

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Lung ultrasound (LUS) for the early diagnosis of acute lung injury" (Manuscript NO.: 88120, Case Report). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow color in the paper. The corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. Figure 1 - Chest X ray on admission - shows obliteration of the right costophrenic angle suggestive of minimal right sided effusion. The left costophrenic angle is however quite sharp and it is difficult in this picture to say there is left pleural effusion. In the text of the manuscript, the authors have mentioned the presence of "bilateral pleural effusion" on Chest X ray.

Perhaps the authors could clarify this.

Response: We correct the bilateral pleural effusion to the right pleural effusion. On arrival at the operating room, the patient presented with increased respiratory effort, bilateral lower lung breathing sounds weakened, we speculate pleural effusion in both lungs. However, his chest X-ray shows right pleural effusion. We are very sorry for our negligence.

2. Figure 3 - CT scan of the chest on admission to ICU, the CT scan image posted does not quite show classical picture of pulmonary edema.

Response:It is really true as Reviewer suggested that the positive pressure ventilation and fluid management may changed the classical CT appearances of pulmonary edema, and the CT taken in the ICU is actually on the second day of ICU admission when the patient's condition is relatively stable. We have re-written this part according to the Reviewer's suggestion that the effect of positive pressure ventilation and corrective measures during anaesthesia reduced pulmonary edema, result in minimal findings of pulmonary edema of CT on admission to ICU.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Best regards,

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