# ROLE OF ULTRASOUND IN MORPHOLOGIC AND FUNCTIONAL ASSESSMENT OF FETAL HEART IN DIABETIC MOTHERS

#### **Thesis**

In partial fulfillment of Master Degree In radiology

#### **Submitted By**

#### Sameh Abdel Latif Abdel Salam

(M.B.B.Ch.), Cairo University

Supervised by

#### **Prof. Soha Talaat Hamed**

Prof. of Radiology

Faculty of Medicine, Cairo University

## Prof. Mohamed Ali Abdel Kader

Prof. of Obstetrics and Gynecology
Faculty of Medicine, Cairo University

## Dr. Mariam Raafat Lewis

Lecturer of Radiology

Faculty of Medicine, Cairo University

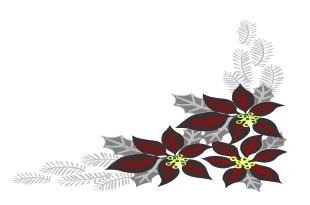
Faculty of Medicine
Cairo University
2015

## بشر الله الرّفقن الرّبير أقالوا سبحانك لا علم لنا إلا ما علمتنا إنك أنت العليم الحكيم]

حدق الله العظيم

سورة البقرة الآية ٣٢





## <u>Acknowledgements</u>

At first and foremost, I thank the great **God** who gave me the power to finish this work.

No wards can express my gratitude to **Prof. Dr. Soha Talaat Hamed**, Professor of radiology, Faculty of Medicine, Cairo University for her unlimited support and maternal advice. I was honored to work under her supervision.

I want to express my deepest gratitude to **Prof. Dr.**Mohammed Ali Abdel Kader, Professor of Obstetrics and Gynecology, Faculty of Medicine, Cairo University for his sincere supervision and advice. I was privileged to work under his generous supervision.

To **Dr. Mariam Raafat Lewis**, lecturer of radiology, Faculty of Medicine, Cairo University I owe a lot of thanks and gratitude for her support, patience and supervision.

To my parents, no words can express my gratitude for you; you are really the gifts of the great God.

To my family, colleagues and everyone participated in this work by a way or another I owe my appreciation.

## Abstract

Objective: To review the impact of maternal pre gestational and gestational diabetes on fetal cardiac morphology and function through assessment of cardiac structure, ventricular myocardial and septal hypertrophy and overall systolic and diastolic cardiac function using left modified myocardial performance index. Design: Case control study. Subjects: Twenty diabetic mothers and 30 control ones between 28 and 40 weeks gestational age. Methods: Fetal echocardiogram was done for diabetic patients, basic and extended basic cardiac exam for control cases. 2D measurement of end diastolic thickness of inter ventricular septum and ventricular myocardial free walls for all subjects with assessment of cardiac function using left modified myocardial performance index. Results: Statistically significant difference was detected between diabetic and control cases regarding septal and myocardial thickness denoting onset of fetal diabetic hypertrophic cardiomyopathy. Statistically significant left myocardial performance index between the 2 groups was found denoting impaired fetal cardiac overall systolic and diastolic function. One of the diabetic mothers was diagnosed with visceral heterotaxy syndrome (left isomerism). Conclusion: Maternal diabetes is strongly associated with fetal cardiac structural defects and should be considered as a high risk factor for congenital heart disease. Fetal cardiac hypertrophic cardiomyopathy with impairment of cardiac function occurs with maternal diabetes. Further research should focus on strict metabolic control of maternal diabetes as it may help in prevention of this functional impairment with postnatal follow up for evaluation of regression of cardiac condition on regular medical treatment.

#### **Keywords:**

Fetal echocardiography, Maternal diabetes, Hypertrophic cardiomyopathy,
Myocardial performance index.

