

Answering reviewers

Specific questions are as follow: 1. Amiodarone-induced liver toxicity often comes in the form of steatohepatitis. In this case, accumulation of fats, cholestatic injury markers (e.g. GGT and bilirubin) would be more suitable indicators of injury as compared to ALT and AST. Such markers were not consistently reported in all the 3 cases included here. Will be good to also include that information.

2. What is the reference range for iodine concentration in the liver? Do we know if the 1.4-2.9 mg/mL range detected is considered higher than normal? Also, is there is a difference between patients taking amiodarone with or without hepatotoxicity? This information will help in the conclusion for this report.

Answer:

1. We have added the markers (e.g. GGT and direct bilirubin) into the manuscript according to the suggestion of the reviewers.

2. We collected 18 patients admitted to hospital with urinary tract disease as control group in January 2017, all of them underwent abdominal dual-energy CT examinations, the mean iodine concentration in the liver of the control group is 0.16 mg/mL (0.05, 0.28), it is far smaller than 1.4mg/mL. The related manuscript has been published in the 8th issue of *Chinese Journal of Radiology*.