

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Juan Flores	<b>GENDER:</b>	Male
<b>DATE OF BIRTH:</b>	10/26/1957 (68)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	06/29/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	6	<b>MARITAL STATUS:</b>	Married
<b>OCCUPATION:</b>	Retired	<b>REFERRED BY:</b>	Leslie Juarez, PA-C

### **REASON FOR REFERRAL**

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

### **PRESENTING PROBLEMS**

Mr. Flores experienced an acute episode of confusion and disorientation leading to a hospitalization on August 11, 2024, which was later diagnosed as a stroke. The patient admitted that he forgets conversations, dates, events, and appointments. He endorsed word-finding problems, difficulties learning and retaining new information, a slower processing speed, and an inability to multitask. He reported that he can no longer make decisions independently and relies on his family for assistance. His daughter corroborated his memory problems, noting word-finding difficulties, confusion regarding the time or day of the week, disorientation in new places, and moderate difficulty with decision-making. Per medical records from his visit with Leslie Juarez, PA-C, his daughter previously reported that he was disoriented, providing an example where he believed he was driving to his house in Mexico instead of Houston. Additionally, his wife reported slight personality changes and difficulty focusing. She noted that while he does not forget conversations or exhibit repetitive questioning, he gets easily distracted and forgets his intentions, such as pulling out clothes and forgetting he was going to change, or walking into the kitchen and forgetting his purpose.

Emotionally, Mr. Flores admitted to feeling nervous sometimes but denied experiencing depression. His daughter reported she has not noticed depression or anxiety, but she has observed agitation and irritability. Mr. Flores reported sleeping well but admitted that he tires out quickly. His appetite is adequate. He denied current hallucinations or delusions, though during the clinical interview, he noted experiencing visual hallucinations of a young girl while hospitalized, which subsequently resolved.

Functionally, Mr. Flores is dependent in basic and instrumental activities of daily living. His daughter reported on a questionnaire that he is totally dependent on help for personal care. She indicated he is generally able to feed himself but requires help, fails to control urination, and frequently cannot control his bowels. He is unable to dress himself and relies entirely on caregivers to wash and comb his hair, brush his teeth, care for his dentures, groom his nails, and bathe him. Regarding instrumental activities, he stopped driving following his stroke, and continued restriction from driving has been recommended. His wife has historically managed the finances, but since the stroke, he is no longer able to make even single purchases. His wife and

son now manage his medications, an area where he was 100% independent prior to the stroke. His daughter has taken over the management of his medical appointments.

## **MEDICAL HISTORY**

Conditions: Mr. Flores's medical history is significant for an ischemic stroke of the right middle cerebral artery (MCA) in August 2024, with residual sequelae including left-sided neglect and left homonymous hemianopsia. Additional medical conditions include coronary artery disease status post percutaneous coronary intervention of the left anterior descending artery, benign prostatic hyperplasia, and cataracts. He reports feeling unsteady when standing or walking and uses a wheelchair or assistive device.

Surgeries: His surgical history includes two back surgeries, a percutaneous coronary intervention with stent placement, and bilateral cataract removal.

Imaging: A CT of the brain in August 2024 revealed a recent large infarct of the posterior right MCA branches without hemorrhage or mass effect. An MRI of the brain on August 13, 2024, demonstrated a large acute right MCA infarct with a component of laminar necrosis, as well as small old infarcts in the medial cerebellum bilaterally, anterior frontal lobes bilaterally, high left anterior frontal lobe, and left posterior occipital lobe. The MRI also showed a moderate amount of small vessel occlusive change for age and cerebral atrophy. A CTA of the head on August 14, 2024, revealed occlusion of the posterior division M2 M3 right MCA branches, focal severe stenosis of the distal P2 left PCA, markedly diminished caliber/hypoplasia of the intracranial right vertebral artery, and a hypoplastic basilar artery.

Current medications: atorvastatin 80 mg, bisoprolol 5 mg, clopidogrel 75 mg, diclofenac 75 mg, donepezil 5 mg, folic acid 1 mg, multivitamin, nitroglycerin 0.4 mg, and thiamine 100 mg.

