

Figure S1. Liver biopsy images taken at 20x (left) and 40x (right). Biopsy was identified as having mild macrovesicular and severe microvesicular steatosis. Biopsy specimen was found to have no lobular cholestasis, inflammation or fibrosis. Image quality was graded as good.

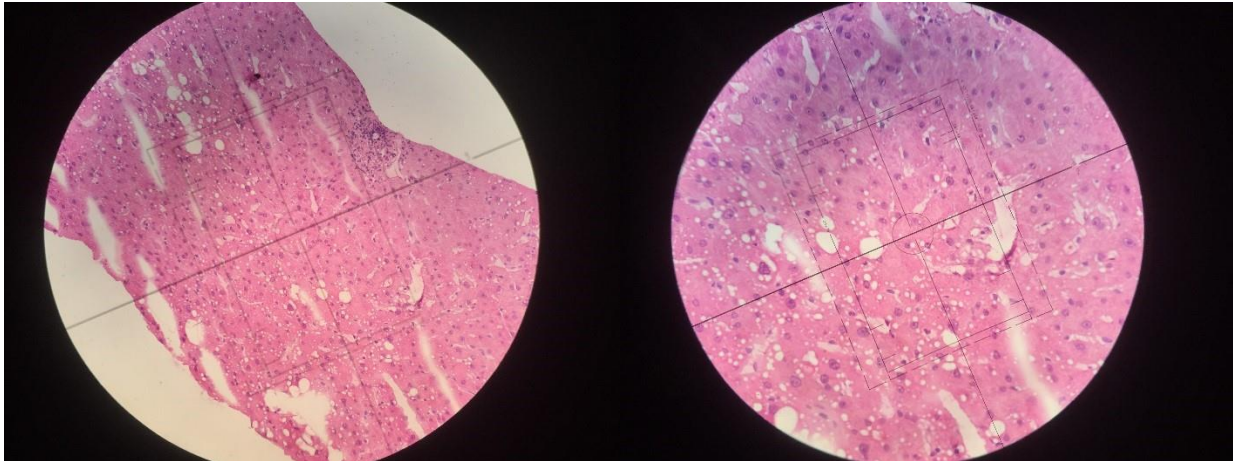


Figure S2. Liver biopsy images taken at 20x (left) and 40x (right). Image of liver biopsy demonstrating severe macrovesicular and minimal microvesicular steatosis. Specimen was also found to have mild focal lobular inflammation and centrilobular fibrosis. Image quality graded as excellent.

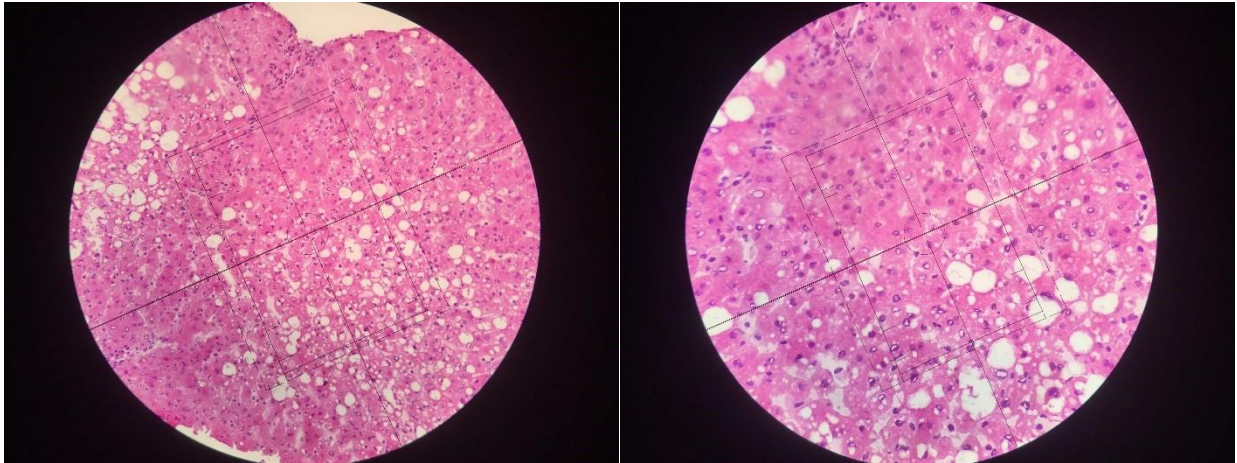


Figure S3. Liver biopsy images taken at 20x (left) and 40x (right). Minimal macrovesicular and mild microvesicular steatosis shown. Liver biopsy found to have centrilobular fibrosis and mild focal lobular inflammation. Specimen identified as having mild portal inflammation and bile duct proliferation. Image quality graded as good.

