Review Form 1.6

Journal Name:	**Cardiology and Angiology: An International Journal**
Manuscript Number:	**Ms_CA_92045**
Title of the Manuscript:	**2D ECHOCARDIOGRAPHIC FINDINGS, NT-PROBNP LEVELS, AND OUTCOMES IN DYSPNOEIC PATIENTS: RESULTS FROM THE PRO-BNP INVESTIGATION OF DYSPNOEA IN THE EMERGENCY DEPARTMENT- A SINGLE CENTRE EXPERIENCE**
Type of the Article	**Original Research Article**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:
(https://www.journalca.com/index.php/CA/editorial-policy)

PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	- Abstract is too long, kindly making it simpler and shorter - In the introduction section, you stated "Heart failure is among the most common cause of acute onset dyspnoea". Could you give any comparison with respiratory problems, and which references you cited - Sometimes, heart failure could be happened without any left ventricular injury, and sometimes with preserved ejection fraction - I didn't find any introduction regarding why it is important to distinguish any etiologic yof acute dyspnoea faster in emergency ward - Study enrolment is outdated, it happened 10 years ago! - Could you differentiate group which examination happen at emergency room and intensive care unit? Because several times discrepancies could lead to very different lab and echo examination - You have excluded patient with CKD in your research. What is the reason to exclude CKD from your study population? Does any CKD, especially I stage I or II is also excluded? - Which parameter of EF you have chosen? And what is the criteria to say low EF according to your study? - Your conclusion is too hasty. "NT pro-BNP correlates well with the worsening of LV systolic function. As the EF decreases, NT pro-BNP increases. It correlates well with the severity of diastolic dysfunction and elevated filling pressure." But, I couldn't find any correlation inside your study	
Minor REVISION comments	- How can you say that patient had coronary artery disease? Did all patients undego coronary angiography? Or just based on cardiac CT or treadmill test? - For baseline NT pro BNP, do you make any ROC or AUC curve? Or is it based on the manufacture instruction? Which reagent and catalogue did your hospital choose for NT pro BNP reagent? - Since diastolic parameter is dynamic, could you explain on which day, you have performed echocardiography examination?	
Optional/General comments		

PART 2:

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	

Reviewer Details:

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