Substance use: Mr. Flores is a former tobacco user who previously smoked one pack of cigarettes daily before stopping in 2024. He denied any recreational drug use. He stopped drinking alcohol in 2024 following his stroke. Before the stroke, he was consuming a six-pack every day.

Family history: His family medical history is notable for emphysema and lung cancer in his mother, a fatal heart attack in his father, a history of stroke in his brother, and fatal cancers in three sisters (uterine, lung, and stomach).

## **MENTAL HEALTH HISTORY**

Unremarkable

## **EDUCATIONAL HISTORY**

Mr. Flores completed 6 years of education in Mexico. He reported doing well in school but repeated the third grade due to behavioral issues. The patient's dominant language is Spanish. However, his daughter reported he used to speak conversational English before his stroke.

## **OCCUPATIONAL HISTORY**

Mr. Flores is currently retired. During his career, he worked with granite and marble, fabricating counters, sinks, bathrooms, and chimneys. He also reported experience driving a dump truck.

## **SOCIAL HISTORY**

Mr. Flores was born and raised in Mexico and immigrated to the United States around 1980. He has been married for 46 years and has five children (two sons and three daughters). He currently resides in Houston, Texas, and lives with his wife and one of his sons.

## **TESTS ADMINISTERED**

Clinical Interview

Activities of Daily Living Scale

Neuropsychiatric Inventory Questionnaire

Dementia Severity Rating Scale

Dementia Rating Scale-2<sup>nd</sup> edition (Spanish) (attempted but discontinued)

## **BEHAVIORAL OBSERVATIONS/RESULTS**

Mr. Flores presented for the evaluation accompanied by his daughter, who transported him in a wheelchair. He demonstrated physical difficulty transferring from his wheelchair to the office chair. He reported significant visual impairment, necessitating his daughter's assistance to physically guide his hands to the chair's armrests. His grooming was generally adequate, though some stains were visible on his shirt. While his hearing appeared adequate for conversational purposes, his speech comprehension was compromised, which may have been partially exacerbated by the absence of his dentures. Mr. Flores was significantly disoriented; he did not know the day, month, year, or his own age, though he was able to accurately provide his street address and city of residence.

Behaviorally, Mr. Flores exhibited a highly labile mood, rapidly fluctuating between pleasant, amicable interactions and sudden episodes of extreme anger. When asked orientation questions, he became irate, yelled at the evaluator, and made derogatory remarks, including calling the examiner a "dummy" and stating her teeth were going to fall off. He exhibited physical aggression, making motions as if attempting to strike the evaluator on several occasions. During one such outburst of rage, he disparagingly referred to himself as "stupid." He was, however, responsive to behavioral redirection and calmed down relatively quickly when the evaluator provided peaceful, encouraging words. Mr. Flores also demonstrated significant disinhibition and inappropriate interpersonal boundaries throughout the session. Instances included reaching out to touch the evaluator's hand during the clinical interview and, at the conclusion of the evaluation, inappropriately suggesting the evaluator sit on his lap in his wheelchair for a ride, which prompted a reprimand from his daughter.

His conversational speech was markedly tangential, and he frequently failed to answer direct questions. He exhibited prominent perseveration, repeatedly returning to specific topics—such as an old movie titled "Macario"—and frequently digressed into random stories about his past work and life experiences when testing was attempted. Word-finding problems were apparent during discourse. He also demonstrated paraphasic errors, mispronouncing words (e.g., stating "mandaja" instead of "manzana," and "carcara" instead of "cascara"). His reading and expressive

language abilities were significantly impaired; when asked to read a sentence, he fabricated a completely different one, and he was unable to generate a novel sentence when provided with two key target words.

