

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Bernardo Gomez Montenegro	GENDER:	Male
DATE OF BIRTH:	08/20/1950 (75)	HANDEDNESS:	Right
DATE OF EXAM:	06/15/2026	ETHNICITY:	Hispanic
EDUCATION:	13	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Alix Halter, FNP-C

REASON FOR REFERRAL

Mr. Gomez Montenegro was referred for evaluation of cognitive functioning 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. Gomez Montenegro presented with complaints of short-term memory difficulties, noting that he forgets details, recent events, and conversations quickly. He reported that his symptoms, along with dysarthric and slow speech, began following a prolonged hospitalization for sepsis and cardiac arrest in March and April of 2023. He endorsed misplacing items and experiencing difficulty learning and retaining new information. He also noted a slight decline in processing speed but denied experiencing any word-finding problems.

His wife, Ms. Sandra Duran, accompanied him to the evaluation and corroborated concerns regarding cognitive decline, noting that his memory has progressively worsened since his hospital discharge in July 2023 and that he never fully recuperated. She reported distinct difficulties with his ability to learn and retain information, highlighting that he frequently forgets what he has recently eaten. She noted noticeable declines in his sustained attention; for instance, while he previously spent hours completing puzzles, he now loses interest after a few minutes. Ms. Duran also observed that he frequently watches the same television programs, such as Judge Judy, but believes they are entirely new episodes that he has never seen.

Emotionally, Mr. Gomez Montenegro denied symptoms of anxiety or depression, stating that his mood is currently stable and he feels adequately energetic. His wife confirmed that he is generally in a good mood and presents as happy, though she noted he experienced a brief period of feeling down immediately following his amputations and medical complications. Regarding sleep, he reported sleeping very well. Ms. Duran added that he sleeps significantly more than usual, typically from 10:00 PM or 11:00 PM until 11:00 AM or 12:00 PM, and frequently falls asleep while watching television throughout the day. Both agreed his appetite is very good. He denied experiencing any hallucinations or delusions.

Functionally, Mr. Gomez Montenegro requires assistance with basic activities of daily living, including bathing and eating, and is completely unable to dress independently due to the physical limitations caused by the bilateral amputation of his digits. His wife noted that on some days, he requires reminders to shower and occasionally refuses to do so. He is completely unable to perform instrumental activities such as cleaning, housework, or shopping in the community,

which are tasks he managed prior to his hospitalization. He is completely unable to drive due to his physical limitations and relies on his wife for transportation; however, she noted that he often becomes disoriented as a passenger and provides incorrect directions to highly familiar locations. While Ms. Duran has historically managed the household finances, she noted that he is currently unable to perform basic mathematical computations. Furthermore, he is completely unable to manage his medications due to confusion, prompting his wife to assume full responsibility for this task following his hospitalization in 2023.

MEDICAL HISTORY

Conditions: Mr. Gomez Montenegro's medical history is significant for throat and stomach cancer, sepsis, cardiac arrest, and anoxic brain injury/hypoxia. Additional conditions include hypothyroidism, obstructive sleep apnea, cataracts, and bilateral amputations of the hands and feet. The amputations were necessitated by gangrene secondary to the medical interventions required to manage his cardiac arrest. He currently retains only the thumb on his left hand. While a review of his medical records indicates a history of mixed hyperlipidemia, his wife denied that he suffers from cholesterol problems.

Surgeries: Inguinal hernia repair in 2012. Gastrectomy and subsequent stomach surgeries for complications in 2023. Bilateral amputation of digits of the hands and feet in 2023. Cataract extraction in 2021. Port placement and removal in 2023. Transurethral resection of the prostate in 2025. Colonoscopy in 2018.

Imaging: CT of the brain without contrast dated 08/16/2025 revealed scattered foci of hypoattenuation throughout the periventricular and subcortical white matter, representing mild chronic microvascular ischemic changes. There was no intracranial hemorrhage, midline shift, or mass effect.

Current medications: Levothyroxine 25 mcg, Escitalopram 20 mg, Vitamin B12, Ergocalciferol 1.25 mg, Glucagon, Hydrocortisone 2.5%, Ibuprofen 800 mg, Ketoconazole 2%, Multivitamin, Mupirocin 2%, Triamcinolone 0.1%, and blood glucose monitoring supplies.