## List of Contents

Title	Page
List of Abbreviations	I
List of Tables	IV
List of Figures	V
Introduction	1
Aim of the Work	2
Review of Literature	
Chapter I: Ultrasound Physics and Instrumentation	3
Chapter II: Normal Ultrasonic Anatomy of the Fetal Heart	22
Chapter III: Technical aspects in fetal echocardiography	41
Chapter IV: Functional assessment of the fetal heart	54
Chapter V: Sonographic features of abnormal fetal heart	70
Chapter VI: Fetal cardiac effects of maternal hyperglycemia	
during pregnancy	111
Patients and Methods	117
Results	120
Case presentation	131
Discussion	143
Summary	154
Conclusion and Recommendations	156
References	157
Arabic Summary	

## List of Abbreviations

2D	To-dimensional
3D	Three-dimensional
4D	Four-dimensional
ADF	Advanced dynamic flow
AIUM	American institute of ultrasound in medicine
Ao	Aorta
APVS	Absent pulmonary valve syndrome
ARSA	Aberrant right subclavian artery
AS	Aortic stenosis
ASA	Atrial septal aneurysm
ASD	Atrial septal defect
AV	Atrioventricular
AVB	Atrioventricular block
AVNRT	Atrioventricular nodal reentrant tachycardia
AVRT	Atrioventricular reentrant tachycardia
AVSD	Atrioventricular septal defect
ccTGA	Congenitally corrected transposition of the great arteries
CDF	Color Doppler flow
CHD	Congenital heart disease
CHF	Congestive heart failure
CM	Cardiomyopathy
DORV	Double-outlet right ventricle
EDF	End-diastolic flow
EFE	Endocardial fibroelastosis
Hb.	Hemoglobin
HIFU	High-intensity focused ultrasound
HLHS	Hypoplastic left heart syndrome
HRHS	Hypoplastic right heart syndrome
Hz	Hertz
IAA	Interrupted aortic arch
IPT	Intraperitoneal transfusion
ICT	Isovolumic contraction time
IRT	Isovolumic relaxation time
ISUOG	International Society of Ultrasound in Obstetrics and gynecology
IVC	Inferior vena cava
IVS	Intact ventricular septum
IVT	Intravascular transfusion
KHz	Kilohertz
LAI	Left atrial isomerism

LCVC	Left cuperior vene cove
LSVC	Left superior vena cava
	Left ventricular non-compaction cardiomyopathy  Left ventricular outflow tract
LVOT	
MHz	Megahertz
MI	Mechanical index
MPI	Myocardial performance index
RVWT	Right ventricular wall thickness
MPa	Megapascal
MR	Mitral regurgitation
NC	Non-compaction
PA	Pulmonary artery
PA: IVS	Pulmonary atresia with intact ventricular septum
PDU	Power Doppler ultrasound
PI	Pulsatility index
PJRT	Permanent junctional reciprocating tachycardia
PR	Pulmonary regurgitation
PS	Pulmonary stenosis
PSV	Peak systolic velocity
PSVT	Paroxysmal supraventricular tachycardia
PZT	Lead zirconate titanate
RAA	Right aortic arch
RAI	Right atrial isomerism
RI	Resistance index
ROI	Region of interest
RVOT	Right ventricular outflow tract
SD	Standard deviation
SIV	Situs inversusus
SonoAVC	Sonographic automated volume calculation
STIC	Spatio-temporal image correlation
SV	Single ventricle
SVC	Superior vena cava
SVT	Supraventricular tachycardia
TA	Tricuspid atresia
TAPVC	Total anomalous pulmonary venous connection
TCI	Tissue compound imaging
TDI	Tissue Doppler imaging
Tei	Myocardial performance index
TF4	Tetralogy of Fallot
TGA	Transposition of the great arteries
TI	Thermal index
TIB	Thermal index for bone
TIC	thermal index for cranial bone
110	HIGHINAL HIVEN TOL CLAINAL DOLLE

TIS	Thermal index for soft tissue
TR	Tricuspid regurgitation
TUI	Tomographic ultrasound imaging
US	Ultrasound
VCAD	Volume computer aided diagnosis
VCI	Volume contrast imaging
VOCAL	Volume computer aided analysis
VOI	Volume of interest
VSD	Ventricular septal defect
LVWT	Left ventricular wall thickness
IVST	Interventricular septal thickness

