



CURA MEDICAL CENTER

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

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DIAGNOSTIC RADIOLOGY REPORT

PATIENT INFORMATION

Name: Alice Williams

ID: P001

DOB: N/A

Study Date: 10/17/2025

STUDY INFORMATION

Study Type: Angiography

Body Part: Abdomen X-Ray

Modality: X-Ray

Status: completed

FINDINGS

Medical image uploaded: IMG1760675245195I28ONC.png

IMPRESSION

File: IMG1760675245195I28ONC.png (0.03 MB)

RADIOLOGIST REPORT

Reported by: John Administrator

Board Certified Diagnostic Radiologist

Medical License: MD-RAD-2024

Report Date: 17 October 2025 at 04:27

Report ID: P001_28_2025-10-17T04-27-43