

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Edith Gonzalez	<b>GENDER:</b>	Female
<b>DATE OF BIRTH:</b>	12/20/1965 (60)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	06/04/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	8	<b>MARITAL STATUS:</b>	Single
<b>OCCUPATION:</b>	Customer Service	<b>REFERRED BY:</b>	Angelica Miller, FNP-C

### **REASON FOR REFERRAL**

Ms. Gonzalez 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. Gonzalez presented for evaluation accompanied by her daughter, Vanessa Gonzalez, who reported a six-month history of progressive memory loss. While the patient reported that she does not feel her memory has worsened—and believes it has actually improved due to engaging in cognitive exercises like puzzles and word searches—she did endorse feeling more easily distracted and experiencing difficulties sustaining attention. Her daughter, however, reported more distinct changes. Specifically, she reported that the patient experiences occasional word-finding difficulties, forgets details of recent conversations, forgets intentions, and frequently loses her train of thought mid-sentence. Notably, the patient's siblings have reported that she has exhibited forgetfulness and a tendency to lose her train of thought since she was a child.

Emotionally, Ms. Gonzalez denied symptoms of depression but endorsed feeling nervous over the past six months. She reported experiencing increased forgetfulness during episodes of anxiety, particularly noting that she feels frustrated and anxious when her workplace becomes overcrowded with clients. Her sleep, energy levels, and appetite are reported to be adequate.

Functionally, Ms. Gonzalez remains independent for basic activities of daily living. Regarding instrumental activities, she continues to drive independently, manages her own finances, handles her medications, and cooks without difficulty. Her daughter assists her with medical appointments, which they attributed to an English language barrier and the patient's lack of technological proficiency, noting she has never used a computer.

### **MEDICAL HISTORY**

**Conditions:** Ms. Gonzalez's medical history is significant for Type 2 diabetes mellitus, hyperlipidemia, neuropathy, knee osteoarthritis, hepatic steatosis, obesity, and a history of a pancreas cyst diagnosed in July 2024. Additionally, collateral report indicated a history of syncope triggered by excessive laughing, though she has not experienced an episode in over two years as she actively avoids laughing too hard.

**Surgeries:** Left breast biopsy, colonoscopy with biopsy (January 2025), and two cesarean sections.

**Imaging:** A CT of the brain without contrast conducted on March 6, 2026, was unremarkable.

**Current medications:** Her current medication regimen includes Amitriptyline HCl (25 mg), Diclofenac Sodium 1% Gel, Glipizide (10 mg), Ibuprofen (400 mg), Jardiance (25 mg), Metformin HCl (500 mg), Pioglitazone HCl (45 mg), and Rosuvastatin Calcium (20 mg).

**Substance use:** Ms. Gonzalez is not a tobacco user and has never regularly used recreational drugs. She currently consumes alcohol rarely, estimating her intake at approximately twice a year.

**Family history:** Her family history is notable for diabetes, a stroke (onset at age 76), and neuropathy in her mother. Her father had a history of heart disease and suffered a heart attack (onset at age 72). Additionally, a sister has a history of diabetes, neuropathy, and poor circulation.

### **MENTAL HEALTH HISTORY**

Ms. Gonzalez's mental health history is unremarkable.

### **EDUCATIONAL HISTORY**

Ms. Gonzalez completed 8 years of education in El Salvador. She denied a history of learning problems but noted that she repeated the 7th grade because she had to work to financially support her family. She began learning English upon arriving in the United States and speaks conversational English acquired through her workplace, though her dominant language is Spanish.

### **OCCUPATIONAL HISTORY**

Ms. Gonzalez is currently employed full-time. She has worked in the fast-food industry for many years, specifically holding a customer service position at McDonald's for the past 44 years.

### **SOCIAL HISTORY**

Ms. Gonzalez was born and raised in El Salvador and immigrated to the United States in 1982. She is single, though previously separated. She has one son and one daughter. She currently resides in Houston, Texas, with her daughter.

