Reviewer 1	
1. The structure (order of imaging techniques) of some sections (Abstract,Introduction,Conclusion section) of this manuscript is not clear or confusing. Should the author adjust the order of imaging techniques in those sections, to be consistent with the order in the text (ultrasound techniques, CT techniques and MRI techniques	Thanks for pointing this out. We have edited the order in abstract and in the manuscript. Also another heading of Advanced imaging Techniques has been added after introduction.
2. About the capitalization of the first letter of English words: Many words in the text have their initials capitalized. This is inconsistent with the periodical format requirements, please check and modify.	Edited as required
3. There are no full names before the abbreviations of some professional terms, such as MRI, etc.	edited
4. Introduction section: Line 5: Multidetector Multidetector Computed Tomography (MDCT) forms……Multidetector is a duplicate word.	edited
5. The brackets in the Figure legends are inconsistent, please according to the requirements of the journal. Fig 1 A) Greyscale US image shows heteroechoic lesion from the lower pole of the right kidney. B,C,D,E) Multiphase CEUS images show no, and Fig 2. CEUS images of a solid-cystic lesion in the left kidney show thick nodular septal enhancement (arrow, A) and	Edited as per the journal specifications

enhancement.	
6. Abstract section: However, few of the renal masses remain indeterminate even. Introduction section: P2L1: Current imaging methods for the evaluation of renal tumors suffer from few major drawbacks. Maybe the readers can't accurately understand the meaning of the original text. Few or a few? Please check them.	edited
). 7. Diffusion-weighted imaging section: Many researchers are showing interest in evaluating the role of intravoxel incoherent motion (IVIM) and Diffusion kurtosis in differentiating benign from malignant renal masses and also in the grading. The author mentioned DKI without further explanation. It is suggested to delete DKI or add explanation.	DKI has been further explained as to its specific role in RCC.
8.Figures:Good.	We thank the reviewer for the comment.
Reviewer#2:	
Specific Comments to Authors: The review is well written and provides a comprehensive discussion of the topic. Nevertheless the part concerning nuclear medicine is too short. Furthermore, the first sentence of this paragraph should be more precise. It is FDG PET the	We thank the reviewer for the encouraging comment. We have expanded the application of FDG PET in RCC and also added FDG and non FDG tracers

imaging method which is not so accurate in the discussed issue. Indeed reference 71 refers to FDG. I would suggest to expand this paragraph making a discrimination between fdg and non-fdg tracers.	