



# Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

## DIAGNOSTIC RADIOLOGY REPORT

### PATIENT INFORMATION

Name: Alice Williams

ID: 7

DOB: N/A

Study Date: 10/30/2025

### STUDY INFORMATION

Study Type: CT (Computed Tomography)

Body Part: MRI Abdomen / Pelvis

Modality: MRI

Status: ordered

### FINDINGS

Medical image uploaded: ORDER-1761848544890.pending

### IMPRESSION

File: ORDER-1761848544890.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 18:22

Report ID: IMG1761848544890I7ORDER