## Appendix 1

For dataset-1, MR intravoxel incoherent motion imaging was performed with a 3.0-T magnet (Ingenia, Philips Healthcare, Best, Netherlands). The diffusion imaging was based on a single-shot spin-echo type echo-planar sequence. The default spectral pre-saturation with inversion-recovery (SPIR) technique was used for fat suppression. Diffusion images with two $b$-values of 0, 2 $s/mm^2$ were utilized in this study. The TR was 1,600 ms and the TE was 59 ms. Other parameters included slice thickness =7 mm and inter-slice gap =1.5 mm, matrix =123×124, FOV =372 mm × 341 mm, NEX =5. Data were acquired with free breathing.

For dataset-2, MR intravoxel incoherent motion imaging was performed with a 3.0-T magnet (Vida Magneton, Siemens Healthineers, Erlangen, Germany). The diffusion imaging was based on a single-shot spin-echo type echo-planar sequence. The default spectral pre-saturation technique was used for fat suppression. Diffusion images with two $b$-values of 0, 10 $s/mm^2$ were utilized in this study. The TR was 2,500 ms and the TE was 84 ms. Other parameters included slice thickness =5 mm and inter-slice gap =1 mm, matrix =123×124, FOV =350 mm × 350 mm, NEX =1. Data were acquired with respiratory gating.

For dataset-3, MR imaging was performed with a 3.0-T magnet (Ingenia, Philips Healthcare, Best, Netherlands). The diffusion imaging was based on a single-shot spin-echo type echo-planar sequence. The default SPIR technique was used for fat suppression. Diffusion images with three $b$-values of 0, 2 $s/mm^2$ were acquired. The TR was 313 ms and the TE was 38 ms. Other parameters included slice thickness =7 mm and inter-slice gap =0.7 mm, matrix =112×112, FOV =341 mm × 341 mm, NEX =2. Breath-hold was applied with a scan duration of 9 seconds.