Reviewer’s report

Title: Diagnostic performance of multi-organ ultrasound with pocket-sized device in the management of acute dyspnea.

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Reviewer: Garret Andersen

Reviewer's report:

The use of bedside ultrasound in the setting of acute dyspnea has previously been studied, but not many have combined the cardiac and lung ultrasound in the diagnostic algorithm. This is an interesting avenue of study.

However I have several concerns with the statistical approach, results and therefore conclusions. The emergency physician is the "GOLD" standard for the diagnosis of dyspnea, this is a fundamental flaw in the approach. We can not know that the patient had cardiac dyspnea or non-cardiac dyspnea based solely on the emergency physicians diagnosis at the initial presentation. Furthermore the authors state routine blood tests were taken. What was included in them? "Routine" blood tests may vary significantly from health care provider to health care provider. Did they include troponin, Pro-BNP, D-dimer etc? Although the authors briefly mention they were unable to follow the patients clinical course and therefore final diagnosis at discharge. This is a significant limitation as we have no data on what the actual discharge diagnosis was. How many patients have there initial diagnosis changed at time of discharge from hospital? What are the p-values and confidence intervals of the listed results in table 3? Was there a power estimate performed before the study.

There are also a lot of acronyms used throughout the article which I find pointless and make reading the article arduous. I suggest that several of these be written out instead (such as EP, HF, CD, IUE, to name but a few).

Level of interest
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An article of limited interest

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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