Author’s response to reviews

Title: Improved Efficiency and Diagnostic Utility of Inpatient Transthoracic Echocardiography following Implementation of a Sonographer-Initiated Perflutren-based Contrast Administration Protocol

Authors:

Ryan Prentice (ryant.prentice.mil@mail.mil)
Homayoun Ahmadian (rezaahmadian@icloud.com)
Dustin Thomas (dustin.m.thomas1@gmail.com)
Jeremy Berger (jeremy.m.berger.mil@mail.mil)
Rosco Gore (rosco.s.gore.mil@mail.mil)

Version: 2 Date: 02 Aug 2020

Author’s response to reviews:

Reviewer reports:
Reviewer #1: I am satisfied with answers to he reviewers questions
Reviewer #2: Manuscript has been improved but still requires further work

"There were no adverse events from image enhancer in either of the administration protocols." - image enhancer should be replaced with ultrasound enhancing agent
-correction made

High concentration bolus dosing was used by the sound of it - though the authors have still omitted the actual details - was it diluted to 10 mls or given neat with a normal saline flush. This is important because high concentration bolus dosing leads to more artefacts and makes solo operating difficult

Some results on wall motion but not for the other indications - LV morphology / thrombus. This should be rectified.
Added “No left ventricular thrombus or morphologic changes consistent with apical variant hypertrophic where found in the study echocardiograms.” We didn’t have any requests that specifically asked for evaluation of thrombus or HCM.

thus all patients - line 52 page 7

how often was the physician required for assistance ?
-We did not track this, sorry

remove "a" line 36 page 8 just before level

tables could have improved formatting - eg have 1 line only for the described metric and centre the continuous variables

the actual times for the studies is very long for such small volumes of contrast given - how is this?
-We do comprehensive scan on everyone, typically 70+image studies, only the 2D images are repeated with contrast so once the LV has sufficient contrast they are able to acquire the enhanced image sets quickly (about 4 minutes), giving re-boluses as the contrast density starts to wane.

+/- needs to be replaced with the real ± throughout the manuscript

Replacements were made