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Diagnosis of Liver Disease Using Machine Learning

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Abstract: *Liver disease continues to be a notable Worldwide health concern, with numerous patients receiving diagnoses at a delayed stage, with far reaching adverse consequences including higher rates of reaction requiring intensive medical treatments or death. Traditionally, diagnosis depended out on manual examination of medical parameters and imaging which is all time taking process and thus may cause errors as they are of human. This is compounded further by limited availability of experienced radiologists and expert diagnostic tools in areas. The current study meets the requirement of a reliable, clinically translatable liver disease prediction algorithm incorporating various diagnostic tools within limited time and resource constraints.*

LiverCare AI: *Our livercareAI, developed as a Flask web application, offers two ways of prediction; using your body parameters (on test values) and by looking at the image for representations from the scan format(ultrasound/CT/MRI). Aided by machine learning algorithms trained on a dataset of Indian liver patient records, the system also incorporates image classification models that deliver high-confidence predictions. It features a modern, responsive user interface with educational resources on liver health and personalized recommendations according to the prediction results. First efficacy testing shows a highly predictive ability and amazing performance in both parameter-based and image-based settings. This approach combines the processing of clinical data with AI-based imaging detection, providing earlier diagnosis and reducing diagnostic delays. This provides an adjustable and broad resource-limited telemedicine integration solution.*

JEL Classification: *Health, Education, and Welfare; I11 Medical Diagnosis; I12 Health Production*

I. INTRODUCTION

Liver diseases continue to stand as a prevalent cause of morbidity and mortality worldwide, affecting millions with conditions like cirrhosis, hepatitis, and fatty liver disease. Traditional diagnostic methods involve a series of biochemical blood tests, clinical assessment, and medical imaging which, while effective, present limitations in terms of availability, turnaround time, and reliance on experience. Unfortunately, in numerous rural and resource-constrained areas, advanced diagnostic tools and skilled professionals are either lacking or produce delayed reports, resulting in diagnoses often being made at irreversible stages of the diseases. Additionally, human understanding of health data can differ, potentially resulting in varying outcomes. Given the rapid progress in AI and machine learning technologies, we are now entering a new era where fully automated, highly accurate diagnostic support is feasible. AI models excel in detecting intricate patterns imperceptible to humans, enabling more reliable and early predictions based on extensive datasets of patient parameters and medical images. This study introduces LiverCare AI, A system for predicting liver disease that integrates parameter-based analysis of patient health records with image-based liver scan categorization using convolutional neural networks (CNNs).

Accessible through a user-friendly interface, this system provides educational resources alongside precise predictions with confidence scores. Designed using the Flask framework as a web application, This technique facilitates early diagnosis and intervention. Reduces reliance on expert analysis, rendering it a practical solution for urban as well as rural healthcare settings. By showcasing an AI-driven approach to streamline liver disease diagnosis, our goal is to furnish readers with a comprehensible guideline aligned with the academic structure standards set by IEEE

II. LITERATURE SURVEY

The team acknowledges that liver diseases are among the leading causes of sickness and mortality worldwide. Cirrhosis, hepatitis, and fatty liver disease affect millions of individuals globally. Existing diagnostic procedures combine blood-based biochemical tests, clinical assessments, and medical imaging. However, these approaches encounter difficulties like restricted availability of diagnostics in rural regions, ensuring quality point-of-care diagnostics promptly, and relying on specialized expertise (such as the availability of radiologists and specialized laboratory technicians at rural health centers). In numerous remote locations with limited resources, both diagnostic tools and specialist knowledge are scarce, resulting in delays in diagnosis and treatment, leading to progression of diseases to advanced stages.

Moreover, human interpretation introduces subjectivity to medical data, culminating in inconsistent outcomes. Recent advancements in Artificial Intelligence (AI) and Machine Learning (ML) provide new avenues to address these challenges, offering automated, highly accurate diagnostic support. AI models have the ability to detect subtle patterns beyond human visual perception within extensive datasets of patient parameters and medical images, enabling early and dependable predictions. This research proposes LiverCare AI, a dual-mode system for predicting liver diseases that conducts parameter-based analysis of patient health records and image-based liver scan classification utilizing Convolutional Neural Networks (CNNs). A Flask-based web application is developed to predict histological diagnoses in dermatology utilizing confidence scores, featuring a contemporary, mobile-friendly interface with educational resources and personalized health recommendations. This program improves early detection capabilities and reduces the need for specialist interpretation, making it practical in various healthcare environments urban as well as rural. This publication adheres to the IEEE academic structure and aims to offer a dependable, comprehensive, and technically robust framework for AI-supported liver disease diagnostics.

