SDI Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	**Ms_JAMMR_45576**
Title of the Manuscript:	**Administration of IV Thrombolytic Therapy in A Patient with Hemianopsia Symptoms**
Type of the 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:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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	**1. Please provide MRA image.** **2. It is very hard to say whether the clinical improvement was really caused by rt-PA treatment or the disease course itself because the patient has relatively mild symptoms (NIHSS=1) and no obvious therapeutic response (partially improved). Please mention the limitation in your discussion.**	**No MR angio was taken.**
Minor REVISION comments	**1. Line 39, clopidogrel 75 mg tablet, what does it mean "1x1"?** **2. Line 40, "partial homonymous hemianopsia", did the author mean quadrantanopia?** **3. Please mention the dosage of rt-PA.** **4. Line 48, Rivoraksaban 20 mg tb, what does it mean "1x1"?**	**Corrections were made.**
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)*	