## List of Tables

Tables	
1	Paired T test for Comparison between IVST Patients and controls
2	Paired T test for Comparison between RVWT Patients and controls
3	Paired T test for Comparison between LVWT Patients and controls
4	T test for Comparison between Tei index for Patients and controls

## List of Figures

Гіанта	
Figures	
1	Ultrasound Transducer
2	Axial and lateral resolution (www.alnmag.com)
3	Wavelength, amplitude and frequency ( <u>www.</u>
	encyclopedia.com)
4	Reflection, refraction and attenuation
5	Right image: frequency compound imaging at 10 MHz;
	left image: Tissue harmonic imaging (breast speculated
	mass better)
6	Volume contrast imaging (VCI) in the C-plane: In the axial
	scan a line is selected passing trough the cavum septi
	pellucidi between the two hemispheres. The sagittal view
	(C-plane) orthogonal the axial one is simultaneously
	displaced showing the corpus callosum
7	The Doppler equation (www.centrus.com)
8	Resistance indices for Doppler waveform analysis
	( <u>www.fetal</u> medicine foundation.org)
9	Drawing of cardiac tube www.Medical embryology.org
	2006
10	Formation of the atrial septum. <u>www.medical</u>
	embryology.org)
11	Formation of ventricular septum
12	Degenerated aortic arch arteries and the final great
	vessels anatomy
13	(labeled 4 chamber anatomy, RV: right ventricle, LV: left
	ventricle, RA: right atrium, LA: left atrium, FO: foramen
	ovale, Chaoi et al., 1994)
14	(Schematic drawings of fetal cardiac sections, Yoo et al.,
	1997)
15	Normal four-chamber view
16	Septum primum and foramen ovale
17	(Fetal abdominal situs, Abohamad, 1997)
18	Fetal cardiac axis (Allan, 2000). The dashed line refers to
	the line bisecting the chest from anterior to posterior
	passing through the spine. The continuous line refers to
	the long axis of the fetal heart forming an angle with the
	dashed line equals 45 +/- 20.
19	Color Doppler at the level of 4 chamber view showing
	pulmonary veins entering the left atrium

20	Color Doppler of the four-chamber view (www.
21	Woemensimag-ingservices.com)  Left ventricular outflow tract
22	
22	Basal short axis view showing right ventricular outflow tract (www.iame.com)
23	Three-vessel view
24	Longitudinal view of the aortic arch showing neck
	vessels (arrowheads)
25	Sagittal view of ductal arch
26	Caval long-axis view (www. The fetus.net)
27	(tomographic ultrasound cuts of fetal cardiac sections to
	illustrate anatomy from situs to 3 vessel view, Devore et al., 2003)
28	Multiplanar reconstruction with rendered
29	Four-chamber view: Surface volume rendering
30	Spin technique
31	Tomographic Ultrasound Imaging
32	Inversion mode: Fetal heart
33	Inversion mode in a fetus with TGA
34	B-flow: aortic overriding and discrepancy in size of aorta
•	and pulmonary arteries in the context of tetralogy of
	Fallot
35	VOCAL: Fetal heart volume assessment
36	Sono AVC: Measurement of the fetal right ventricular
	volume
37	Sono AVC: Hypoplastic left heart syndrome
38	3D color Doppler: 3D volume rendering with transparent
	gray-scale and surface color Doppler of a fetus with TGA
39	3D color Doppler measurement of cardiac output
40	Advanced Dynamic Flow: Aortic overriding
41	Graph representing phases of cardiac cycle From
	Wikimedia Commons.com
42	(Graphic representation of the three-directional
	myocardial motility involving longitudinal, radial and
	circumferential contraction. The motion is shown as a
	single point motility determined by displacement and
	systolic (S') and early diastolic (E') annular peak
	velocities; and deformation by the change in length or
	thickness between two points represented as strain or
	strain rate
43	Graph showing parallel fetal circulation (www. American
	heart association.org