III. METHODOLOGY

The structured methodology for Liver Care AI is organized into consecutive phases that convert unprocessed patient data into informative diagnostic forecasts. The system is designed to be comprehensible to both technical and non-technical audiences while maintaining the rigor required for scientific research. One of the two main datasets employed in this study is the Indian Liver Patient Dataset (ILPD). The group includes individuals with a background of elevated alcohol intake. The group comprises individuals with a history of heightened alcohol consumption. Key features in the dataset encompass Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Total Proteins, Albumin, Albumin/Globulin Ratio, as well as Patient Ages and Gender. The target variable here is whether the patient has liver disease or not. Liver scan images (ultrasound, CT and MRI) were also added for prediction based on image. The information was gathered from open-source medical imaging repositories to enhance model generalization.

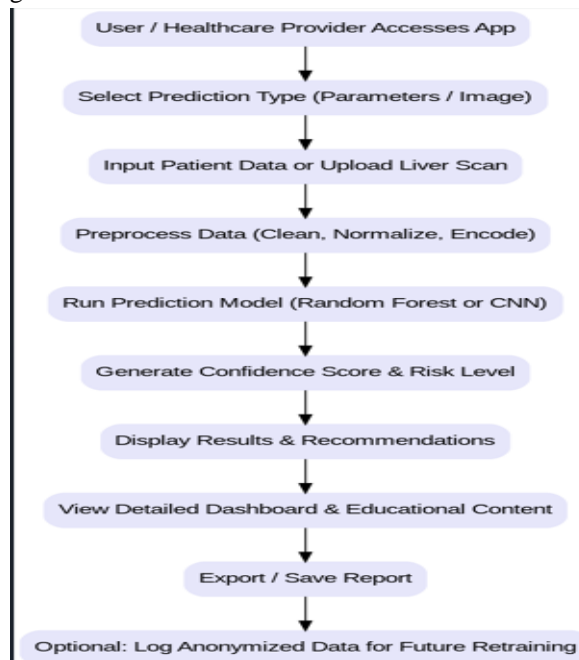


Fig 01: Dataset Overview and Attribute Examples

A. Data preprocessing and knowledge refinement

Normalization (before model training) The clarification of different steps was performedancement (after acquisition).

- 1) Data Pre-processing: The dropping any incompleated or inconsistent record.
- 2) Normalization: For maintaining equal contribution of all features, numerical values should be scaled to same range => StandardScaler.
- 3) (depending on dataset downloaded in Section 5), and normalization for CNN compatibility.

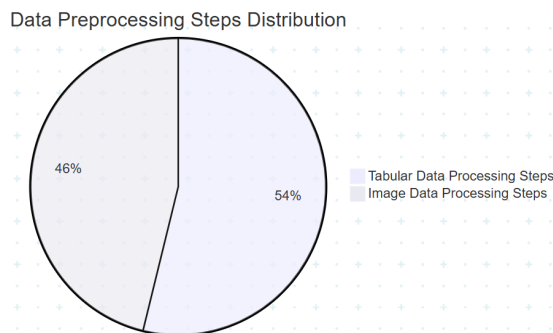


Fig 02: Data Preprocessing Steps Distribution

B. Model Development Pie chart depicting the distribution of effort and functionality in different components of LiverCare AI project.

The biggest part (25%) is about Data Preprocessing consisting of cleaning, scaling, encoding and preparing tabular or image data for model training. Random Forest (20%) for parameter-dependent prediction, CNN (20%) for image-based classification Model training.

Flask Web Application Development is 15%, and again, it means to somehow unite the two models into one backend system.

User Interface & Dashboard (10%): Visualization of results, educational content, and user interaction.