Substance use: Mr. Gomez Montenegro is a former tobacco user who reportedly smoked half a pack per day for 10 years before quitting in 1986. He is a former occasional consumer of alcohol (Scotch) but no longer drinks. His wife noted he may have utilized marijuana in his youth, but he otherwise denied a history of recreational drug use.

Family history: His family medical history is notable for lung disease in his mother, and hypertension and stroke in his father.

MENTAL HEALTH HISTORY

Mr. Gomez Montenegro is currently taking psychiatric medication (Escitalopram) for mood management. Following his medical complications and amputations in 2023, his wife suggested he needed an antidepressant to cope with the physical changes, though this period of depressed mood only lasted a few months. He has been seeing a psychiatrist and a therapist since 2024; however, his wife noted that his therapy appointments have recently been canceled due to scheduling conflicts with other medical visits, reducing his counseling frequency to

approximately once every three months. He and his wife denied any prior history of depression or anxiety before his hospitalization.

EDUCATIONAL HISTORY

Mr. Gomez Montenegro completed approximately 1.5 years of college. He was born in Bogota, Colombia, where he completed kindergarten through the third grade with instruction in Spanish. After immigrating to the United States, he repeated the third grade and completed his high school and college education with classes primarily taught in English. He reported being a good student and denied a history of learning problems or grade retention beyond the transition to the United States.

OCCUPATIONAL HISTORY

Mr. Gomez Montenegro is currently retired. He was previously employed as an auto shop owner and a trucker.

SOCIAL HISTORY

Mr. Gomez Montenegro has been married to his current wife, Ms. Sandra Duran, for 19 years. He was married once previously and had a son from that marriage who passed away in 2013 from an overdose. He also has a 31-year-old daughter from a previous union. He immigrated to the United States from Colombia in 1962. He is bilingual, with Spanish being his primary language; while he predominantly speaks Spanish at home with his wife, he prefers English for reading and media consumption, and primarily spoke English during his occupational career. He currently resides with his wife in Houston, Texas.

BEHAVIORAL OBSERVATIONS

Mr. Gomez Montenegro presented as a well-groomed man with adequate hygiene. The examiner noted that his gait was unassisted. Regarding gross motor functioning, the technician documented the presence of bilateral finger amputations. He was alert but only partially oriented during the assessment. Specifically, a review of the behavioral notes revealed significant deficits in orientation to time and place; the patient was unable to correctly identify the day of the week, date, month, year (incorrectly stating "2021"), or the name of the place. He was, however, successfully able to identify the current season, floor, city, county, and state.

Vision and hearing were observed to be normal and adequate for testing purposes. Regarding speech and language, the examiner noted the presence of dysarthria. Despite this expressive difficulty, receptive language appeared intact, as the technician explicitly noted that he understood the test instructions.

The patient's mood was described as pleasant. Basic attention and concentration were observed to be normal. With regard to memory and test-taking behavior, the examiner noted that the patient required occasional reminders throughout the testing session. Overall, he demonstrated full cooperation during the evaluation. Thus, the results from this evaluation appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Wide Range Achievement Test-5 (WRAT-5) Word Reading
Neuropsychological Assessment Battery (NAB)
Coin in the Hand Test
Line Orientation (RBANS)
Hopkins Verbal Learning Test-Revised (HVLTR) (Learning and Recall)
Oral Trail Making Test
Symbol Digit Modalities Test (SDMT) (Oral Administration)
Logical Memory I and II
FACES I and II (Caras)
Vocabulary
Matrix Reasoning (MR)

Lexical Fluency (English): FAS
Lexical Fluency (Spanish): PMR
Semantic Fluency (English): Animals
Semantic Fluency (Spanish): Animales
Color-Word Interference Test
Visual Form Discrimination (VFD)
Patient Health Questionnaire (PHQ-9)
Generalized Anxiety Disorder (GAD-7)
Bidimensional Acculturation Scale (BAS)
Bilingual Dominance Scale (BDS)
Arithmetic (Spanish Administration)
Digit Span (Spanish Administration)
Ponton-Satz Boston Naming Test (Spanish Administration)

