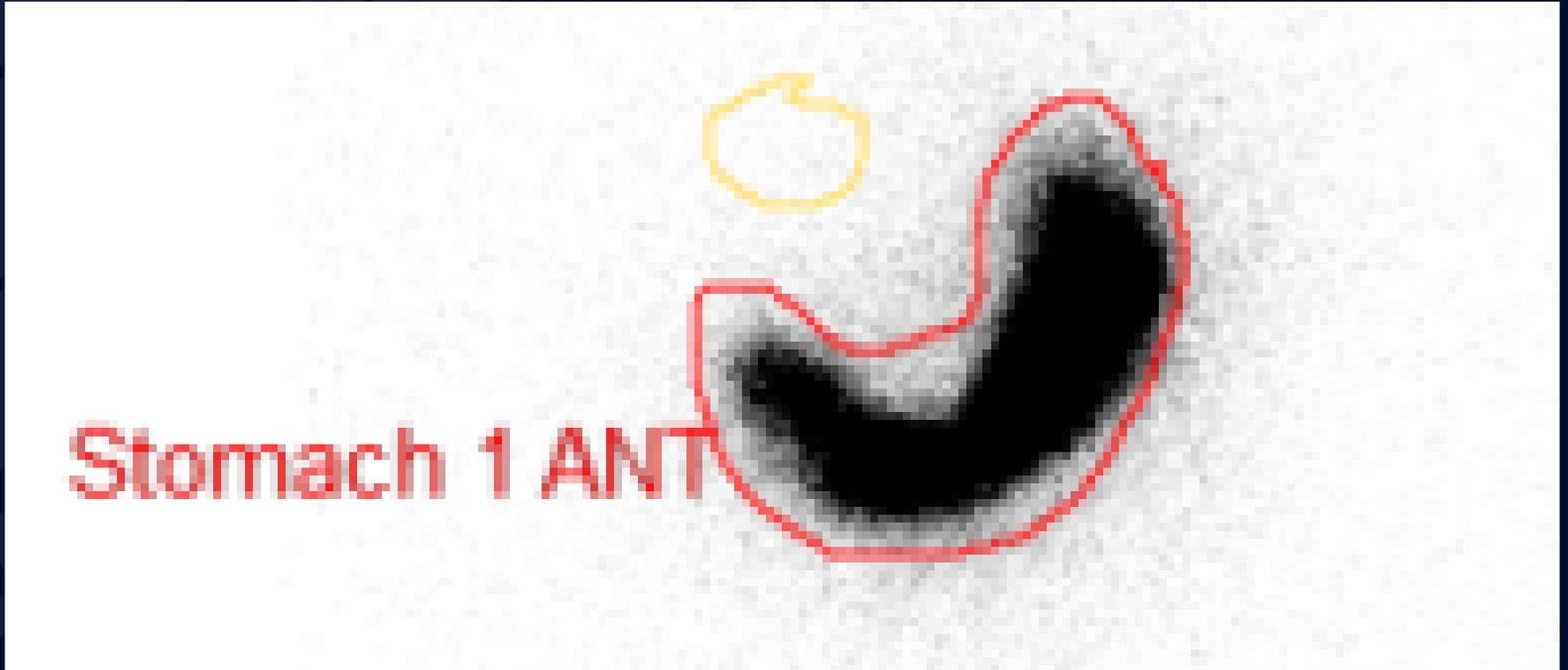


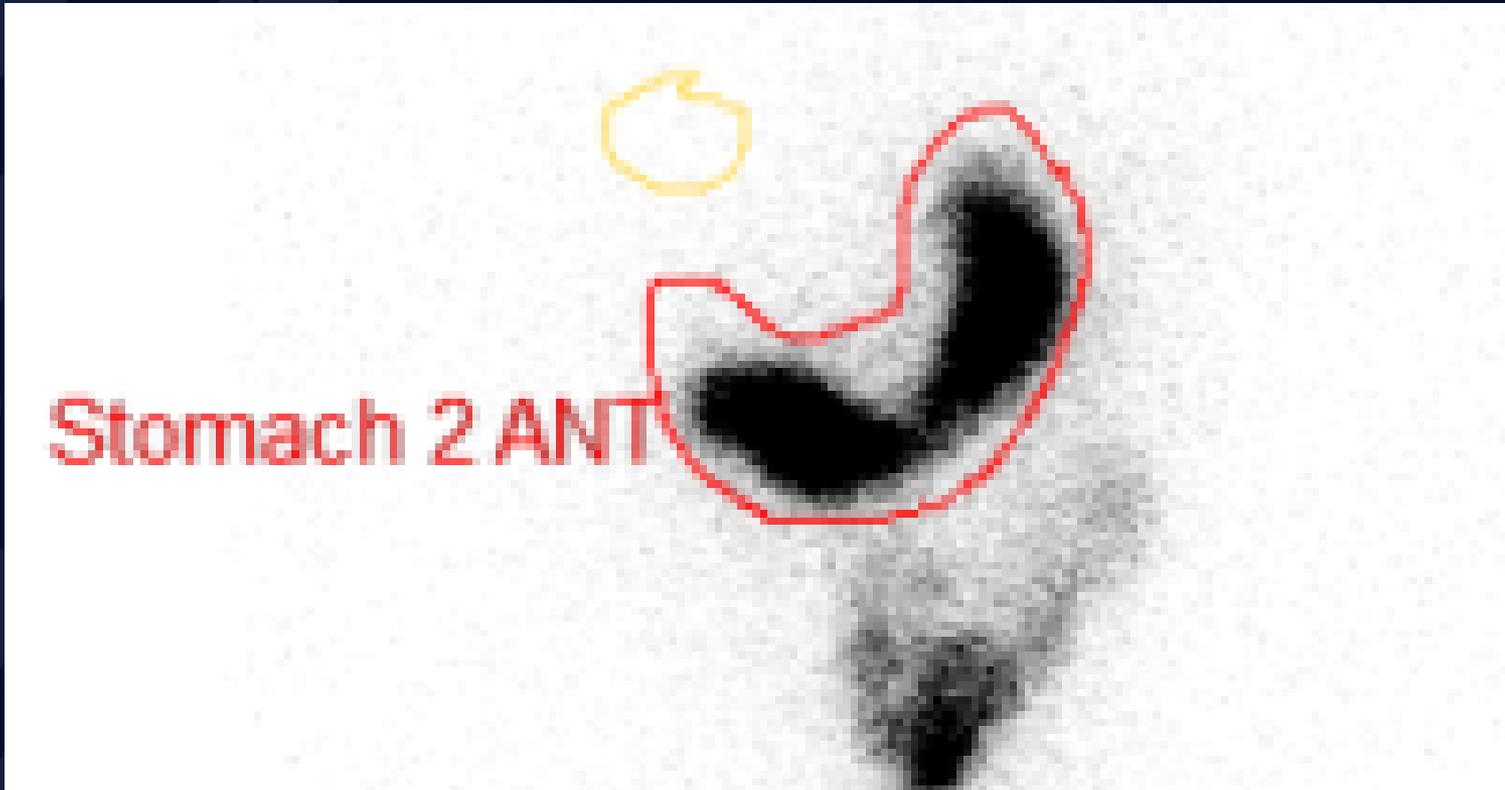
45 y/o male with history of fullness and diabetes

