

# **Abnormal Fetal Abdomen Videos**

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**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](https://obimages.net/wp-content/uploads/2012/09/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](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.Cl\\_.mp4](https://obimages.net/wp-content/uploads/2012/09/om4.Cl_.mp4)

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

[https://obimages.net/wp-content/uploads/2012/09/om5.Sto\\_.mp4](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](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](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 calcifications are more focal. Possibilities include fetal infection. There is no bowel dilatation to suggest meconium peritonitis.

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## **Sacroccgeal teratoma (SCT)**

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

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

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

Above. Large sacroccygeal 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/2012/09/SCTVAS.mp4>

[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/SCTMNFI.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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