

Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

Name: Robert Caylor	Education: 15
Date of Birth (Age): 8/23/1981 (44)	Handedness: Right
Ethnicity/Race: Hispanic/Latino	Occupation: State Police Officer
Date of Evaluation: 6/16/2026	Marital Status: Single

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and review of available medical records. Mr. Robert Caylor is a 44-year-old, right-handed, Hispanic/Latino male referred for neuropsychological evaluation by Hassan Javanshir, MD, secondary to concern about cognitive decline.

Mr. Caylor reported that he was in his usual state of health until May 2026. While working out in his home gym, he became confused about the day and the current set of his exercise routine. Over the next few days, he reported that his brain was “having trouble focusing” and he got lost walking his dog in his neighborhood. He began experiencing trouble with simple tasks, reporting that he needed prompting and step-by-step instructions to operate the microwave. He was also found to be staring off. An initial evaluation in the emergency room revealed normal blood pressure and a normal CT scan, after which he was sent home.

Three to four days later, Mr. Caylor reported that he could not get out of bed and experienced a severe headache, difficulty focusing, and stuttering. He was admitted to Memorial Hermann Hospital on 5/23/2026 for evaluation of acute stroke-like symptoms, which included slurred speech, confusion, stuttering, gait disturbance, and diminished sensation in his left arm. Imaging was negative, and he was kept for one day. He did not take any time off from his work.

Over the last few weeks, the sensation in his left arm has improved, though he finds that he is constantly rubbing and wringing his hands, which he feels helps his memory. His balance and stuttering have also improved. Cognitively, he reported word-finding difficulties, noting that it takes longer to come up with the right word and he may need to look it up or be prompted. He also described instances of short- and long-term memory issues, noting difficulty with recalling the name of a county. He experiences intermittent sensitivity to light, but his vision is otherwise adequate. He has a baseline history of tinnitus, but his hearing is otherwise unchanged.

Emotionally, Mr. Caylor described his mood as apathetic, stating, “I don’t feel much of anything.” He reported feelings of disassociation and having a hard time concentrating, highlighting this as a significant change. His fiancé has reportedly described him as less emotionally reactive. He denied symptoms of depression, including suicidal ideation, and anxiety. Behavior suggestive of psychosis was denied.

Regarding health habits, he typically slept 6-8 hours but now only gets 4 hours of sleep. He was advised to discontinue trazodone (100 mg) during his recent hospitalization, despite having taken it for sleep and PTSD since 2023. He described daytime fatigue and has been more reliant upon caffeine to temporarily restore his energy. His appetite has diminished over the last three weeks; he forces himself to eat, though he is consuming less overall. He continues to exercise but is cautious considering his recent medical events. He consumes alcohol in social settings but denied history of abuse. He has never used nicotine or recreational substances.

Functionally, Mr. Caylor remains fully independent with all household chores, medication management, driving, finances, and personal care.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, cardiac arrhythmia, bradycardia, degenerative disc disease, spinal stenosis, and acute pancreatitis.

Mr. Caylor has a history of concussion during his early adulthood years. He played college football, engaged in MMA fighting, and served in the military during which time he experienced blast exposure. However, he denied loss of consciousness during these events. His most severe injury occurred during a motor vehicle collision in 2009 while working as a deputy sheriff. This resulted in a 45-second loss of consciousness and required staples to the back, left side of his head. He occasionally experiences pressure in that area but denied any cognitive changes associated with this accident.

Surgical history is notable for an adenoidectomy and angioplasty.

Psychiatric history is remarkable for PTSD related to his military service for which he had been taking trazodone.

Imaging (MRI Brain completed on 5/24/2026) was read to show, “No acute intracranial abnormality. No acute infarct.” CTA of the Head/Neck (5/23/2026) revealed “No large vessel occlusion or significant stenosis.”

Family medical history is notable for nasal cancer in his mother (passed away at 44) and a brain tumor in his maternal uncle (surgically removed, believed to be non-malignant). His father suffered a stroke 10 years ago (currently 72). His paternal grandfather lived into his 90s, and his maternal grandfather had cancer. There is no known family history of dementia.

Medications: icosapent, rosuvastatin, trazodone, fenofibrate, pantoprazole, testosterone replacement therapy, and amitriptyline.

Psychosocial History: Mr. Caylor was born and raised in Texas and is bilingual in Spanish and English. He denied any history of learning problems. He has two classes remaining before earning a bachelor’s degree in psychology. He has plans to obtain a master’s in public administration.

Mr. Caylor served in the Marine Corps for 3 years before being medically discharged due to back and ankle injuries.

Vocationally, he currently works as a criminal investigator for the state police, a position he has held for 6 years. Prior to this, he worked as a deputy sheriff for Harris County beginning in 2003.

Behavioral Observations: Mr. Caylor presented to the appointment on time. He was unaccompanied, having driven himself. He was casually dressed and adequately groomed. He ambulated independently, with an unremarkable gait and normal motor behavior. Interpersonally, Mr. Caylor was friendly and appropriate. Comprehension was grossly intact. Spontaneous speech was clear, fluent, and goal directed. Thought content was logical, and there was no behavioral indication of hallucinations or delusional thinking. He was alert and fully oriented to person, place, time, and situation. Vision and hearing were adequate for the purposes of testing. Affect was flat, which was consistent with his reported mood. Rapport was established with ease. With regard to his test-taking style, Mr. Caylor was easily engaged. While he showed reduced frustration tolerance on select tasks, he remained cooperative and exhibited good task engagement.

