**Objective**
To evaluate the prenatal sonographic findings and outcome of porto-systemic shunts.

**Methods**
A retrospective search was conducted on databases and clinical records of patients attended in our Fetal Medicine Unit, a tertiary referral center, between years 2005-2014. Associated anomalies and obstetric and perinatal outcomes were recorded.

**Results**
Twelve cases of porto-systemic shunts were identified over 40,235 fetuses scanned. The diagnosis was made in four cases at 11-14 weeks scan, in two at 18-22 weeks scan and in six at 30-34 weeks scan. The umbilical vein was connected to the intrahepatic abdominal part of the inferior vena cava in seven cases (7/12, 58.3%), in three cases (3/12, 25%) the connection was totally extrahepatic, directly into the right atrium and in the remaining two cases (2/12, 16.7%) a mixed pattern, with a normal umbilical vein connection to the portal sinus and an aberrant extrahepatic channel into infrahepatic inferior vena cava and right iliac vein, was respectively seen. Hydropic changes was seen in three cases (3/12, 25%) and cardiomegaly in four cases (4/12, 33.3%). Hydropic changes or cardiomegaly were present in all five cases (5/12, 41.7%) of extrahepatic shunt. Major anomalies were detected in six fetuses (6/12, 50%) and anomalous karyotype or array CGH in three cases (3/9, 33.3%, not included an uncertain variant in array CGH). Termination of pregnancy was done in five cases (5/12, 41.7%) and postnatal death in one (Trisomy 9). There was no miscarriages. All but one shunts spontaneously closed in the first months after birth, and one spontaneously closed prenatally. Postnatally, four cases (4/12, 33.3%) had hyperammonemia or hepatic nodular hyperplasia.

**Conclusion**
Porto-systemic shunts frequently occur in association with major fetal anomalies or chromosomal defects, so careful search for associated anomalies and fetal karyotyping should be considered. Cardiac overload and hydropic changes are also frequent. Prognosis is mainly determined by the severity of associated anomalies.