



May 2018 – Perinatal Ultrasound Case Presentation

# Too Count or Not Too Count... That is the Question?

Teresa A. Orth, MD, PhD

REFRESHED May 2018

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# Teresa A. Orth, MD, PhD



## Resume:

Teresa A. Orth, MD, PhD contributed this presentation while she was a third year Maternal Fetal Medicine Fellow at St. Luke's Hospital and Truman Medical Center in Kansas City, Missouri.

She earned her MD and PhD in Physiology from the University of Kansas School of Medicine in 2008. She completed Ob/Gyn residency training at Maricopa Medical Center in Phoenix, Arizona in 2012.

Her clinical research includes obesity and pregnancy outcomes. She also has a special interest in lactogenesis, cholestasis of pregnancy, fetal echocardiography, and translational research. She is currently in private Maternal Fetal Medicine Practice in Arizona.

# Learning Objectives

Following the completion of this educational activity:



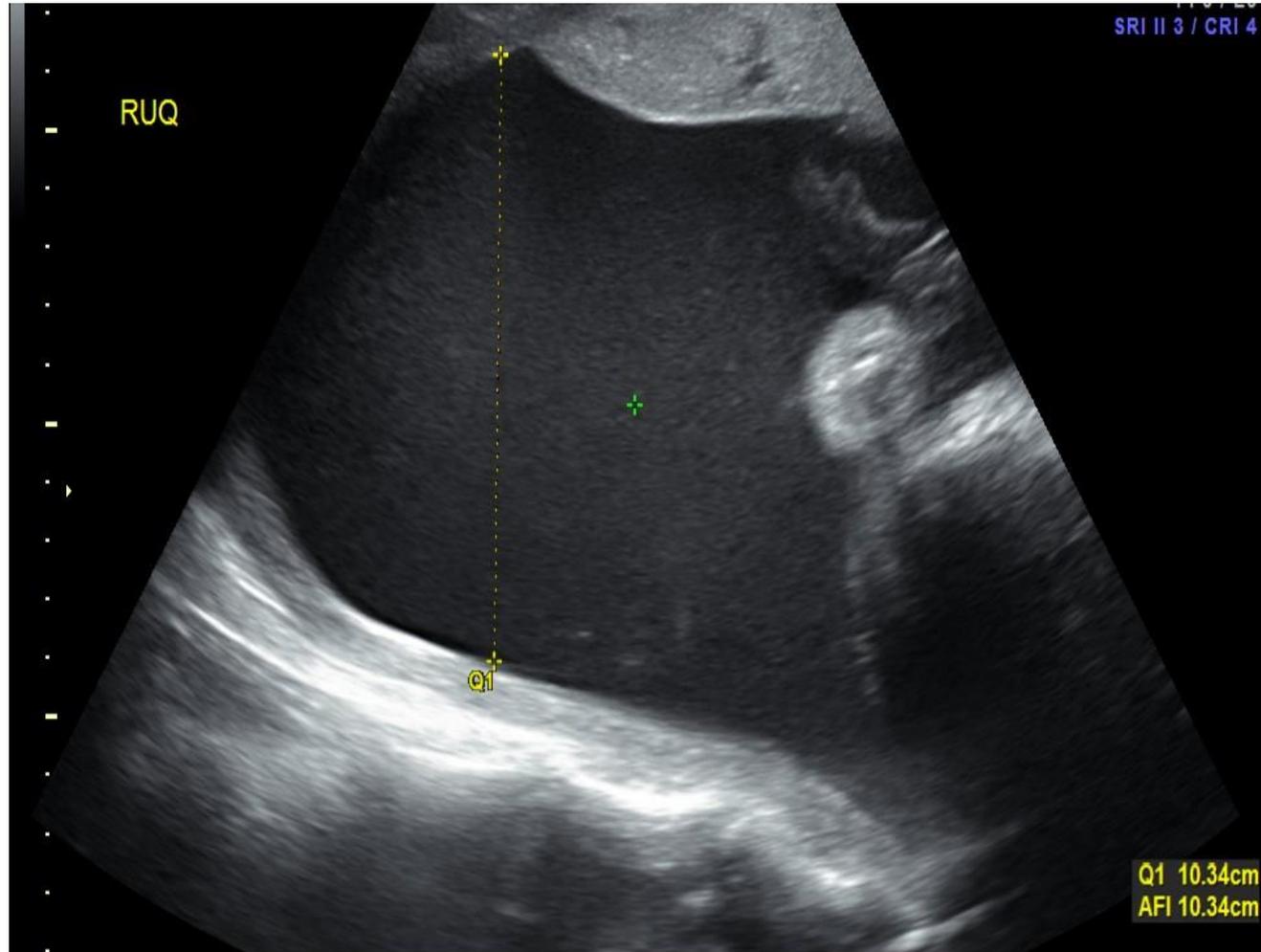
- The learner should be able to list their differential diagnosis of structural anomalies in a fetus.
- The learner should be able to evaluate for other common associated findings when polyhydramnios and this fetal malformation are discovered.
- The learner should be able to describe the fetal condition in simple terminology to allow the patient and family to understand the diagnosis and prognosis.
- The learner should be able to identify potential future risks during the pregnancy when polyhydramnios and this fetal malformation are discovered and recommend appropriate antenatal follow up procedures.