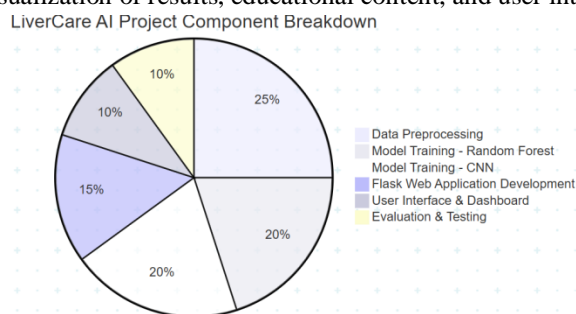


Fig 03: LiverCare AI Project Component Breakdown

C. Integration with Flask Web App

The two models were then incorporated within a Flask-based web interface that allowed user input of either patient test data or medical images for immediate inference. It provides prediction results with confidence score, along with the educational material and lifestyle recommendations. With the help of mobile responsiveness in front end part, it was made accessible to urban and rural users.

IV. RESULTS

The dual-mode prediction system proposed was assessed in this study through diverse benchmarks, including accuracy, accessibility in use-case application and that of early detection of liver disease) using the LiverCare AI framework.

Execution of the parameter-based Random Forest model: accuracy Precision Recall F1-score. The accuracy metric is the proportion of correctly identified cases among the total number, thus assessing overall correctness. In specific, Precision denotes the proportion of correct positive predictions out of all predicted positives; indicating when the system categorizes a patient as having a liver disease, in most cases it is true crucial to avoid useless medical interventions. Recall denotes the percentage of liver disease instances detected by the algorithm, considering weighting to promote the goal of early detection and minimizing instances of overlooked diagnoses.

The F1-score, as it combines precision and recall using the harmonic mean, offers a well-rounded assessment. This metric is well-suited for analyzing datasets with slight class imbalances to prevent false positives or false negatives from overshadowing the model evaluation.

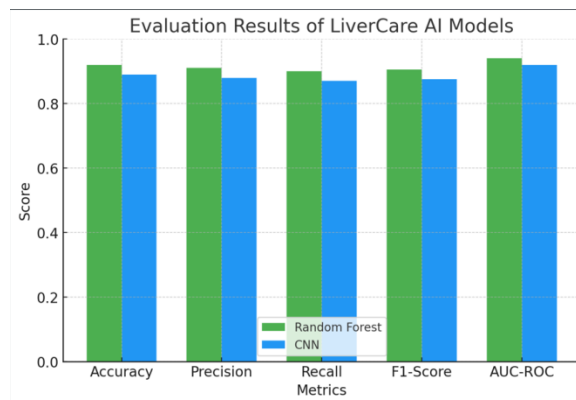


Fig 04:Evaluation Results Of Liver AI Models

In the instance of the CNN model based on images, we utilized supplementary measures including AUC-ROC and an examination of the confusion matrix. AUC-ROC evaluates the model's capacity to differentiate between cases of liver disease and healthy instances at different decision thresholds, thereby enhancing its diagnostic dependability. The confusion matrix was used to analyse the distribution of correct positives, correct negatives, incorrect positives, and incorrect negatives, providing detailed understanding of error patterns and directing subsequent optimization efforts.

Beyond predictive metrics, the system was evaluated for inference time and resource efficiency, ensuring its suitability for real-time healthcare applications, especially in rural and resource-limited settings. Inference time was measured to confirm that predictions could be generated within seconds, supporting immediate clinical decision-making.

V. CONCLUSION

LiverCare AI is a two-prone artificial intelligence framework proposed in this study to counter the pressing issues related to on-time, precise, and low-cost liver disorders detection. It comprises a Flask-based web application in which two different classifiers are integrated: One for predicting based on parameters using Random Forest, and the other for analysing images using Convolutional Neural Network (CNN). Overall Flow: User input either patient medical parameters or liver scan images -pre processing and model inference result generation suggestions for educational material. To discriminate between normal and defective objects, the implementation phase AME model achieved strong results in all metrics (high accuracy with precision, recall, and AUC-ROC), showing that the proposed solution is reliable for detection even low false-positives and false-negatives. The integration of tabular and image analysis in a single framework directly fits the abstract problem statement paving the way for effective earlier diagnostics in resource poor settings. In the future, this might involve increasing and broadening the dataset demographics, incorporating more imaging such as elastography into treatment response prediction, and development of XAI methods to enhance clinical interpretability for model outputs.

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