44 Right and left ventricular outflow tracts for measuring stroke volume (SV) and cardiac output (CO). The valve diameter (D) is measured in a 2D image. Velocity time integral (VTI) of the blood flow and heart rate (HR) are evaluated in the spectral Doppler waveform. Combined cardiac output (CCO) is calculated by the sum of both CO, and cardiac index (CI) represents the normalization by estimated fetal weight (EFW) (Gratacós et al., 2013)  45 Mitral E/A waveform (Andrade et al., 2012)  46 Mechanical PR interval, DeVore, 2005). E: early diastolic filling, A: late diastolic filling = atrial contraction, 1=start of A wave, 2=start of V wave, PR interval:from 1 to 2.  47 (Illustration of myocardial performance index (MPI) assessment by spectral Doppler) (Gratacós et al., 2013). ICT: Isovolumetric contraction time, ET: Ejection time, IRT: Isovolumetric relaxation time.  48 Illustration of a transverse four-chamber view in order to measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode  49 (M mode tracing of tricuspid annular plane systolic excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Arial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve  61 Hypoplastic right heart		T
Mechanical PR interval, DeVore, 2005). E: early diastolic filling, A: late diastolic filling = atrial contraction, 1=start of A wave, 2=start of V wave, PR interval:from 1 to 2.  47 (Illustration of myocardial performance index (MPI) assessment by spectral Doppler) (Gratacós et al., 2013). ICT: Isovolumetric contraction time, ET: Ejection time, IRT: Isovolumetric relaxation time.  48 Illustration of a transverse four-chamber view in order to measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode  49 (M mode tracing of tricuspid annular plane systolic excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	44	diameter (D) is measured in a 2D image. Velocity time integral (VTI) of the blood flow and heart rate (HR) are evaluated in the spectral Doppler waveform. Combined cardiac output (CCO) is calculated by the sum of both CO, and cardiac index (CI) represents the normalization by estimated fetal weight (EFW) (Gratacós et al., 2013)
filling, A: late diastolic filling = atrial contraction, 1=start of A wave, 2=start of V wave, PR interval:from 1 to 2.  47 (Illustration of myocardial performance index (MPI) assessment by spectral Doppler) (Gratacós et al., 2013). ICT: Isovolumetric contraction time, ET: Ejection time, IRT: Isovolumetric relaxation time.  48 Illustration of a transverse four-chamber view in order to measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode  49 (M mode tracing of tricuspid annular plane systolic excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve		
assessment by spectral Doppler) (Gratacós et al., 2013). ICT: Isovolumetric contraction time, ET: Ejection time, IRT: Isovolumetric relaxation time.  48 Illustration of a transverse four-chamber view in order to measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode  49 (M mode tracing of tricuspid annular plane systolic excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	40	filling, A: late diastolic filling = atrial contraction, 1=start
measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode  49 (M mode tracing of tricuspid annular plane systolic excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	47	assessment by spectral Doppler) (Gratacós et al., 2013). ICT: Isovolumetric contraction time, ET: Ejection time,
excursion)  50 early (E') and late (A') diastolic and systolic (S') peak annular velocities obtained by spectral tissue Doppler at the right annulus  51 Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve		measure shortening (SF) and ejection fractions (EF) of the right (RV) and left ventricles (LV) by M-mode
annular velocities obtained by spectral tissue Doppler at the right annulus  Offline analysis of strain (above) and strain rate (below) waveforms at the right basal free wall using color tissue Doppler  Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  Atrial septal defect in the context of atrio ventricular canal defect  VSD depiction by power Doppler  Normal atrioventricular valves  Atrioventricular septal defect  To analy defect  Dominary the process of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  Atrial septal defect in the context of atrio ventricular canal defect  VSD depiction by power Doppler  So atrioventricular septal defect  To analy the process of the left ventricular volume through ventricular volume through ventricular ventricular ventricular ventricular ventricular ventricular valves  So atrioventricular septal defect  To analy the process of the left ventricular volume through ventricular volume through ventricular	49	, · · · · · · · · · · · · · · · · · · ·
waveforms at the right basal free wall using color tissue Doppler  52 Post-processing analysis of the left ventricular volume through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	50	annular velocities obtained by spectral tissue Doppler at
through virtual organ computerized analysis using 4D-spatio temporal correlation  53 Atrial septal defect in the context of atrio ventricular canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	51	waveforms at the right basal free wall using color tissue
canal defect  54 VSD depiction by power Doppler  55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve		through virtual organ computerized analysis using 4D-spatio temporal correlation
55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	53	I
55 Normal atrioventricular valves  56 Atrioventricular septal defect  57 2D image of 4 chamber view showing atrial septal aneurysm  58 Ebstein's anomaly  59 Tricuspid valve atresia  60 Stenotic tricuspid valve	54	VSD depiction by power Doppler
57 2D image of 4 chamber view showing atrial septal aneurysm 58 Ebstein's anomaly 59 Tricuspid valve atresia 60 Stenotic tricuspid valve	55	Normal atrioventricular valves
57 2D image of 4 chamber view showing atrial septal aneurysm 58 Ebstein's anomaly 59 Tricuspid valve atresia 60 Stenotic tricuspid valve	56	Atrioventricular septal defect
58 Ebstein's anomaly 59 Tricuspid valve atresia 60 Stenotic tricuspid valve	57	2D image of 4 chamber view showing atrial septal
59 Tricuspid valve atresia 60 Stenotic tricuspid valve	58	-
60 Stenotic tricuspid valve		
·	60	
	61	•

