

Journal Name:	<a href="#">Asian Journal of Advances in Research</a>
Manuscript Number:	Ms_AJOAIR_4532
Title of the Manuscript:	Chronic Kidney Disease with Cardiomyopathy in a Dog: A Case Report
Type of the Article	Case report

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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.

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### **PART 1: Comments**

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.</b>	<p>The case report contains significant flaws that render it unsuitable or unhelpful for the scientific community. Gold-standard diagnostic workups were not performed, and there is insufficient evidence to support the association of cardiomyopathy and hypertension with chronic kidney disease.</p> <p>Case reports on chronic kidney disease in dogs are abundant, raising questions about whether this manuscript provides any additional value to the veterinary community.</p> <p>The authors should thoroughly review and revise the entire case. In addition, it is advisable to have the</p>	Case reports on chronic kidney disease (CKD) in dogs are plentiful; however, those addressing secondary cardiac complications associated with CKD are relatively scarce. The primary aim of this manuscript is to highlight effective management strategies for CKD in dogs, particularly when accompanied by secondary cardiac complications.

	<b>manuscript proofread for grammar.</b>	
<b>Is the title of the article suitable? (If not please suggest an alternative title)</b>	<p><b>No. Given the lack of evidence for cardiomyopathy, the title is not suitable.</b></p> <p><b>Recommendation:</b> <b>Chronic kidney disease in a dog: A case report</b></p>	The title has been updated to: " Chronic kidney disease in a dog: A case report."
<b>Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.</b>	<b>The entire abstract should be revised by focussing only on chronic kidney disease and omitting dilated cardiomyopathy and hypertension.</b>	The entire abstract has been revised to focus exclusively on chronic kidney disease, and omitted dilated cardiomyopathy and hypertension.
<b>Is the manuscript scientifically, correct? Please write here.</b>	<p>No for following reasons:</p> <p>1. Misdiagnosis of dilated cardiomyopathy DCM cannot be diagnosed based solely on troponin-I levels. A definitive diagnosis requires echocardiography to document eccentric hypertrophy and reduced systolic function of the left ventricle. As the authors did not provide echocardiographic findings, the diagnosis of DCM is questionable and highly unlikely.</p> <p>The lateral chest radiograph does not show evidence of an enlarged cardiac silhouette. The authors should include the vertebral heart score (VHS) and vertebral left atrial size (VLAS) of the dog, along with specifying whether the lateral view was taken from the right or left side.</p> <p>The troponin-I level was only mildly elevated, with a reported value of 0.39 ng/mL (reference range: 0.05–0.24 ng/mL). This mild increase is most likely attributable to reduced renal clearance rather than indicative of myocardial injury or cardiomyopathy in this case.</p> <p>Indication for pimobendan medication is questionable in the dog without clear evidence of cardiomyopathy.</p>	<p><b>1.</b> In right lateral view, the vertebral heart score (VHS) in this case was elevated at 12.5v, exceeding the reference range of 10.2–11.4v (for Labrador Retriever). This increase raised suspicion of cardiomyopathy; however, confirming cardiomyopathy without echocardiography is challenging. Nonetheless, the elevated VHS indicates enlarged heart. Given this finding, we opted for pimobendan as a treatment, as it is suitable for managing such conditions. In the manuscript, we revised the term "cardiomyopathy" to "enlarged heart" for accuracy.</p> <p><b>2.</b> This dog had a prior history of hypertension. However, during a routine examination, blood pressure measurements were taken for multiple times using oscillometry, revealing values within the normal</p>

	<p>2. Diagnosis and management of systemic hypertension</p> <p>The authors did not report the blood pressure readings or the measurement method (e.g., oscillometry or Doppler) in the manuscript. Additionally, the use of amlodipine as sole therapy without the addition of an ACE inhibitor is not recommended in dogs. Given the presence of proteinuria, the administration of an ACE inhibitor is particularly important but was not included in the treatment for this case.</p> <p>3. Diagnosis of chronic kidney disease</p> <p>The authors reported that the dog was dehydrated and exhibited polyuria and polydipsia, which are suggestive of CKD. Blood tests revealed elevated creatinine, urea, and phosphorus levels, along with proteinuria. However, it was not specified whether the pre-treatment blood sample was collected under fasting conditions, nor was there any mention of whether the SDMA level was measured. Dehydration and meal intake can significantly influence renal parameters and should be considered and discussed.</p> <p>Hematology results should be included, and the authors should clarify whether the dog had any concurrent systemic inflammation, as this could potentially affect both renal findings and troponin levels.</p> <p>Furthermore, the authors should provide clear, high-quality ultrasound images. The image acquisition and quality in Figure 2 are inadequate and unacceptable for publication.</p>	<p>range. The average systolic pressure was 130 mmHg, and the diastolic pressure was 85 mmHg, both falling within the reference range. Despite the normalized blood pressure, we opted to include amlodipine in the treatment plan due to the dog's history of hypertension. Amlodipine was not used as a standalone therapy; instead, it was combined with the ACE inhibitor benazepril hydrochloride in a fixed-dose formulation (Trade name: Amlozep 5mg + 10mg).</p> <p>This information has been incorporated into the manuscript.</p> <p><b>3.</b> Blood samples were collected under fasting conditions prior to treatment. Unfortunately, SDMA levels could not be measured due to the unavailability of laboratory facilities. Hematology parameters were within the normal range, indicating the absence of inflammation in the body. This information has now been included in the manuscript.</p> <p>A high-quality ultrasound image is provided in <b>Figure 2</b>.</p>
Are the references sufficient and recent? If you have suggestions of additional references,	Yes	

please mention them in the review form.		
Is the language/English quality of the article suitable for scholarly communications?	No. The authors should get the manuscript proofread for grammar.	The authors have thoroughly proofread the manuscript to ensure grammatical accuracy.
<b><u>Optional/General</u></b> comments	<b>The manuscript should be structured as follows:</b> <ol style="list-style-type: none"> <li>1. Introduction</li> <li>2. Case Presentation: This section should include patient signalment, clinical and physical examinations, laboratory findings, ultrasonography, radiography, differential diagnosis, final diagnosis, treatment, and outcome.</li> <li>3. Discussion</li> <li>4. Conclusion</li> <li>5. References</li> </ol>	

## **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>	