Reviewer #1 COMMENTS:

1. "The readers should appreciate so much examples of disorders in ultrasonography. Thank you."

Response: We're pleased that you like the variety of cases. We thank you.

2. "<1> The goal of this manuscript was to address imaging modalities in terms of usefulness and safety. However, a lot of space of this manuscript was sent to describe prenatal ultrasound diagnosis of various diseases. Was there any deviation?"

Response: We have re-reviewed manuscript in line with your suggestion and added the following sentences to the abstract section.

"And this review provides current information on selecting a safe imaging modality to evaluate the pregnant and the fetus, the safety of contrast medium use, and summarizes major pathological situations with demonstrative sonographic images to assist radiologists and obstetricians in everyday practice."

3. "<2> In the part of "ANTENATAL IMAGING WITH CASES", there were only ultrasonic images and no other antenatal imaging data. In addition, the quality of ultrasound images was not good enough overall."

Response:

Ultrasonography is more widely used in the city and country where we live, and access to fetal MRI is not always possible. Some patients were referred to larger centers for fetal MRI, and we did not have the images of these patients, we only had the imaging results. We recorded the ultrasound images as video and used the most suitable images as possible. In some cases, we agree with your assessment of the image quality, but we used the best images available. In addition, we tried to implement and correct your suggestions in the ongoing cases as much as possible.

4. "<3> Figure1 a and b were basically the same, why used repeated images? The brightness and contrast of the image need to be adjusted to make the image more clear."

Response:

We sought to show that there is no yolk sac and embryo in the gestational sac from a different slice with second image. But it really appears to be the same image. We reduced the number of images to one and we also adjusted the contrast of the image based on your suggestion. The old and new version of Figure 1 are below.

Figure 1. Old version and figure legend:

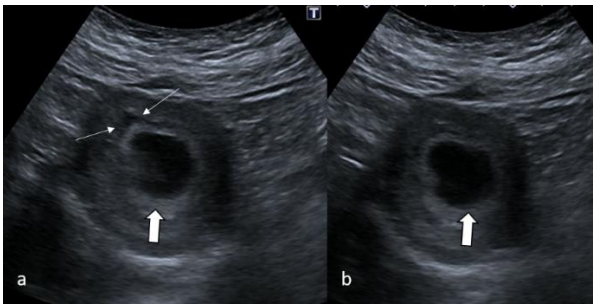

Figure 1. Anembryonic pregnancy. 30-year-old, first pregnancy, complaining of vaginal bleeding. Ultrasonography revealed a gestational sac, slightly irregular border with a mean sac diameter (MSD) of 28 mm (a-b, thick arrow). There was no yolk sac or embryo in the sac. There was also minimal perigestational hemorrhage in the superolateral of the sac (b, thin arrows).

Figure 1. New version and figure legend

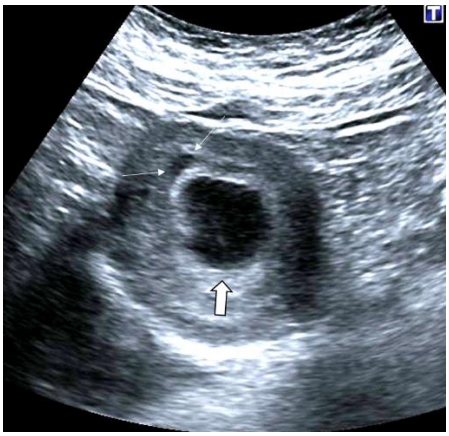

Figure 1. Anembryonic pregnancy. 30-year-old, first pregnancy, complaining of vaginal bleeding. Ultrasonography revealed a gestational sac, slightly irregular border with a mean sac diameter (MSD) of 28 mm (thick arrow). There was no yolk sac or embryo in the sac. There was also minimal perigestational hemorrhage in the superolateral of the sac (thin arrows).

5. "<4> Figure3 b, c: Please mark the section.Sagittal section or cross section?"

Response:

With your suggestions, we added coronal and sagittal section words for figure 3 legends. The new version of Figure 3 legend is below.

