

1/28/2019

Dear editor,

Thank you for the opportunity to revise and resubmit our manuscript. Following is the point-by-point response to the reviewers:

Reviewer 1:

The authors provided a brief overview of the basic principles of diagnostic renal ultrasonography as well as introduction to common sonographic pathologies encountered in day-to-day nephrology practice with illustrative images. Indeed, ultrasonography is useful in the diagnoses and management of a wide spectrum of renal disorders even before the clinical presentation become obvious. This manuscript is therefore supported and well written, although the spectrum of coverage is narrow.

Thank you for your kind comments. We deliberately maintained a narrow spectrum so that we restrict our discussion to point of care ultrasonography performed by non-radiology physicians.

Reviewer 2:

Koratala et al revised the utility and importance for the application of bedside ultrasonography in routine clinical practice of nephrologists. The revision is very well written and figures are very accurate. I have only minor suggestions: 1- The authors should comment some specific characteristics and normal parameters of bedside ultrasonography in pediatric patients. 2- The authors should include the application of bedside ultrasonography for invasive procedures at Emergency Room.

Thank you for your kind comments. Pediatric sonography is beyond the scope of this article. Moreover, authors are adult nephrologists/internal medicine specialists with no pediatric training. Therefore, we will not be able to do justice if we wrote about pediatric point of care sonography.

With respect to nephrology practice (which is the main theme of this manuscript), there are no specific emergency department indications for bedside ultrasonography. Exception to this is temporary dialysis catheter placement which is done under ultrasound guidance as a standard practice in most of the Northern American and European hospitals. Therefore, we assume it wouldn't interest the audience. Ultrasound can be used for renal biopsy guidance but as mentioned in the introduction, "Discussion of volume status assessment by inferior vena cava, lung and focused cardiac ultrasound as well as use of sonography for procedural guidance is beyond the scope of this article".

We apologize for not being able to accommodate your suggestions. We sincerely hope you understand our intent.

Reviewer 3:

Excellent

Thank you very much

Sincerely,

Abhilash Koratala, MD

Corresponding author.

Response letter:

Thank you for the opportunity to revise and resubmit our manuscript. Following is the point-by-point response.

1 Ref 20 repeat with ref 8, please correct it.

Thank you. Now we have corrected this error and renumbered the references.

2 Please provide total title for figure 4.

We have now modified the legend for figure 4.

3 About figures 1, 5, 7, 8, 11, 12, 14 and 16, please provide the decomposable figures, whose words and arrows can be edited and moved.

As I have mentioned in my previous response, editable images are not available as they are from my old teaching files used to teach my students and trainees. I don't have the original ultrasound images without these markings. Same is the case with illustrations (Figure 1 and 5) which were created long time ago for teaching purposes. I did not retain the editable draft. Yet, they are of good quality and I hope it's acceptable.

Thanks,
Abhilash Koratala
Corresponding author