Atul Kumar, MD, MS

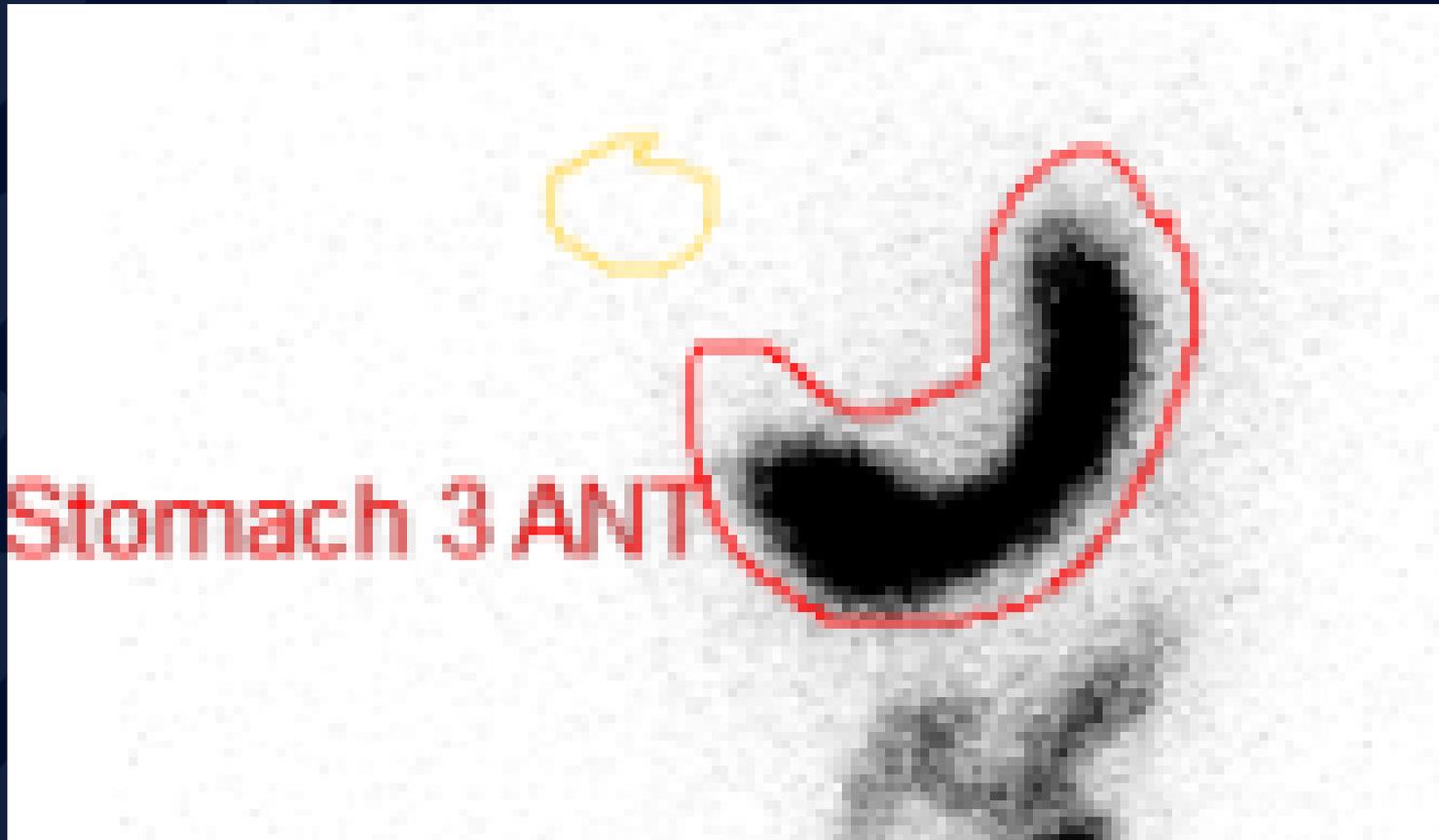
Planar image of stomach at 10 min



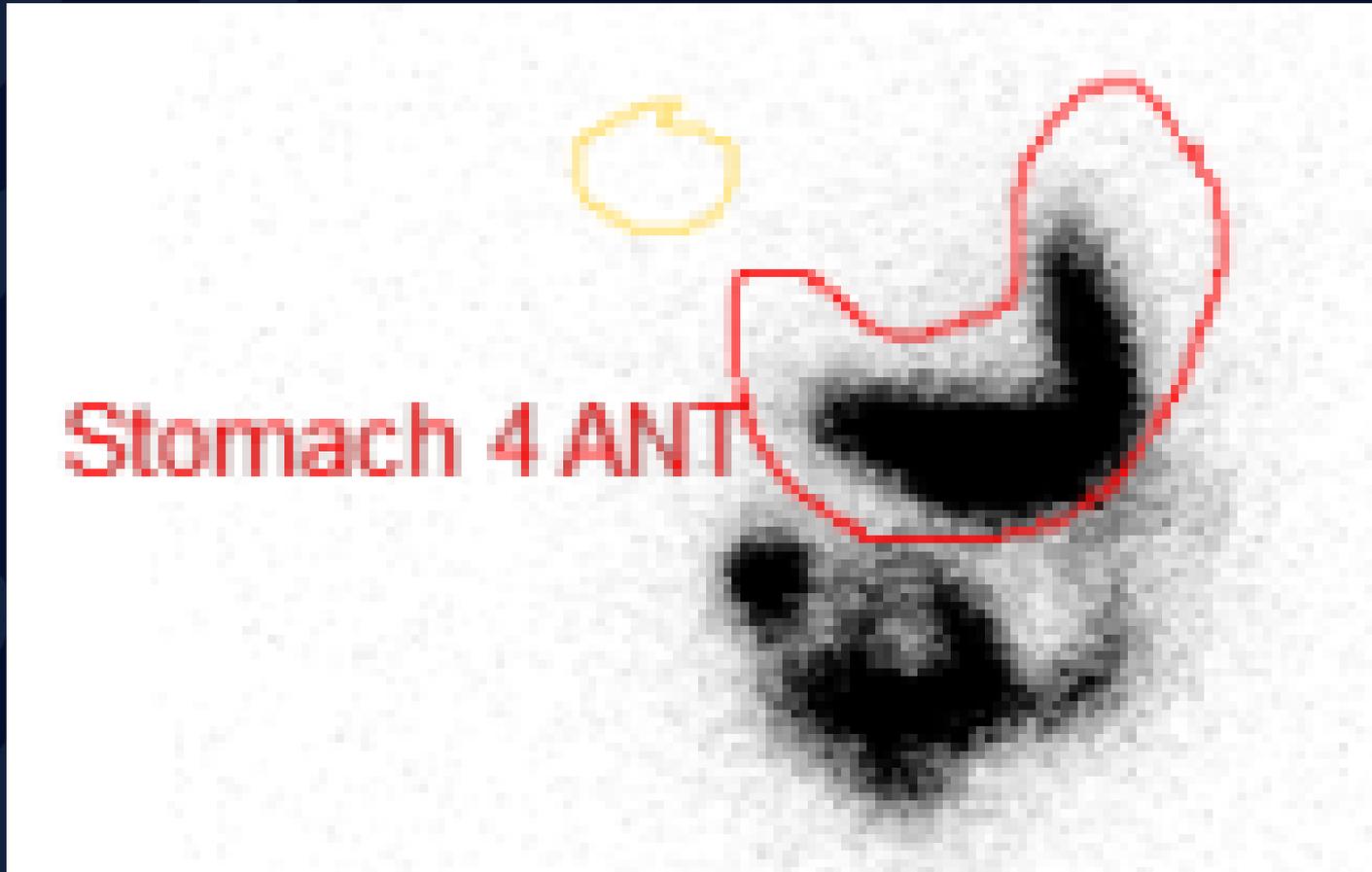
Planar image of stomach at 30 min



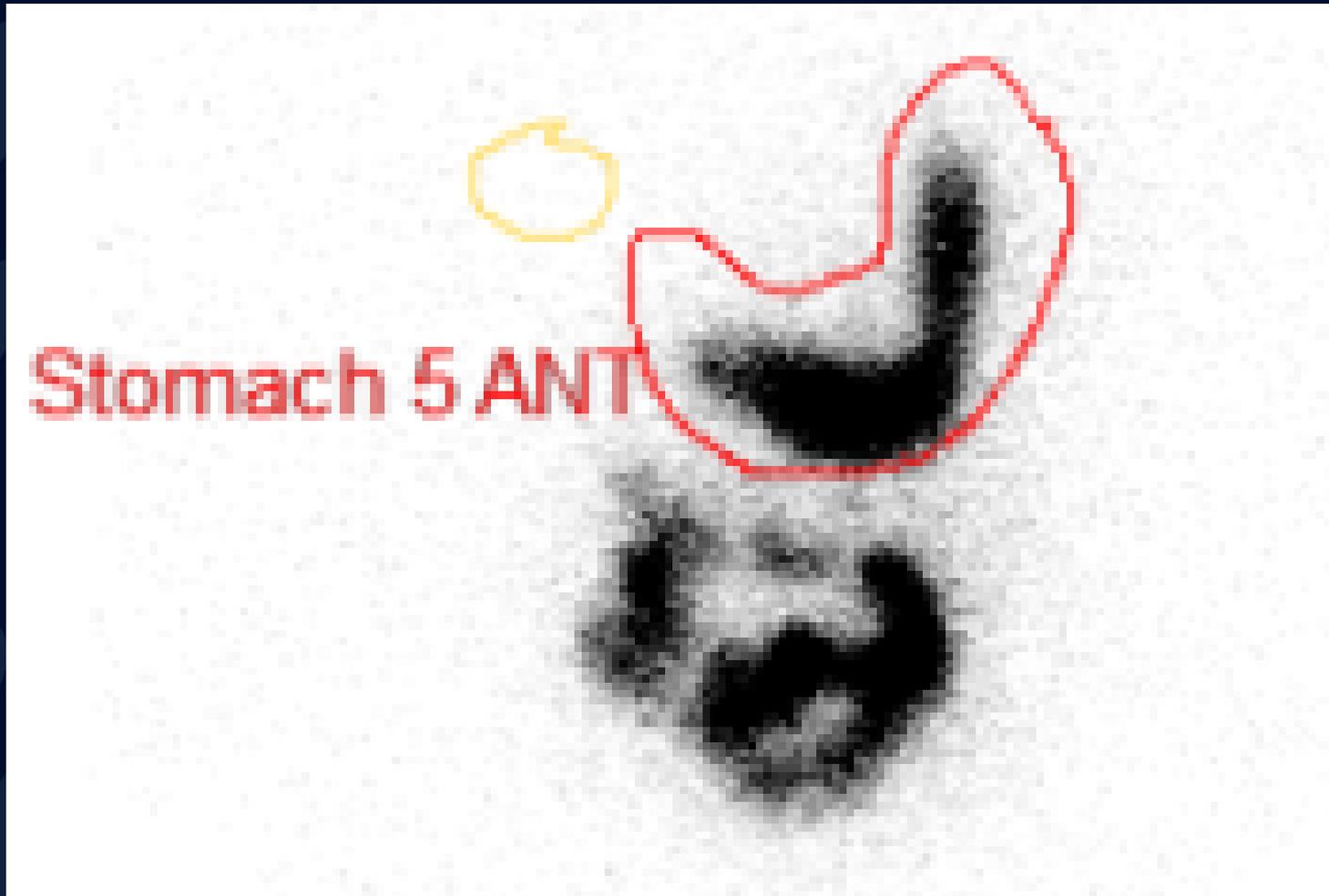
