



Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

DIAGNOSTIC RADIOLOGY REPORT

PATIENT INFORMATION

Name: Alice Williams

ID: 7

DOB: N/A

Study Date: 10/31/2025

STUDY INFORMATION

Study Type: CT (Computed Tomography)

Body Part: Abdomen X-Ray

Modality: X-Ray

Status: in_progress

Ordered: 10/31/2025

FINDINGS

Medical image uploaded: ORDER-1761916364174.pending

IMPRESSION

File: ORDER-1761916364174.pending (0.00 MB)

RADIOLOGIST REPORT

Reported by: James Administrator

Board Certified Diagnostic Radiologist

Medical License: MD-RAD-2024

Report Date: 31 October 2025 at 13:13

Report ID: IMG1761916364174I7ORDER