

Dear EIC,

Thank you very much for providing us an opportunity to revise our manuscript in the light of worthy reviewer's comments. We have addressed all the points raised by the learned reviewer in point-to-point manner, as under:

Introduction:

ESKF has been changed to ESKD as suggested by you.

The papers by Naesens and Radermacher have been referenced and salient points discussed in Introduction section. These are highlighted in yellow.

Pitfalls of the RI, especially in either extended criteria donors (ECDs) or old recipients, are added in Introduction and highlighted.

Materials and Methods:

Timeframe of dysfunction is now better explained along with the formula used for eGFR estimation. Duration of biopsy from the time of transplantation (time lapse) is also given in Results to explain the timeframe of dysfunction. Explanation for the use of Cockcroft-Gault formula in this study is provided in Discussion with addition of two new references.

Cohen's kappa did not apply in this case, as the two radiologists independently performed RI and SWE measurements, i.e., one radiologist performed RI and the other SWE. Duplicate measurements were not made. We agree that ultrasound assessments are subjective in nature.

Information about graft size is given in Methods section as ≥ 9 cm for biopsy.

Figure 1 represents a prototype of stable functioning graft with homogeneous parenchyma. Figure 2 represents a prototype of allograft with chronic allograft damage. This damage is usually patchy. We agree that the parenchymal changes can be very patchy. The abnormal areas on SWE were chosen for graft biopsy.

Two cores of kidney allograft biopsy were taken in each case.

The most abnormal area on SWE was chosen for sampling the tissue for biopsy of the allograft.

Results:

Yes, it is interesting that the majority of kidney allograft recipients are males. However, 82% is not representative of the ESKD population. In that population, males are 57.8%.

Post-Transplant duration period of patients is added in Results. We did not analyze the trend of functions according to duration in this study but will explore it in our future project.

When calculating RI and SWE measurements, an average of the semiquantitative assessments of changes on allograft biopsies was considered and this has been added in methods section.

We agree that the median post-transplant interval for biopsies was 2 years, but around 50% biopsies were performed within 2 years. We plan to conduct such research in future as per your suggestions, such as including only biopsies performed within one year of transplant.

Regarding nephrologists' input, we make it clear that our aim was not detection of early graft dysfunction but **early detection of chronic changes** on these imaging studies. We agree that serum creatinine of 3 mg/dl is not consistent with early graft dysfunction. It will also make another interesting study. Thank you for suggesting such important hints for improvement of our paper and enlightening us.