

1. Preoperative diagnosis prior to liver resection or shunt operation
2. Status after thrombosis of the splenic vein or after splenectomy
3. Suspected “pseudo-obstruction” of the portal vein
4. Use of an extracorporeal makeshift vessel
5. Diagnosis directly from portal blood
(e.g. measurement of portal pressure, apudoma)
6. Therapeutic instillation into portal blood
(e.g. targeted high-dose chemotherapy in colorectal liver metastases)