

Reviewer's No. 1 Comment	Author's Response
Include type of prospective study,-ie Observational Prospective Study in the title	Suggestion Incorporated
CTP Score: needs full name , same as for MELD	Suggestion Incorporated, full forms added for the abbreviations
Observation, I believe Mean +/- SD , please correct	Suggestion Incorporated
Introduction: explain what is sarcopenia. mention your hypothesis and primary and 2ndary outcomes here again	Suggestion Incorporated, Sarcopenia explained, Primary and secondary objectives explicitly mentioned
Material and Methods: I still cannot find what is CLD?	CLD replaced with 'Cirrhosis of liver'
Reference for using FHL	Reference cited. Oversight is regretted
What is MELD Score? Reference, table?	MELD score explained in brief and reference now cited
How you calculate CLD and MELD Scores?	Changes made in manuscript proper to briefly explain calculation of CTP and MELD score and reference also cited.
Statistics: How you performed the correlation?	Applicable tests used are mentioned under section 'Statistical analysis'
Figure 2 does not have the line of measurement .Figures need legend and description of finding	Figure 2 is a USG image depicting Vertical distance measured from the surface of mylohyoid muscle to the tongue dorsum. The position of Probe and points of measure are explicitly marked.
What is highlighted numbers in tables 5,6,&7. CTP Score? is was not mentioned in your introduction or abstract.	Oversight regretted. Highlights removed. CTP score mentioned in introduction as well as in Abstract.
What happened with CLD and MELD scores?, where are the data related to CLD and MELD scores?	CTP score for the patients included in study was used to classify patients into study groups. There were 30 patients each for CTP class A, B and C.  MELD scores (mean± SD) for corresponding CTP class are now provided in observation section. Omission was unintended and is regretted.
you have to mention the interobservable variability in US of the tongue and how one can overcome with that	3 readings for tongue measure were taken. Intra-class correlation coefficient (ICC) was used to determine the reliability and agreement amongst the tongue thickness measurements. The ICC values was 0.984 (95 % CI: 0.979–0.989) and is indicative of good reliability and less variability between observations.
Since the correlation between tongue US and L3SMI, as a gold measurement, was poor,.... how you suggest to overcome this big limitation	Tongue thickness and L3SMI both are independent measures of sarcopenia and the correlation amongst them, we found, was poor. We have provided the possible explanation for the observation in the original manuscript proper on Page 5 Paragraph 4

Reviewer's No. 2 Comment	Author's Response
There was no correlation between tongue thickness and L3SMI, presently accepted as the most objective and quantitative measure of sarcopenia. This means that measurement of tongue thickness could not be used for diagnosis of sarcopenia in the present study	Tongue thickness and L3SMI both are independent measures of sarcopenia and the correlation amongst them, we found, was poor. We have provided the possible explanation for the observation in the original manuscript proper on Page 5 Paragraph 4
There are many grammatical errors throughout the manuscript.	Authors have rechecked the manuscript and made correction for any gross grammatical errors.
Healthy individuals were defined as people visiting hospital for reason other than illness. Who visits hospital for reason other than illness?	Patients are often accompanied by healthy members of the family. Visitors to hospital also include prospective organ donors coming to hospital for clinical evaluation and healthy individuals who come to hospital for periodic preventive health check-ups. Out of 30 healthy individuals included in study, 15 were people who ultimately ended up as donors for the recipients of liver transplant.
Figure 3 could be deleted because the same results are shown in the text.	Figure 3 is included to highlight the share of individual etiologies contributing to disease burden amongst the study population. Editors discretion is requested
Table 1 could be deleted	Table included to allow reader summary of observations at one place. Editors discretion is requested
The results of median thickness are shown in Fig. 4 and those of mean thickness are in the text.	Mean as well as range of observed values mentioned in text. Table 1 shows mean as well as median of observations while Figure 4 is to allow reader visual appreciation of spread of values across the study groups. Editors discretion is requested
Tables 3, 4 and 5 could be put together	Editors discretion is requested
In Table 4, the number of patients is not 120 but 119 in age column, although this is prospective study	Oversight regretted; error rectified.
Table 6 could be deleted because median value is shown in Fig. 5 and mean value is shown in the text	Tabular and pictorial depiction including to make allow reader summary of observations at one place without need to visit the text. Editors discretion is requested.
Reference 14, shown in page 8, line 4 from the bottom, is not found in the section of references.	Oversight regretted. The list of references has been redone after including references advised by the reviewers and the inadvertent omission is also now included.