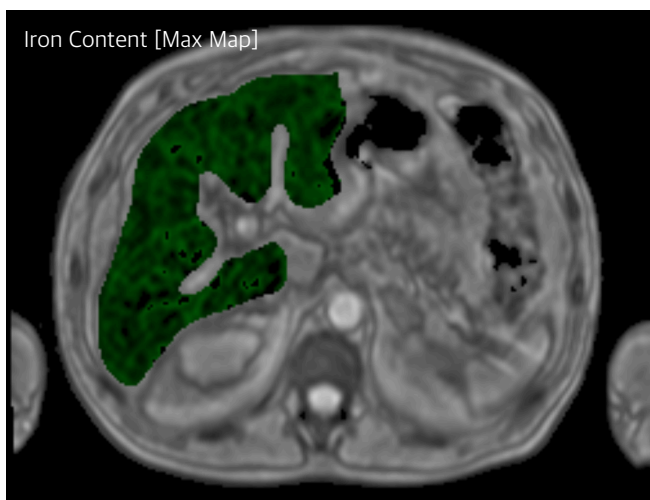
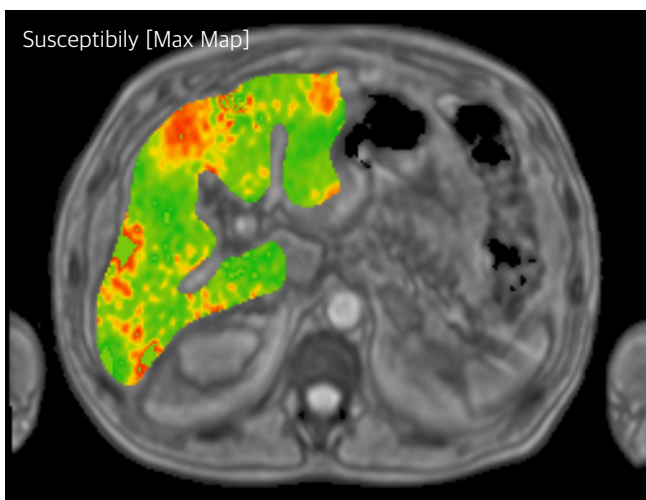
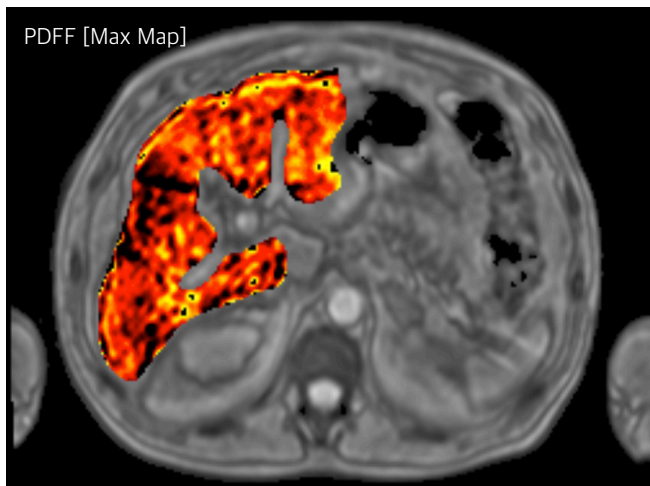
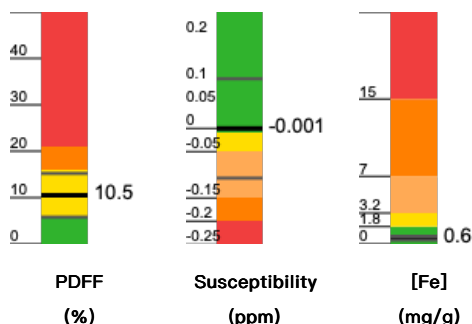


## ELiBio analysis Report

Examen Reference : KM2025AE  
Patient Name : John Doe  
Patient Sex : Male

Examen Date : 02/17/2025  
Analysis Date : 02/17/2025  
Referrer Name : Dr House

PDFF (%) : 10.5  $\pm 4.7$   
Susceptibility (ppm) : -0.001  $\pm 0.107$   
R2\* ( $s^{-1}$ ) : 29.3  $\pm 6$   
Iron Content (mg/g) : 0.6  $\pm 0.2$



## Liver Iron Content and corresponding clinical relevance.

< 1.8 mg/g dry weight	Normal iron level: no iron overload, typical healthy individual without iron storage disorders.
1.8 - 3.2 mg/g dry weight	Mild iron level: no iron overload, heterozygous hereditary hemochromatosis, early transfusional loading, or metabolic syndrome-related iron accumulation. Requires monitoring.
3.2 - 7 mg/g dry weight	Moderate iron overload: Associated with hereditary hemochromatosis or repeated transfusions. Increased risk of liver fibrosis and potential organ damage.
7 - 15 mg/g dry weight	Severe iron overload: High risk of liver cirrhosis, cardiomyopathy, and endocrine dysfunction. Common in polytransfusion states.
> 15 mg/g dry weight	Extreme iron overload: Very high risk of life-threatening complications, (hepatocellular carcinoma, cardiac failure) and severe organ dysfunction. Requires urgent management.

## Proton Density Fat Fraction and corresponding clinical relevance.

< 6%	No significant hepatic steatosis.
6 - 16%	Mild Hepatic Steatosis: Suggests early-stage NAFLD. Typically asymptomatic but may require monitoring.
16 - 21%	Moderate Hepatic Steatosis: Associated with more pronounced NAFLD. May show early metabolic changes and requires intervention.
> 21%	Severe Hepatic Steatosis: Indicates advanced fat accumulation. Higher risk of progression to NASH and liver fibrosis, cirrhosis, and complications such as hepatocellular carcinoma.