

Correspondence to: Assad Movahed, MD

Department of Cardiovascular Sciences, East Carolina University, Brody School of Medicine

East Carolina Heart Institute

115 Heart Drive, Mail Stop 651

Greenville, North Carolina

movaheda@ecu.edu

Telephone: 832-373-1449

Fax: 252-744-7724

Dear Dr. Editor:

Please find enclosed a revised manuscript entitled: "Elusive Left Ventricular Thrombus: Diagnostic Role of Cardiac Magnetic Resonance Imaging - A Case Report and Review of Literature."

We have revised the manuscript per reviewer' suggestions. Please see our response point by point below in **blue**.

Reviewer #1: This case report highlighted the limitations of transthoracic echocardiography (TTE) and cine-CMR in detecting laminated mural thrombus and a potential of DE-CMR. Especially, the addition of DE-CMR with long inversion time could detect avascular tissue like mural thrombus. As the authors suggested, TTE has limitations for evaluation of intra-LV thrombus in the LV apex and laminar thrombus in the LV aneurysm. Therefore, the presentation is valuable to provide the usefulness of DE-LGE for the precise detection of LV thrombus. I have some specific comments.

- 1. Introduction: the sentence "Multiple imaging modalities may be used --- " needs references.
>>Added referece # 4 Srichai MB, et al.*
- 2. Case presentation: the interval between TTE and CMR should be clarified.
>>CMR was done within 24 h of the TTE. Updated on manuscript.*
- 3. Case presentation: the culprit coronary lesion for the LV aneurysm should be clarified.
>>Occluded right coronary artery. Updated on manuscript.*
- 4. Discussion: I wonder there have been some reports regarding the usefulness of DE-CMR with long TI to differentiate LV thrombus from other tissues (e.g. neoplasms).
>> Additionally, DE-CMR with long TI has also been demonstrated to be effective in differentiating thrombus from neoplasm. Updated on manuscript.*

Please let us know if you have any questions or comments.

Thank you for your consideration of our work! Please address all correspondence concerning this manuscript to me at My University and feel free to correspond with me by e-mail movaheda@ecu.edu.

Sincerely,

Assad Movahed, MD

Professor of Cardiovascular Sciences