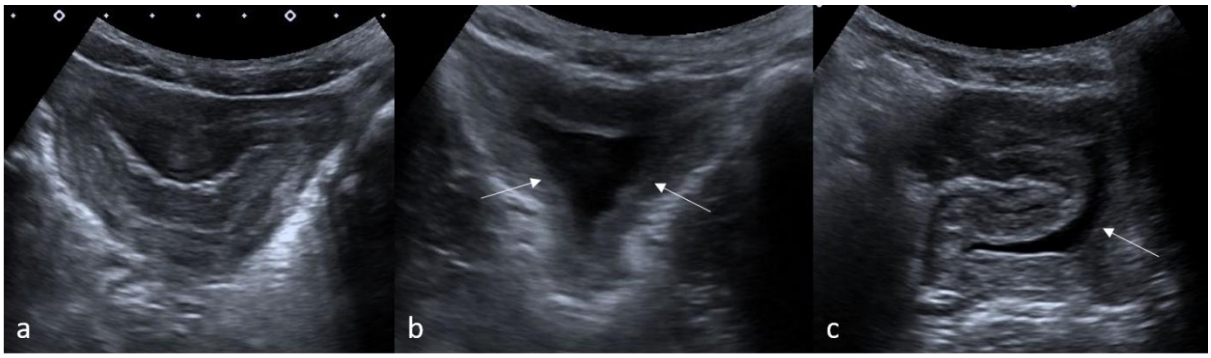

Figure 3. Complete miscarriage. 26-year-old, first pregnancy, 6 weeks pregnant by date of the last menstrual period and complaining of vaginal bleeding. No gestational sac or fetal structure was seen in the endometrial cavity **on axial section** ultrasonography (a). There was enlargement in the cervical canal and hypoechoic collection at this level (b-**coronal section**, c-**sagittal section**, thin arrows). On ultrasonography performed 3 days ago, a gestational sac was seen in the uterine cavity (not shown in the figure).

6. "<5> Figure6, CDFI is an important tool for diagnosing Gestational Trophoblastic Diseasen. Why was there no figure of CDFI?"

Response:

We completely agree with your comment, but unfortunately we did not have a recorded doppler image. However, we think that these gray scale ultrasound examination images can be really beneficial.

7. "<6> Figure8 c was a sonographic appearance rather than pathological appearance."

Response:

In line with your comment, we removed figure 8c from the example as it is not demonstrative enough and looks like a normal sonographic appearance.

8. "<7> Figure 10,here were the spectra of three different segments of the umbilical artery. Whether different segments have different blood flow indexes?"

Response:

Here, we have shown an example of measurements made from three different segments of the umbilical artery together with a single umbilical artery. In fact, we

have deviated a little from the main topic. Our aim was not to talk about the differences between the placental side and the fetal side of the umbilical artery. For this reason, we have changed this image and shared another case example that shows the single umbilical artery and exemplifies the Doppler examination at the fetal bladder level. The old and new version of Figure 10 and figure legends are below.

Figure 10. Old version and figure legend

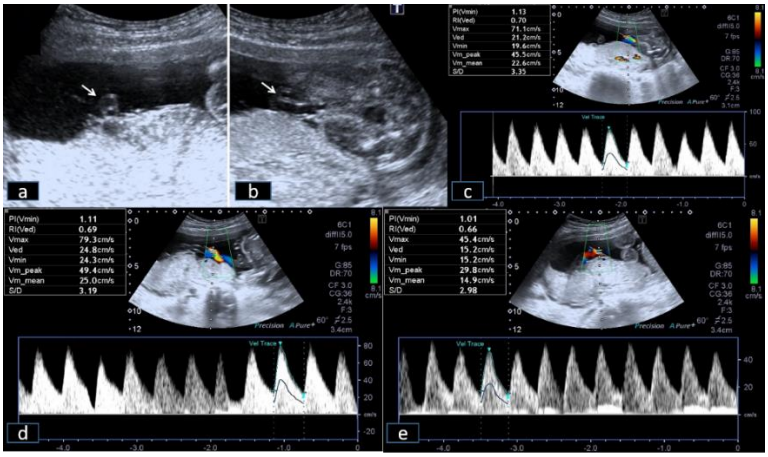

Figure 10. Single umbilical artery, 24-year-old, second pregnancy, 20 weeks of gestation. On ultrasonography, there was one artery (a, b arrows) and one vein in the umbilical cord. Flow patterns and CDUS indexes of the umbilical artery from the fetal end (c), mid-portion/free loop (d), and the placental end (e).

