**Supplementary table 1: Comparison between chest X-ray and corresponding chest CT findings among enrolled subjects.**

| Subject | Chest X-ray | Chest CT |
|---|---|---|
| **1** | No definite pulmonary parenchymal lesions/ Cardiomegaly | Consolidation, septal thickening |
| **2** | Bilateral hazy reticulonodular opacities | Reticulations/ diffuse micronodules |
| **3** | Bilateral extensive (mainly central) consolidation patches/ Abnormal scattered opacities likely areas of ground glass | GGO/ consolidation/ reticulations |
| **4** | Right upper lobe heterogenous linear opacities (likely representing fibrosis). Otherwise, normal appearance of both lung parenchyma. Prominent pulmonary artery shadow suggestive of pulmonary hypertension. | GGO/air trapping/ septal thickening |
| **5** | Consolidation patch/ Linear opacities (suggestive of pulmonary fibrosis)/ Bilateral mainly central bronchial dilatation suggestive of bronchiectasis/ Abnormal increased density (suggestive of air trapping) | Multiple findings (figure 2) |
| **6** | Bilateral linear opacities (suggestive of fibrosis) / Atelectatic bands/ consolidation patch/ Bilateral scattered pulmonary reticular infiltration/ Enlarged pulmonary artery shadow (suggestive of pulmonary hypertension) | GGO/ air trapping/ septal thickening/ Reticulations/ consolidation |
| **7** | Diffuse bilateral pulmonary reticular infiltration | GGO/ air trapping/ septal thickening |
| **8** | Normal | GGO/honey combing/reticulations |
| **9** | Normal | GGO (with predominant affection of lower lobes), microcysts |
| **10** | Normal | GGO/ air trapping |
| **11** | Diffuse pulmonary emphysema (increased lung volume bilaterally)/ Diffuse decreased lung attenuation/ Ribbon shaped cardiac shadow and almost flattening of the diaphragms | Emphysema/ Lower Lobes tiny GG nodules (tree in bud pattern) |
| **12** | Mild bilateral increase in lung volume and decreased pulmonary attenuation | Air trapping/hyperinflation/ Lower Lobes tiny GG nodules (tree in bud pattern) |
| **13** | Bilateral lower zonal hazy pulmonary opacities | GGO/air trapping |
| **14** | Lower zonal and hilar reticulo-nodular infiltration | GG nodules 2-3 mm (centrilobular and peri-bronchial distribution) |
| **15** | Normal | GGO (few shows crazy paving) |
| **16** | Normal | Bibasilar GGO |
| **17** | Bilateral patchy pulmonary infiltrates | Bilateral extensive GGO |
| **18** | Bilateral hazy pulmonary infiltrates | GGO |
| **19** | Extensive diffuse bilateral pulmonary cystic spaces noted more evident affecting both upper lobes | Cysts (sparing CPA)/ GGO/ tiny nodules |
| **20** | Bilateral (mainly central) heterogenous opacities | Cysts (sparing CPA)/ GGO |
| **21** | Bilateral upper zonal linear opacities (suggestive of pulmonary fibrosis) | GGO/reticulations/atelectatic bands/left upper lobe calcific nodule * |
| **22** | Normal | GGO |

GGO: ground glass opacity; GG: ground glass; CPA: costophrenic angle

*subject 21: initial CT (at the time of pulmonary Tuberculosis infection) showed bilateral upper lobar GGO, air trapping and mediastinal lymphadenopathy.