Objective
To simplify the steps of reaching the diagnosis of heterotaxy by looking at the area behind the heart (ABTH).

Methods
We share our experience of retrospective review of 11 cases over a period of 2 years.

Results
We examined 11 cases with an abnormal situs (visceral/cardiac), of which 6 had left and 4 had right heterotaxy, while in 1 case the situs could not be determined. The main prenatal ultrasound features of the left heterotaxy cases were interrupted inferior vena cava (n = 5), complete atrioventricular septal defect (n = 3), AV block (n = 2) and fetal hydrops (n = 1), while in the in the right heterotaxy group TAPVC/PAPVC (n=4), complete atrioventricular septal defect (n = 1), and left persistent superior vena cava (n = 1). Unique appearance of the dilatedazygous vein behind the heart along with aorta is referred to as the ‘double vessel sign”. In our study this sign could be seen in 5(83%) out of 6 cases of left heterotaxy. Increased area behind the left atrium with presence of a pulmonary venous confluence, a separation between the posterior wall of the atrium and the descending aorta, and the visualization of an ascending or descending vertical vein is seen in cases of TAPVC/PAPVC. 3 out of 4 cases of right heterotaxy had TAPVC and 1 case had PAPVC (100%).

Conclusion
We conclude that looking at the area behind the heart in most of the cases helps in diagnosing heterotaxy as well as deciding about laterality.