Figure 10. New version and figure legend

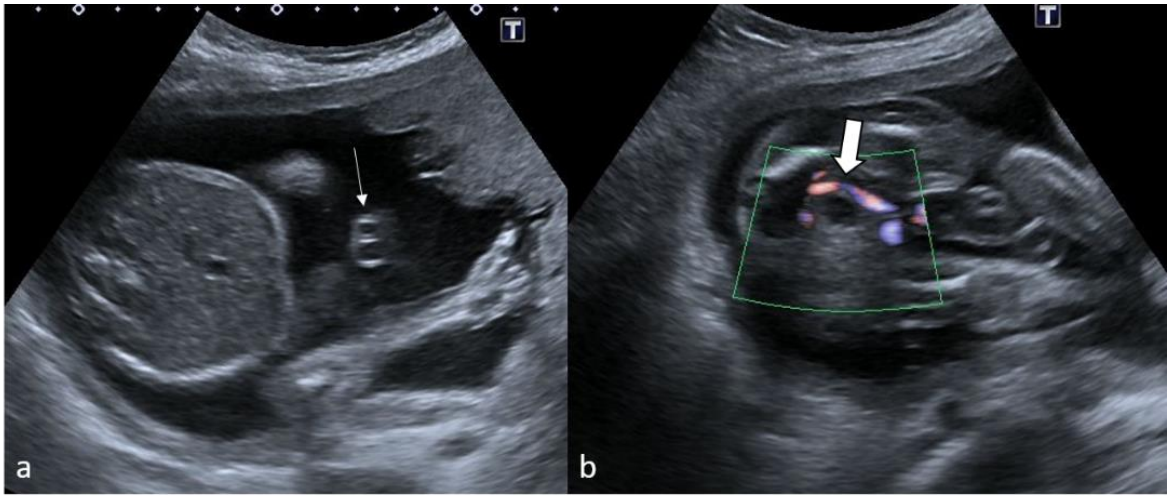

Figure 10. Single umbilical artery, 29-years-old, first pregnancy, 21 weeks of gestation. On ultrasonography, there was one artery (a, thin arrow) and one vein in the umbilical cord. Doppler ultrasonography reveals a solitary artery at the level of the bladder in the fetal pelvis (b, thick arrow).

9. "<8> Figure 13, what kind of congenital heart disease was it?"

Response:

This patient had several cardiac abnormalities in addition to the findings of alobar holoprosencephaly. A hypoplastic right ventricle was most likely present. However, other accompanying anomalies were also present. A clear diagnosis of a cardiac anomaly may not always be made without echocardiography. We recommended additional fetal echocardiography to the patient for detailed fetal cardiac evaluation. But it was not done. Therefore, unfortunately, we could not give a clear diagnosis. We could not obtain information about cardiac anomaly after fetal exitus.

10. "<9> Figure 14, why not measured at the same level?"

Response:

We changed the image by measuring from the same level in line with your suggestion.

11. "<10> Figure 16, the nerve root here was really unclear."

Response:

Yes, the nerve root doesn't look very clear. But, it is the only image we have. As an option, we can remove the image completely. However, we want to keep it as it appears even if it is not clear.

12. "<11> Figure 19, can you provide a typical "keyhole" figure? Instead of these two similar pictures."

Response:

We changed the picture and showed the keyhole sign seen in the inferior sections of the same case, in line with your suggestion.

Figure 19. Old version and figure legend

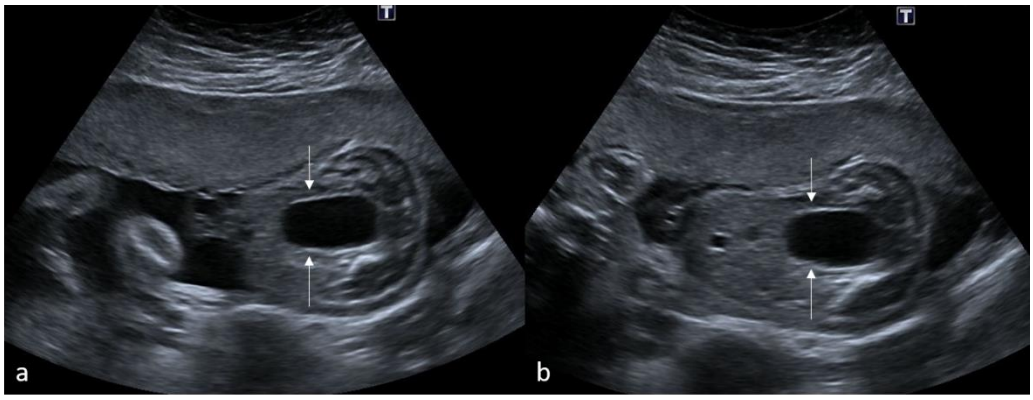

Figure 19. Megacystis. 25 weeks of gestation. On ultrasonography, there was a distension reaching 4.5 cm in the bladder that did not regress in the follow-ups (a, b, arrows).