62	Hypoplastic left heart syndrome
63	Absent pulmonary valve syndrome ( <u>www.the</u> fetus.net)
64	
	Pulmonary atresia with intact ventricular septum
65	Right atrial isomerism: The ultrasonic picture shows the
	juxtaposition of the descending aorta and the inferior
00	vena cava
66	Left isomerism: Interrupted inferior vena cava with
07	azygos continuation
67	Ectopia cordis with normal heart anatomy
68	Tetralogy of Fallot: Perimembranous ventricular septal
	defect and overriding aorta
69	Double outlet right ventricle: Parallel course of great
	vessels ( <u>www.the</u> fetus.net)
70	Transposition of the great arteries
71	Congenitally corrected TGA
72	Common arterial trunk
73	Aortic coarctation
74	Interrupted aortic arch. Sagittal view of the fetal thorax
	showing characteristic straight course of the aortic arch
	with typical V pattern of its branches diagnostic of type B
	IAA
75	Aberrant right subclavian artery. Axial view of fetal thorax
	showing confluence of ductal and aortic arches with
	aberrant course of right subclavian artery originating
	form isthmic portion of aortic arch and coursing
	retroseophageal from left to right side
76	Right aortic arch with tetralogy of Fallot
77	Complete vascular ring in the context of double aortic
	arch
78	Schematic drawing of TAPVC: A: TAPVC supracardiac
	form into left inominate vein, B: TAPVC supracardiac
	form into right SVC, C: TAPVC form into coronary sinus,
	TAPVC infracardiac infra diaphragmatic form into Hepatic
	vasculature (Hepatic veins or portal vein or may into IVC)
	(www.springerimages.com)
79	Interrupted IVC: The dilated azygos is seen with no
	evidence of IVC in the left image
80	Dilated cardiomyopathy
81	Non-compaction cardiomyopathy in short axis view
82	Rhabdomyoma. The right one is small and not
	obstructing inflow or outflow tracts of the left ventricle
	while the left one is huge obstructing left ventricular

