

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Monica Barba	GENDER:	Female
DATE OF BIRTH:	02/17/1982 (44)	HANDEDNESS:	Right
DATE OF EXAM:	06/02/2026	ETHNICITY:	Hispanic
EDUCATION:	18	MARITAL STATUS:	Married
OCCUPATION:	Patient Navigator	REFERRED BY:	Beatriz Casas, PA-C

REASON FOR REFERRAL

Ms. Barba was referred for evaluation due to suspected cognitive decline. Results will elucidate her current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Ms. Barba presented with complaints of worsening memory, short-term memory difficulties, and trouble recalling recent events. While she subjectively reported that her cognitive symptoms, particularly word-finding and memory issues, began noticeably in March or April 2026 following a traumatic cardiac event, a review of her medical records indicates her initial neurology consultation for these specific complaints was completed on March 13, 2026, suggesting the onset of symptoms was likely earlier than she subjectively recalls. She is unsure if her symptoms are actively worsening or if she is simply noticing them more frequently. She reports a lifelong history of difficulty with long-term memory. She frequently misplaces objects such as her keys and cell phone, though she denies repeating questions or getting lost. Regarding language, she experiences word-finding difficulties in both English and Spanish, sometimes noticing it more frequently in Spanish. She exhibits word substitution, occasionally replacing intended words with unrelated ones. She reports no current problems with sustaining attention but notes inefficiencies in multitasking, which she feels she has struggled with throughout her life. She additionally reports a lifelong history of procrastination and difficulty initiating projects.

Behaviorally and emotionally, Ms. Barba has a documented history of anxiety and depression. She noted that her depressive symptoms increased significantly last year but have recently improved following the initiation of escitalopram, which she reports has helped stabilize her mood over the past year. Her sleep architecture has historically been poor; she reported previously sleeping only three to four hours a night and waking up to watch television without resting. Currently, she averages five to six hours of sleep. She has been using her CPAP machine consistently over the past seven days and has noticed sleep improvements. She feels chronically exhausted, which is compounded by deficiencies in Vitamin D and B12, as well as anemia, though her energy levels are slightly improving with consistent PAP machine usage. She reports a tendency to eat more, specifically snacking on sweets, when anxious or bored, a pattern she has noticed recently at her new job. She denies any history of hallucinations or delusions.

Functionally, Ms. Barba is fully independent with basic activities of daily living. She remains largely independent with instrumental activities of daily living. She drives independently and denies any history of accidents or getting lost. She manages household finances independently, though she reports occasionally forgetting to pay bills or paying them late. She manages her own

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medications with occasional forgetfulness regarding doses. She cooks independently and denied problems with cooking during today's interview. She manages her medical appointments independently.

MEDICAL HISTORY

Conditions: Ms. Barba's medical history is significant for obesity, hypothyroidism, severe obstructive sleep apnea (uses a PAP device consistently as of the last seven days), coronary heart spasms (vasospasm), asthma, and prediabetes. Her past history includes age-related osteoporosis and a fatty liver. She was hospitalized for five days in January 2026 for a severe stress-induced cardiac event characterized by elevated troponin levels.

Surgeries: Cesarean section (x1), appendectomy, cardiac surgery for a heart murmur at age four, transoral EGD biopsies, and a colonoscopy.

Imaging: An MRI of the brain without contrast performed on April 2, 2026, was unenhanced and unremarkable, with an incidental finding of lobulated T2 hyperintense foci in the left parotid gland.

Current medications: Escitalopram (20 mg), Amlodipine (2.5 mg), Levothyroxine (25 mcg), Pantoprazole (40 mg), Metformin (500 mg), Tizanidine (2 mg), Hydroxyzine (25 mg as needed), Nitroglycerin (0.4 mg SL as needed), an Epinephrine auto-injector, Albuterol, Symbicort, Spiriva, and Fluticasone.

Substance use: Ms. Barba reports she has never consumed alcohol, used recreational drugs, or used tobacco regularly.

Family history: Her mother has a history of high blood pressure and anxiety. Her father has a history of colon cancer (in remission) and high triglycerides. A sibling has a history of high blood pressure, anxiety, and depression. Her paternal grandmother had a history of dementia.

MENTAL HEALTH HISTORY

Ms. Barba has a history of mild major depression and anxiety. She is currently seeing a therapist for mood and irritability and has engaged in therapy intermittently for the past 20 years. Her psychosocial history is significant for early childhood separation trauma, having remained in Ecuador from ages 12 to 16, experiencing significant loneliness after her mother immigrated to the United States. As an adult, she experienced the traumatic loss of a five-month pregnancy following a Down syndrome diagnosis. She also reports ongoing stress related to the health issues of her four-year-old daughter. Ms. Barba was formally diagnosed with AD/HD (Combined Type) by an external psychologist in April 2026 following a clinical interview and computerized testing, which placed her in the 75th percentile for attention problems. She denies any history of psychiatric hospitalizations, suicidal ideation, or substance abuse problems.

