

# South Africa - Evaluation of ultrasound for screening and diagnosis of pulmonary tuberculosis, KwaZulu Natal, South Africa, 2019-20

**Nompumelelo Mkwazi**

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## Identification

### SURVEY ID NUMBER

AHRI.Pocus.AnalyticalDataset.2022.v1

### TITLE

Evaluation of ultrasound for screening and diagnosis of pulmonary tuberculosis, KwaZulu Natal, South Africa, 2019-20

### COUNTRY

Name	Country code
South Africa	ZA

### ABSTRACT

Improved tests for screening and diagnosing TB in low-income settings are an essential component of the End TB strategy. Transthoracic ultrasound has generally been considered to perform poorly for the diagnosing pulmonary TB, but newer devices may offer better performance characteristics. The current research was a proof-of-concept study to determine the performance characteristics of thoracic and abdominal ultrasound for the diagnosis of TB in adults compared to a microbiological reference standard under ideal conditions, to inform whether future evaluation and development of the technique is needed.

We recruited participants during the period from October 2019 to March 2020 from two sources:

1) Vukuzazi: A population-based health care screening study (named Vukuzazi), which aimed to describe the frequency and distribution of multimorbidity, including an extensive TB screening component, among adults in the AHRI demographic surveillance area in northern KwaZulu-Natal (Gunda et al., 2021). Participants from this source were eligible if they had undergone a chest radiograph and had results from a sputum sample tested for mycobacteria in the AHRI lab;

2) Clinic: Individuals who attended a primary healthcare clinic in KwaZulu-Natal to start TB treatment. Participants were eligible to take part in the study if they were adults (aged 18 years or above) and healthy enough to travel and participate in the study. We recruited participants from the Vukuzazi study into four groups based on the following criteria:

- group 1: no TB symptoms, negative sputum Xpert MTB/RIF Ultra, normal chest radiograph;
- group 2: negative sputum Xpert MTB/RIF Ultra, abnormal chest radiograph;
- group 3: positive sputum Xpert MTB/RIF Ultra, abnormal chest radiograph;
- group 4, positive sputum Xpert MTB/RIF Ultra, normal chest radiograph.

Participants sampled from the clinic were classified into group 3. This allowed the comparison of those without evidence of TB (group 1) to those with either microbiological or radiological evidence of TB (groups 2-4). Participants from the clinic completed a questionnaire aligned to that used in Vukuzazi concerning health care history, TB symptoms, and HIV and TB treatment. All participants gave venous blood for testing for HIV antibodies. For the primary analysis all participants underwent comprehensive thoracic and focused abdominal ultrasound examination performed according to the study protocol by clinicians masked to all clinical and imaging data. Experienced ultrasonographers interpreted the resulting ultrasound images for the presence of typical chest radiography features of pulmonary or extrapulmonary TB. A comparison of these features between the study groups allowed us to estimate the sensitivity and specificity of individual and combined ultrasound features to detect TB (microbiological/radiological).

### KIND OF DATA

Clinical Data

### UNIT OF ANALYSIS

Study participant

## Version

### VERSION DESCRIPTION

V1.1.0

## Scope

### TOPICS

Topic	Vocabulary	URI
Tuberculosis, Ultrasonography, Point-of-Care Testing	Africa Health Research Institute	www.ahri.org

### KEYWORDS

Keyword	Vocabulary	URI
Tuberculosis, Ultrasonography, Point-of-Care Testing, Sputum samples, sputum Xpert MTB/RIF testing, TB symptom screening	Africa Health Research Institute	www.ahri.org

## Coverage

### GEOGRAPHIC COVERAGE

Demographic surveillance area of the Africa Health Research Institute in uMkhanyakude district, KwaZulu-Natal, and a TB clinic near Durban, KwaZulu-Natal.

