Author’s response to reviews

Title: Novel foetal echocardiographic image processing software (5D Heart) improves the display of key diagnostic elements in foetal echocardiography

Authors:

wanyu hu (hwysmiling@zju.edu.cn)
Jin Zhou (405484550@qq.com)
Xiao Tao (txy82115890@163.com)
Shi Li (lishiyan@zju.edu.cn)
Bei Wang (1031528275@qq.com)
Bo Zhao (zbwejp@zju.edu.cn)

Version: 2 Date: 10 Dec 2019

Author’s response to reviews:

Dear Editor Francisco Contijoch,

Thank you for your letter and for the reviewer’s comments concerning our manuscript entitled “A novel fetal echocardiographic image processing software (5D Heart) improves display of key diagnostic elements in fetal echocardiography” (BMIM-D-19-00251). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied all comments carefully. Thanks the reviewers a lot for their useful comments, affirmation and praise.

With response to Reviewer 1 comment: The revised manuscript has improved significantly, in terms of both data presentation and English writing. However, both needs further refinement. Probably due to the large data to deal with, there is still some inconsistency that needs to be addressed. For example, on P1, P8, and particularly on P9, nine/9, instead of correct eight/8, diagnostic views/standard planes remain incorrectly in the manuscript.

&lt;&lt; Thank you for you careful reading and important comments. In P1 especially in the Abstract section, all the text was before revision. It may because I did not update the revised Abstract in the submit system. I am sorry for my neglect and I have update it now. The amendatory Abstract was presented in P6 and in P6 it has been corrected to 8 planes (Abstract section, line 43, P6). In P8 (Method section-Testing with the FINE method subbing heading, line 51, P5,) because the displayed sections was nine after making 7 anatomical structures of the heart by 5D Heart. But in our study, we concluded that either the left ventricular outflow tract.
view or the five chamber view obtained was eligible. So the calculated sections was eight in our research. Therefore, we think nine/9 diagnostic sections were more appropriately than eight/8 in this part due to the fact that there were total nine/9 sections generated by 5D Heart technology. We could not find nine/9 diagnostic planes in P9. Was it in P19? Because there were several "nine/9 planes" in P9. In this part (Tables section, line 28-37, P16), we also deemed "nine/9" diagnostic planes were more suitable than "eight/8" in the same reason with in P8. That is the reality that there were 9 diagnostic views generated by 5D Heart and the 9 sections' images were showed in Figure 4. As a result, we write 9/nine in P8 and P19 after careful deliberateness. Thanks a lot for your careful reading.

We feel the manuscript has been substantially improved, and hope that it is suitable for publication in The Journal of BMC Medical Imaging.

Thank you for your assistance in handling the manuscript.

With best wishes!
Wan-Yu Hu, Bo-Wen Zhao

Department of Diagnostic Ultrasound &amp; Echocardiography, Sir Run Run Shaw Hospital, Zhejiang University College of Medicine, Hangzhou, China
Wan-Yu Hu : hwysmiling@zju.edu.cn
Bo-Wen Zhao : zbwcjp@zju.edu.cn