EDUCATIONAL HISTORY

Ms. Barba completed 18 years of education and holds a Master's degree in Spanish from the University of Houston. She attended school in Ecuador from kindergarten through the 11th grade. She immigrated to the United States at age 17 and completed 10th through 12th grades in

the U.S. She began learning English upon immigrating, initially taking ESL classes taught entirely in English during the 10th grade before transitioning to mainstream classes. She denies a history of learning problems or difficulties, noting she always excelled academically and achieved an undergraduate GPA of 3.90. She currently speaks both English and Spanish fluently at home.

OCCUPATIONAL HISTORY

Ms. Barba is currently employed full-time as a patient navigator for UTMB, a position she has held since February 2026, where she connects pregnant women to community resources. Previously, she worked for a non-profit organization for 10 years. From 2018 to 2023, she worked for the Houston Independent School District in various roles, including a wrap-around specialist, learning coach, and teacher apprentice. She then transitioned to a high school Spanish teacher role for three months before leaving the position due to the aforementioned stress-induced cardiac hospitalization in January 2026.

SOCIAL HISTORY

Ms. Barba was born and raised in Ecuador and immigrated to the United States at age 17. She has been married since 2013 and has three children, ages 11, 9, and 4. She currently lives with her family in Houston, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Barba presented as a casually dressed woman with adequate grooming. She was alert and fully oriented, except for missing today's date by one. Her gait was unassisted and unremarkable. Vision and hearing appeared normal and adequate for testing purposes. Her gross motor functioning was normal without evidence of resting or action tremors. Expressive and receptive language was within normal limits during conversational speech. Her affect was broad, and her mood appeared pleasant. The examiner noted that her attention and concentration were normal, and her memory appeared normal with occasional reminders provided during the evaluation. Overall, Ms. Barba exhibited full cooperation and appeared to put forth her best effort throughout the evaluation. Thus, the results appear to provide an accurate representation of her current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Rey Auditory Verbal Learning Test
Wide Range Achievement Test -5 (Word Reading)	Logical Memory (WMS-IV)
Wechsler Adult Intelligence Scale-IV (select subtests)	Visual Reproduction (WMS-IV)
Neuropsychological Assessment Battery-Naming Test	Design Fluency Test (D-KEFS)
Ponton Satz Boston Naming Test	Color Trails Test
Verbal Fluency (FAS- English; PMR- Spanish)	Patient Health Questionnaire (PHQ-9)
Semantic Fluency (Animal Naming- English and Spanish)	Generalized Anxiety Disorder (GAD-7)
Line Orientation (RBANS)	Minnesota Multiphasic Personality Inventory-2RF
Rey Complex Figure Test (copy)	

TEST RESULTS

Prior to the interpretation of specific test scores, the language of administration was carefully considered. Although Ms. Barba's first language is Spanish, the majority of the current

neuropsychological evaluation was conducted in English. This decision was informed by a verbal fluency ratio, which indicated that her functional language abilities currently fall within the bilingual range. Furthermore, during the clinical interview, Ms. Barba explicitly expressed a preference for completing these types of medical and cognitive assessments in English. Additionally, all of her undergraduate and graduate education (Bachelor's and Master's degrees) was completed in the United States and in English. Given these combined factors, testing proceeded predominantly in English, with the strategic inclusion of select Spanish-language measures (e.g., confrontational naming and verbal fluency) to comprehensively capture her bilingual expressive language capabilities.

Effort: Objective measures of performance validity were administered to assess the patient's level of engagement. Her performance on a standalone and three out of four embedded validity indicators was within the valid range.

Premorbid/Intellectual: Ms. Barba was administered a word reading test that estimated her premorbid general intellectual functioning to be within the average range. Her composite performance on a variety of verbal and nonverbal tests estimated her current general intellectual functioning to be within the average range.

Attention/Concentration & Processing Speed: Overall working memory abilities were below average. Specifically, on a measure of auditory working memory encompassing digit span recall, reversal, and sequencing, her aggregate performance was below average. Mental arithmetic was in the low average range. Overall processing speed abilities were low average. More specifically, graphomotor coding speed was average, while visual scanning and symbol identification were low average.

Memory: On a 15-word list learning and memory test, she demonstrated below average immediate recall, as she recalled 7, 9, 10, 7, and 8/15 words, respectively, across five consecutive trials. Following an interference list, her short-delay recall was low average, as she recalled 9/15 words. Following a 30-minute delay, her recall was average, as she recalled 10/15 words. Her discrimination accuracy on a recognition format was average, as she correctly identified 15 out of 15 words, and she endorsed 1 false positive error.

