**ANSWERS: CHAPTER 14**

**MATCHING**

1. d 8. c 15. t 22. f
2. o 9. m 16. b 23. p
3. h 10. a 17. k 24. v
4. z 11. g 18. x 25. e
5. a 12. q 19. u 26. n
6. j 13. s 20. l 27. r
7. w 14. i 21. y

**MULTIPLE CHOICE**

1. d 5. a 9. c 13. b
2. b 6. c 10. b 14. d
3. b 7. b 11. a 14. c
4. c 8. d 12. c

**FILL-IN-THE-BLANK**

1a. a patient is unsure of her LMP
1b. a clinical examination of the uterus does not agree with the patient’s reported LMP
2. early-onset intrauterine growth restriction
3a. 50
3b. 70
4a. outcome
4b. predict
5. anembryonic pregnancy
6. definitive evidence of pregnancy failure
7. 1.6
8. 5 mm
9a. thinned
9b. hyperechoic tissue
10a. hCG
10b. complete
10c. partial
11. hCG
12. metastatic gestational trophoblastic neoplasia (GTN, also known as choriocarcinoma)
13a. thin
13b. low
14. central nervous system
15. seizures (eclampsia)

**SHORT ANSWER**

1. Although most fibroids do not grow during pregnancy, fibroids are associated with preterm labor, premature rupture of membranes, fetal malposition, vaginal bleeding, and pregnancy loss.

2. Suction and/or sharp curettage of the uterine cavity is necessary to remove the trophoblastic vesicles. Weekly blood tests are recommended until her hCG levels are normal for 3 weeks. Clinical concern is warranted because between 2% to 4% of patients with partial moles and up to 28% of patients with complete molar pregnancies will develop either locally invasive or metastatic gestational trophoblastic neoplasia (GTN, aka choriocarcinoma).

3. Hydatidiform mole: 1st trimester: appearance of a blighted ovum, threatened abortion, or variable echogenicity filling the entire uterus without the characteristic vesicular appearance. Hydatidiform mole: 2nd trimester: large soft tissue mass of low-to-moderate amplitude echoes filling the uterine cavity and containing fluid-filled spaces.

<table>
<thead>
<tr>
<th>Abortion</th>
<th>Definition</th>
<th>Ultrasound Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete Spontaneous</td>
<td>abortion in which some products of conception remain in the uterus</td>
<td>Thickened endometrium, increased flow in</td>
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<tr>
<td></td>
<td></td>
<td>myometrium</td>
</tr>
<tr>
<td>Missed Early failed</td>
<td>pregnancy that remains in the uterus</td>
<td>May appear as a normal early gestation that</td>
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<tr>
<td></td>
<td></td>
<td>is void of cardiac activity or may</td>
</tr>
<tr>
<td></td>
<td></td>
<td>demonstrate disorganized echo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>patterns</td>
</tr>
<tr>
<td>Inevitable Early failed</td>
<td>pregnancy that remains in the uterus</td>
<td>Empty low-lying gestational sac, open</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cervix</td>
</tr>
<tr>
<td>Threatened</td>
<td>Vaginal bleeding in a pregnancy of less than 20 weeks that may be</td>
<td>Viable pregnancy with bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>irregularities and/ or anatomical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>irregularities</td>
</tr>
</tbody>
</table>
IMAGE EVALUATION/PATHOLOGY

1. The honeycomb appearance is a sextuplet pregnancy.

2. Image A demonstrates a midsagittal uterus housing a blighted ovum. The EV view, image B, still reveals an empty gestational sac. The arrow points to a separation of sac and uterine wall.

3. In image A, the long arrow is pointing to an enlarged appearing yolk sac. This structure must be measured for accurate diagnosis. The small thin arrow is depicting the gestational sac. In image B, the thick arrow is revealing a yolk sac that appears collapsed. It has an irregular contour. Yolk sacs that do not show the characteristic round appearance are strong predictors of a poor outcome.

4. The thin arrow in images A, B, and C is pointing to a subchorionic hemorrhage. Note how the hemorrhage in A is complex and does not display the typical crescent shape. The arrowhead is pointing at a normal yolk sac, and the open arrow is showing a normal fetal pole.

5. The image displays a fetus in midsagittal plane, magnified, so that the fetal head, neck, and upper thorax are visualized. The fetal neck must be in a neutral position, not flexed and not hyperextended with margins of the NT edges clear enough for proper placement of the appropriate calipers (+). The electronic calipers must be placed in a horizontal fashion on the widest part of the inner borders of the nuchal space so that they do not protrude into the space. The arrow demonstrates the amnion. Care must be taken to differentiate the amnion from fetal anatomy.

6. The midsagittal fetal profile demonstrates an absent nasal bone.

7. Both images reveal cystic hygroma and hydrops. The calipers are accurately measuring a crown-rump length.

8. Images A and B demonstrate bilateral enlarged multicystic kidneys.

CASE STUDY

1. Image A displays a sagittal uterus with heterogenous contents within the endometrium. Color Doppler shows hypervascularity of the myometrium. This is a case of retained products of conception following a spontaneous abortion.

2. The two images display bony structural anomalies. There is lack of mineralization in the fetal cranium, limbs, and spine. First trimester fetal osteogenesis imperfect is seen.