Rad to Rad Learning: Rapid Gastric Emptying

The Radiology Partners (RP) NMMI Radiology National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

Rapid gastric emptying and gastroparesis can both present with similar clinical symptoms. Gastric emptying examinations can definitively distinguish between the two etiologies.

1 hour: 24% retention (normal: 30-90%)

This graph displays the change in gastric activity over time at hourly intervals.

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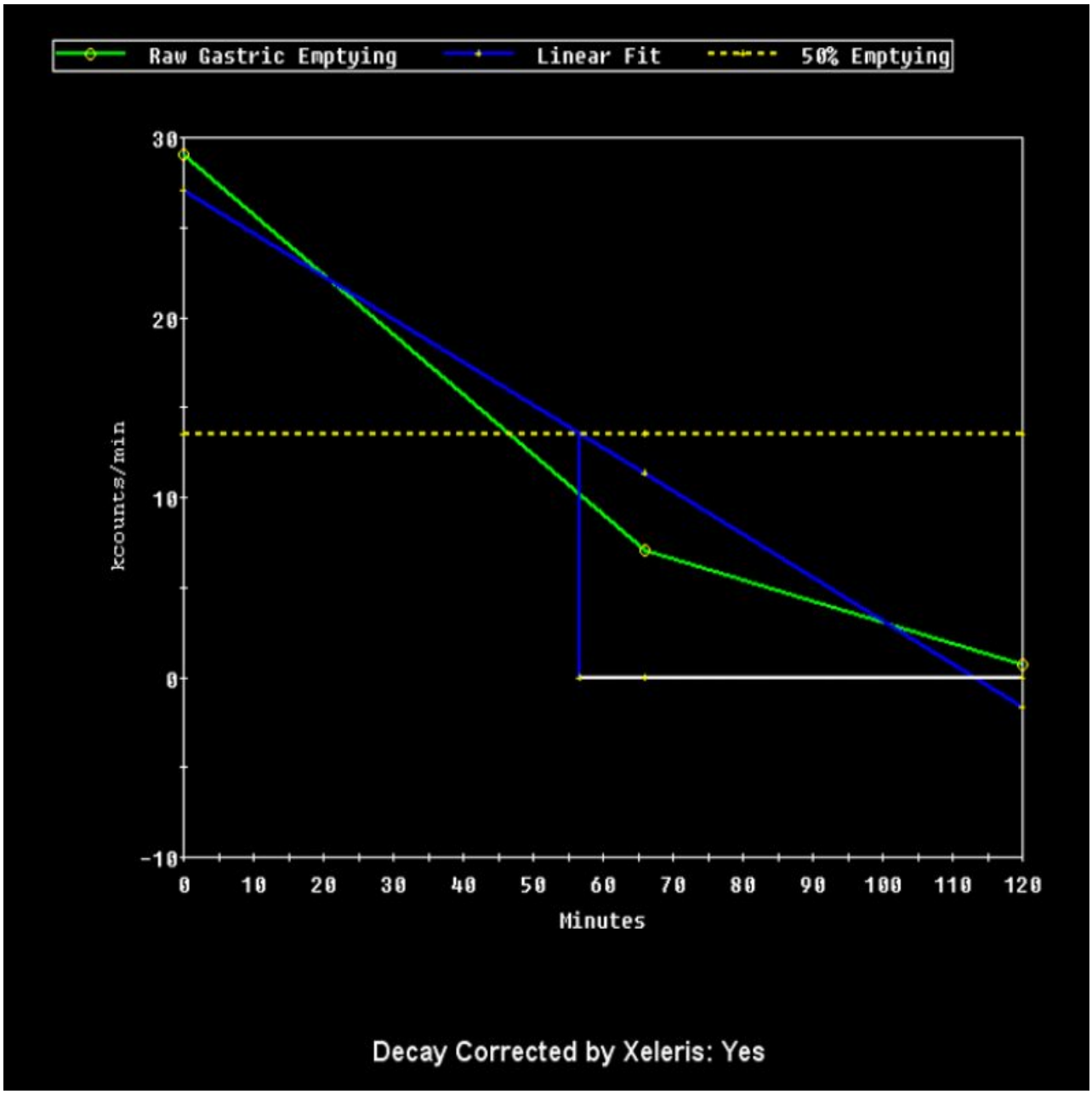

