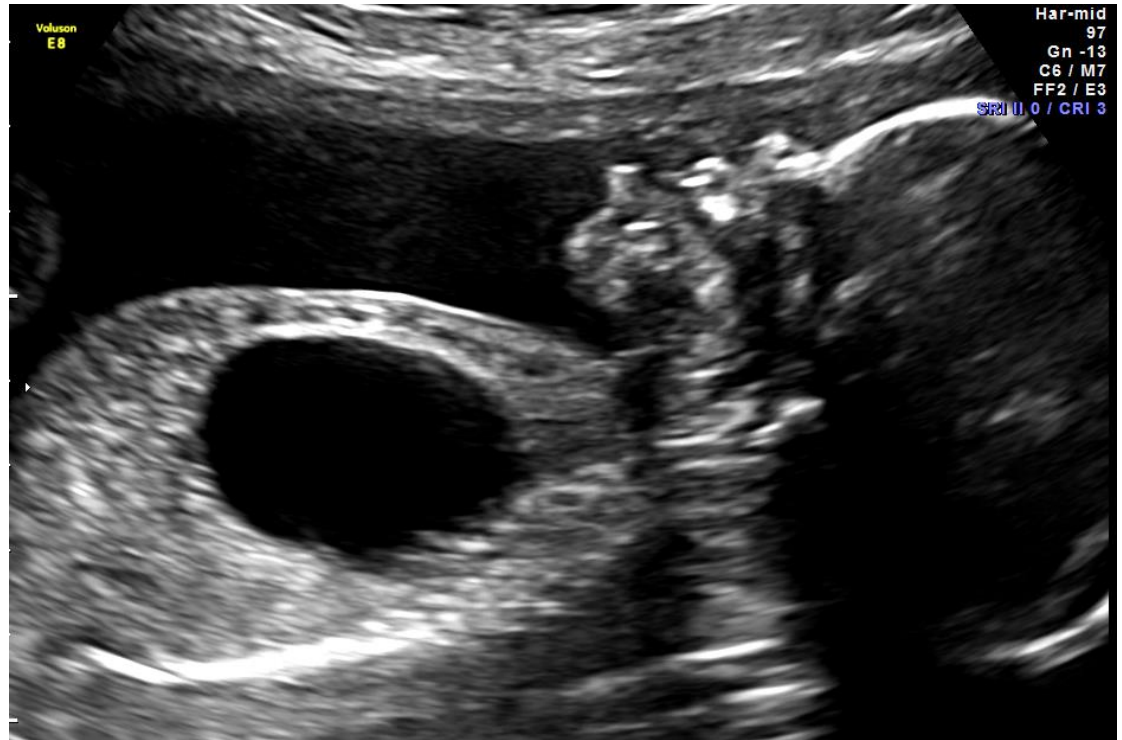


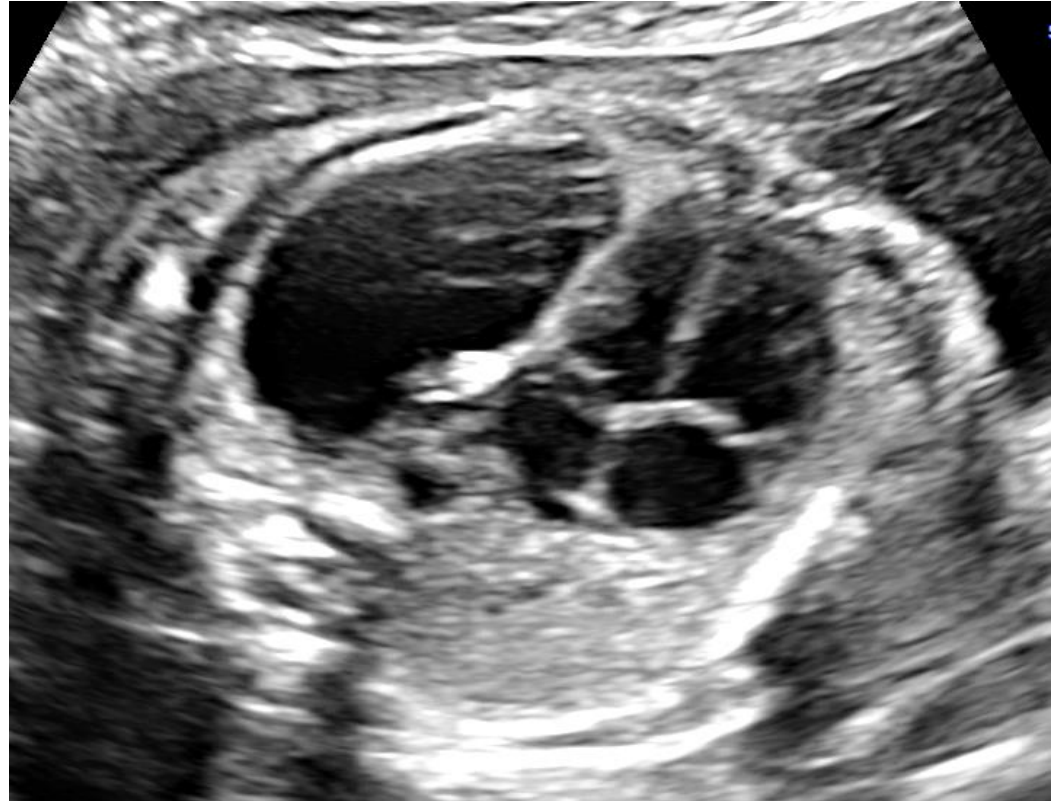
Lung cyst

Saggital view of the fetal thorax demonstrates a large well-defined single cystic mass.



