



# Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

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## DIAGNOSTIC RADIOLOGY REPORT

### PATIENT INFORMATION

Name: Alice Williams  
ID: 7  
DOB: N/A  
Study Date: 10/31/2025

### STUDY INFORMATION

Study Type: X-ray (Radiography)  
Body Part: Chest X-Ray (PA / Lateral)  
Modality: X-Ray  
Status: in\_progress  
Ordered: 10/31/2025  
Scheduled: 10/30/2025  
Performed: 10/30/2025

### FINDINGS

Medical image uploaded: ORDER-1761931135627.pending

### IMPRESSION

File: ORDER-1761931135627.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 17:19  
Report ID: IMG1761931135627I7ORDER

### MEDICAL IMAGE

Image Info: X-Ray • 0.00 MB • JPEG  
Series: X-Ray Chest X-Ray (PA / Lateral)