Planar image of stomach at 60 min



Planar image of stomach at 120 min



Planar image of stomach at 180 min



Planar image of stomach at 240 min

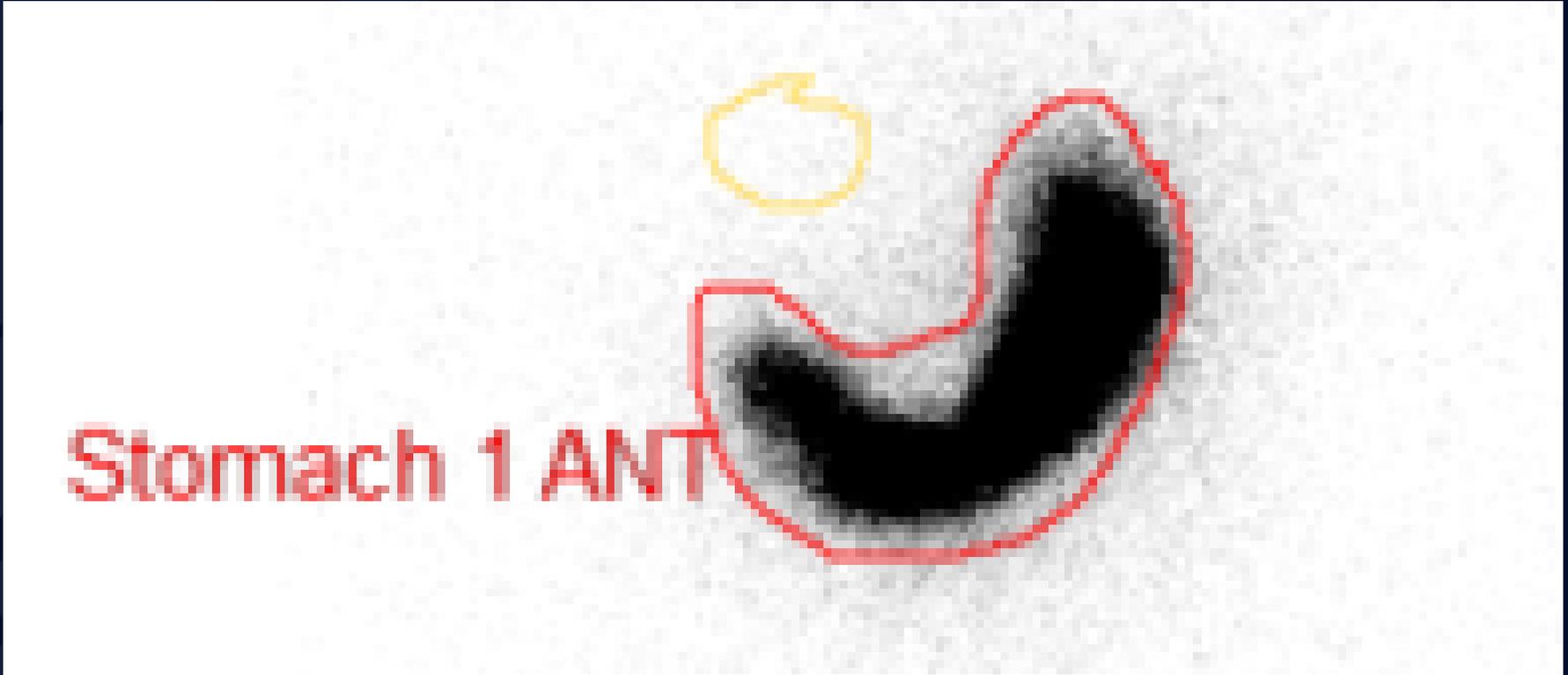


