

Placenta and Umbilical Cord Videos

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Chorioangioma

https://obimages.net/wp-content/uploads/2012/09/1a.CA_.pl_.mp4

Above. Chorioangioma. 2-D gray scale with sagittal view of placenta. Large chorioangioma (10 cm) with cystic spaces as part of the vascular tumor.

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

Above. Chorioangioma. 2-D gray scale. Again, chorioangioma with cystic spaces

as part of the vascular tumor.

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

Above. Chorioangioma. Color Doppler. Color flow demonstrates the vascular pattern within the chorioangioma and the apparent placental insertion of the umbilical cord near the tumor. Again, note cystic spaces within the mass.

<https://obimages.net/wp-content/uploads/2012/09/3.colorpenetration.mp4>

Above. Chorioangioma. Color Doppler. Again, the settings with the color Doppler demonstrate the vascularity of this large chorioangioma, which was associated with fetal hydrops, polyhydramnios, and spontaneous premature delivery.

<https://obimages.net/wp-content/uploads/2012/09/CA.Feederves.mp4>

Above. Chorioangioma. Color Doppler. The CA (chorioangioma) is demonstrated. The tumor measures 5 cm and the placenta is demonstrated separately with a “feeder vessel” arising from the placenta.

<https://obimages.net/wp-content/uploads/2012/09/CA.Feedervessels2.mp4>

Above. Chorioangioma. Color Doppler. The CA (chorioangioma) is again demonstrated. Note the vascular pattern within the placenta and the well-defined feeder vascular structures.

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Placenta Previa

https://obimages.net/wp-content/uploads/2012/09/1.TAPI_.pr_.mp4

Above. Transabdominal sagittal scan of possible placenta previa. The placental margin extends to the lower uterine segment near the region of the ICO (internal cervical os). Transvaginal ultrasound is necessary to accurately assess the relationship between placental margin and ICO.

<https://obimages.net/wp-content/uploads/2012/09/2.TAPPUC.mp4>

Above. Transabdominal ultrasound demonstrating the lower uterine segment and the region of the ICO (internal cervical os). The UC (umbilical cord) is noted in the lower uterine segment but the umbilical cord vessels do not separately cross the ICO. The findings do not suggest vasa previa.

<https://obimages.net/wp-content/uploads/2012/09/3.Completepp.mp4>

Above. Transvaginal ultrasound demonstrating complete placenta previa. The ICO (internal cervical os) and cervix are completely covered by placental tissue. Under these circumstances, there is little likelihood of placental regression.

https://obimages.net/wp-content/uploads/2012/09/4.Comp_.PP_.mp4

Above. Transvaginal ultrasound demonstrating complete placenta previa. In addition, there are spaces or lacunae within the placenta which suggest the possibility of placental invasion into the myometrium (placenta accreta).

<https://obimages.net/wp-content/uploads/2012/09/5.Placentalvess.mp4>

Above. Color Doppler flow in placenta previa. The placenta completely covers the ICO (internal cervical os) and color Doppler demonstrates PV (placental vasculature). These vessels are of maternal origin and constitute a part of the placenta. Rupture of such vessels with placental separation can be responsible for maternal hemorrhage.

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Abruptio Placenta

https://obimages.net/wp-content/uploads/2012/09/1.SCH1_.mp4

Above. Patient 1. Large subchorionic hematoma in a woman with chronic bleeding during the mid-trimester. Mixed echogenic pattern suggests blood clot, while anechoic areas suggest blood or fluid. The amnion/chorion membrane is fused and freely mobile.

https://obimages.net/wp-content/uploads/2012/09/2.SCH2_.mp4

Above. Patient 1 (continued). Large subchorionic hematoma during the mid-trimester. Mixed echogenic pattern suggests blood clot, while anechoic areas suggest blood or fluid. Note mobile organized clot.

<https://obimages.net/wp-content/uploads/2012/09/3.SCH1a..mp4>

Above. Patient 2. Note placenta is located on the anterior uterine wall. At the

margin of the placenta are mixed echoes suggestive of hemorrhage and clot formation. On the posterior uterine wall there is amnion/chorion separation suggestive of subchorionic hemorrhage.

https://obimages.net/wp-content/uploads/2012/09/4.SCB_.1sttri.mp4

Above. Patient 2 (continued). This view illustrates the amnion/chorion separation and the anechoic pattern consistent with fluid or blood.

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Placenta Accreta

https://obimages.net/wp-content/uploads/2012/09/2.pa_.lacu_.mp4

Above. Patient 1. Placenta Accreta. Note the well-defined lacunae and the relationship of the low-lying anterior placenta to the lower uterine segment.

https://obimages.net/wp-content/uploads/2012/09/3.pl_.acc_.myo_.flow_..mp4

Above. Patient 1 (continued). Placenta Accreta. Color Doppler demonstrating vascular flow between the placenta and the lower uterine segment. The color settings are not sufficient to demonstrate vascular penetration between the placenta and the uterine wall.

https://obimages.net/wp-content/uploads/2012/09/4.multip.lacu_.mp4

Above. Patient 2. Placenta Accreta. 2-D gray scale demonstrating anterior

placenta previa overlying a previous C-section scar. Note multiple placental lacunae.

https://obimages.net/wp-content/uploads/2012/09/7.placc_.vasc_.pene_.mp4

Above. Patient 3. Placenta Accreta. Color flow Doppler. Note anterior placenta with large lacunae. The uterine wall is thin and color flow suggests penetrating vessels from the placenta to the uterine wall.

https://obimages.net/wp-content/uploads/2012/09/8.Vascular.pene_.mp4

Above. Patient 4. Placenta Accreta. Color flow Doppler. The placenta and uterine wall are well defined. The color flow settings are effective in demonstrating penetrating vessels from the placenta to the uterine wall.

https://obimages.net/wp-content/uploads/2012/09/9.CPD_.Vas_.pen2_.mp4

Above. Patient 5. Placenta Accreta. Color power Doppler. Again, the placenta and uterine wall are well defined and the color power settings suggest penetration of placental vessels to the uterine wall.

https://obimages.net/wp-content/uploads/2012/09/10.CPD_.pen_.vess_.mp4

Above. Patient 6. Placenta Accreta. Color power Doppler. The placenta is separate from the thickened anterior uterine wall and the maternal bladder is noted separately. Vascular penetration is demonstrated between the placenta and the uterine wall.

