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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 79591

Title: Antenatal Imaging: A pictorial review

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00742373

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Turkey

Manuscript submission date: 2022-08-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-13 09:06

Reviewer performed review: 2022-09-14 08:36

Review time: 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



Baishideng **Publishing**

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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

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.



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Reviewer's code: 06364704 Position: Peer Reviewer Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Turkey

Manuscript submission date: 2022-08-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-21 08:14

Reviewer performed review: 2022-09-30 11:03

Review time: 9 Days and 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

The readers should appreciate so much examples of disorders in ultrasonography. Thank you. <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? <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. <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. <4> Figure 3 b, c: Please mark the section. Sagittal section or cross section? <5> Figure6, CDFI is an important tool for diagnosing Gestational Trophoblastic Diseasen. Why was there no figure of CDFI? <6> Figure8 c was a sonographic appearance rather than pathological appearance. <7> Figure 10,here were the spectra of three different segments of the umbilical artery. Whether different segments have different blood flow indexes? <8> Figure 13, what kind of congenital heart disease was it? <9> Figure 14, why not measured at the same level? <10> Figure 16, the nerve root here was really unclear. <11> Figure 19, can you provide a typical "keyhole" figure? Instead of these two similar pictures. <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? <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? <14> Figure 24,the quality of these pictures were very poor. <15> Figure 28, the intestinal echo in these two pictures were not higher than the bone echo.