### UNIVERSE

As above, participants were drawn from two populations. The first population was that covered by the ongoing ARHI demographic surveillance located in rural KwaZulu-Natal which was established in 2000 (Gareta et al., 2021). In 2018, within the ongoing surveillance, the 'Vukuzazi' study offered community-wide health screening and bio-sampling to understand the frequency and distribution of major health care needs in the population (Gunda et al., 2021). For this study we selected adult (18 years and above) participants of Vukuzazi who had completed the full set of TB screening tests and were healthy enough to travel to Durban to undergo the imaging for this the study. This allowed us to sample healthy participants and participants with varying degrees of microbiological and radiological evidence for TB. The second population were adults (18 years and above) who attended a primary healthcare clinic in KwaZulu-Natal to start TB treatment who had microbiologically-confirmed TB.

## Producers and sponsors

### PRIMARY INVESTIGATORS

Name	Affiliation
Prof. Alison Grant	Africa Health Research Institute, Durban, South Africa, London School of Hygiene & Tropical Medicine, UK
Dr Emily Wong	Africa Health Research Institute, Durban, South Africa
Dr Al Leslie	Africa Health Research Institute, Durban, South Africa
Dr Aaron Karat	London School of Hygiene & Tropical Medicine, UK
Dr Matthew Fentress	London School of Hygiene & Tropical Medicine, UK
Dr Priya Maharaj	Inkosi Albert Luthuli Central Hospital, Durban, South Africa
Dr Patricia Henwood	Brigham and Women's Hospital/Harvard Medical School

### PRODUCERS

Name	Abbreviation
Africa Health Research Institute	AHRI

### FUNDING AGENCY/SPONSOR

Name	Abbreviation	Role
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Bill & Melinda Gates Foundation	BMGF	Full funding
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## OTHER IDENTIFICATIONS/ACKNOWLEDGMENTS

Name	Affiliation	Role
Dickman Gareta	Africa Health Research Institute	Data management
Njabulo Dayi	Africa Health Research Institute	Data management
Njabulo Myeza	Africa Health Research Institute	Data management
Mthokozisi Mnomiya	Africa Health Research Institute	Data collection
Thabani Mtshali	Africa Health Research Institute	Data collection
Zoey Mhlane	Africa Health Research Institute	Data collection
Nokwanda Ngcobo	Africa Health Research Institute	Data collection
Theresa Smit and the AHRI Laboratory Team	Africa Health Research Institute	Lab data collection and analysis
Dilshaad Khan	Department of Pulmonology and Critical Care, Inkosi Albert Luthuli Central Hospital, Durban, South Africa	Data collection
Mohammed Mitha	Department of Pulmonology and Critical Care, Inkosi Albert Luthuli Central Hospital, Durban, South Africa	Data collection
Philip Caligiuri	Department of Pulmonology and Critical Care, Inkosi Albert Luthuli Central Hospital, Durban, South Africa	Data analysis
Stephen Olivier	Africa Health Research Institute	Statistical analysis
Dirhona Ramjit	Africa Health Research Institute	Study coordination
Anita Edwards	Africa Health Research Institute	Study coordination
Farina Karim	Africa Health Research Institute	Study coordination
Tansy Edwards	LSHTM	Advised on approach to statistical analysis
Butterfly Network	Butterfly	Provided an ultrasound device

## Sampling

### SAMPLING PROCEDURE

Sample size was based on precision estimates. With 50 participants with bacteriologically-confirmed TB, we calculated that we would be able to demonstrate ultrasound sensitivity of 80% with a 95% confidence interval (CI) of 67%-89%, and with 100 participants without active TB, we would be able to demonstrate specificity of ultrasound of 80% with a 95% CI of 71%-87%. The study was designed to be exploratory, with a relatively small number of participants, aiming to estimate sensitivity and specificity relatively imprecisely to guide whether larger-scale evaluation was warranted. We did not calculate predictive values because our sample purposively included more people with active TB than would usually be found in routine populations being screened for TB, and thus predictive values from this study could not be generalized.