Results: Mr. Caylor scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

Domain	Test Name	Raw Score	Descriptor
Auditory Attention	WAIS-IV DSF	11	Average
	WAIS-IV DSB	6	Low Average
	WAIS-IV DSS	7	Average
Visual Attention & Processing Speed	WAIS-IV Coding	74	Average
	WAIS-IV Symbol Search	25	Low Average
	Trail Making Test- A	29 seconds	Average
	D-KEFS Color-Word Color Naming	26 seconds	Average
	D-KEFS Color-Word Word Reading	17 seconds	High Average
Language	WRAT-5 Word Reading	67	High Average
	NAB Naming	31	Average
	Animal Naming	15	Low Average
Verbal Memory	CVLT-3 Total (5-8-13-16-14)	56	Average
	CVLT-3 Short Delay Free	14	High Average
	CVLT-3 Short Delay Cued	13	Average
	CVLT-3 Long Delay Free	14	High Average

	Long Delay Cued	14	High Average
	Total Repetitions	14	Low Average
	Total Intrusions	2	Average
	Recognition Hits	15	Average
	False Positives	0	High Average
	Recognition discrimination	---	Average
WMS-IV	Logical Memory I	21	Average
	Logical Memory II	18	Average
	Retention	---	Average
	Recognition	24	Within Normal Limits
Visual Memory			
WMS-IV	Visual Reproduction I	29	Low Average
	Visual Reproduction II	28	Average
	Retention	---	Above Average
	Recognition	7	Within Normal Limits
Visuospatial	WAIS-IV Matrix Reasoning	18	Average
	Benton Judgment of Line Orientation	29	High Average
	RCFT Copy	29	Exceptionally Low
Executive Functioning	FAS	22	Below Average
	Trail Making Test- B	91 seconds; 1 error	Low Average
	D-KEFS Color-Word Inhibition Time	41 seconds	High Average
	D-KEFS Color-Word Inhibition Errors	0	High Average
	D-KEFS Color-Word Inhibition/Switching Time	47 seconds	High Average
	D-KEFS Color-Word Inhibition/Switching Errors	1	Average
	WAIS-IV Similarities	23	Average
	M-WCST Categories Completed	6	Average
	M-WCST Perseverative Errors	0	High Average
Motor	Grooved Pegboard- DH	69 seconds	Average
	Grooved Pegboard- NDH	62 seconds	High Average
Self-Report	BDI-II	9	Minimal symptoms of depression
	GAD-7	1	Within Normal Limits

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon reported academic/vocational achievement and performance indicators.

Mr. Caylor scored within normal limits across measures of auditory attention/digit manipulation, visual attention and processing speed, language, learning, memory, and visuospatial reasoning. He generally performed within expectation across measures of executive functioning, though with isolated weakness in phonemic fluency. He also exhibited relative weakness in visuospatial planning and construction of a complex figure, where the overall gestalt was appreciated, but the resulting copy was marked by imprecision likely secondary to inefficiency in his approach.

From an emotional standpoint, he endorsed subclinical features of depression and anxiety. On a personality inventory, he exhibited a tendency to respond in a fixed manner. Therefore, his profile is interpreted with caution. Within this context, his responses were consistent with individuals who report heightened stress and worry, proneness to anger, disaffiliativeness, and introversion.

Summary: Mr. Caylor's neurocognitive profile is characterized by multiple strengths. Despite his recent stroke-like symptoms, objective test data reveal a fundamentally intact neuropsychological baseline. While he demonstrated a few isolated areas of reduced efficiency, there is no evidence to warrant the diagnosis of a neurocognitive disorder at this time. Rather, it is likely that these mild vulnerabilities represent lingering, transient sequelae from his recent acute medical event. This presentation is further compounded by significant disruptions to his restorative sleep, reduced nutritional intake, and the natural stress associated with a sudden health scare. Overall, this is a reassuring evaluation, and his cognitive efficiency is expected to continue rebounding as his physical recovery progresses and his sleep and stamina stabilize.

Diagnosis: Cognitive Impairment Ruled Out
Adjustment Disorder with Mixed Anxiety and Depressed Mood
Posttraumatic Stress Disorder (per history)

Recommendations:

1. **Psychotherapy & Emotional Support:** Mr. Caylor may benefit from engaging in individual psychotherapy, such as cognitive-behavioral therapy (CBT), to process the emotional aftermath of his recent stroke-like medical event. Therapy can also assist in developing coping strategies for his feelings of apathy and history of PTSD. Psychologytoday.com is a recommended resource to locate a therapist, where in-person and telehealth options are often available.
2. **Sleep:** Restorative sleep is critical for cognitive efficiency. Given that Mr. Caylor is currently only sleeping 4 hours per night following the discontinuation of his trazodone in the hospital, he is strongly encouraged to consult with his prescribing physician regarding pharmacological management of his sleep architecture. Additionally, he may benefit from implementing strict sleep hygiene practices, such as maintaining a consistent sleep/wake schedule, avoiding caffeine late in the day, and minimizing screen time before bed.

3. **Medical Management:** Mr. Caylor should continue routine follow-up with neurology, primary care, and cardiology to monitor his overall health and actively manage his cardiovascular risk factors, including hypertension, hyperlipidemia, and cardiac arrhythmia.
4. **Nutrition:** Mr. Caylor is encouraged to discuss his significantly diminished appetite with his primary care provider. Ensuring adequate caloric and nutritional intake is essential for restoring his daytime energy levels and mitigating his daytime fatigue.
5. **General Compensatory Strategies:** To assist with his perceived cognitive inefficiency and word-finding difficulties, general compensatory strategies are recommended. These may include breaking complex tasks down into smaller parts, maintaining scheduled routines, reducing environmental distractions, and utilizing external memory aids (e.g., smartphone reminders, planners, checklists).

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 6/17/2026.