

6W PHYSIO MENTAN THROUGH UMBILICAL RING

10W RETURNS TO ABD CAVITY + ROTATES

TOTAL 270°

WRIGHT COLON

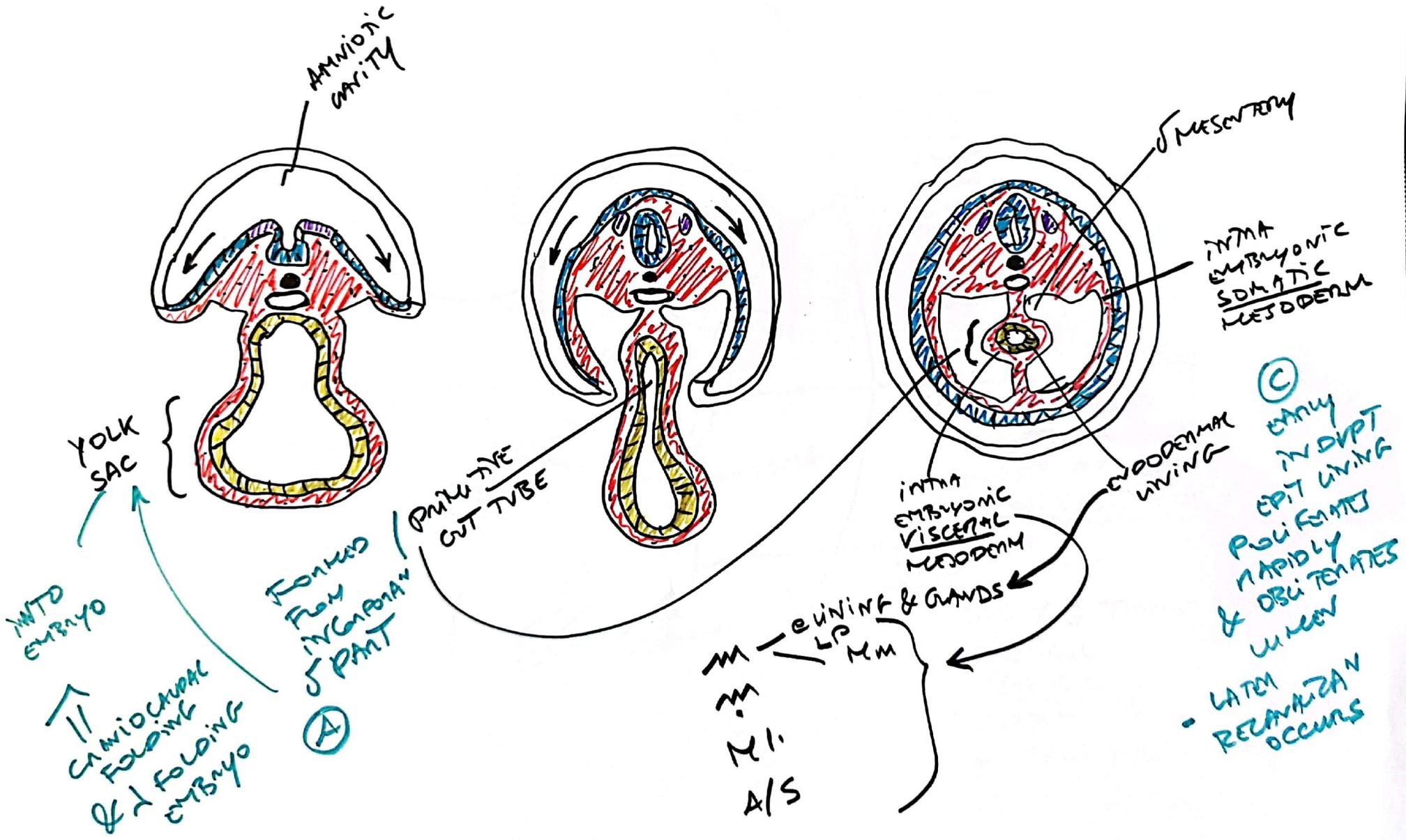
WRIGHT COLON

INTUSUSCEPTION

NEOCECAL & NEOCECAL APP

