Reviewer #1: SPECIFIC COMMENTS TO AUTHORS

A very interesting case.

Response: We are glad that you are interested in this case. Thanks for your reading.

Reviewer #2: SPECIFIC COMMENTS TO AUTHORS

This is a well-written, clear and systematic presentation of a very unusual anatomical variation. I have no comments to authors. Combined with the literature review of similar cases, this is an informative paper.

Response: Thank you for taking the time to read this manuscript. It is our pleasure to have your approval for our work.

Reviewer #3:SPECIFIC COMMENTS TO AUTHORS

I would suggest the authors adding a photo of the navel as this is part of the malformations in this case report.

Response: Thank you very much your valuable advice. We have tried to contact the patient in order to get a photo of the patient's malformed navel. Unfortunately, the phone number that the patient left us has expired and the patient has lost his follow-up. It is regrettable that we can't get a photo of the patient's navel.

“An unusual case of kidney ascent in postnatal life has also been reported by Eleftherios et al. in 2016[16].” Should be “An unusual case of kidney ascent in postnatal life has also been reported by Zolotas et al. in 2016[16].” Eleftherios is the first name.

Response: The sentence has been revised to "An unusual case of kidney ascent in postnatal life has also been reported by Zolotas et al. in 2016[16]." in the revised manuscript.

Reviewer #4:SPECIFIC COMMENTS TO AUTHORS

This MS describes a Chinese patient with rare clinical condition detected by chance. I understand very rare congenital anomalies consisting of bilateral thoracic kidney and abnormal location of vena cava inferior. However, the MS only focused on such anomalies without clinical manifestations.

Thus, the implication of this MS remains limited.

Response: Although the simultaneous detection of abnormalities did not bring discomfort to the patients and no interaction therapy has been underwent in this case, we cannot deny its clinical significance. On the one hand, this simultaneous detection of abnormalities have never been reported before, which complements existing anatomical variation. On the other hand, according to literature reports, due to the lack of knowledge of thoracic kidney, some imaging doctors often misdiagnosed thoracic kidney as lung tumor or kidney absence. What’s worse, some patients even received unnecessary surgical treatment because of unclear preoperative diagnosis. By reading this case report, we hope readers gaining a better understanding of the classification, clinical characteristics, and treatment options of thoracic kidney and anterior inferior vena cava to make correct diagnoses and treatment strategies. So, experiences and lessons can be gained.

Unfortunately, I don’t think it worth for publication as a form of full case report.

1. Instead of full case report, it is suitable for short report such as letter to the editor.

Response: We do not agree to the opinion of the reviewer. Combined with the review of relevant literature, it can be a qualified case report we think. Four of the five reviewers also thought it was a good writing case report.

2. It is need to avoid meaningless repeat sentences in the introduction and discussion sections, and the whole volume of the text should be significantly reduced.It is need to rewrite the MS concisely and logically.

Response: Some repeat sentences have been reduced in the introduction and discussion sections in the revised manuscript, and the amendments are highlighted in red in the revised manuscript.

Reviewer #5: SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the authors report a rare case of a 55-year-old Chinese male with bilateral thoracic kidneys combined with an anterior IVC. They also review the classification and treatment of these anomalies. This case report is clinically useful.

Response: Thank you for your confirmation.