



# Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

## DIAGNOSTIC RADIOLOGY REPORT

### PATIENT INFORMATION

Name: Robert Davis

ID: 8

DOB: N/A

Study Date: 10/30/2025

### STUDY INFORMATION

Study Type: X-ray (Radiography)

Body Part: CT Chest

Modality: CT

Status: ordered

### FINDINGS

Medical image uploaded: ORDER-1761797403597.pending

### IMPRESSION

File: ORDER-1761797403597.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 04:10

Report ID: IMG1761797403597I8ORDER

### MEDICAL IMAGE

Image Info: CT • 0.00 MB • JPEG

Series: CT CT Chest