## Data collection

### DATES OF DATA COLLECTION

Start	End
2019-10-01	2020-03-30

## Access policy

### ACCESS CONDITIONS

The representative of the Receiving Organization agrees to comply with the following conditions:

1. Access to the restricted data will be limited to the Lead Researcher and other members of the research team listed in this request.
2. Copies of the restricted data or any data created on the basis of the original data will not be copied or made available to anyone other than those mentioned in this Data Access Agreement, unless formally authorized by the Data Archive.
3. The data will only be processed for the stated statistical and research purpose. They will be used for solely for reporting of aggregated information, and not for investigation of specific individuals or organizations. Data will not in any way be used for any administrative, proprietary or law enforcement purposes.
4. The Lead Researcher must state if it is their intention to match the restricted microdata with any other micro-dataset. If any matching is to take place, details must be provided of the datasets to be matched and of the reasons for the matching. Any datasets created as a result of matching will be considered to be restricted and must comply with the terms of this Data Access Agreement.
5. The Lead Researcher undertakes that no attempt will be made to identify any individual person, family, business, enterprise or organization. If such a unique disclosure is made inadvertently, no use will be made of the identity of any person or establishment discovered and full details will be reported to the Data Archive. The identification will not be revealed to any other person not included in the Data Access Agreement.
6. The Lead Researcher will implement security measures to prevent unauthorized access to licensed microdata acquired from the Data Archive. The microdata must be destroyed upon the completion of this research, unless the Data Archive obtains satisfactory guarantee that the data can be secured and provides written authorization to the Receiving Organization to retain them. Destruction of the microdata will be confirmed in writing by the Lead Researcher to the Data Archive.
7. Any books, articles, conference papers, theses, dissertations, reports, or other publications that employ data obtained from the Data Archive will cite the source of data in accordance with the citation requirement provided with the dataset.
8. An electronic copy of all reports and publications based on the requested data will be sent to the Data Archive.
9. The original collector of the data, the Data Archive, and the relevant funding agencies bear no responsibility for use of the data or for interpretations or inferences based upon such uses.
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### CITATION REQUIREMENTS

Grant, A. et al. (2022) "Evaluation of ultrasound for screening and diagnosis of pulmonary tuberculosis, KwaZulu Natal, South Africa, 2019-20." Africa Health Research Institute. doi: 10.23664/AHRI.POCUS.ANALYTICALDATASET.2022.V1

## Metadata production

### DDI DOCUMENT ID

DDI.AHRI.PoCUS.AnalyticalDataset.2022.v1

### PRODUCERS

Name	Abbreviation
Africa Health Research Institute	AHRI

## Data Dictionary

Data file	Cases	Variables
<b>AHRI.Pocus.AnalyticalDataset.2022.v1.1</b>	92	40



**Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1**

Cases: 92

Variables: 40

**Variables**

ID	Name	Label	Question
V41	pocus_id	PoCUS Unique Identifier	
V42	site	Site	
V43	TB_bact	TB (Bacteriologic)	
V44	TB_bact_rad	TB (Bacteriologic or Radiologic)	
V45	TB_bact_healthy	TB (Bacteriologic vs Healthy - Excludes CXR abnormalities)	
V46	sex	Sex	
V47	age	Age (years)	
V48	hiv_status	HIV Status	
V49	OnArt	On ART self reported	
V50	CD4	CD4 Lymphocytes Abs	
V51	tbsymptom	Any TB symptoms	
V52	currsmoker	Current smoker	
V53	bmi	Body Mass Index	
V54	bmicat	Body Mass Index (Categories)	
V55	highbsugarinformedever	Raised blood sugar (Ever been informed by health care worker)	
V56	TB_status	TB group	
V57	prev_TB	Prior TB treatment	
V58	consolidation_any	Any consolidation	
V59	consolidation_upper	Consolidation (Upper)	
V60	SPC	Small Subpleural consolidation	
V61	SPC_upper	Small Subpleural consolidation (Upper)	
V62	SPC_number	Small Subpleural consolidation (Number)	
V63	SPC_2_more	Small Subpleural consolidation (2 or more)	
V64	B1_B2_pattern	(B-lines) B1 or B2 pattern	
V65	B2_pattern	(B-lines) B2 pattern	
V66	IPL	Irregular pleural line	
V67	pleural_effusion_any	Pleural effusion (any)	
V68	cavity_any	Any cavity	
V69	pericardial_eff	Pericardial effusion	
V70	hepatic_lesions	Hepatic lesions	
V71	LAN	Periaortic Lymphadenopathy	
V72	ascites	Ascites	
V73	LUS1_FASH1	Any thoracic or FASH pathology	
V74	LUS1	Any Thoracic pathology	
V75	LUS2	Thoracic combo 1	
V76	LUS3	Thoracic combo 2	
V77	LUS4	Thoracic combo 3	
V78	FASH2	FASH combo 1	

