

## Review Form 1.7

Journal Name:	<b>Cardiology and Angiology: An International Journal</b>
Manuscript Number:	<b>Ms_CA_105112</b>
Title of the Manuscript:	<b>Incidental Discovery of a Mobile Thrombus Attached to the Right Atrial Wire of an Implantable Cardioverter Defibrillator (ICD) - Case Report.</b>
Type of the Article	<b>Case report</b>

### **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**

	<b>Reviewer's comment</b>	<b>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)</b>
<p><b>Compulsory</b> REVISION comments</p> <p>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</p> <p>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</p> <p>3. <b>Is the abstract of the article comprehensive?</b></p> <p>4. <b>Are subsections and structure of the manuscript appropriate?</b></p> <p>5. <b>Do you think the manuscript is scientifically correct?</b></p> <p>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></p> <p><b>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</b></p>	<p><b>Good for information for those patients who have intra-cardiac devices</b></p> <p><b>YES</b></p>	
<p><b>Minor</b> REVISION comments</p> <p>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></p>	<p>YES</p>	
<p><b>Optional/General</b> comments</p>	<p>1- Kindly briefly enlist chemotherapy drugs with duration &amp; current CBC with INR, 2- Kindly add ECG of patient also. 3- Is this patient was on anti-coagulation therapy .if yes document dose and drugs</p> <p>Minor modification required</p>	

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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(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)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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