



# 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: 10/30/2025

### STUDY INFORMATION

Study Type: X-ray (Radiography)

Body Part: Chest X-Ray (PA / Lateral)

Modality: X-Ray

Status: ordered

### FINDINGS

Medical image uploaded: ORDER-1761848618418.pending

### IMPRESSION

File: ORDER-1761848618418.pending (0.00 MB)

### RADIOLOGIST REPORT

#### Reported by: James Administrator

Board Certified Diagnostic Radiologist

Medical License: MD-RAD-2024

Report Date: 30 October 2025 at 18:24

Report ID: IMG1761848618418I7ORDER