# Part 1



A 29 year old Gravida 2 Para 1 (1 term infant, 0 premature infants, 0 abortions, 1 living child) at 29 weeks 2 days gestation was admitted to hospital due to maternal bilateral pulmonary emboli. The patient's previous pregnancy was an uncomplicated term vaginal delivery. Ultrasound was performed to verify dating and appropriate fetal growth. Receding chin, intrauterine growth restriction (IUGR) and polyhydramnios were noted. In addition, the position of the fetal heart appeared pushed more to the left-side than usual. The patient initially declined amniocentesis. A fetal echocardiogram was recommended.

# Images 1 – Fetal Polyhydramnios



Ultrasound images  
courtesy of:

Ann Raikula, RDMS  
& Crystal Holt-  
Ayers, RDMS

St. Luke's Hospital  
Kansas City,  
Missouri (USA)

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# Image 2 – Fetal Receding Chin 3D



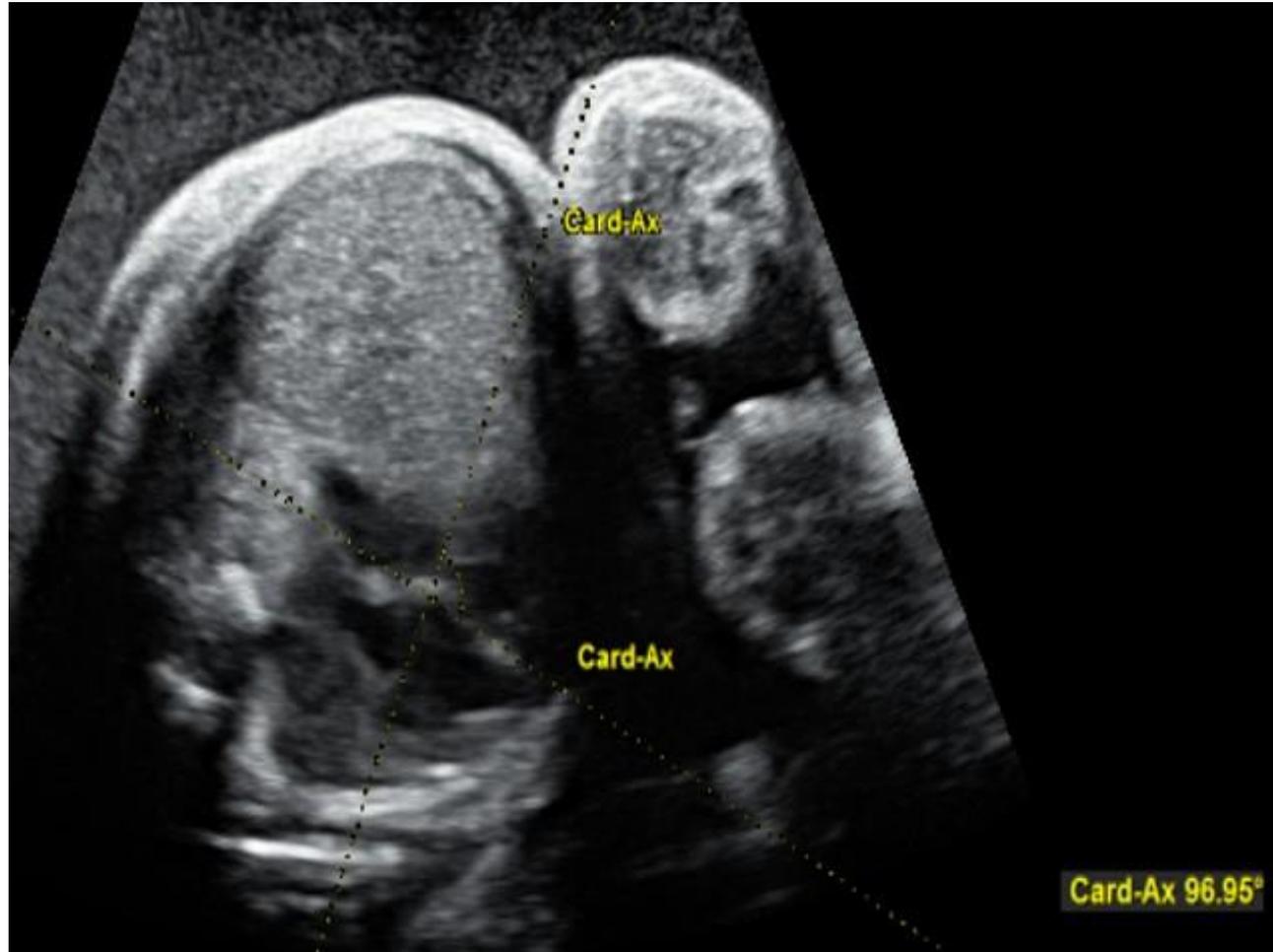
**Ultrasound images  
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# Image 3 – Fetal Heart Position



Ultrasound images  
courtesy of:

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Crystal Holt-Ayers,  
RDMS

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# Take a moment to reflect on the case and images presented.

1. When faced with this case, consider what your next steps might be.
2. To read about diagnosis/management/review of literature, proceed to Part II by clicking on the “View PDF” link for Part II.
3. Following review of Part II, you will have an opportunity to access a list of references.
4. To earn credit, pass the post-test and complete the evaluation.

