

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_77173
Title of the Manuscript:	Fetal Renal Volume and Fetal Renal Artery Doppler in Normal and Intrauterine Growth Restricted Fetuses
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:

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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	<ol style="list-style-type: none"> 1- Fetal growth restriction occurs in two phenotypes which differ significantly in prevalence, placental histopathological findings, Doppler velocimetric profile, maternal associated disease, severity and perinatal outcome. The author should specify whether it was early onset or late onset FGR which was included in the study. If not done so a note should be included in study under 'limitations' category. 2- Furthermore, FGR is divided in four stages. While stage one is not associated with vascular changes in a fetus, rest of stages are associated with progressive multi- vessel Doppler changes. Which stage was included in the current study it should be specified. 3- A pregnancy is only dated between 11-14 weeks scans. It is unclear why author wants to re-assign gestational age in third trimester (figure 1A). Once the Dating is done at 11-14 week scan the gestational age is only calculated based on that and is never changed. If the comparison is needed between both groups it could be done on the basis of biometry i.e., AC and EFW. 4- Discussion and conclusion must include how such finding is going to help in diagnosis of or management of or outcome prediction of cases of FGR 	
Minor REVISION comments	<ol style="list-style-type: none"> 1- References should be included for the following statements <ol style="list-style-type: none"> a. Intrauterine growth restriction (IUGR), is defined as less than 10 percent of predicted fetal weight for gestational age, may result in significant fetal morbidity and mortality. b. It is associated with a perinatal mortality rate that is 6 to 10 times higher than that for normally grown fetuses. c. Normally in the first trimester, the renal artery resistance is high, reflected by increase in the pulsatility index. However, towards the mid second and third trimester renal artery resistance decreases significantly with increase in the end diastolic velocity with minor changes in the peak systolic velocity 2- References should not be >10 years old <p>Several places of grammatical errors should be corrected with the help of software or proof corrections</p>	
Optional/General comments		

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PART 2:

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

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