Abnormal Fetal Abdomen Videos

Gastroschisis.

https://obimages.net/wp-content/uploads/2012/09/Veg1.mp4

Above. Gastroschisis. 26 4/7 weeks gestation. Herniated bowel in amniotic fluid. Intra-abdominal bowel is dilated.

https://obimages.net/wp-content/uploads/2

012/09/EVgastr2.mp4

Above. Gastroschisis. 26 4/7 weeks gestation. Herniated bowel is typical for gastroschisis. Again, intra-abdominal bowel is dilated.

https://obimages.net/wp-content/uploads/2012/09/DEgas1.mp4

Above. Gastroschisis. 30 1/7 weeks gestation. Typical herniated bowel within amniotic fluid. Note no covering membrane.

https://obimages.net/wp-content/uploads/2012/09/DEgas2.mp4

Above. Gastroschisis. 30 1/7 weeks gestation. Note anterior abdominal wall defect with dilated fetal bowel.

https://obimages.net/wp-content/uploads/2012/09/JMG1.mp4

Above. Gastroschisis. 34.3 weeks gestation. Massively dilated fetal small bowel.

https://obimages.net/wp-content/uploads/2012/09/Samvid1.mp4

Above. Gastroschisis. 30 3/7 weeks gestation. Umbilical cord insertion site with herniating fetal bowel.

https://obimages.net/wp-content/uploads/2012/09/Gastro2.mp4

Above. Gastroschisis. 30 3/7 weeks gestation. Markedly dilated fetal bowel.

https://obimages.net/wp-content/uploads/2012/09/Gast4.mp4

Above. Gastroschisis. 30 3/7 weeks gestation. Gastroschisis with extensive dilatation of small bowel extending to lower extremities.

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Omphalocele.

https://obimages.net/wp-content/uploads/2012/09/Om.1.15.mp4

Above. Large omphalocele. Note membrane. Umbilical cord as demonstrated with color Doppler inserts on covering membrane.

https://obimages.net/wp-content/uploads/2012/09/Om.2.15.mp4

Above. Omphalocele. Umbilical cord insertion as demonstrated by color Doppler.

https://obimages.net/wp-content/uploads/2012/09/om.7kpsac.mp4

Above. Omphalocele. Note large omphalocele sac and membrane. Liver is within the omphalocele.

https://obimages.net/wp-content/uploads/2012/09/om.8.mem_.mp4

Above. Omphalocele. Transverse omphalocele sac membrane and liver within the omphalocele.

https://obimages.net/wp-content/uploads/2012/09/om3.23.mp4

Above. Omphalocele. Abdomen is to the left side of the image. The stomach is partially within the omphalocele.

https://obimages.net/wp-content/uploads/2012/09/om4.CI_.mp4

Above. Omphalocele. Omphalocele with umbilical cord insertion onto the covering membrane.

https://obimages.net/wp-content/uploads/2012/09/om5.Sto_.mp4

Above. Omphalocele. Omphalocele with abdomen on the left side of the image and the stomach remains within the abdomen.

https://obimages.net/wp-content/uploads/2012/09/omp.9.uc_.mp4

Above. Omphalocele. Color Doppler in initial frames and color power Doppler in later frames showing umbilical cord insertion onto the omphalocele at 17 weeks gestation.

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Duodenal Atresia.

https://obimages.net/wp-content/uploads/2012/09/DA4.mp4

Above. Duodenal atresia. 21 5/7 weeks gestation. Large fetal stomach.

https://obimages.net/wp-content/uploads/2012/09/DA3.mp4

Above. Duodenal atresia. 21 5/7 weeks gestation. “Double bubble” sign.

https://obimages.net/wp-content/uploads/2012/09/DA2.mp4

Above. Duodenal atresia. 21 5/7 weeks gestation. “Double bubble” sign.

https://obimages.net/wp-content/uploads/2012/09/DA1.mp4

Above. Duodenal atresia. 30 5/7 weeks gestation. Trisomy 21 Fetus. Fetus with duodenal atresia and AV canal defect.

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Limb Body Complex.

https://obimages.net/wp-content/uploads/2012/09/infh.mp4

Above. Limb body wall complex. 22.0 weeks. Heart is displaced inferiorly into large anterior abdominal wall defect.

https://obimages.net/wp-content/uploads/2012/09/lbwpla.mp4

Above. Limb body wall complex. 22.0 weeks. Again, large anterior wall defect with viscera attached to the placenta.

https://obimages.net/wp-content/uploads/2012/09/lbwsp.mp4

Above. Limb body wall complex. 20.1 weeks. Spine is angulated and distorted. It is difficult to obtain longitudinal views of the spine.

https://obimages.net/wp-content/uploads/2012/09/Shuc.mp4

Above. Limb body wall complex. 20.1 weeks. The umbilical cord is short and contains a single artery.

https://obimages.net/wp-content/uploads/2012/09/Visc.mp4

Above. Limb body wall complex. 22.0 weeks. Another demonstration of the herniated viscera’s attachment to the placenta.