SMA SD

FORMATION OF PRIMITIVE GUT

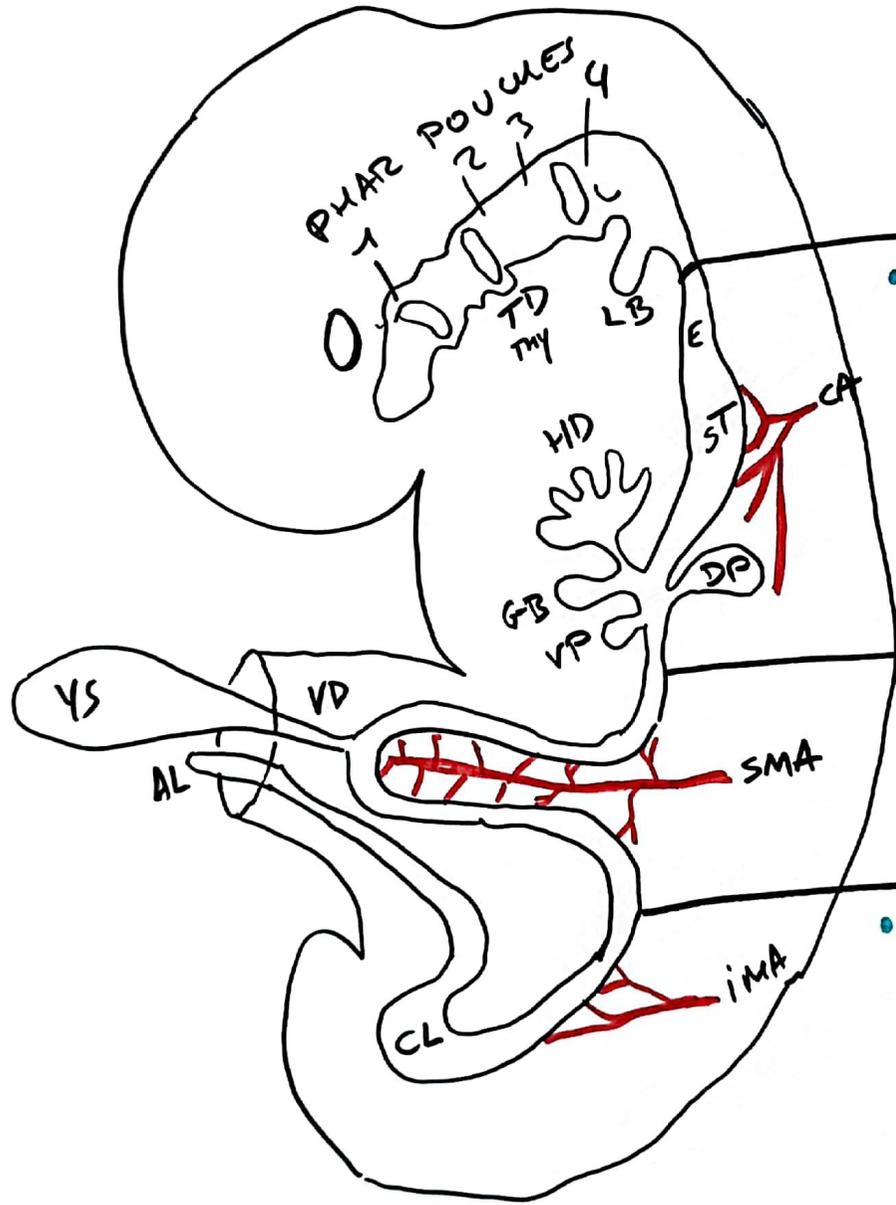


© EARLY IN DVPT EPIT LIVING POLY FURTES RAPIDLY & OBSI TENATES UNION

- LATER REALIZAN OCCURS

(B)

