent thyroidectomy. Why did the authors not perform a biopsy? Please provide an adequate explanation.

Thank you for your comments. Actually, biopsy was carried out in another hospital for the right enlarged cervical lymph node of this patient. Immunohistochemical analysis was negative for thyroglobulin (TG), estrogen receptor (ER), and progesterone receptor (PR) and positive for human epidermal growth factor receptor 2 (Her-2). Moreover, we also emphasized the importance of biopsy for diagnosis of thyroid metastasis. (Page5 Line 27).