INTRODUCTION
Antenatal diagnosis of midgut (small bowel) non-rotation of has not been widely reported in the literature.

CLINICAL BRIEF
A multiparous expectant mother was referred at 23 weeks with a complex fetal cardiac anomaly in the context of suspected heterotaxy syndrome.

ULTRASOUND EXAMINATION
Fetal growth & liquor: Normal.

Cardiac findings:
- Levocardia.
- Single ventricle.
- Single atrioventricular valve.
- Double outlet ventricle with pulmonic stenosis.
- Interrupted IVC with azygous continuation.

Abdomen findings:
- Stomach on the right.
- Midline liver.
- Spleen to the right.
- Midline Gall bladder.

AT 36 WEEKS: Small bowel loops arranged on the right and large bowel loops to the left. SMA/SMV axis appeared to be altered with artery to the right and vein to the left.

POSTNATAL FINDINGS
Confirmed the above cardiac and extracardiac findings.
Child did not have GI symptoms.
Postnatal Barium study and CT confirmed the antenatal diagnosis of midgut non-rotation. Prophylactic Ladd’s procedure was not done. Postnatal CT also revealed bilateral hyparterial bronchi and left atrial isomerism.

CONCLUSION
Midgut non rotation and malrotation is a well known association in the setting of isomerism and can be diagnosed antenatally.