

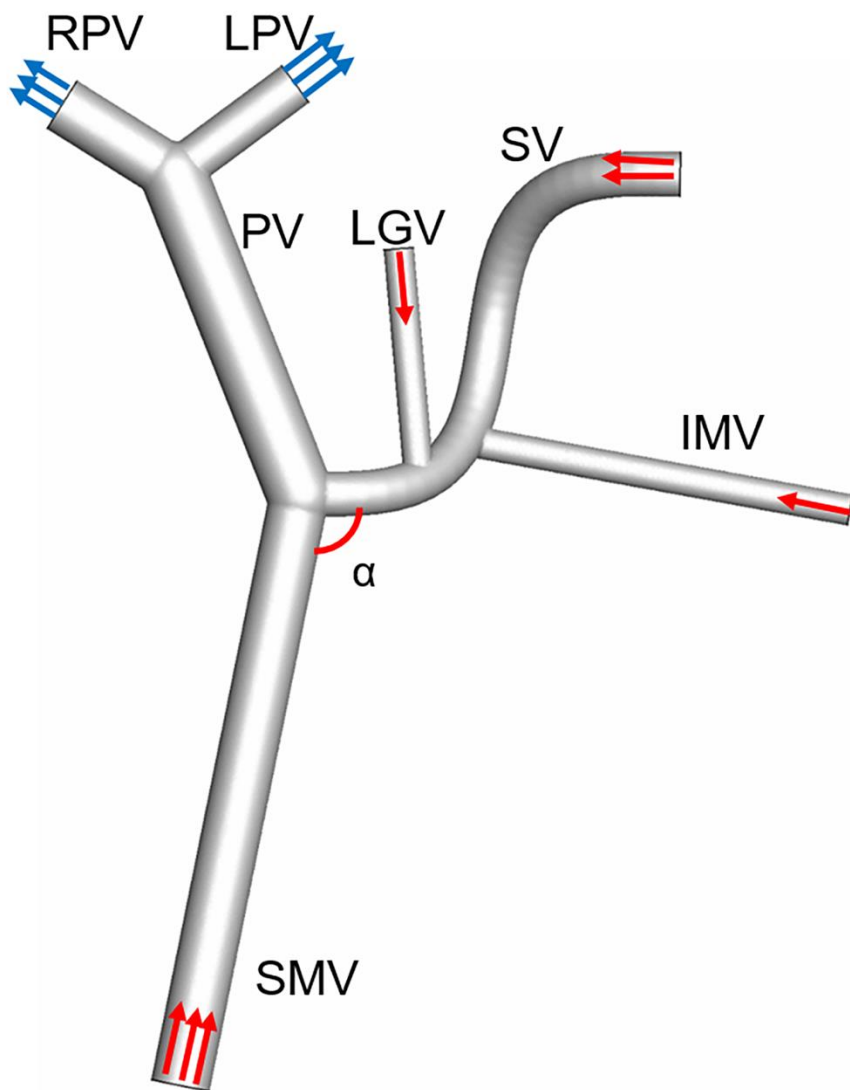
## **ELECTRONIC SUPPLEMENTARY MATERIAL**

### **A novel potential mechanism for the development of portal vein thrombosis in cirrhosis based on portal hemodynamics**

**Table S1. The hemodynamic parameters in the PV.**

$\alpha$	$h_2$ ( $m/s^2$ )	$V_{MEAN}$ (m/s)	$V_{MAX}$ (m/s)	P (mmHg)	$FR_{RPV}$ (ml/s)	$FR_{LPV}$ (ml/s)	AWSS (pa)
$\alpha=80^\circ$	12.6	0.23	0.46	10.25	14.38	6.62	1.61
$\alpha=90^\circ$	17.1	0.23	0.45	10.24	14.46	6.53	1.64
$\alpha=100^\circ$	21.4	0.23	0.44	10.22	14.29	6.68	1.74
$\alpha=110^\circ$	25.6	0.23	0.44	10.25	14.21	6.77	1.76
$\alpha=120^\circ$	29.3	0.23	0.45	10.24	14.33	6.76	1.79

$\alpha$ , the angle of SMV and SV;  $h_2$ , helical strength;  $V_{MEAN}$ , average blood velocity;  $V_{MAX}$ , maximum blood velocity; P, pressure;  $FR_{LPV}$ , LPV flow rate;  $FR_{RPV}$ , RPV flow rate; AWSS, area-average wall shear stress.



**Figure S1. Illustration of the ideal portal system; LGV, left gastric vein; IMV, inferior mesenteric vein.**

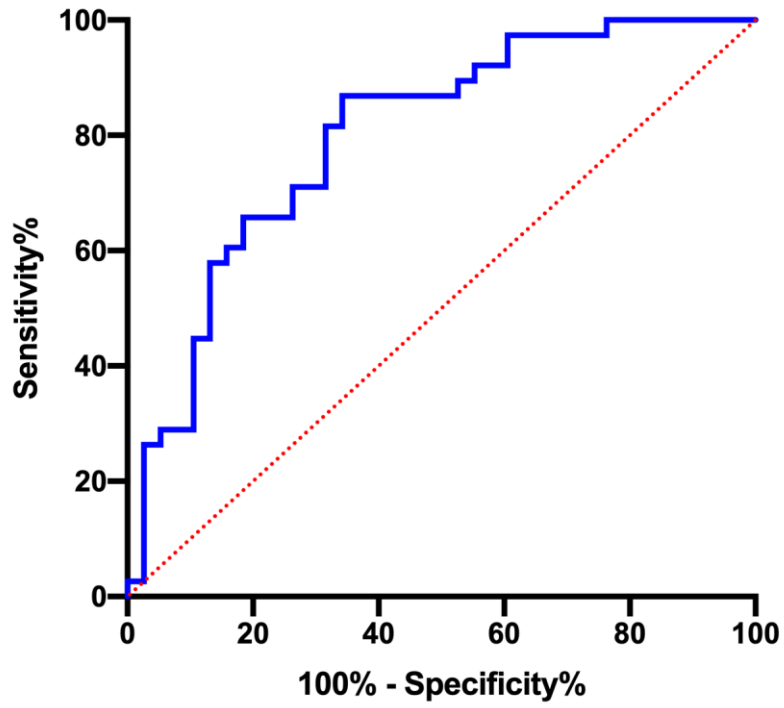


Figure S2. The receiving operating characteristic curve of angulation of SMV and SV for predicting PVT.