Figure 19. New version and figure legend

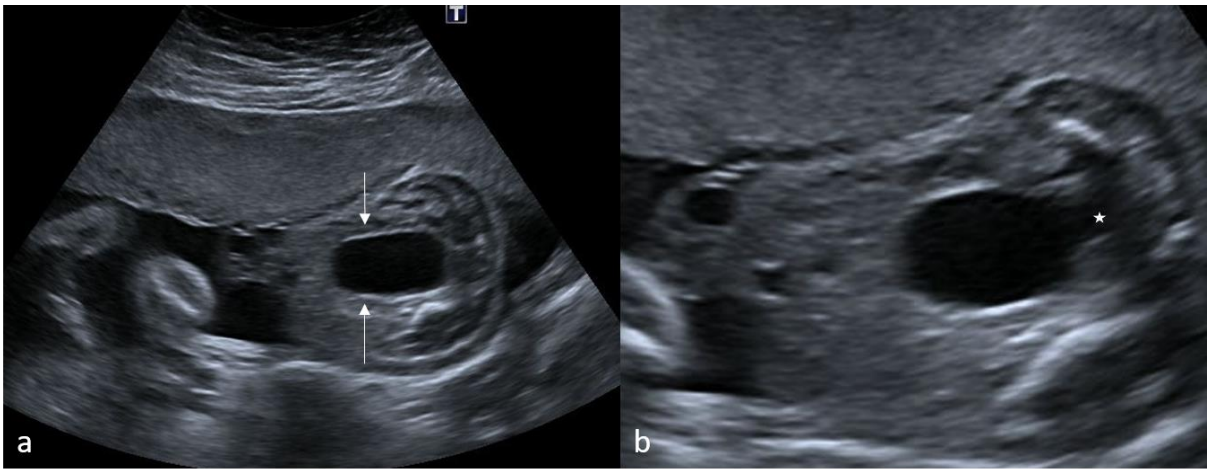

Figure 19. Megacystis. 25 weeks of gestation. On ultrasonography, there was a distension reaching 4.5 cm in the bladder that did not regress in the follow-ups (a, arrows). Keyhole sign indicating an enlarged urethra is seen in the inferior of the bladder (b, asterisk).

13. "<12> Figure 22, the gold standard for the diagnosis of ARPKD is genetic diagnosis. Did you have pathological diagnosis results and genetic diagnosis results for this case?"

Response:

In this case, it was advised that the baby be investigated for Beckwith-Wiedemann syndrome, but family refused. Unfortunately, this case resulted in death after approximately 3 weeks. Following the exitus, the parents were advised to conduct genetic research. Maternal and paternal genetic study revealed that they were ARKPD carriers with PKHD1 mutations.

14. "<13> Figure 23, without CDFI, how to determine which umbilical vein was? Can you provide the blood flow diagram and the diagram of umbilical vein connecting with portal vein?"

Response:

Yes, you are right in your comment and request. Of course, we performed a Doppler examination during the ultrasound. It would be much better if we had the Doppler

ultrasound image recording. Due to a technical problem, only the recording of the gray scale video image was available. But we also reconfirmed the correct placement of the arrows from the gray scale video recording.

15. "<14> Figure 24,the quality of these pictures were very poor."

Response:

Yes, but this was the best image we had. It was confirmed that he had an isolated cleft lip after birth.

16. "<15> Figure 28, the intestinal echo in these two pictures were not higher than the bone echo."

Response:

These lines were added to figure legend 28.

"Although intestinal echogenicity was not as echogenic as the bone structures in the same section, this case was later diagnosed as prenatal trisomy 21."

Reviewer #2 COMMENTS:

Reviewer #2

1. "The manuscript titled "Antenatal Imaging" reviewed the usefulness and safety of imaging for pregnancy. As well it provided demonstrative examples for disorders. The authors reviewed and concluded the efficiency and reliability of X-ray, ultrasound, MRI, CT in cases of pregnancy. It discussed the safety and usefulness as well. The use and safety of contrast agents was also discussed. In the list cases reports, the manuscript reported typical image demonstrating the common and important disorders in the field of OBGYN. The cases description was very simplified and the images were typical. In general, the contents of this manuscript will be very useful and helpful for obstetricians, gynecologist, and especially for obstetrical imaging specialist."

Response: Thank you very much. We are very happy to hear from you about our aims while writing this article.

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

"The manuscript has been peer-reviewed, and it' s ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)"

Response: Thanks for your acceptance and thank you for your consideration of this manuscript.

(2) Company editor-in-chief:

"I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L,

Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/."

Response: We reviewed and edited the figures and figure legends in line with your suggestions. And we prepare and arrange the figures using PowerPoint.