

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

Reviewer's comments	Authors reply	Changes made
The authors deserve compliments for the conducted study. The materials and methods are well-written. I have few suggestions for the authors. 1. kindly check grammar and make the manuscript more fluent. lots of passive voice statements.	We thank the reviewers for their insightful comments. We have used professional language editing service and have incorporated the changes suggested.	Necessary changes made through-out the manuscript.
Kindly mention how was sample size calculated		
Criteria for selecting 3mm distance from the optic disc is it universal??		
Diabetic status and its effect on ONSD?		
Ultrasonography, including point-of-care US is 'coming-of-age' in ICUS on multiple sites. The discussed ONSD measurement likely to effective and suitable for serial measurements, offering relief form MRI/CT technologies – which represent significant disruption of ICU care, nursing time.... And expense/radiation load / contrast risk are the least concerns, in these vey ill subjects. Suggestions for improvement /question: GENERAL COMMENTS Could the Authors report on partial correlation of major positive results, not just the p values?		
It would be nice to know, whether any closer association persist between type of CNS lesion and ONSD ... I realize the numbers are small; but may be if just reporting on association between septic-medical scenario (~25% of the cohort) vs others... this may be		

<p>relevant, as one would think optic nerve lesion more like to be detected in lesion of frontal brain compartment What is missing; serum Na⁺ (sodium) values. Many of these patients will receive medical therapy to address brain edema and such intervention may affect the relation hip between anatomic lesion vs degree of optic nerve edema. Similarly - how many of these patient had acute kidney injury (AKI); would also recommend reporting on serum creatinine values at the time of study's enrollment</p>		
<p>Discussion should be enriched by the following paper: [PMID: 31789653]; [PMID: 30848433]</p>		
<p>Improve Write-up: ABSTRACT: 1. "Raised ONSD was associated with lower age (p=0.007), poorer GCS (p=0.009) and greater need for surgical intervention (p=0.006)..." to " Raised ONSD was associated with younger age (p=0.007), lower GCS (p=0.009) and greater likelihood for surgical intervention (p=0.006) " [here, the partial correlate [r] values would be very helpful to show, as well)</p>		
<p>"ONSD can be used as a screening a test to detect raised ICP in a medical ICU and can used as a trigger to initiate further management of raised ICP." - would tone this a little bit sown, as follow : " ONSD can be used as a screening a test to detect raised ICP in a medical ICU and future potential as threshold trigger to escalate management of raised ICP. "</p>		
<p>3. Last sentence (" ") s supported only by literature review and I belive not the Authors' primary</p>		

<p>data. Thus I would eliminate this from the Abstract's Conclusion (from main paper, as well) MAIN Paper Methods: please list Ethic Committee approval number, for the record Results: for key results, beyond p values, report also partial correlatiosn, as well Minor comments: Sentence: " simple bedside test, which has a small learning curve, .." to: "simple bedside test, which has a rapid learning curve, ..."</p>		
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