

Answering reviewers: These questions have been addressed when editing my manuscript.

- 1) Heparin was selected instead of a DOAC due to the rapid reversibility of heparin if patient were to bleed. D-dimer units have been corrected.
- 2) His COVID-19 was diagnosed by PCR. No other anti-viral therapy was used. Unfractionated heparin was used, not LMWH. Patient was not on a statin and had no history of hyperlipidemia or obesity.
- 3) The hypercoagulable state associated with COVID-19 is thought to be due to endothelial dysfunction and the hyperinflammatory state that accompanies this infection.
- 4) Patient had no other symptoms to suggest COVID infection. He had no cough, shortness of breath, fever, sputum production. Alternative treatments could have been remdesivir and convalescent plasma.