



# 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: 11/2/2025

### STUDY INFORMATION

Study Type: X-ray (Radiography)

Body Part: Abdomen X-Ray

Modality: X-Ray

Status: in\_progress

Ordered: 11/2/2025

### FINDINGS

Medical image uploaded: ORDER-1762059070421.pending

### IMPRESSION

File: ORDER-1762059070421.pending (0.00 MB)

### RADIOLOGIST REPORT

#### Reported by: James Administrator

Board Certified Diagnostic Radiologist

Medical License: MD-RAD-2024

Report Date: 2 November 2025 at 05:30

Report ID: IMG1762059070421I7ORDER

### MEDICAL IMAGE

Image Info: X-Ray • 0.00 MB • JPEG

Series: X-Ray Abdomen X-Ray