ID	Name	Label	Question
V79	LUS2_FASH2	Thoracic combo 1 or FASH combo 1	
V80	FASH1	Any FASH pathology	

Total: 40



## POCUS\_ID: PoCUS Unique Identifier

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Width: 11 Range: - Format: character

## SITE: Site

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Width: 8 Range: - Format: character

## TB\_BACT: TB (Bacteriologic)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 84 Invalid: 8  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	50	59.5%
1	Yes	34	40.5%
Sysmiss		8	

## TB\_BACT\_RAD: TB (Bacteriologic or Radiologic)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	50	54.3%
1	Yes	42	45.7%

**TB\_BACT\_HEALTHY: TB (Bacteriologic vs Healthy - Excludes CXR abnormalities)****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 71 Invalid: 21

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

**Questions and instructions**

## CATEGORIES

Value	Category	Cases	
0	No	37	52.1%
1	Yes	34	47.9%
Sysmiss		21	

**SEX: Sex****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 1 - 2 Format: Numeric

**Questions and instructions**

## CATEGORIES

Value	Category	Cases	
1	Male	53	57.6%
2	Female	39	42.4%

**AGE: Age (years)****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 92 Invalid: 0 Minimum: 18 Maximum: 74 Mean: 41.88 Standard deviation: 13.742

Type: Continuous Decimal: 0 Width: 10 Range: 18 - 74 Format: Numeric

**HIV\_STATUS: HIV Status****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1**

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	Negative	43	46.7%
1	Positive	49	53.3%

## ONART: On ART self reported

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 48 Invalid: 44

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	13	27.1%
1	Yes	35	72.9%
Systemiss		44	

## CD4: CD4 Lymphocytes Abs

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 43 Invalid: 49 Minimum: 66 Maximum: 1356 Mean: 631.791 Standard deviation: 324.908

Type: Continuous Decimal: 0 Width: 10 Range: 66 - 1356 Format: Numeric

## TBSYMPTOM: Any TB symptoms

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	58	63%
1	Yes	34	37%

### **CURRSMOKER: Current smoker**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	71	77.2%
1	Yes	21	22.8%

### **BMI: Body Mass Index**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0 Minimum: 7.621 Maximum: 54.943 Mean: 23.165 Standard deviation: 6.731  
Type: Continuous Decimal: 0 Width: 10 Range: 7.62084482508347 - 54.942767950052 Format: Numeric

### **BMICAT: Body Mass Index (Categories)**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
Type: Discrete Decimal: 0 Width: 10 Range: 1 - 4 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
1	Underweight	20	21.7%

2	Normal	49	53.3%
3	Overweight	11	12%
4	Obese	12	13%

### HIGHBSUGARINFORMEDEVER: Raised blood sugar (Ever been informed by health care worker)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 44 Invalid: 48

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

#### Questions and instructions

##### CATEGORIES

Value	Category	Cases	
0	No	41	93.2%
1	Yes	3	6.8%
Sysmiss		48	

### TB\_STATUS: TB group

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 1 - 4 Format: Numeric

#### Questions and instructions

##### CATEGORIES

Value	Category	Cases	
1	TB positive Micro	34	37%
2	Abnormal CXR TB	8	8.7%
3	Abnormal CXR not TB	13	14.1%
4	Healthy	37	40.2%

### PREV\_TB: Prior TB treatment

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 3 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	69	75%
1	Yes	20	21.7%
3	Unknown	3	3.3%

## CONSOLIDATION\_ANY: Any consolidation

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	60	65.2%
1	Yes	32	34.8%

## CONSOLIDATION\_UPPER: Consolidation (Upper)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	76	82.6%
1	Yes	16	17.4%

