



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