

Fatty Liver or Steatosis
Noted Incidentally on Imaging

Primary Risk Assessment
(e.g., FIB-4)

FIB-4^{1*} ≤ 1.3

NO

**Low Risk Individuals
Re-assess periodically:**

FIB-4 every 1-2 years
if T2DM or pre-T2DM or
>2 metabolic risk factors

FIB-4 every 2-3 years
if no T2DM or
<2 metabolic risk factors

All patients with hepatic steatosis or clinically suspected NAFLD/MASLD based on the presence of obesity and metabolic risk factors should undergo primary risk assessment with FIB-4

1.3 < FIB-4 < 2.67

YES

Indeterminant Risk

Secondary Risk Assessment Fibroscan or Ultrasound Elastography		
Risk Level	VCTE ²	USE ³
Low	< 8 KPA	< 1.3 m/sec
Intermediate	8-12 KPA	≥ 1.3 m/sec
High	> 12 KPA	

Patients with age <35,
should be referred to VCTE or USE directly

NO, FIB-4 ≥ 2.67
High Risk

Refer to GI/Hepatology Care

Signs of cirrhosis or
portal hypertension

Referral

For more information, visit:
www.mghnafld.com/naflid-risk-assessment



$$FIB-4^{1*} = \frac{Age (years) * AST (U/L)}{Platelet Count (10^9/L) * \sqrt{ALT (U/L)}}$$

Abbreviations: 1) Fibrosis-4 score (FIB-4); can be calculated at: <https://www.mdcalc.com/calc/2200/fibrosis-4-fib-4-index-liver-fibrosis>; 2) Vibration-controlled transient elastography (VCTE); 3) Ultrasound elastography (USE)
Reference: Rinella, Mary E.1; Neuschwander-Tetri, Brent A.2; Siddiqui, Mohammad Shadab3; Abdelmalek, Manal F.4; Caldwell, Stephen5; Barb, Diana6; Kleiner, David E.7; Loomba, Rohit8. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. Hepatology 77(5):p 1797-1835, May 2023. | DOI: 10.1097/HEP.0000000000000323