ORODIAPHRAGMATIC MB
↓

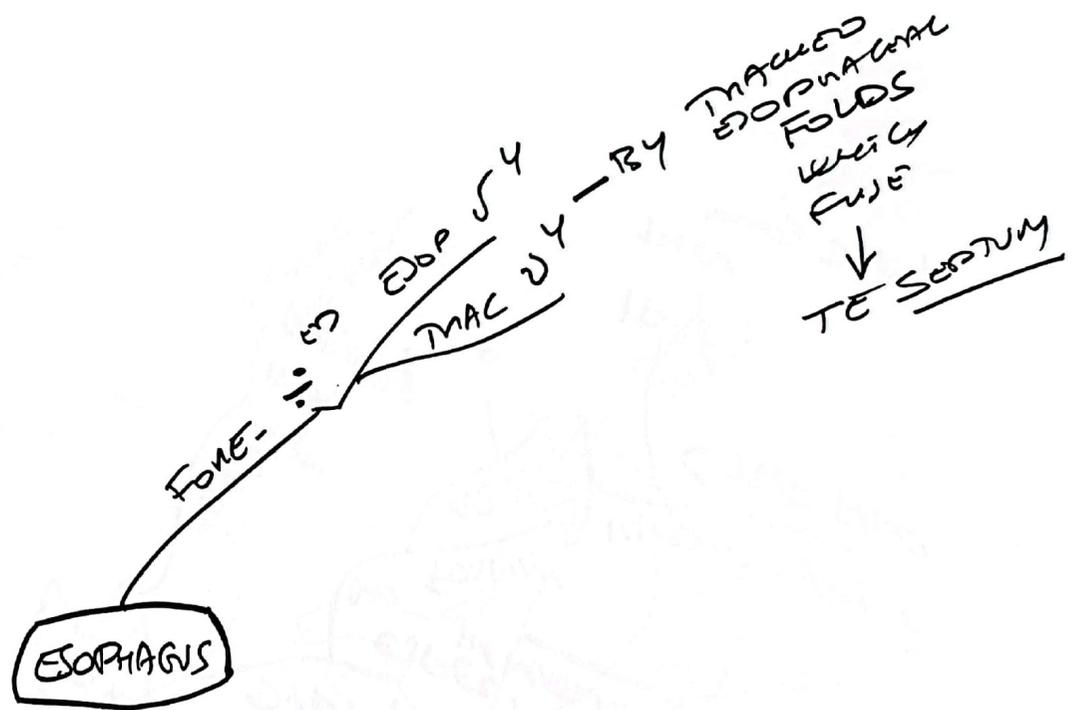


- FORE-
ESOP
STOM
LIV
GALLB
PANC
UPPER DUOD

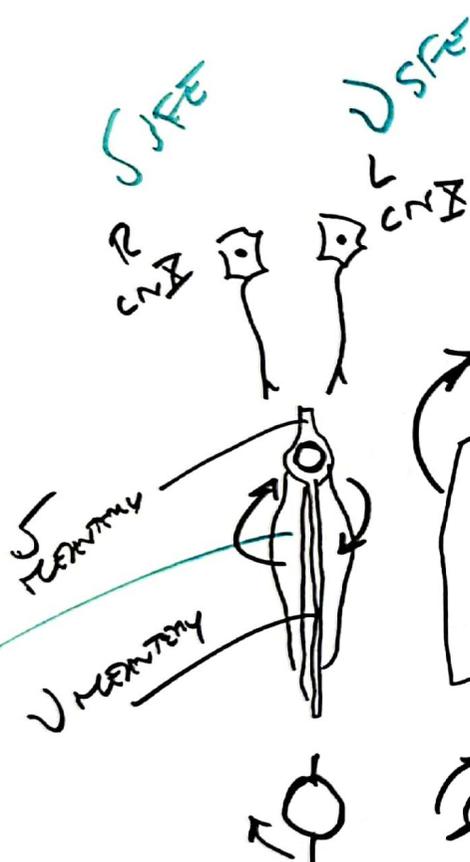
- MID-
LOWER DUOD
JEJUNUM ILEUM
APP ASC COLON
PROX 2/3 TRANSV COL

- HIND-
DIS 1/3 TRANSV COL
CEC GL
SIGM GL
RECTUM
& UPPER ANAL CANAL