TEST RESULTS

The patient was interviewed and evaluated by a bilingual clinical neuropsychologist and a bilingual technician. Mr. Gomez Montenegro's cultural background, age of immigration, and level of educational attainment were carefully taken into consideration when interpreting his performance on the neuropsychological evaluation. Objective measures of acculturation and language dominance revealed that he is a highly proficient, balanced bilingual with domain-specific proficiencies. To ensure the most accurate reflection of his neurocognitive baseline and to prevent cultural or linguistic penalization, a tailored bilingual assessment was conducted. While core measures were administered in English to appropriately match his academic and occupational history, specific cognitive domains (e.g., working memory, mental arithmetic, and confrontational naming) were administered in Spanish, as this remains his dominant language for these internal cognitive processes. Whenever possible, appropriate normative datasets designed for bilingual and Spanish-speaking individuals were utilized.

Furthermore, due to the patient's severe physical limitations secondary to the bilateral amputation of his digits, the standard assessment battery required significant modification. Standardized tests requiring fine motor dexterity, manual manipulation, or graphomotor output (e.g., block construction, figure copying, and manual tapping tasks) were necessarily omitted from the battery. To accurately capture his cognitive abilities while circumventing his physical constraints, specialized motor-free alternatives and oral administrations of timed processing tasks (e.g., Oral Trail Making Test, oral Symbol Digit Modalities Test, and Visual Form Discrimination) were utilized. With these specific linguistic and physical caveats in mind, the major findings with respect to Mr. Gomez Montenegro's neurocognitive functioning are summarized below.

Effort: His performance on stand-alone and embedded measures of performance validity was within the valid range.

Premorbid/Intellectual: Mr. Gomez Montenegro was administered a word reading test that estimated his premorbid general intellectual functioning to be within the average range. Knowledge of the meaning of words was average. His performance on a measure of nonverbal abstract reasoning was average. His composite performance on a variety of verbal and

nonverbal tests estimated his current general intellectual functioning to be within the average range.

Attention/Concentration & Processing Speed: Overall working memory abilities were assessed in both Spanish and English to accommodate his bilingual profile. When administered in Spanish, his overall working memory was in the average range. Specifically, on the Spanish administration of digit span recall, reversal, and sequencing, his performance was low average, average, and average, respectively, and mental arithmetic was in the average range. Conversely, when administered in English, his overall working memory was low average. On the English administration of digit span recall, reversal, and sequencing, his performance was average, average, and low average, respectively, and mental arithmetic fell to the low average range. Speed of auditory-verbal tracking for a simple (numerical order) sequence on the oral administration of the Trail Making Test Part A was exceptionally low for speed and error-free. Overall processing speed abilities on the oral administration of the Symbol Digit Modalities Test (SDMT) were exceptionally low.

Memory: On a 12-word list learning and memory test, he demonstrated below average immediate recall, as he recalled 4, 5, and 5/12 words, respectively, across three consecutive trials. Following a 20-minute delay, his recall was exceptionally low, as he recalled 0/12 words. His discrimination accuracy on a recognition format was exceptionally low, as he correctly identified 5 out of 12 words, and he endorsed 1 false positive error.

Verbal memory for a set of prose passages was in the low average range for immediate recall. After a delay, his recall was below average. His recognition of details, when presented with a forced-choice format, was within normal limits to low average.

Immediate recall and recognition of a series of visual targets (faces) was below average. Following a delay, his visual memory was average.

Language: Naming to visual confrontation was evaluated in both languages. His performance on the Spanish administration (Ponton-Satz Boston Naming Test) was exceptionally low, whereas his performance on the English administration (NAB Naming) was in the average range. Verbal fluency was also assessed in both languages. Semantic fluency was exceptionally low in both Spanish (Animales) and English (Animals). Similarly, lexical fluency was exceptionally low in both Spanish (PMR) and English (FAS). His calculated fluency ratio was 0.45, aligning with his domain-specific bilingual profile.

Visuospatial: Judgment of angular line relations was in the low average to below average range. He performed in the above average range on a motor-free subtest assessing visual form discrimination.