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Mesenteric cyst.

https://obimages.net/wp-content/uploads/2012/09/MES3.mp4

Above. Large mesenteric cyst. Case 1. Video 1. 33 1/7 weeks. Cyst moves in relationship to maternal movement.

https://obimages.net/wp-content/uploads/2012/09/MES2.mp4

Above. Large mesenteric cyst. Case 1. Video 2. 33 1/7 weeks. Large mesenteric cyst not attached to the stomach or kidneys.

https://obimages.net/wp-content/uploads/2012/09/MES1.mp4

Above. Large mesenteric cyst. Case 1. Video 3. 33 1/7 weeks. The cyst is not attached to the stomach or kidneys.

https://obimages.net/wp-content/uploads/2012/09/MES4.mp4

Above. Large mesenteric cyst. Case 1. Video 4. 33 1/7 weeks. Another view of the cyst demonstrating sediment.

https://obimages.net/wp-content/uploads/2012/09/Abdcyst2.mp4

Above. Abdominal cyst. Case 2. Video 1. 28 3/7 weeks. Cyst is located in the

right upper quadrant of the fetal abdomen.

https://obimages.net/wp-content/uploads/2012/09/Abdcyst4.mp4

Above. Abdominal cyst. Case 2. Video 2. 28 3/7 weeks. The cyst extends inferiorly displacing the right kidney, which suggests a retroperitoneal location.

https://obimages.net/wp-content/uploads/2012/09/ABCyst1.mp4

Above. Abdominal cyst. Case 2. Video 3. 28 3/7 weeks. Note close relationship of the cyst to the fetal spine. Retroperitoneal location was suggested by MRI. Not likely a mesenteric cyst, but possibly a duplication cyst.

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Ovarian cyst.

https://obimages.net/wp-content/uploads/2012/09/ov3.mp4

Above. Ovarian cyst. Case 1. Video 1. 29 4/7 weeks. Pelvic location of cyst near bladder in female fetus.

https://obimages.net/wp-content/uploads/2012/09/ov2.mp4

Above. Ovarian cyst. Case 1. Video 2. 29 4/7 weeks. Color Doppler flow to the cyst is demonstrated. Cyst was confirmed as ovarian post delivery.

https://obimages.net/wp-content/uploads/2012/09/Ovw1.mp4

Above. Ovarian cyst. Case 2. Video 1. 35 weeks. Large pelvic cyst. Note the relationship to the fetal bladder.

https://obimages.net/wp-content/uploads/2012/09/Ovw2.mp4

Above. Ovarian cyst. Case 2. Video 2. 35 weeks. The cyst extends superiorly to the fetal stomach, but is separate.

https://obimages.net/wp-content/uploads/2012/09/Ovw3.mp4

Above. Ovarian cyst. Case 2. Video 3. 35 weeks. Again, superior extension of cyst which is separate from bladder, kidney, and stomach. Cyst was confirmed as ovarian post delivery.

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Urachal cyst.

https://obimages.net/wp-content/uploads/2012/09/UC1.mp4

Above. Urachal cyst. Color Doppler of urachal cyst demonstrating no flow within the cyst and confirming the anechoic nature of the cyst. Real time ultrasound confirmed connection with the bladder.

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Pentalogy of Cantrell.

https://obimages.net/wp-content/uploads/2012/09/POC1.mp4

Above. Pentalogy of Cantrell. 34 6/7 weeks gestation. Ectopic heart secondary to lower sternum defect.

https://obimages.net/wp-content/uploads/2012/09/POC2.mp4

Above. Pentalogy of Cantrell. 34 6/7 weeks gestation. Ectopic heart with VSD (ventricular septal defect).

https://obimages.net/wp-content/uploads/2012/09/POC3.mp4

Above. Pentalogy of Cantrell. 34 6/7 weeks gestation. Note omphalocele with hepatic vessels. The cord insertion is noted at the end of the clip.

https://obimages.net/wp-content/uploads/2012/09/POC4.mp4

Above. Pentalogy of Cantrell. 34 6/7 weeks gestation. Bowel and liver are outside of the abdomen.

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Intra-abdominal calcification.

https://obimages.net/wp-content/uploads/2012/09/1b.Cys_.CA_.-1.mp4

Above. Diffuse intra-abdominal calcification. Etiologies as previously discussed. Calcification is less focal and intense. May represent swallowed fetal blood.

https://obimages.net/wp-content/uploads/2012/09/NIACV1.mp4

Above. Intra-abdominal califications are more focal. Possibilities include fetal infection. There is no bowel dilatation to suggest meconium peritonitis.

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Sacrococcgeal teratoma (SCT)

https://obimages.net/wp-content/uploads/2012/09/SCT1.mp4

Above. Large sacrococcgeal teratoma (SCT). Large sacrococcgeal teratoma with mixed solid and cystic elements.

https://obimages.net/wp-content/uploads/2012/09/SCTVAS.mp4

Above. Large sacrococcygeal teratoma. This tumor has a vascular component creating a risk for arteriovenous shunt, fetal anemia, and resultant fetal hydrops.

https://obimages.net/wp-content/uploads/2

012/09/SCTASC.mp4

Above. Sacrococcygeal teratoma. Same patient as above demonstrating fetal hydrops. Note ascites (A), Liver (L), and Bowel (B).

https://obimages.net/wp-content/uploads/2012/09/SCTCARM.mp4

Above. Sacrococcygeal teratoma. Note cardiac enlargement with the heart filling the predominant portion of the fetal chest.

https://obimages.net/wp-content/uploads/2012/09/SCTC1.mp4

Above. Sacrococcygeal teratoma. Type 1 (No tumor extension to the abdomen). This is an example of a predominantly cystic type.

https://obimages.net/wp-content/uploads/2012/09/SCTMNFl.mp4

Above. Sacrococcygeal teratoma. Same patient as above. No fetal hydrops and there was an uneventful neonatal resection of the tumor.

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