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

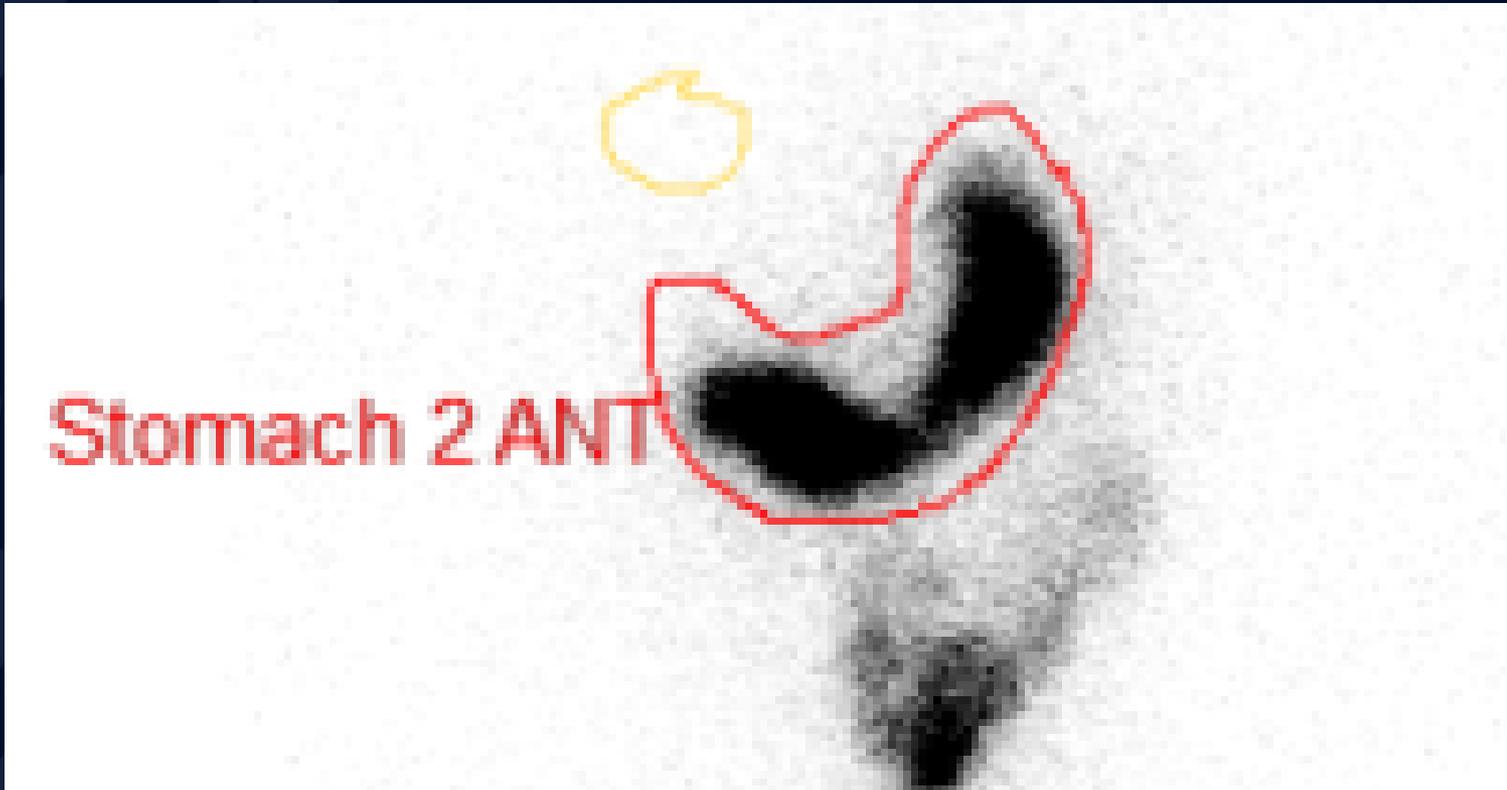
Diabetic Gastroparesis

Planar image of stomach at 10 min



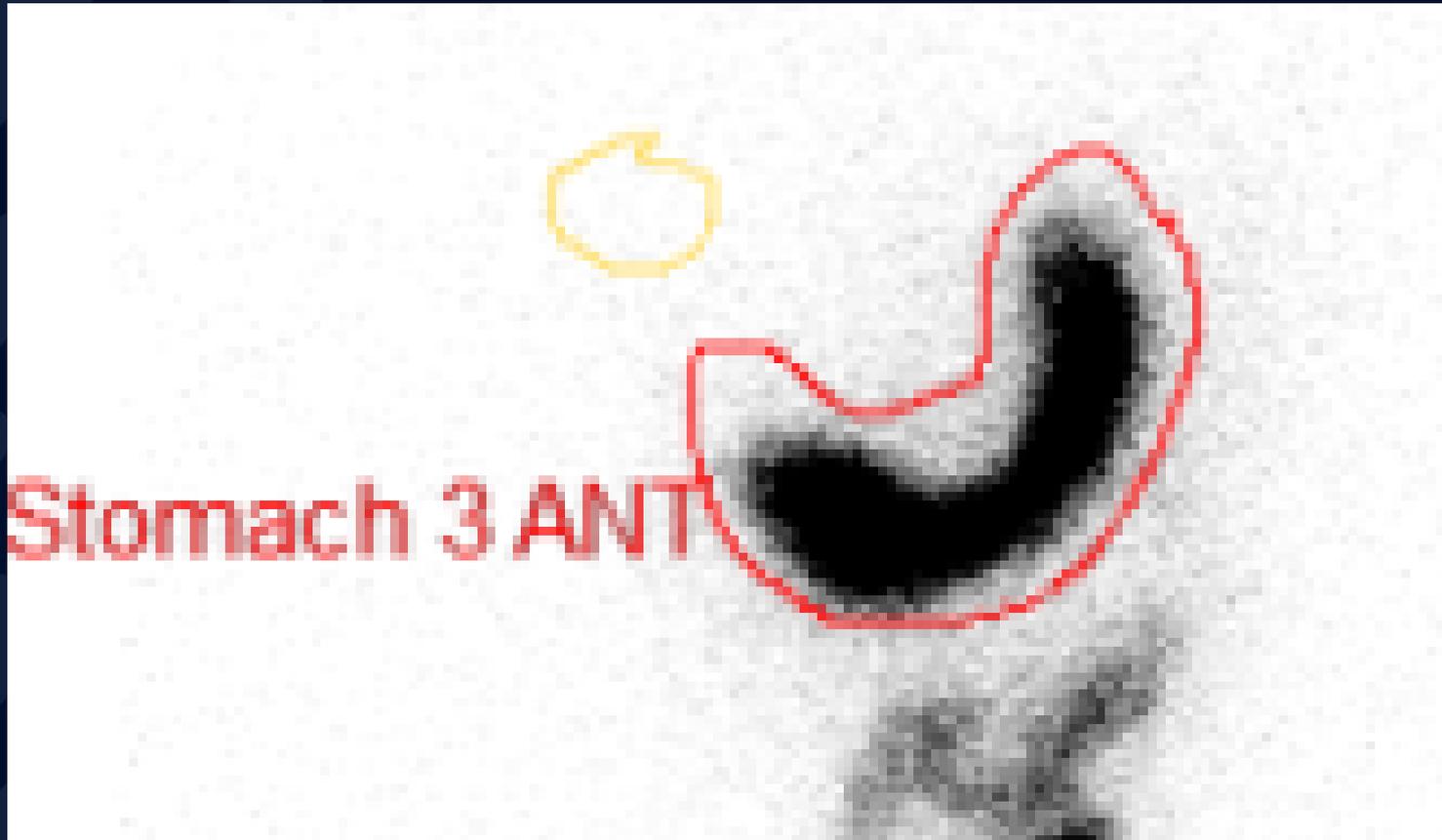
100% Retention