Executive Functioning: Performance on the oral administration of the Trail Making Test Part B was not reported because the administration was discontinued after he reached the time limit due to an inability to maintain the cognitive set, resulting in multiple sequencing errors. Mr. Gomez Montenegro's performance on a measure of response inhibition and cognitive flexibility was exceptionally low for speed across all conditions. His accuracy on the response

inhibition task was average, while his accuracy on the cognitive flexibility (switching) task was low average.

Emotional/Behavioral Functioning: He endorsed symptoms of depression and anxiety that fell within normal limits on two separate self-report inventories of mood.

SUMMARY

Mr. Bernardo Gomez Montenegro is a 75-year-old, right-handed Hispanic male with thirteen years of formal education who was referred for a neuropsychological evaluation by Alix Halter, FNP-C, due to memory loss and cognitive changes. The patient and his wife reported short-term memory difficulties, misplacing items, and slowed processing speed that began following a prolonged hospitalization for sepsis and cardiac arrest in early 2023. His wife corroborated these concerns, noting distinct difficulties with learning, memory retention, spatial orientation, and sustained attention, alongside a general apathy toward previously enjoyed activities. Due to severe physical limitations secondary to bilateral digit amputations, the standard assessment battery was significantly modified to utilize motor-free alternatives and oral administrations of timed tasks. Additionally, the evaluation was carefully tailored to accommodate his bilingual profile; core measures were administered in English to match his educational and occupational history, while specific internal cognitive processes were assessed in Spanish to accurately capture his neurocognitive baseline without cultural or linguistic penalization.

Regarding intact cognitive abilities, Mr. Gomez Montenegro demonstrated average premorbid and current general intellectual functioning. His semantic knowledge and nonverbal abstract reasoning abilities were preserved within the average range. When assessed in his dominant language for internal calculations, his working memory and mental arithmetic abilities were also firmly within the average range. Visuo-perceptual skills emerged as a relative strength, evidenced by above-average performance on a motor-free test of visual form discrimination. Additionally, English visual confrontation naming, delayed recognition of visual targets, and accuracy on a complex executive task of response inhibition were preserved within the average range.

In contrast to these strengths, profound vulnerabilities were observed across multiple complex cognitive domains. He demonstrated severe impairment in the learning and retention of unstructured verbal material, characterized by below-average initial encoding and exceptionally low delayed free recall and recognition. Contextual verbal memory was also compromised, falling within the low average to below-average range. His processing speed was exceptionally low across both simple auditory-verbal tracking and complex mental manipulation tasks. Executive dysfunction was highly prominent, evidenced by an inability to maintain cognitive set on an alternating sequencing task and exceptionally low processing speeds across measures of cognitive inhibition and switching. Furthermore, lexical and semantic fluency were exceptionally low in both English and Spanish, and his visual confrontation naming in Spanish was exceptionally low. Judgment of angular line relations also fell into the low average to below-average range.

Emotionally, Mr. Gomez Montenegro endorsed symptoms of depression and anxiety that fell strictly within normal limits on self-report inventories. Behaviorally, he presented with a pleasant mood throughout the evaluation, though he required occasional reminders and demonstrated

deficits in orientation to time and place. He presented with noticeable dysarthria, though his receptive language and comprehension of instructions remained intact. Clinically, reports of significant hypersomnolence, reduced sustained attention, and apathy toward previously stimulating activities suggest a presentation characterized by neurobehavioral apathy and medical fatigue rather than a primary affective disorder.

Functionally, Mr. Gomez Montenegro requires extensive assistance with both basic and instrumental activities of daily living. He is dependent for basic hygiene, dressing, and eating, primarily due to the severe physical limitations secondary to his bilateral digit amputations. However, his functional dependence extends beyond his physical constraints; his severe cognitive deficits prevent him from safely managing his medications or handling household finances independently. He is unable to drive due to his physical limitations and exhibits significant spatial disorientation when navigating familiar areas as a passenger. Consequently, he requires comprehensive supervision and assistance for all complex daily tasks.

