Figure S1: Coronal contrast-enhanced MRI shows cirrhotic liver with ascites demonstrates complete PVT thrombosis in a patient with cirrhosis and ascites.

Figure S2: Wedge venogram shows reverse flow in cavernoma and complete PVT thrombosis.

Figure S3: Splenic vein puncture and venogram.

Figure S4: Advancement of 5-Fr sheath in splenic vein.

Figure S5: Successful recanalization into thrombosed portal vein.

Figure S6: Advancement of snare for targeting with needle.

Figure S7: access wire for PVR-TIPS.

Figure S8: Successful access in thrombosed portal vein.

Figure S9: minor flow re-established in PV after angioplasty.

Figure S10: excellent flow following PVR-TIPS.

Figure S11: widely patent MPV and TIPS at month 3. No anticoagulation.

Figure S12: coronal MRI confirms widely patient MPV at 6 months (compared with Figure S1, where complete main PVT was noted).
Wedge venography confirms portal vein thrombosis with cavernomatous transformation
Splenic vein puncture with 21 gauge needle under ultrasound guidance; injection demonstrates hepatofugal flow into large varices
Patent Peripheral Portal Veins

10 French Sheath in Hepatic Vein

5 French Catheter in Thrombosed Portal Vein from Trans-Splenic Access
Needle puncture using 10 mm snare as target
Exchange length
stiff glidewire
snared
Exchange Amplatz placed with snare for system stabilization
Pigtail catheter placed for stent measurement following angioplasty of thrombosed portal vein.
Patent portal vein following angioplasty/stent placement with mild persistent thrombus noted; 5 cm of main portal vein preserved for future end-to-end-anastomosis at transplantation.
Widely patent portal vein at 3 month venography