Planar image of stomach at 30 min



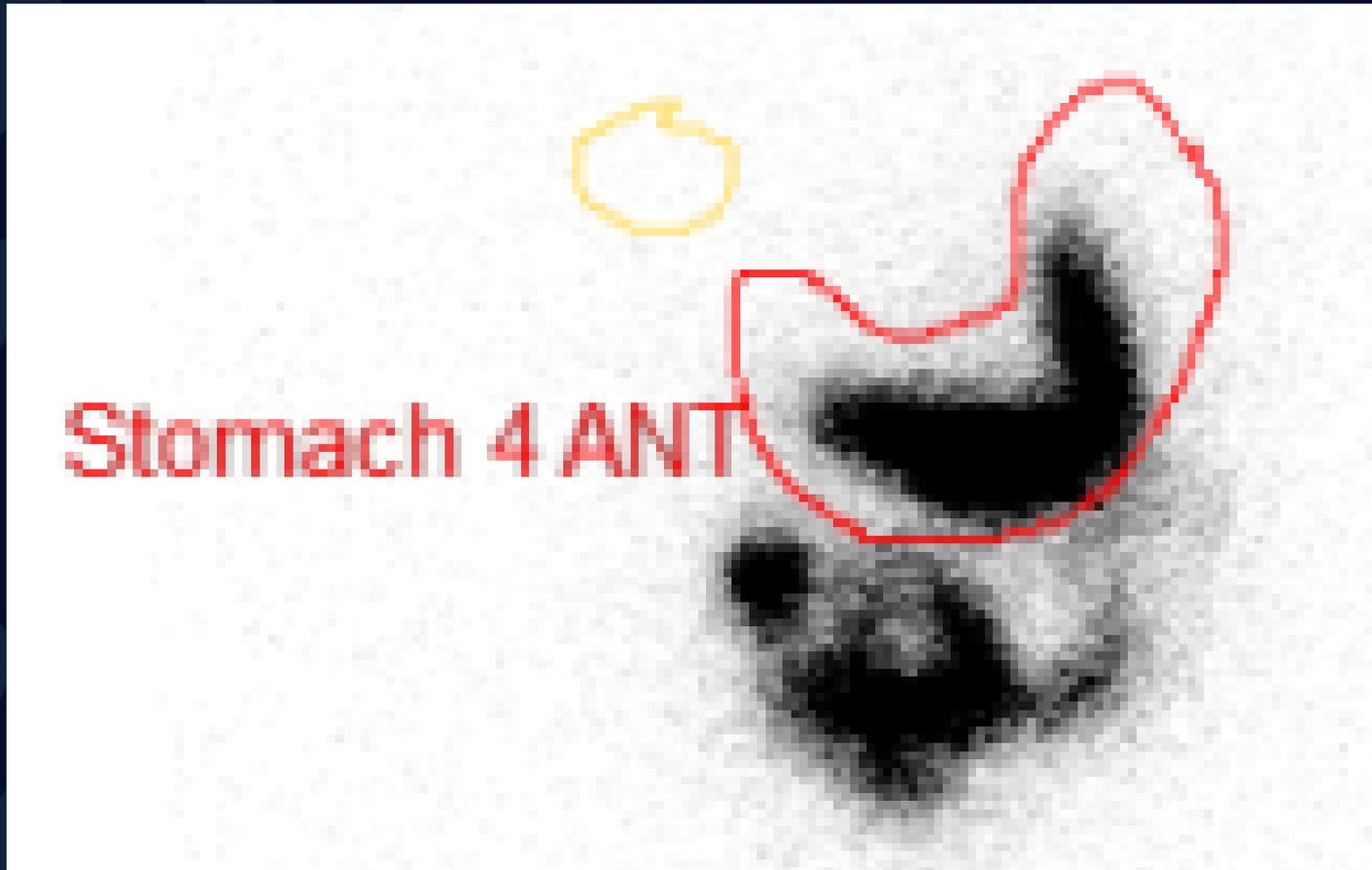
80% Retention

Planar image of stomach at 60 min



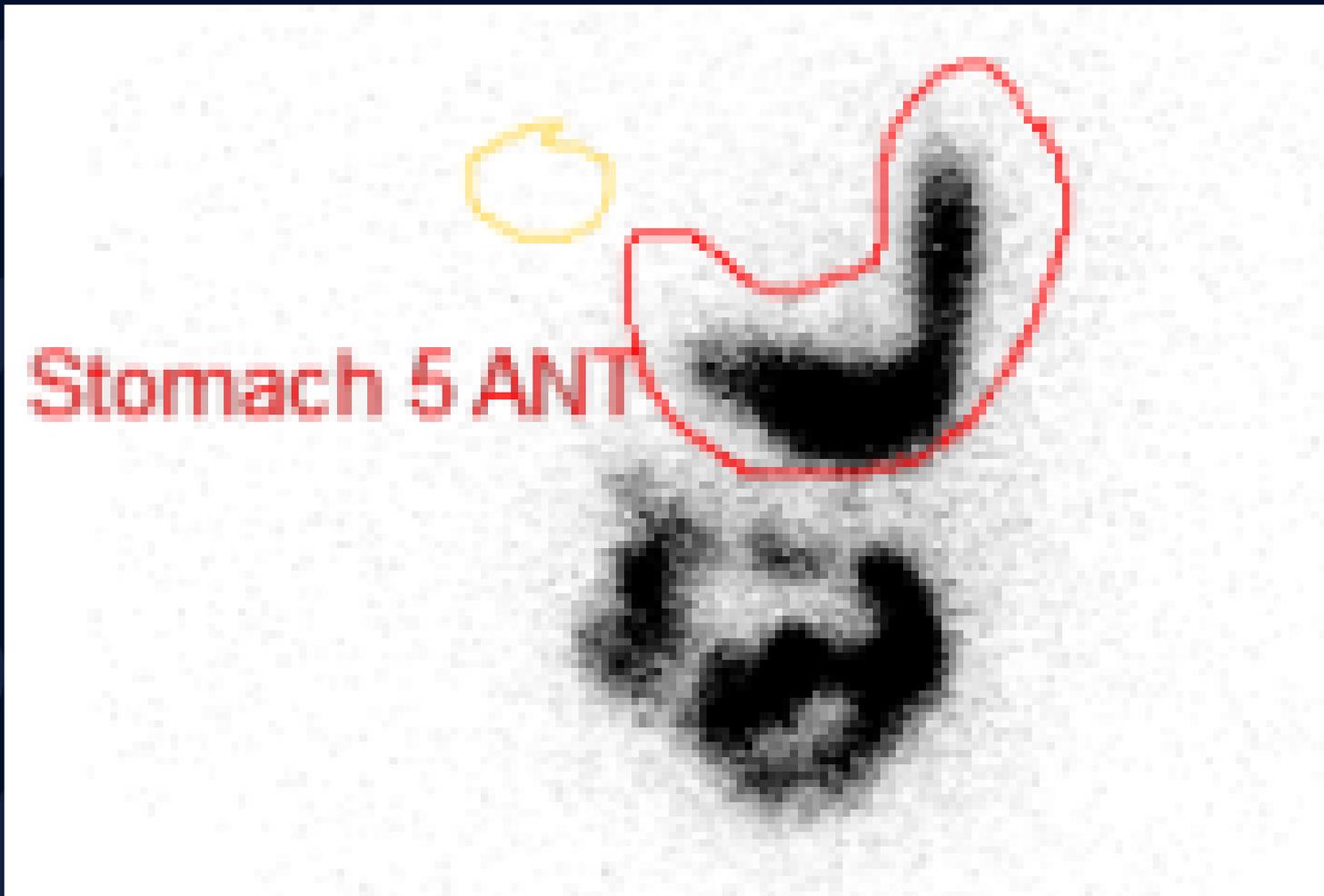
72% Retention

Planar image of stomach at 120 min



65% Retention

Planar image of stomach at 180 min



54% Retention

Planar image of stomach at 240 min



25% Retention

Gastroparesis

- Delayed gastric emptying without mechanical obstruction
- Symptoms: nausea, vomiting, fullness, bloating, early satiety
- Causes
 - 50% of cases are idiopathic
 - Type 1 Diabetes
 - Narcotics
 - Post thoracic or gastric surgery
 - Vagus nerve injury
- Imaging
 - Gastric emptying scintigraphy with radionuclide labeling of solids and liquids
 - Normal values for food retention
 - 37-90% at 1 hr
 - 30-60% at 2 hr
 - 0-10% at 4 hr
 - Upper GI series or CT scan can evaluate other causes