Verbal memory for a set of prose passages was in the high average range for immediate recall. After a delay, her recall remained high average. Her recognition of details was within normal limits when presented with a forced-choice format.

Immediate recall and reproduction of a series of geometric designs was average. Following a delay, her recall remained average. Her discrimination accuracy was within normal limits when identifying target figures on a multiple-choice display.

Language: Naming to visual confrontation was performed in the exceptionally low range on an English measure and the low average range on a Spanish measure. Lexical/phonemic fluency was below average in English and Spanish. Semantic/category fluency was low average in English and below average in Spanish.

Visuospatial/Constructional: Her ability to copy a complex figure was low average. Judgment of angular line relations was also low average. She performed in the average range on a subtest assessing visual construction with blocks.

Executive Functioning: Non-verbal abstract reasoning was average. Speed of visual-graphomotor tracking for a simple numerical sequence was low average and error-free. Set-shifting abilities on a sequenced tracking task were low average and error-free. On a test of design fluency, her overall ability to generate novel geometric patterns was average, while her percentage of accuracy was high average.

Emotional/Behavioral Functioning: On self-report inventories, Ms. Barba endorsed mild symptoms of depression as well as moderate symptoms of anxiety.

On an objective measure of personality and emotional functioning, Ms. Barba responded consistently and attentively, yielding a valid and interpretable profile. While she did not exaggerate severe psychiatric symptoms, she exhibited a tendency to magnify physical and cognitive difficulties, a pattern frequently observed in individuals experiencing high levels of genuine medical distress and somatic preoccupation. Clinically, her profile is dominated by significant internalizing distress, characterized by prominent depressive symptomatology, profound anhedonia, and generalized demoralization. She reported feelings of inefficacy, self-doubt, excessive worry, and a reduced capacity to cope with her current life circumstances. Furthermore, Ms. Barba demonstrated a significant hyper-focus on her physical and cognitive vulnerabilities, endorsing high levels of cognitive complaints—which directly aligns with her presenting concerns—as well as generalized malaise and severe gastrointestinal distress. This gastrointestinal focus may reflect a physiological manifestation of her anxiety or the chronic stress surrounding her daughter's own complex gastrointestinal diagnosis. With externalizing behaviors, thought dysfunction, and interpersonal functioning all remaining within normal limits, her overall presentation is consistent with an individual experiencing substantial emotional distress who tends to express this psychological burden through prominent somatic and cognitive symptoms.

SUMMARY

Ms. Monica Barba is a 44-year-old, right-handed Hispanic female with a Master's degree who was referred for a neuropsychological evaluation by Beatriz Casas, PA-C, to assess suspected cognitive decline. Her primary presenting complaints include worsening short-term memory, word-finding difficulties characterized by word substitutions, and lifelong inefficiencies in multitasking and initiating projects. During the evaluation, Ms. Barba was fully cooperative and performed within the valid range on a standalone and multiple embedded performance validity indicators, confirming that the current test results represent a valid and reliable estimate of her true neurocognitive functioning.

Ms. Barba demonstrated multiple areas of preserved cognitive functioning. Her estimated premorbid intellectual functioning and current general cognitive abilities remain intact and fall within the average range. In the domain of memory, her ability to encode, consolidate, and retrieve contextual verbal information was robust, operating in the high average range. Her visual memory for geometric designs and her delayed recall and recognition of unstructured

verbal list information were similarly preserved in the average range. Additionally, she exhibited intact performances on measures of non-verbal abstract reasoning, design fluency accuracy, graphomotor coding speed, and visual constructional skills with blocks.

Conversely, Ms. Barba exhibited notable vulnerabilities and deficits in specific cognitive domains. Expressive language abilities represent her most prominent area of dysfunction, with confrontational naming falling into the exceptionally low range in English and low average range in Spanish, alongside below average lexical fluency in both languages, and semantic fluency ranging from low average in English to below average in Spanish. Attention and processing speed were also vulnerable, evidenced by below average auditory working memory and low average performances on tasks of mental arithmetic and visual scanning. Furthermore, her immediate and short-delay encoding of unstructured verbal information was below average to low average, and mild reductions were noted in visuospatial integration as well as executive visual-motor tracking and set-shifting, which fell into the low average range.

Emotionally and behaviorally, Ms. Barba's profile is highly complex. On brief screening measures, she endorsed mild symptoms of depression and moderate symptoms of anxiety. Her objective personality inventory revealed significant internalizing distress, profound demoralization, negative emotionality, and a pronounced tendency to hyper-focus on somatic, gastrointestinal, and cognitive complaints. Behaviorally, she presented as pleasant and alert during the interview, though her clinical history is highly significant for early childhood separation trauma, a traumatic second-trimester miscarriage, ongoing severe stress related to her youngest child's medical condition, and a recent hospitalization in January 2026 for a stress-induced cardiac event. She is currently prescribed escitalopram, which she feels has recently helped stabilize her mood, and she carries a recent diagnosis of Attention-Deficit/Hyperactivity Disorder from an external psychologist.