Due to his cognitive and behavioral presentation, formal standardized testing was severely limited. Mr. Flores was unable to follow basic test instructions, though he successfully executed simple two-step commands (e.g., opening his mouth and closing his eyes). On a test of simple auditory attention, he was able to repeat a short string of three digits forward; however, upon attempting a four-digit sequence, he became highly distracted and began discussing unrelated and inappropriate topics, such as girls giving him their phone numbers and a tattoo named "Maria Luisa." He was entirely unable to repeat digits backward. Performance on a semantic fluency task (generating items bought at a store) was nil, as he provided inappropriate responses regarding filling a shopping cart with women. A conceptualization and abstract reasoning task was unsuccessful; he was unable to identify similarities between items, persistently asserting that they were "all different." Visuo-perceptual and fine motor abilities were severely impaired, as he could not draw basic shapes, was unable to perform alternating motor movements, and wrote his name illegibly. Tasks requiring the rapid repetition of consonants and vowels were also unable to be completed. Given the high degree of behavioral dysregulation, severe comprehension deficits, and inability to consistently engage with the tasks, the limited data obtained serves as a qualitative reflection of his severe neurocognitive and neurobehavioral compromise.

## **SUMMARY**

Mr. Flores is a 68-year-old, right-handed Hispanic male with six years of formal education who was referred for a neuropsychological evaluation by Leslie Juarez, PA-C. The patient and his daughter presented with complaints of severe memory loss, disorientation, word-finding difficulties, and an inability to multitask or make decisions, all of which had an acute onset following a right middle cerebral artery stroke in August 2024. Due to his severe behavioral dysregulation, profound comprehension deficits, and inability to consistently engage with the tasks, standardized test administration and formal performance validity measures were precluded. However, the qualitative data obtained from the clinical interview and behavioral observations are considered a valid and accurate reflection of his current severe neurocognitive and neurobehavioral compromise.

Regarding intact cognitive abilities and strengths, Mr. Flores's performance was severely restricted, limiting the identification of preserved domains. However, qualitative observations indicated that his fundamental alertness was intact. He retained basic autobiographical orientation, accurately providing his street address and city of residence. Additionally, his simple auditory attention was partially preserved, as he could repeat a short string of numbers forward. He also demonstrated the capacity to comprehend and execute simple, two-step motor commands, suggesting that foundational receptive communication remains somewhat accessible despite his broader cognitive disorganization.

In contrast, Mr. Flores demonstrated profound and pervasive neurocognitive deficits across all other assessed domains. He was significantly disoriented to time and age. Expressive language was markedly impaired, characterized by tangentiality, prominent perseveration, paraphasic errors, and an inability to generate novel sentences or perform basic reading tasks. Complex

attention and working memory were severely compromised, as he was highly distractible and unable to repeat digits backward. Furthermore, his performance on tasks of semantic fluency, conceptualization, and abstract reasoning was essentially nil, frequently yielding inappropriate or perseverative responses. Visuospatial and fine motor abilities were similarly devastated, evidenced by an inability to draw basic shapes, execute alternating motor movements, or legibly write his own name.

Emotionally and behaviorally, Mr. Flores exhibited severe dysregulation throughout the evaluation. Although he and his family denied formal symptoms of depression or anxiety, he presented with a highly labile mood, rapidly fluctuating between amicable interactions and sudden episodes of extreme anger. He became irate when asked basic orientation questions, directed derogatory remarks toward the examiner, and exhibited physical aggression by making motions to strike her. Significant disinhibition, impulsivity, and inappropriate interpersonal boundaries were also prominent throughout the session. However, he was responsive to behavioral redirection and calming interventions, indicating some capacity for environmental modulation of his distress.

Functionally, Mr. Flores is entirely dependent on his family for both basic and instrumental activities of daily living. Following his stroke, he requires total assistance from caregivers for personal hygiene, bathing, dressing, toileting, and grooming, and he requires supervision and physical help with feeding. He has ceased driving entirely. His wife and son have assumed full responsibility for managing his finances, medications, and medical appointments, areas in which he was fully independent prior to his cerebrovascular event. His profound cognitive and behavioral deficits necessitate round-the-clock supervision to ensure his safety and care.

In summary, Mr. Flores presents with a pervasive and severe neurocognitive disorder characterized by profound deficits in orientation, expressive language, complex attention, executive functioning, visuospatial skills, and behavioral regulation. This devastating cognitive and neurobehavioral profile is the direct sequela of his extensive cerebrovascular burden, most notably his severe right middle cerebral artery stroke in August 2024, superimposed on chronic microvascular ischemic disease. His presentation—marked by significant frontal-subcortical behavioral release (e.g., disinhibition, emotional lability, aggression) alongside profound cortical deficits (e.g., aphasia, left-sided neglect, hemianopsia)—has entirely stripped him of his functional independence. At this time, his clinical presentation is most consistent with a diagnosis of severe vascular dementia with behavioral disturbance.

