Budd-Chiari syndrome is a rare disorder characterized by narrowing and obstruction (occlusion) of the veins of the liver (hepatic veins). Symptoms associated with Budd Chiari syndrome include pain in the upper right part of the abdomen, an abnormally large liver (hepatomegaly), and/or accumulation of fluid in the space (peritoneal cavity) between the two layers of the membrane that lines the stomach (ascites). Additional findings that may be associated with the disorder include nausea, vomiting, and/or an abnormally large spleen (splenomegaly). The severity of the disorder varies from case to case, depending upon the site and number of affected veins. In some cases, if the major hepatic veins are involved, high blood pressure in the veins carrying blood from the gastrointestinal (GI) tract back to the heart through the liver (portal hypertension) may be present. In most cases, the exact cause of Budd-Chiari syndrome is unknown. Budd-Chiari syndrome affects males and females in equal numbers. Most cases tend to affect individuals between the ages of twenty and forty. A diagnosis of Budd-Chiari syndrome is made based upon a thorough clinical evaluation, a detailed patient history, and a variety of specialized tests. A procedure in which a radiographic dye is administered into the body to allow for x-rays of the blood vessels (angiography) is often used to aid diagnosis. Magnetic resonance imagining (MRI) and ultrasound are also used as diagnostic procedures. During MRI, a magnetic field and radio waves are used to create cross-sectional images of organs and structures in the body. Surgical removal and microscopic evaluation of liver tissue (biopsy) may be helpful in diagnosis of Budd-Chiari syndrome.