Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GASTROENTEROLOGY

Fatty liver and abnormal liver tests
the commonest abnormal result on a health check

Fatty liver affects around one in five people in the UK and is usually found by accident on a blood test. Most people never develop a problem from it. A minority go on to scarring, and the useful question is not whether you have fat in the liver but whether you have fibrosis — which is measurable.

Seek urgent assessment if you have

- **yellowing of the skin or eyes**, dark urine or pale stools
- **vomiting blood**, or black tarry stools
- **abdominal swelling**, or new leg swelling
- **confusion, drowsiness or disturbed sleep pattern**
- **severe upper abdominal pain** with fever
- easy **bruising or bleeding**

These suggest advanced liver disease or decompensation and need same-day assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What the blood tests mean

- **ALT and AST** — enzymes released when liver cells are irritated. Mildly raised levels are extremely common and by themselves say little about how damaged the liver is.
- **GGT** — often raised with alcohol, fatty liver and certain medicines.
- **ALP and bilirubin** — point more towards the bile ducts or gallbladder.
- **Albumin, clotting and platelets** — these reflect how well the liver is *working*, which matters far more than the enzymes.
- A mildly abnormal enzyme with normal function tests is usually not alarming. It still needs an explanation.

The name changed in 2023

What was called non-alcoholic fatty liver disease (NAFLD) is now termed **metabolic dysfunction-associated steatotic liver disease (MASLD)**. The change is more than cosmetic: it recognises that the condition is driven by metabolic factors — weight, insulin resistance, blood pressure, cholesterol — rather than being defined by the absence of alcohol. If your notes or a scan report use either term, they mean the same thing.

Fat is common; scarring is what matters

Fat in the liver alone rarely causes harm. In a minority it provokes inflammation and then **fibrosis** — scarring — which can progress to cirrhosis over years. The whole point of assessment is to work out which group you are in, and that is done with a score rather than a guess.

FIB-4	Low score	Raised score
calculated from age, ALT, AST and platelets	reassuring — recheck in a few years	further testing for fibrosis

A raised score does not mean cirrhosis; it means the next test is worthwhile. That is usually an elastography scan, which measures liver stiffness painlessly.

What to check alongside

- **Alcohol intake, honestly** — the threshold at which alcohol contributes is lower than most people assume, and alcohol and metabolic causes commonly coexist.
- **Weight, blood pressure, HbA1c and lipids** — fatty liver is a marker of metabolic risk, and most people with it die of cardiovascular disease rather than liver disease.
- **Viral hepatitis B and C**, which are treatable and frequently undiagnosed.
- **Iron studies** for haemochromatosis, and autoimmune and thyroid screening where the picture warrants it.
- **Medicines and supplements** — including bodybuilding and herbal products, a common and under-recognised cause.

Treatment

There is no medicine licensed in the UK specifically for fatty liver. The treatment is metabolic, and it genuinely works — fibrosis can improve and even reverse.

Effective

- Losing 7–10% of body weight, which improves inflammation and can reverse fibrosis
- Reducing alcohol substantially, or stopping
- Cutting sugary drinks and refined carbohydrate; fructose is particularly implicated
- Regular exercise, which helps even without weight loss
- Treating diabetes, blood pressure and cholesterol properly

Not evidence-based

- Liver detox products, milk thistle and 'cleanses'
- Very rapid weight loss, which can worsen liver inflammation
- High-dose vitamin E without medical advice
- Assuming a normal ALT means the problem has resolved
- Ignoring it because you feel well — it is silent until late

Why come to us. An abnormal liver result reported by text with no explanation causes a great deal of unnecessary worry, and occasionally misses something. We take the full panel in-house — liver enzymes, function, hepatitis serology, iron studies, HbA1c and lipids — **calculate your FIB-4 score with you**, perform liver ultrasound on site, and explain what it all means in the same visit with a written plan. Where fibrosis assessment or hepatology input is needed we arrange it through our CQC-registered partners.

Liver bloods and ultrasound, explained the same visit

FIB-4 calculated with you, not a text saying 'slightly abnormal'.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Gastroenterology** · **Blood Tests** · **Ultrasound Scans** · **Health Screening & MOT** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE NG49 and EASL guidance on non-alcoholic fatty liver disease and abnormal liver blood tests. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.