- CLOACAL MB

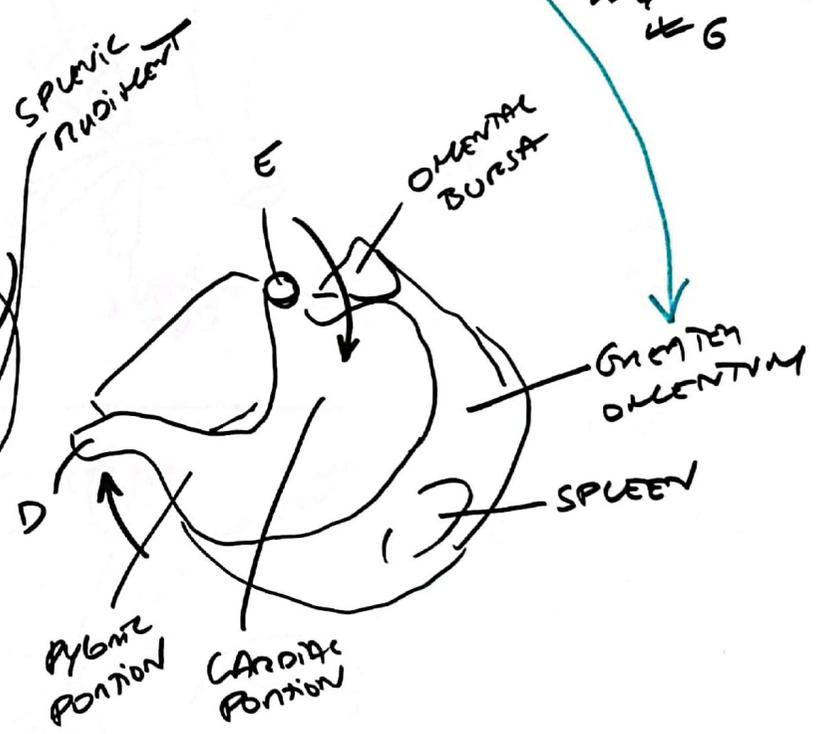


②
 A TENSIFORM
 DILATION
 FORMS
 IN W4
 ↓
 PRIMITIVE
 STOMACH



②
 NOT
 300
 ROTATION
 AROUND
 ITS LONGITUDINAL
 AXIS

⇒ ③
 MESAENTERY
 IS CARRIED TO L

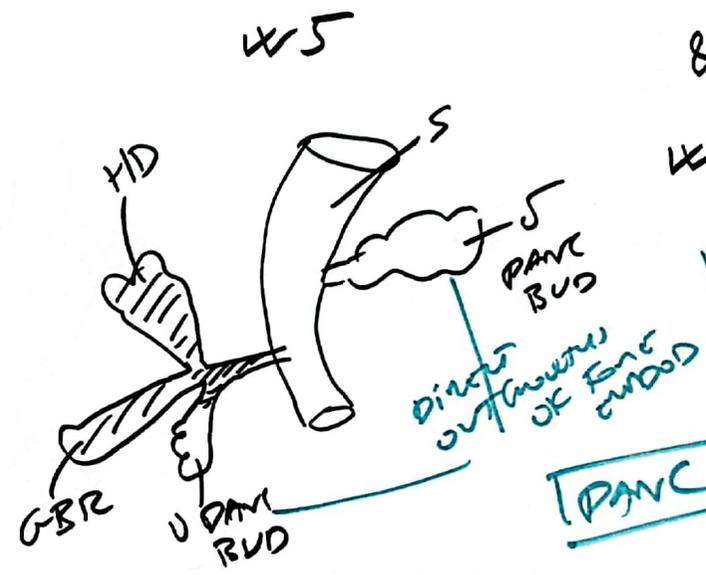
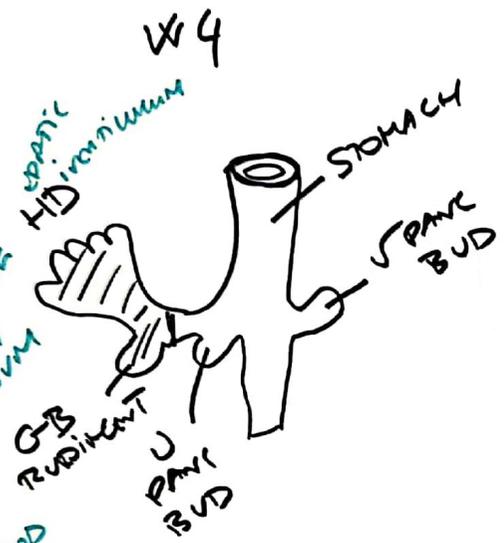