In summary, Mr. Gomez Montenegro's cognitive profile is characterized by profound deficits in unstructured verbal learning and memory, executive functioning, processing speed, and bilateral verbal fluency, with relative preservation of basic intellect, working memory, and English confrontation naming. This pattern of widespread cognitive impairment, particularly the prominent amnesic and dysexecutive features, is directly tied to his documented history of cardiac arrest, sepsis, and subsequent anoxic brain injury. The anoxic event likely caused diffuse microvascular ischemic changes and targeted damage to highly metabolically active regions, such as the hippocampus and basal ganglia, driving his storage-based memory failures, motor-speech limitations, and significantly slowed processing speed. Overall, his clinical presentation meets the criteria for Moderate Vascular Dementia.

IMPRESSION Moderate Vascular Dementia

RECOMMENDATIONS

Medical & Psychiatric Management

1. Given the diagnostic impression of Moderate Vascular Dementia secondary to anoxic brain injury and sepsis, strict management of Mr. Gomez Montenegro's systemic and vascular risk factors is imperative. He should continue close follow-up with his primary care physician to manage his hypothyroidism, sleep apnea, and overall cerebrovascular health to mitigate the risk of further microvascular ischemic changes.
2. Mr. Gomez Montenegro should continue participating in behavioral health therapy and routine psychiatric follow-ups to monitor his mood and maintain his current psychotropic regimen. Given his marked hypersomnolence, medical fatigue, and dysarthria, therapy sessions should be structured and spaced appropriately to avoid overwhelming his limited cognitive stamina and severely reduced processing speed.

Safety & Supervision

1. Due to his profound executive dysfunction, exceptionally low immediate memory consolidation, and the physical limitations imposed by his bilateral digit amputations, Mr. Gomez Montenegro is completely dependent on others for complex instrumental activities of daily living. His wife must maintain full, continuous oversight of his medication administration, medical appointments, and financial matters to prevent critical safety errors.
2. Mr. Gomez Montenegro must remain permanently retired from driving. His extensive physical amputations, combined with exceptionally low processing speed, severe executive vulnerabilities, and episodic spatial disorientation, pose an insurmountable safety risk behind the wheel. Furthermore, due to his documented tendency to become disoriented and provide incorrect directions, he requires continuous supervision even when traveling as a passenger.

Functional & Legal Planning

1. Given his diagnosis of Moderate Vascular Dementia and his comprehensive functional dependence, the family is strongly encouraged to ensure that all legal and medical planning documents are formally established and immediately updated. This includes designating a Medical Power of Attorney and establishing Financial Power of Attorney and advanced directives.
2. Ms. Duran is currently providing total care for her husband's basic hygiene, dressing, and medical management. To prevent caregiver burnout associated with managing profound physical and cognitive decline, she is highly encouraged to explore local caregiver support groups, community resources, or respite care services to ensure she has adequate support in her caregiving role.

Cognitive & Behavioral Strategies

1. Mr. Gomez Montenegro's memory profile indicates a primary storage deficit stemming from his anoxic injury, meaning that new information is not being successfully consolidated into his long-term memory. Consequently, attempting to quiz him, correct him, or force him to remember recent events will likely result in confusion or frustration. Instead, caregivers should rely on gentle verbal redirection and validation, accepting his reality—such as when he believes repeated television shows are brand new episodes—to minimize distress.
2. To support his impaired sustained attention and severe executive dysfunction, the home environment should be kept highly structured and predictable. Caregivers should break necessary daily tasks, such as showering, into simple, step-by-step verbal instructions. Because his receptive language remains intact despite his dysarthria, clear and concise verbal cuing is highly effective.
3. Caregivers should continue to encourage low-demand, highly familiar cognitive stimulation that does not require manual dexterity or high-speed processing. Because he is a highly proficient bilingual, engaging him in routine conversation in Spanish and

allowing him to consume television programming or literature in English capitalizes on his preserved language networks and helps combat neurobehavioral apathy.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/17/2026

Billing note: Technician, Solanch, performed face-to-face neuropsychological testing for 4 hours (96138 x1; 96139 x7). I interviewed the patient via telehealth services, reviewed medical records, integrated all information, and composed the report in its entirety for a total of 4 hours (96132 x1; 96133 x3).