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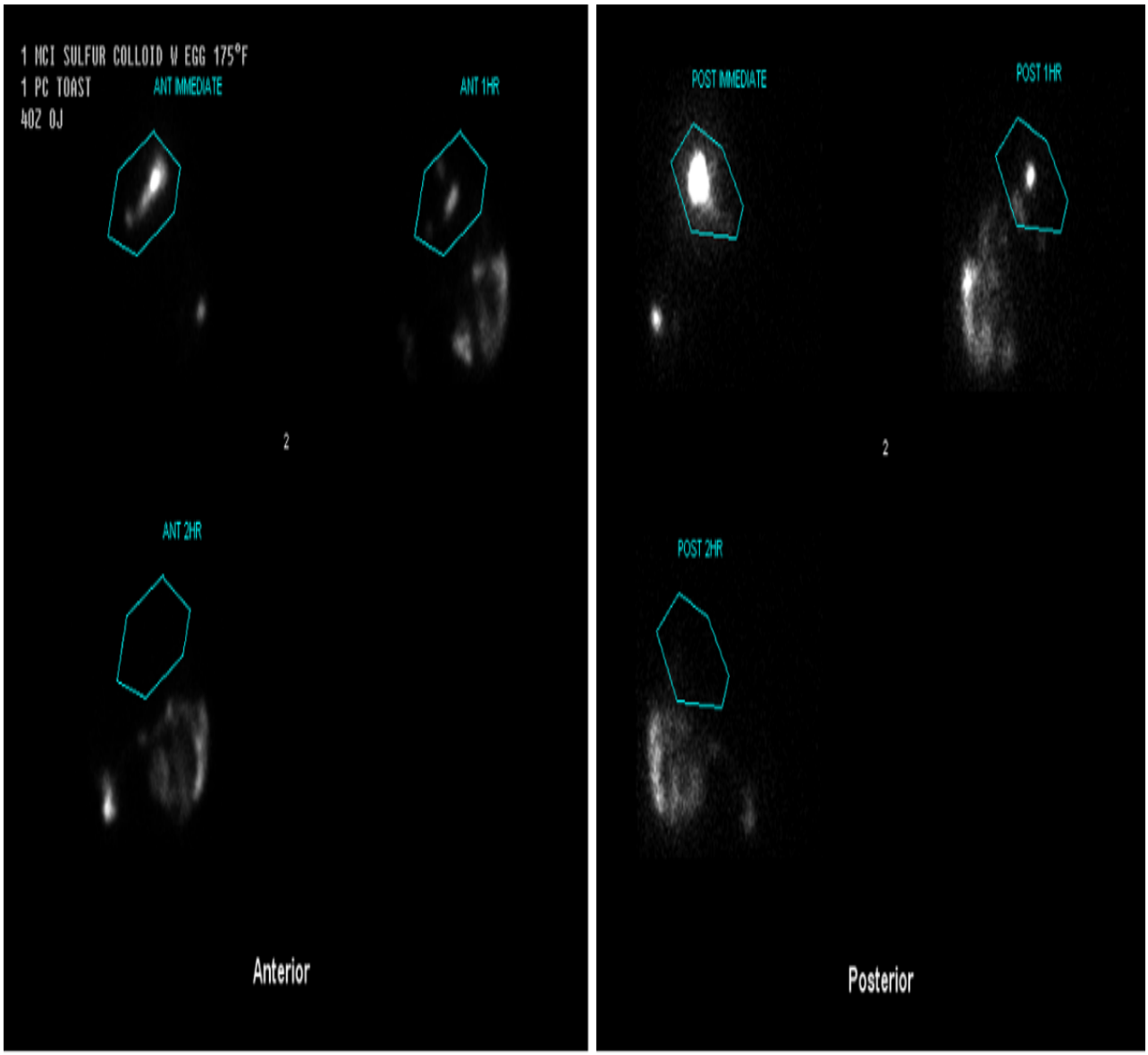

Practical Insights

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Seen frequently in patients post gastric surgery, vagotomy, and early diabetes.

- **Diagnostic criteria: <30% retention at 60 minutes.**
- **This diagnostic criteria only applies to the standard solid-phase meal, and a combination of anterior and posterior imaging.**
- **This examination can be terminated at the 1 hour time point if <30% retention is seen at 60 minutes.**

Takeaway: Obtaining a detailed patient history is key to an accurate diagnosis.

*Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.*The NMMI Radiology National Subspecialty Division (NSD) is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.

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