ORBIT
 & 300
 ROTATION
 STOMACH
 FROM
 W4 THROUGH
 W6

W4 → W6

LIVER

- ① ENDODERMAL LINGUE FORE → OUTGROWTH → IND. SUMMATION OF MESSOD. SEPTUM OF THYROIDUM



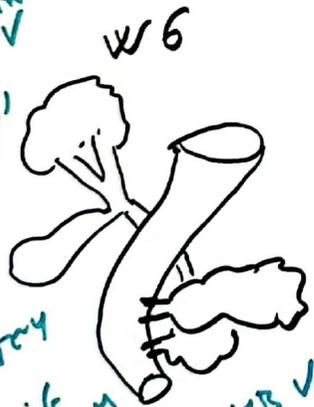
HD & GB RUDIMENT
W4 → W7

GALLBLADDER & BILE DUCT

PANCREAS

- ② GASTROBLASTIC FORE = GASTROBLASTIC FORE IN THE HEAD

- ③ GASTROBLASTIC FORE & UMBILICAL VEIN



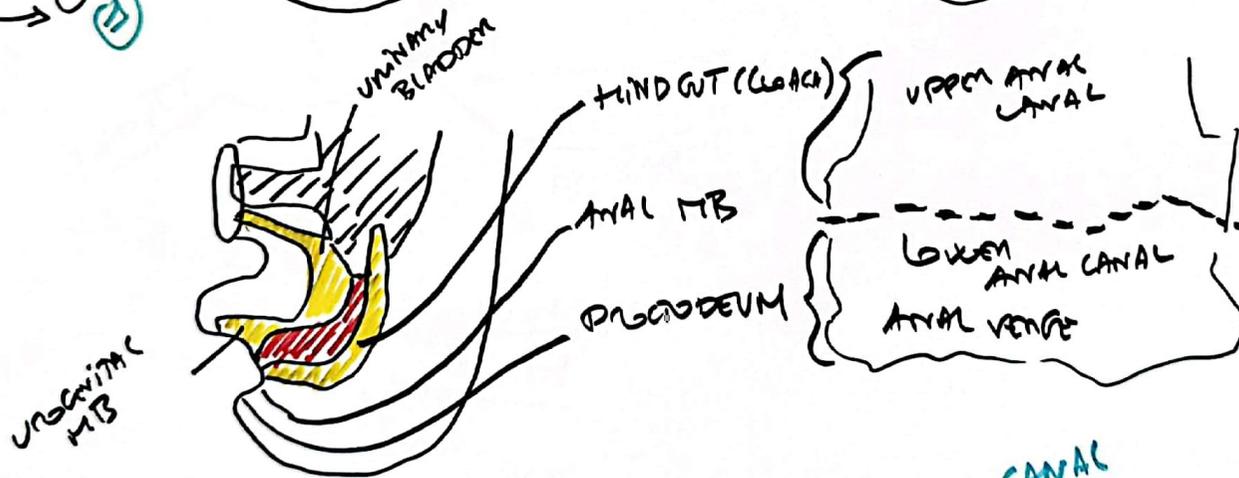
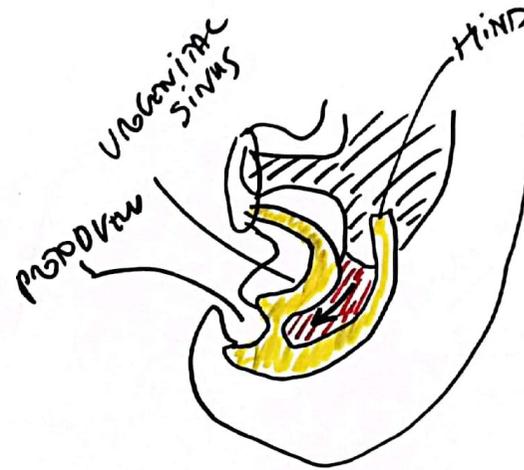
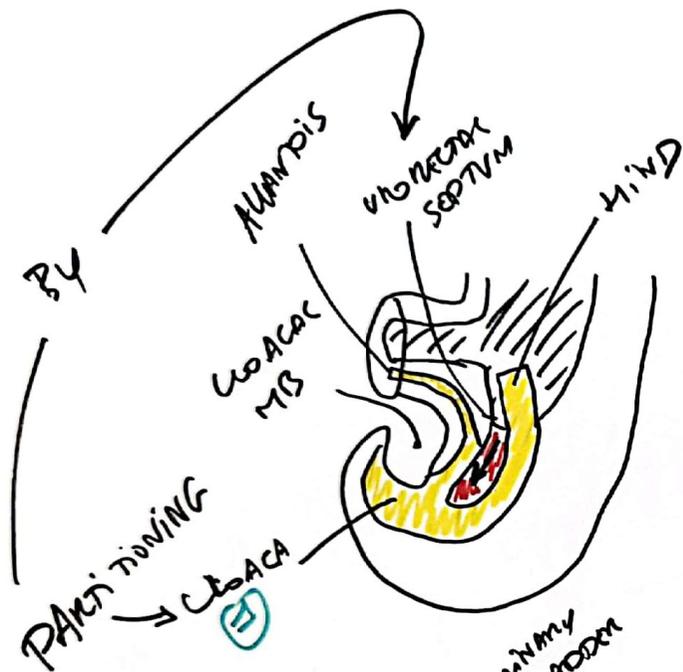
- LUMEN OF GUT
↑ CRANIAL PORT PART MID JUNE & LUMEN IS JUST DITAL TO OPENING OF GASTROBLASTIC FORE

- ④ BULGES INTO ABD. CAVITY → STRETCHING ST. → 2) MESSOD. GASTROBLASTIC FORE

- ⑤ LUMEN OF GUT → LUMEN OF GUT
- ⑥ GASTROBLASTIC FORE

BILE POUCH
PANCREAS BUD
GASTROBLASTIC FORE
= BILE TRAIL

FUSED PANCREAS BUDS
GB & S



XV ANAL CANAL

XIII DISTAL 1/3
TRANS GL
TRIG GL
SIGMOID GL

⊕ CAVITAL END
HINDGUT

⊖ TERMINAL END
HIND
EVOD LINES POUCH
= CLOACA
WHICH CONTACT
SPE EVOD
OF PRODDEUM
→ CLOACAL
MB

XIV RECVN W
& UPPER
ANAL CANAL