	inflow and causing heart failure (pericardial effusion) and
	pulmonary hypoplasia (www.fetalsono.com).
83	Simultaneous Doppler placement on aorta and SVC
84	Atrial flutter: M-mode recording
85	Supraventricular tachycardia with short VA interval
86	Echogenic cardiac focus (www.the fetus.net)
87	Linear regression curve to illustrate significant
	correlation between IVST for both patients and controls (Correlation coefficient R <sup>2</sup> =0.244)
88	Linear regression curve to illustrate significant correlation between RVWT for both patients and controls (Correlation coefficient R <sup>2</sup> =0.206)
89	Linear regression curve to illustrate significant correlation between LVWT for both patients and controls (Correlation coefficient R <sup>2</sup> =0.32)
90	Linear regression curve to illustrate significant correlation between Tie index for both patients and controls (Correlation coefficient R <sup>2</sup> =0.039)
91	Normal values of tie index in 5th, 50th and 95th percentile curves in our third trimester control cases plotted against gestational age (range from 0.32 to 0.62, median=0.47)
92	Normal values of IVST in 5th, 50th and 95th percentile curves in our third trimester control cases plotted against gestational age (range from 0.35 to 0.67, median 0.45
93	Normal values of LVWT in 5th, 50th and 95th percentile curves in our third trimester control cases plotted against gestational age (range from 0.34 to 0.58, median = .42)
94	Normal values of RVWT in 5th, 50th and 95th percentile curves in our third trimester control plotted against gestational age (range from 0.32 to 0.64, median=0.46)
95	5th, 50th, 95th percentile curves for tie index measured in our diabetic patients plotted against gestational age (range from 0.39 to 0.83, median= 0.61)
96	5th, 50th, 95th percentile curves for the IVST measured in our diabetic cases plotted against gestational age (range from 0.46 to 0.9, median 0.7)
97	5th, 50th, 95th percentile curves for the RVWT measured in diabetic cases plotted against gestational age (range from 0.39 to 0.79, median = 0.0.73)

98	5 <sup>th</sup> , 50 <sup>th</sup> , 95 <sup>th</sup> percentile curves for the measured LVWT in diabetic cases plotted against gestational age (range from 0.38 to 0.93, median = 0.75))
	,,,
99	2D measurement of myocardial and septal wall thickness in lateral 4 chamber view
100	Doppler derived measurement of left modified myocardia
	performance index (tie index=0.4)
101	2D measurement of myocardial and septal wall thickness in lateral 4 chamber view
102	Doppler derived measurement of left modified myocardial
102	performance index (tie index=0.43)
103	2D measurement of myocardial and septal wall thickness
	in lateral 4 chamber view
104	Doppler derived measurement of left modified myocardial
104	Performance index (tie index=0.69)
405	,
105	2D measurement of myocardial and septal wall thickness
	in lateral 4 chamber view
106	Doppler derived measurement of left modified myocardial
	performance index (tie index=0.85)
107	2D measurement of myocardial and septal wall thickness
	in lateral 4 chamber view
108	Doppler derived measurement of left modified myocardial
	performance index (tie index=0.5)
109	2D measurement of myocardial and septal wall thickness
	in lateral 4 chamber view
110	Doppler derived measurement of left modified myocardial
	performance index (tie index=0.61)
111	2D measurement of myocardial and septal wall thickness
	in apical 4 chamber view
112	Doppler derived measurement of left modified myocardial
	performance index (tie index=0.5)
113	(Hemiazygos vein behind the descending aorta in upper
113	
	abdominal axial image. Ao: Aorta, HAZ: Hemi azygos
444	vein).
114	Stomach is left but with more central inclination (gastric
	mal rotation) St: Stomach
115	4 chamber view showing mitral Artesia, hypoplastic left
	ventricle, dilated right ventricle and Hemi azygos vein.
	Ao: Aorta, HAZ: hemi azygos vein, LV: Left Ventricle. RV:
	right ventricle, RA: right atrium, TV: tricuspid valve.)
	Tigita tationary, ta in right annually, 111 throughout tailton)