

We sincerely thank editors and reviewers for the constructive comments and affirmative evaluation on our manuscript. We have followed the comments closely and feel that these have further strengthened the manuscript. Below, you will find a point-by-point response to the comments.

Review 1

This case reported the imaging and pathological examinations of a female patient with PHA, especially the performance on contrast-enhanced ultrasonography, which provides a certain reference value for clinical diagnosis of the disease. However, I have a few questions.

- 1) The background section mentioned that PHA accounts for approximately 2% of primary liver tumors, please provide literature support.

R: Thanks for the kind suggestion. We have added the related literature support in the background section. Please also see the revised manuscript.

- 2) In the discussion section, CEUS has a high diagnostic value for PHA, whether it is possible to add some content to elaborate its diagnostic value.

R: Thanks for the kind suggestion. We have added the related content to elaborate the diagnostic value of CEUS for PHA. in the discussion section. Please also see the revised manuscript.

- 3) Please check whether the full name of the abbreviation in the article is all written.

R: Thanks for the kind suggestion. We have checked the full name of the abbreviation in the article is all written.

Review 2

1.The authors described a rare case with Primary hepatic angiosarcoma (PHA) and rectal cancer. You also presented the Contrast-enhanced ultrasonography (CEUS) and characteristic changes in laboratory values for PHA, which is important for the clinicians in the practice. 2.Of course, in your manuscript, you should report the treatment of the rectal cancer and whether it is one of the cause of the death for the case. 3.The paper is well written and the language quality is excellent.

R: Thanks for the kind suggestion. In the case, the patient don't accept the treatment of the rectal cancer. And due to lack the evidence support, we can't identify whether the rectal cancer is one of the cause of the death for the case.

Review 3

1 Title. The title and the manuscript I not consistent. The authors mainly emphasized CEUS findings, the title should reflect that.

R: Thanks for the kind suggestion. As suggested by the reviewer, we have corrected the title. Please also see the revised manuscript.

2 Abstract: Conclusion is too pretentious. It is not possible to conclude that CEUS is an effective tool for angiosarcoma diagnosis. The report only presents the finding of a single case.

R: Thanks for the kind suggestion. We have corrected the description in the conclusion. Please also see the revised manuscript.

3 Key words. Too long and pertinent.

R: Thanks for the kind suggestion. We have revised our key words. Please also see the revised manuscript.

4 Background. Rectal cancer and syphilis detail is not necessary here.

R: Thanks for the kind suggestion. We have removed the related contents in the Background. Please also see the revised manuscript.

5 Methods. N/A

6 Case summary: syphilis is active or under treatment or completely cured? Please explain clearly.

R: Thanks for the kind suggestion. The syphilis is active and treated with penicillin injections. We have also added the related content in the revised manuscript.

The combination of syphilis, angiosarcoma, and rectal cancer is very interesting. The authors should emphasize this, and try to explain possible mechanisms, immune suppression maybe.

R: Thanks for the kind suggestion. Since syphilis, angiosarcoma, and rectal cancer were diagnosed at the same time during this visit, the time sequence of these diseases could not be determined, actually we can't infer the specific relationship. We would conduct more research in the future.

Why did the authors performed a single phase CT examination, even though they knew that the case was possibly malignant? MRI images would be fine to present.

R: Thanks for the kind suggestion. In addition to phase CT examination, MRI images also have been made in the hospital and the MRI results were exhibited in the manuscript. Please also see the revised manuscript.

7 Discussion. Includes too pretentious statements, like an original study. This section should be written again, main imaging findings on CT, MRI, and ultrasound should be briefly defined. Studies about CEUS should be summarized, and similar findings of the authors should emphasized.

R: Thanks for the kind suggestion. We have added related contents in the discussion section. Please also see the revised manuscript.

8 Illustrations and tables. Please read above.

R: Thanks for the kind suggestion.

9 Biostatistics. N/A

R: Thanks for the kind suggestion.

10 Units. Appropriate

R: No applicable.

11 References. Too many references for a case report, should be summarized.

R: Thanks for the kind suggestion. We have checked and arranged the references. Please also see the revised manuscript.

12 Quality of manuscript organization and presentation. Average-below average

R: Thanks for the kind suggestion.

13 Research methods and reporting. Appropriate

R: No applicable.

14 Ethics statements. Appropriate

R: No applicable.