Functionally, Ms. Barba remains highly independent across most domains of daily living. She continues to work full-time as a patient navigator, drives independently, and manages all basic activities of daily living without assistance. While she independently manages her own medications and household finances, she reports occasional forgetfulness with bill payments and medication adherence, indicating a mild need for structured external aids or oversight in these areas.

In clinical synthesis, Ms. Barba presents with an expressive language and frontostriatal neurocognitive profile, characterized by exceptionally low to low average naming, below average lexical fluency, and low average to below average semantic fluency, all in the context of fully preserved episodic memory consolidation and retention. While her confrontational naming in English fell into the exceptionally low range, it is crucial to note that her status as an English as a Second Language (ESL) speaker who acquired English at age 17 likely depresses her performance when compared to monolingual normative data. However, concurrent low average to below average performances on Spanish-language naming and fluency tasks suggest a genuine underlying vulnerability in lexical retrieval rather than a purely linguistic artifact. This pattern of intact memory encoding coupled with reduced attention, processing efficiency, and expressive retrieval does not reflect a primary neurodegenerative dementia. Instead, her cognitive vulnerabilities are highly characteristic of a multifactorial etiology. Her severe obstructive sleep

apnea, a recent stress-induced cardiac event (raising the possibility of mild vascular or hypoxic compromise), and a profound psychiatric overlay—including significant trauma history, somatic focus, anxiety, and untreated neurodevelopmental attentional vulnerabilities—are actively compounding to disrupt her frontally-mediated attentional networks and expressive language retrieval. Her diagnostic presentation is consistent with Mild Cognitive Impairment – Multiple Domain Type, due to multiple etiologies, including sleep fragmentation, psychiatric overlay, and possible vascular factors.

IMPRESSION Mild Cognitive Impairment – Multiple Domain Type

RECOMMENDATIONS

Medical & Psychiatric Management

1. **Sleep Apnea Adherence:** Severe Obstructive Sleep Apnea is a known physiological driver of working memory, processing speed, and word-finding deficits. It is imperative that Ms. Barba continue strict, nightly adherence to her CPAP machine to optimize cerebral oxygenation.
2. **Specialist Follow-Up:** Ms. Barba should follow up with Otolaryngology (ENT) regarding the incidental finding of lobulated T2 hyperintense foci in her left parotid gland noted on her recent brain MRI. She must also maintain regular follow-ups with Cardiology to monitor her coronary vasospasms.
3. **Psychiatric Care:** Ms. Barba is strongly encouraged to continue her current psychological therapy to address her significant trauma history, demoralization, anxiety, and untreated neurodevelopmental attentional vulnerabilities. She should consult with her prescribing provider regarding the optimization of her psychotropic regimen, particularly addressing her moderate anxiety and pronounced focus on somatic/cognitive complaints.

Safety & Supervision

1. **Driving & Independence:** Ms. Barba remains cognitively and functionally safe to drive and live independently. No continuous supervision is required at this time.
2. **Kitchen Safety:** To address her report of occasionally leaving the stove burner on, she is encouraged to use a loud kitchen timer or microwave timer whenever cooking to prevent fire hazards.

Functional & Legal Planning

1. **Financial Scaffolding:** She should immediately set up automated payments for all essential utilities and mortgage/rent to prevent financial penalties or service interruptions resulting from forgetfulness with paying bills.
2. **Medication Management:** She should utilize a daily pill organizer (filled once a week) and set a recurring daily alarm on her cellular phone to ensure complete adherence and mitigate occasional forgetfulness, particularly for her cardiac and psychiatric medications.

Cognitive & Behavioral Strategies

1. **Speech and Cognitive Rehabilitation:** A referral to a Speech-Language Pathologist (SLP) is recommended for targeted cognitive-linguistic strategies addressing her vulnerabilities in expressive language (confrontational naming and verbal fluency) across both English and Spanish. It is strongly recommended that any future therapeutic interventions be conducted with a bilingual (Spanish-English) provider who can appropriately accommodate and leverage her dual-language networks, honoring her ESL status and native Spanish acquisition.
2. **Word-Finding Strategies:** When experiencing a "tip-of-the-tongue" moment or substituting words, Ms. Barba should utilize circumlocution (describing the purpose, shape, or category of the object) rather than forcing the specific word. Reducing performance anxiety during these moments will often allow the word to retrieve naturally.
3. **External Memory Aids:** She must externalize her executive functioning to circumvent working memory weaknesses and lifelong procrastination. She should carry a small notepad or utilize the notes application on her smartphone to immediately record appointments, tasks, and conversations, rather than relying on her vulnerable mental tracking.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/03/2026