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Normal Umbilical Cord

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

Above. Normal umbilical cord. 2-D gray scale. 14 weeks gestation. Central cord insertion into anterior placenta.

<https://obimages.net/wp-content/uploads/2012/09/CIsite2.mp4>

Above. Normal umbilical cord. Color Doppler video. Central cord insertion into posterior placenta.

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Single Umbilical Artery

https://obimages.net/wp-content/uploads/2012/09/1.Tr_.2-Dua.uv_.mp4

Above. 2-D gray scale. Single Umbilical Artery (SUA). Note transverse views of the umbilical cord demonstrate 1 UA (umbilical artery) and 1 UV (umbilical vein).

https://obimages.net/wp-content/uploads/2012/09/2.atrav_.ua_.uv_.mp4

Above. 2-D gray scale. Single Umbilical Artery. Another transverse view of the umbilical cord demonstrates 1 UA (umbilical artery) and 1 UV (umbilical vein).

https://obimages.net/wp-content/uploads/2012/09/2.SUA_.CPD_.mp4

Above. Color power Doppler view of the fetal pelvis with transverse view of the bladder. 1 UA (umbilical artery) courses around the bladder. Note the absence of the umbilical artery on the contra-lateral side.

https://obimages.net/wp-content/uploads/2012/09/4.SUV_.vertical.mp4

Above. 2-D gray scale. Single Umbilical Artery. Note the larger UV (umbilical vein) and the thicker wall of the UA (umbilical artery).

https://obimages.net/wp-content/uploads/2012/09/5.CDF_.SUA_.mp4

Above. Color Doppler of Single Umbilical Artery. The umbilical artery is likely in blue and the umbilical vein in red.

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Vasa Previa

<https://obimages.net/wp-content/uploads/2012/09/1.2-4gs.Vasaprevia.mp4>

Above. Vasa Previa. 2-D gray scale demonstrating ICO (internal cervical os) and sub-membranous fetal vessel. This finding requires transvaginal ultrasound with color Doppler. Suspected fetal vessels should be imaged in relationship to the ICO and pulsed Doppler waveforms should verify fetal origin.

<https://obimages.net/wp-content/uploads/2012/09/1.2-4gs.Vasaprevia.mp4>

[12/09/Himag.view_.mp4](https://obimages.net/wp-content/uploads/2012/09/Himag.view_.mp4)

Above. Vasa Previa. 2-D gray scale demonstrating flow within fetal vessel near placental margin and ICO (internal cervical os).

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

Above. Velamentous Cord Insertion (VCI) near the cervical region. Again, this finding requires transvaginal ultrasound with color Doppler. Suspected fetal vessels should be imaged in relationship to the ICO and pulsed Doppler waveforms should verify fetal origin.

https://obimages.net/wp-content/uploads/2012/09/VCI.VP_1.mp4

Above. VCI (Velamentous Cord Insertion) near internal cervical os, a risk factor for vasa previa.

https://obimages.net/wp-content/uploads/2012/09/3.himag_vp_.mp4

Above. Vasa Previa. Transvaginal color Doppler scan demonstrating FV (fetal vessel) crossing the ICO (internal cervical os). Pulsed Doppler waveform confirmed fetal origin.

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

Above. Vasa Previa. Transvaginal color Doppler scan demonstrating FV (fetal vessel) crossing the ICO (internal cervical os). These vessels traverse sub-membranously between the accessory placental lobe and the placenta.

https://obimages.net/wp-content/uploads/2012/09/2VCI.VP_.mp4

Above. Twin gestation. VCI (Velamentous Cord Insertion) near the cervix, a risk factor for vasa previa.

https://obimages.net/wp-content/uploads/2012/09/VCI.VP_2.mp4

Above. Same patient as above. 2-D gray scale transvaginal ultrasound demonstrating VCI (velamentous cord insertion) into the margin of the placenta adjacent to ICO.

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Marginal Cord Insertion

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

Above. Color power. Marginal CI (cord insertion). Note insertion of umbilical cord in relationship to the placental margin.

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Umbilical Cord Cyst

<https://obimages.net/wp-content/uploads/2014/07/UCcyst.mp4>

Above. Mid-trimester scan. Video Courtesy of Firoz Bhuvar, MD (World Ultrasound, color Doppler, and Echo Society).

“Umbilical cord cyst possibilities include pseudocyst or true cyst- allantoic or omphalomesenteric duct cyst.” The cyst wall is thickend and may have “epithelial cell lining plus the cyst is centrally located” and there is “widening of the umbilical arteries.” The cyst is near the fetal cord insertion site. Given these findings, “allantoic cyst” is most likely. but final diagnosis awaits follow-up and histology following birth. Commentary above is provided by Michelle Proctor, MD. For more information on umbilical cord cysts, see [Umbilical Cord Cysts](#).

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