

Supplement to: Kahn D, Pool KL, Phiri L, et al. Diagnostic utility and impact on clinical decision making of focused assessment with sonography for HIV-associated tuberculosis in Malawi: a prospective cohort study. *Glob Health Sci Pract.* 2020;8(1).  
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**Supplementary Table 2. FASH Findings in Participants at an Urban Medical Center, Lilongwe, Malawi, Stratified by Unlikely TB and Confirmed TB (Probable TB Excluded) (N=145)**

	<b>Overall, No. (%) (N=145)</b>	<b>Unlikely TB, No. (%) n=125</b>	<b>Confirmed TB, No. (%) n=20</b>	<b>P Value</b>
Pericardial effusion <sup>a</sup>	21.0 (14.5)	12.0 (9.6)	9.0 (45.0)	<.001
Pleural effusion	5.0 (3.4)	1.0 (0.8)	4.0 (20.0)	<.001
Ascites	6.0 (4.1)	5.0 (4.0)	1.0 (5.0)	>.99
Abdominal lymphadenopathy	10.0 (6.9)	2.0 (1.6)	8.0 (40.0)	<.001
Liver lesions	4.0 (2.7)	3.0 (2.4)	1.0 (5.0)	.45
Splenic lesions	3.0 (2.1)	2.0 (1.6)	1.0 (5.0)	.36
FASH positive <sup>b</sup>	43.0 (29.7)	30.0 (24.0)	13.0 (65.0)	
FASH negative	102.0 (70.3)	95.0 (76.0)	7.0 (35.0)	

Abbreviations: FASH, focused assessment with sonography for HIV-associated tuberculosis; TB, tuberculosis.

<sup>a</sup> Trace pericardial effusions were excluded from the analysis due to unclear clinical significance.

<sup>b</sup> Any single finding of the protocol is positive.