

Interpretation of Chest x-ray reports – Possible Risk Levels of TB Re-activation

*Regardless of CXR results, if client has symptoms suggestive of TB, request sputum testing and refer client to a [TB clinic](#)

Risk	Chest x-ray report	Action
Low/minor risk	Calcified hilar lymph nodes, Apical pleural thickening, Ghon complex	If asymptomatic with no other abnormalities then, no sputum testing or further follow up is needed unless indicated by radiology report or health care provider (i.e., repeat CXR report in 3 months to confirm stability).
Increased risk	Granuloma, Calcified lesions/fibrocalcific lesions, Scarring Costophrenic angle blunting – want to see sharp angles	If asymptomatic with no other abnormalities then, no sputum testing or further follow up is needed unless indicated by radiology report or health care provider (i.e., repeat CXR report in 3 months to confirm stability).
Higher risk	Apical fibronodular disease, Apical fibronodular shadowing, Nodules, Lung mass > 10mm, Non-calcified pleural fibrosis, Granulomas with fibrotic stranding, Volume loss, Opacities	Collect 3 sputum specimens for TB (smear, culture and sensitivity); if client is unable to produce, request repeat CXR in 6 months or as per radiology report recommendations; if only able to produce one or two specimens, accept; if specimens are no growth - no further follow up required, if radiology report recommends further follow up – follow up as recommended.
Indication of TB disease	Consolidation/Airspace Opacity, Infiltrates, Cavities Hilar or Mediastinal uncalcified lymphadenopathy, Pleural effusion, Fluffy or soft lesions, Miliary, CXR report indicated “Active disease cannot be ruled out”; “pneumonia”, “bronchoscopy recommended”, Tree-in-bud (on CT)	Call Toronto public health @ 416-392-7457 or email targettb@toronto.ca or refer to TB clinic /Specialist