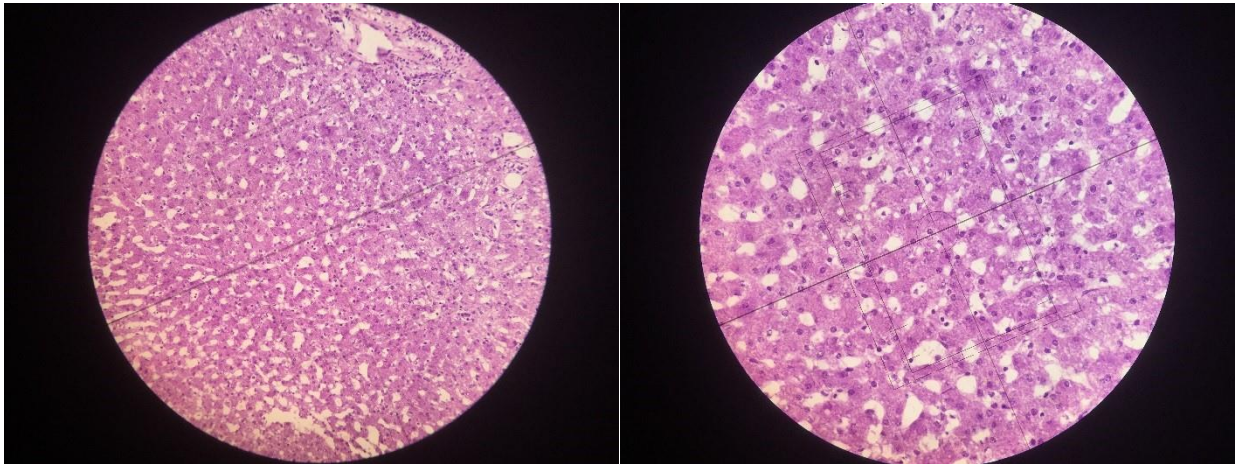


Figure S4. Liver biopsy images taken at 20x (left) and 40x (right). Liver biopsy slide demonstrates mild macrovesicular and moderate microvesicular steatosis. No lobular congestion, cholestasis, fibrosis or inflammation found. No bile duct injury present.

Image quality graded as good.

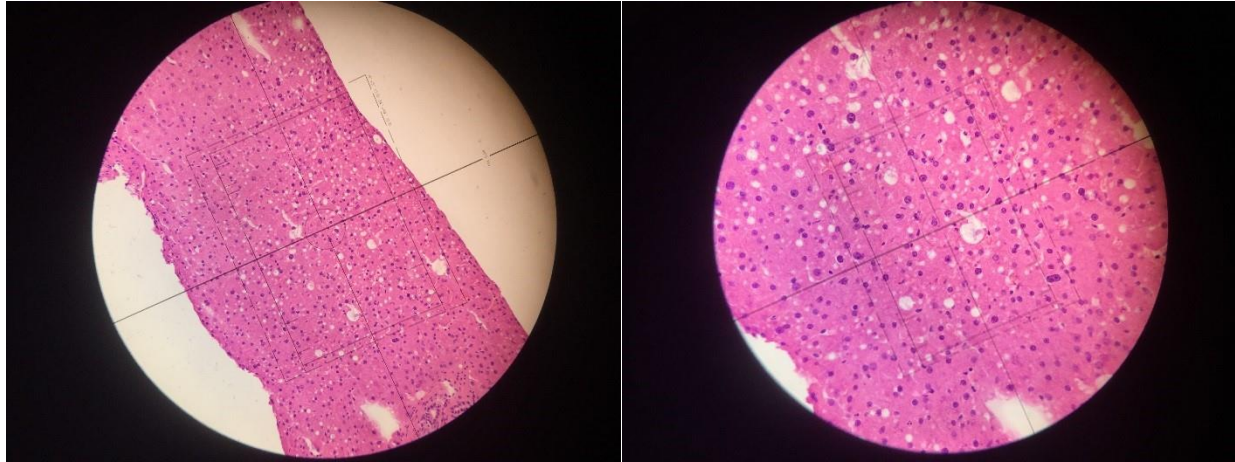
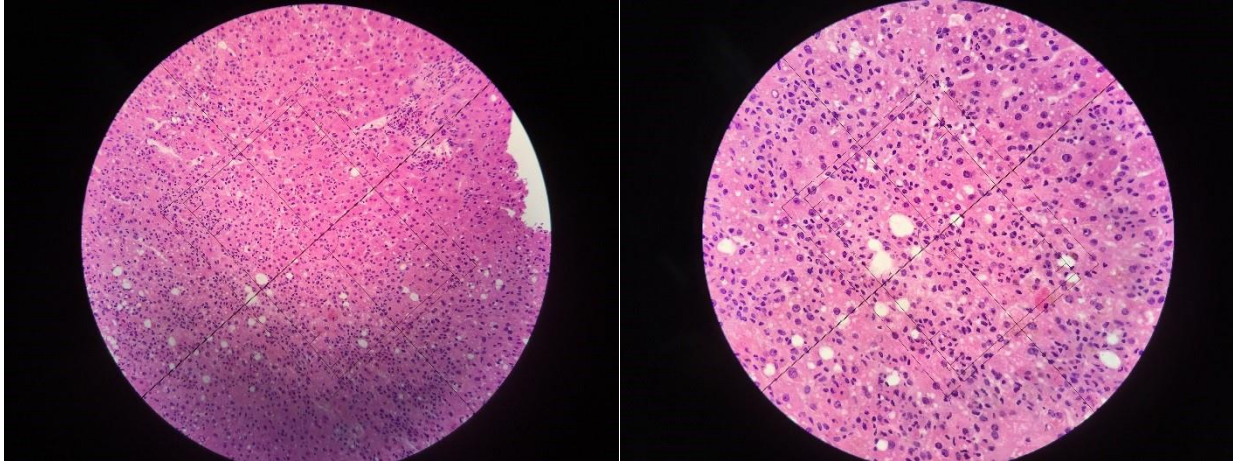




Figure S5. Liver biopsy images taken at 20x (left) and 40x (right). Liver biopsy slide depicting mild macrovesicular and severe microvesicular steatosis. Specimen found to have diffuse centrilobular necrosis and diffuse lobular inflammation with no lobular fibrosis. Mild portal inflammation noted. Image quality graded as excellent.



Video S1. Video taken of biopsy slide shown in figure S2.

Video information: Author- Natalie Bath, et al. Videographer- Maximiliaan Thijssen.

Length- 0:43 minutes. Size- 88.7 MB.

Video S2. Video taken of biopsy slide shown in figure S5.

Video information: Author- Natalie Bath, et al. Videographer- Maximiliaan Thijssen.

Length- 0:25 minutes. Size- 51.9 MB.