

7/23/2023

We appreciate the opportunity to revise and resubmit our manuscript. Following is a point-by-point response to reviewers' comments.

Reviewer 1:

The authors wrote a review on the use of ultrasound and doppler by a non-radiologist (nephrologist) in acute kidney injury. Overall, it is a well-structured and scientifically useful article.

Thank you for your kind comments.

Reviewer 2:

The manuscript is well written and well organized, it contains valuable information for the clinicians.

Thank you.

As a suggestion from radiologic perspective, generally intrarenal RIs are not very specific to detect renal artery stenosis. CDUS examinations are very used-dependent and sometimes subjective. Instead, lately MRI angiography can be used as a screening test. Please add a paragraph stating the mentioned fact. For the renal CDUS parvus and tardus pattern is very specific for stenosis, please give a spectral doppler examination as a figure-example.

Agree. We obtain CTA or MRA in our clinic to evaluate such patients instead of relying on POCUS. We have now added following content per your suggestion, including Figure 4 illustrating Parvus tardus. Thank you.

"RI has also been a subject of interest in the evaluation of renal artery stenosis (RAS), but its diagnostic value remains non-specific. In our clinical practice, we rely on computed tomography (CT) or magnetic resonance angiography (MRA) to evaluate patients with uncontrolled hypertension and a high suspicion for RAS instead of POCUS. However, in some cases of RAS, *Tardus parvus* waveform may be noted by the POCUS-performing physician, which should prompt further investigation. It is characterized by a slow upstroke and rounding of the systolic peak, relatively specific for RAS when found, resulting from proximal stenosis and reduced blood flow (Figure 4B)."

Sincerely,

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