



Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

DIAGNOSTIC RADIOLOGY REPORT

PATIENT INFORMATION

Name: Robert Davis

ID: 8

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

Scheduled: 10/30/2025

Performed: 10/30/2025

FINDINGS

Medical image uploaded: ORDER-1761931216018.pending

IMPRESSION

File: ORDER-1761931216018.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 17:21

Report ID: IMG1761931216018I8ORDER

MEDICAL IMAGE

Image Info: X-Ray • 0.00 MB • JPEG

Series: X-Ray Abdomen X-Ray