**IMPRESSION**        Severe Vascular Dementia with Behavioral Disturbance

## **RECOMMENDATIONS**

### **Medical & Psychiatric Management**

1. **Secondary Stroke Prevention:** Given Mr. Flores's history of a severe right middle cerebral artery (MCA) stroke and the diagnosis of Severe Vascular Dementia, strict management of his vascular risk factors (e.g., coronary artery disease, hypertension,

hyperlipidemia) by his primary care physician and cardiologist is critical to prevent further ischemic events and subsequent cognitive decline.

2. **Behavioral Management Consultation:** Mr. Flores exhibits significant behavioral disturbances, including physical aggression, extreme emotional lability, and profound disinhibition. If these behaviors become dangerous to himself or his caregivers, a referral to a geriatric psychiatrist or behavioral neurologist is recommended to explore pharmacological interventions to safely manage his agitation and distress.
3. **Sensory and Dental Care:** Mr. Flores should be evaluated for properly fitting dentures, as his missing dentition currently impairs his speech articulation and may be exacerbating his comprehension difficulties. Additionally, continued follow-up with ophthalmology is warranted to monitor his cataracts and optimize his remaining vision, particularly given his left homonymous hemianopsia.

### Safety & Supervision

1. **24-Hour Supervision:** Due to his profound cognitive deficits, severe disorientation, and total dependence in all basic and instrumental activities of daily living, Mr. Flores requires continuous, 24-hour supervision. He should not be left alone under any circumstances.
2. **Fall Precautions and Environmental Modification:** Mr. Flores is at a high risk for falls due to his reliance on a wheelchair, unsteadiness, and left-sided neglect. Caregivers must ensure his environment is free of tripping hazards. Furthermore, because of his left homonymous hemianopsia, family members should approach him from his right side to avoid startling him, and important objects (e.g., food, drinks) should be placed within his intact right visual field.
3. **Driving Restriction:** Consistent with previous medical advice, Mr. Flores must permanently cease driving due to his severe cognitive, visual, and motor impairments, which present an imminent safety risk to himself and the public.

### Cognitive & Behavioral Strategies

1. **De-escalation Techniques:** Behavioral observations indicate that Mr. Flores responds well to calm, encouraging words. When he experiences sudden outbursts of anger or frustration, caregivers should maintain a soothing tone, avoid arguing or correcting him, and gently redirect his attention to a different, pleasant activity or topic.
2. **Management of Perseveration:** When Mr. Flores becomes stuck on a specific topic (e.g., his repetitive discussions about the movie "Macario" or past occupational stories), caregivers should validate his statements briefly before seamlessly shifting the conversation to an immediate, concrete subject in his environment to help break the perseverative loop.
3. **Simplified Communication:** To accommodate his severe receptive language deficits, caregivers should speak in short, simple sentences in his primary language (Spanish). Instructions should be given one step at a time (e.g., "open your mouth," followed by "take a bite"), accompanied by visual cues or physical modeling when necessary.

## Functional & Legal Planning

1. **Surrogate Decision-Making:** Mr. Flores lacks the medical, legal, and financial capacity to make independent decisions. If not already completed, the family must finalize Advance Directives, a Medical Power of Attorney, and a Durable Financial Power of Attorney to ensure his wife and/or children possess the legal authority to manage his affairs and direct his healthcare.
2. **Caregiver Support and Respite:** The level of care Mr. Flores requires places an immense physical and emotional burden on his wife, daughter, and son. The family is strongly encouraged to seek caregiver support services, such as those offered by the Alzheimer's Association or local vascular dementia support groups. Additionally, the family should consider integrating a home health aide or utilizing respite care services to prevent severe caregiver burnout and ensure the family's own well-being.

Thank you for this kind referral.

*Claudia V. Resendiz*

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/29/2026