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Dear editor/reviewers,

Thank you for reviewing our manuscript and for the comments. Our responses are outlined below:

Comment: The authors assessed the effect of neutral (NC) and positive (PC) oral contrast use on patient dose in low-dose abdominal CT. This is a prospective study. These preliminary data show that the use of polyethylene glycol as a neutral OC agent leads to higher radiation doses than standard positive contrast studies, in low dose abdominal CT imaging. This is possibly related to the osmotic effect of the agent resulting in larger intraluminal fluid volumes and resultant increased overall beam attenuation.
No response required.

Comment: The paper is interesting and clinically relevant.
No response required.

Comment: Although further studies will be needed (as stated by the authors in the discussion), this is an interesting manuscript on an important topic. Minor Comments: Discussion, paragraph 6: "millisivert" -> millisievert (named after the Swedish medical physicist Rolf Sievert). Reference list: The references do not contain PMID numbers/DOI names.

Response: The spelling error in 'millisievert' has been corrected. PMID and DOIs have been added to the references.

Comment:
1. The inclusion criteria and exclusion criteria were too simple.
Response: We chose this study population as patients could be randomized to receive either a positive or a neutral contrast agent. We have made amendments to the inclusion and exclusion criteria to reflect all possible eventualities. We believe our criteria are sound.

2. The conclusion is too very simple. The author should summarize their own opinion after describing so much different research findings

Response: The conclusion has been expanded so as to reflect the author's opinion of the results.

3. The relations between using different oral contrasts and results of SSDE measurements among different BMI groups should be discussed.
Response: The relationship between using the oral contrasts and results of SSDE measurements among different BMI groups are now discussed in the discussion section.

4. Negative PEG oral contrast examinations had significantly higher radiation doses than positive contrast 2% gastrografin studies while NC images reconstructed with MBIR were significantly superior to the PC MBIR images. This statement is very confusing when doctors have to make a decision of selecting the suitable contrast agents.
Response: We have attempted to clarify this statement in the discussion section.

5. Figure 3 and figure 4 should denoted * to indicate the significant differences in order to maintain the consistency.
Response: * has been added to all significance differences in Figures 3 and 4.