Bronchogenic cyst

This image illustrates the transversal view of the fetal thorax in a fetus with bronchogenic cyst diagnosed at 23 weeks of gestation. The heart is deviated to the right side (mediastinal shift) and the right lung is also compressed.



Bronchogenic cyst

The same fetus with bronchogenic cyst showing a normal diaphragm with the stomach pushed into the fetal abdomen and thus, excludes the possibility of left congenital diaphragmatic hernia.



Small CCAM

A small cystic mass is observed in the left lung parenchyma without mediastinal shift and thus, a good prognosis is expected.



Large CCAM type 2

Transversal view of the fetal thorax showing a left-sided large multicystic lung mass with echogenic stroma (Congenital Cystic Adenomatoid Malformation type 2) with mediastinal shift and severe compression of the right lung.



Left-sided Congenital diaphragmatic hernia

This picture illustrates an anechoic well-defined, uniform mass in the left side of the fetal thorax, with mediastinal shift and lung hypoplasia in the right lung. Such cystic image corresponds to the fetal stomach, which supports the diagnosis of left-sided congenital diaphragmatic hernia.



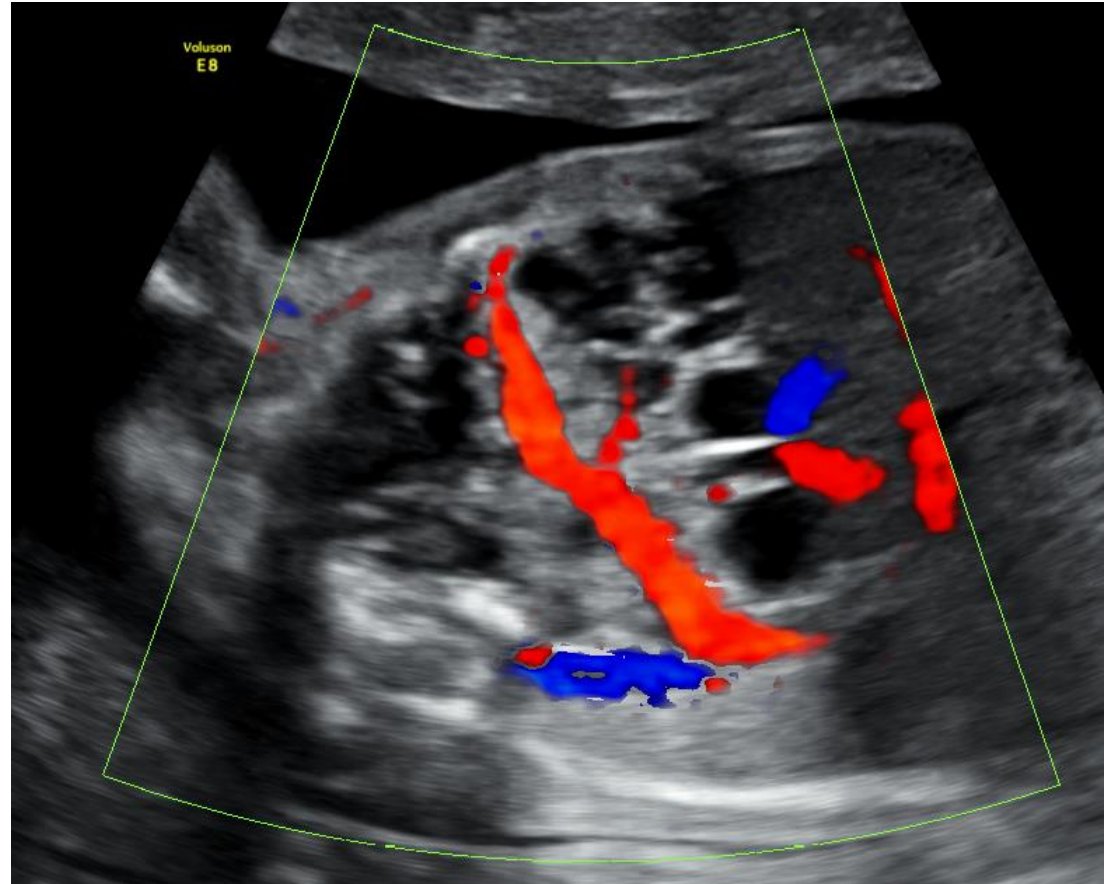
Solid-cystic lung mass

Solid-cystic, left-sided, lung mass with fetal pleural effusion and subcutaneous edema (hydrops), mediastinal shift and compression of the right lung; which represents a high risk of intrauterine fetal demise.



Hybrid lung lesion

Using color Doppler ultrasound, a systemic feeding artery arising from the descending aorta is observed into this multicystic intrathoracic mass, which supports the diagnosis of hybrid lung mass.



Macrocystic CCAM

Parasagittal section of a large thoracic tumor, which occupies the thoracic cavity and inverts the normal shape of the diaphragm. The fetus has hydrops (subcutaneous edema and ascitis). The mass has multiple large cysts with blood supply from the pulmonary artery, which support the diagnosis of macrocystic CCAM.