### SPC: Small Subpleural consolidation

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

#### Questions and instructions

##### CATEGORIES

Value	Category	Cases	
0	No	54	58.7%
1	Yes	38	41.3%

### SPC\_UPPER: Small Subpleural consolidation (Upper)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

#### Questions and instructions

##### CATEGORIES

Value	Category	Cases	
0	No	74	80.4%
1	Yes	18	19.6%

### SPC\_NUMBER: Small Subpleural consolidation (Number)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 9 Format: Numeric

### SPC\_2\_MORE: Small Subpleural consolidation (2 or more)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	67	72.8%
1	Yes	25	27.2%

### **B1\_B2\_PATTERN: (B-lines) B1 or B2 pattern**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	76	82.6%
1	Yes	16	17.4%

### **B2\_PATTERN: (B-lines) B2 pattern**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	90	97.8%
1	Yes	2	2.2%

### **IPL: Irregular pleural line**

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92 Invalid: 0

Type: Discrete    Decimal: 0    Width: 10    Range: 0 - 1    Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	48	52.2%
1	Yes	44	47.8%

### PLEURAL\_EFFUSION\_ANY: Pleural effusion (any)

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92    Invalid: 0

Type: Discrete    Decimal: 0    Width: 10    Range: 0 - 1    Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	87	94.6%
1	Yes	5	5.4%

### CAVITY\_ANY: Any cavity

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

#### Overview

Valid: 92    Invalid: 0

Type: Discrete    Decimal: 0    Width: 10    Range: 0 - 1    Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	86	93.5%
1	Yes	6	6.5%

### PERICARDIAL\_EFF: Pericardial effusion

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	78	84.8%
1	Yes	14	15.2%

## HEPATIC\_LESIONS: Hepatic lesions

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	91	98.9%
1	Yes	1	1.1%

## LAN: Periaortic Lymphadenopathy

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

## Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

## Questions and instructions

### CATEGORIES

Value	Category	Cases	
0	No	91	98.9%
1	Yes	1	1.1%

## ASCITES: Ascites

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	90	97.8%
1	Yes	2	2.2%

## LUS1\_FASH1: Any thoracic or FASH pathology

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	29	31.5%
1	Yes	63	68.5%

## LUS1: Any Thoracic pathology

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	34	37%
1	Yes	58	63%

**LUS2: Thoracic combo 1****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

**Questions and instructions**

## CATEGORIES

Value	Category	Cases	
0	No	47	51.1%
1	Yes	45	48.9%

**LUS3: Thoracic combo 2****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

**Questions and instructions**

## CATEGORIES

Value	Category	Cases	
0	No	50	54.3%
1	Yes	42	45.7%

**LUS4: Thoracic combo 3****Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1****Overview**

Valid: 92 Invalid: 0

Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

**Questions and instructions**

## CATEGORIES

Value	Category	Cases	
0	No	54	58.7%

1	Yes	38	41.3%
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## FASH2: FASH combo 1

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	77	83.7%
1	Yes	15	16.3%

## LUS2\_FASH2: Thoracic combo 1 or FASH combo 1

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
0	No	41	44.6%
1	Yes	51	55.4%

## FASH1: Any FASH pathology

Data file: AHRI.Pocus.AnalyticalDataset.2022.v1.1

### Overview

Valid: 92 Invalid: 0  
 Type: Discrete Decimal: 0 Width: 10 Range: 0 - 1 Format: Numeric

### Questions and instructions

#### CATEGORIES

Value	Category	Cases	
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0	No	76	82.6%
1	Yes	16	17.4%

## Download related resources

### Technical documents

#### DDI:AHRI.Pocus.AnalyticalDataset

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Title	DDI:AHRI.Pocus.AnalyticalDataset
Author(s)	Nompumelelo Mkwanazi
Date	2026-06-05
Country	South Africa
Language	English
Publisher(s)	Nompumelelo Mkwanazi
Filename	AHRI.Pocus.AnalyticalDataset.2022.v1.pdf

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