

Dear reviewer,

We have corrected the different recommendations that you have communicated to us. The changes are highlighted in yellow in the new version of the manuscript

1. In page 6, line 22, the CLINICAL MANIFESTATIONS AND DIAGNOSIS part, it isn't detailed the clinical manifestations of CA, such as What kind of clinical manifestations when the deposition of these proteins in the heart, in the kidneys, nervous system, gastrointestinal system and soft tissues.

In this first point, following your recommendations, we have expanded the information regarding the symptomatology that a patient with cardiac amyloidosis may present and we have exposed some of the different affectations depending on the type of amyloidosis.

2. In page 6, line 27, to page 7, line 4, Myocardial biopsy is the gold standard for CA, but it also has its drawbacks. In 2018, the European Society of Cardiology (ESC) has updated the diagnostic criteria. In patients with cardiac amyloidosis with negative blood and urine light chain indicators, the myocardial nuclide score is ≥ 2 . The diagnosis is CA, no EMB is required. It is recommended to add part of the diagnostic criteria of CA, especially for image.

Certainly this explanation was too simple in the previous review, so this time we have added a highly visual algorithm (Figure 1) to clarify the non-invasive diagnosis of ATTR amyloidosis.

3. In page 7, line 3, the ECHOCARDIOGRAPHY part, the author focused on the prognostic predictors. Personally, I think echocardiography is also very important in diagnosing myocardial amyloidosis. It is recommended to increase the typical ultrasound findings related to myocardial amyloidosis and the point of differentiation from hypertrophic cardiomyopathy.

To make the differential diagnosis with echocardiogram between hypertrophic cardiomyopathy and cardiac amyloidosis, we have added red flags that can lead to suspicion of one or the other heart disease.

4. In the article, the author described the research progress of different imaging methods in the diagnosis of myocardial amyloidosis, and the advantages and disadvantages of each imaging method should be added at the end of each imaging method.

At the end of each technique, the advantages and disadvantages of using each of them have been added, as well as a summary to simplify what is exposed in each subtopic.

5. In the CONCLUSION part, the author should clearly state which imaging method or methods should be used for patients with suspected myocardial amyloidosis.

The conclusions have been modified in order to improve understanding and thus be able to obtain the essential information from what is stated throughout the article.

6. Machine learning-based radiomics was applied in liver cancer, thyroid nodules and breast nodules, whether this method was used in the imaging examination of myocardial amyloidosis?

Machine learning-based radiomics and artificial intelligence are growing areas that may, in coming years, modify clinical practice and facilitate decision-making in each patient. In this regard, despite the limited information regarding cardiac amyloidosis in this moment, we have added a section to introduce this concept and point out the importance it may acquire in the coming years.

SPECIFIC COMMENTS TO AUTHORS