and the gastric air bubble under the right hemidiaphragm.

Abdomino-pelvic ultrasound scan using a 3.5MHZ curvilinear probe revealed the following important findings: in the right hypochondrium: a normal sized spleen measuring 7.6cm in span with normal anatomic configuration and parenchymal echo-texture; fluid filled stomach; in the left hypochondrion: a normal sized liver measuring 12cm in the cranio-caudal dimension with normal anatomical configuration and parenchymal echo-texture; and a normal gall bladder distended with echo free fluid and normal wall thickness (figs 2 and 3).

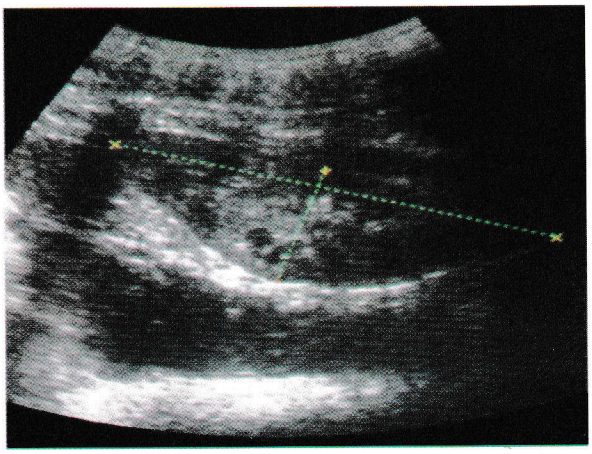

Figure 2: Abdominal sonogram showing the right kidney with normal anatomy and echopattern.

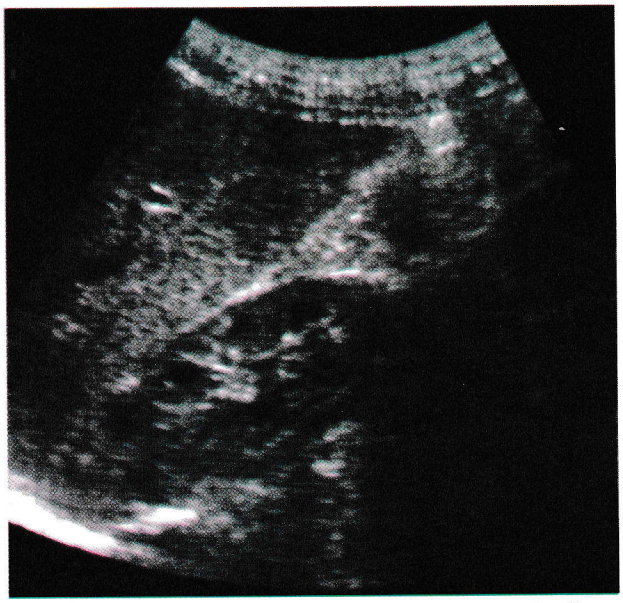

Figure 3: Abdominal sonogram of DT showing the liver in the left hypochondrium and the left kidney. Both organs demonstrate normal anatomy and echopattern.

Cardiac ultrasound scan using 8.0MHz linear probe, demonstrated normal left atrium and left ventricle and normal right atrium and right ventricle.

Inter-atrial and inter-ventricular septa were intact and atrio-ventricular valves showed normal mobility and closure.

Contrast swallow and meal demonstrated contrast filled stomach with an air-fluid level under the right hemidiaphragm and soft tissue density of the liver under the left hemidiaphragm (fig 4).

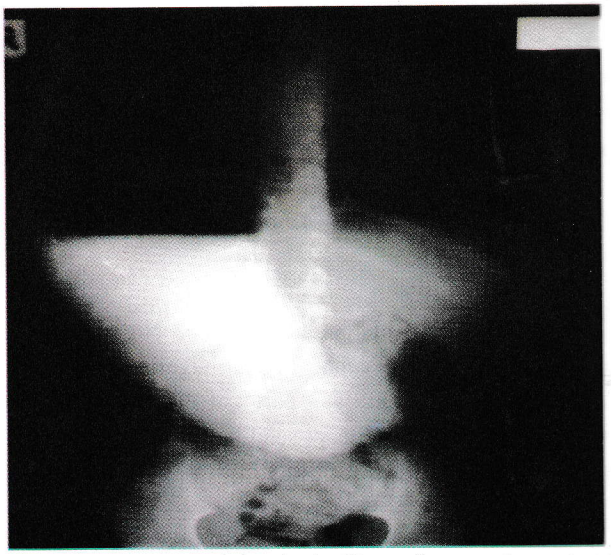

Figure 4: Erect abdominal film after oral contrast ingestion, showing contrast-distended right sided stomach with a fluid level under the right hemidiaphragm.

Discussion

Situs inversus abdominus (SIA) is an uncommon congenital anomaly (condition) with incidence varying from 1 in 4,000 to 20,000 live births among different population [3, 4]. A search of the literature has revealed the reports of only 14 cases of situs invesus of the abdominal viscera with levocardia[5].Levocardia (left-sided cardiac apex) with abdominal situsinversus is almost always associated with severe forms of congenital heart disorders with poor prognosis[1]. Abdullah et al[1], reported a case of isolated levocardia in a 13 year old symptomatic male patient. He was shown on echocardiography to have a complex CHD with a single ventricle, left-sided aortopulmonary collaterals and pulmonary atresia. However, our case of levocardia with