### **BEHAVIORAL OBSERVATIONS**

Ms. Gonzalez presented as a well-groomed woman with adequate hygiene. She was alert and fully oriented to time, place, and person. She ambulated unassisted, and her gross motor functioning was normal. Vision and hearing were normal and appeared adequate for testing purposes. Her expressive speech was normal, and her mood was noted to be pleasant. Overall, Ms. Gonzalez demonstrated full cooperation throughout the evaluation.

During the administration of the objective measures, the examiner noted that Ms. Gonzalez exhibited a slow processing speed and rapid forgetting, which necessitated constant reminding. She demonstrated notable difficulty with test instructions and required simplified instructions. The examiner observed that the patient had a very difficult time understanding even when these simplified instructions were provided. For instance, during the sample trial of a trail-making task,

she would frequently forget what she was doing. Specifically, she mistakenly thought she needed to return to the number 1 after reaching the number 5, and she would subsequently skip connecting the numbers. Despite these task-related challenges, her pleasant demeanor and full cooperation suggest that the evaluation results provide an accurate representation of her current level of neuropsychological functioning.

### TESTS ADMINISTERED

Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	WHO-UCLA Auditory Verbal Learning Test
Ponton-Satz Boston Naming Test	Trail Making Test
Semantic Fluency (Animales)	Logical Memory I and II (WMS-IV Spanish)
Lexical Fluency (PMR)	Brief Test of Attention
Token Test (MAE- Spanish)	Rey Complex Figure Test
Control Mental (WMS-III Spanish)	Dementia Rating Scale-2 (Spanish) (select subtests)
Line Orientation (RBANS)	Finger Tapping Test
Golden Stroop	Escala de Aculturación Bidimensional
Symbol Digit Modality Test (Motor)	Escala de Dominancia Bilingüe
Clock Drawing Test	Geriatric Depression Scale-SF (Spanish)
	Generalized Anxiety Disorder (GAD-7) (Spanish)

### TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in El Salvador, level of acculturation, and level of educational attainment) was taken into consideration in interpreting her performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Ms. Gonzalez's neurocognitive functioning are summarized below.

**Acculturation and Language Dominance:** Results from self-report measures of bilingual dominance and acculturation indicate a strong bidirectional orientation toward Hispanic culture and definitive Spanish language dominance, consistent with her early childhood language acquisition timeline. The patient predominantly utilizes Spanish across all primary daily domains, including internal thoughts, social communication, and media consumption, while demonstrating highly limited functional proficiency and comfort with her secondary language. Furthermore, she indicated a definitive preference to retain Spanish if hypothetically restricted to utilizing only a single language for the remainder of her life. Ultimately, these cultural and linguistic findings clinically justify the utilization of Spanish for the present neuropsychological evaluation.

**Effort:** Her performance on two stand-alone measures of performance validity was within the valid range.

**Attention/Processing Speed:** Formal assessment of sustained attention and graphomotor speed was discontinued secondary to the patient's inability to comprehend the task demands. While simple auditory attention was preserved, as evidenced by her ability to immediately recall an orally presented number sequence in forward order within normal limits, her capacity for mental

manipulation was significantly compromised. Specifically, her recall of digits in reverse order fell below expectations, and her overall performance on a more complex measure of verbal working memory was exceptionally low. Furthermore, speeded word reading and color naming were in the exceptionally low range.

**Language:** Formal assessment revealed language deficits, with performance uniformly falling in the exceptionally low range across all administered measures. Specifically, both expressive and receptive capabilities were significantly compromised, as evidenced by exceptionally low scores on tasks of confrontational visual object naming and auditory comprehension. Furthermore, generative language production was severely restricted, with both lexical and semantic verbal fluency also falling in the exceptionally low range.

**Visuospatial/Constructional:** Her ability to copy a complex figure was average. She could not comprehend a task that assesses visuospatial judgment; thus, it was discontinued. During the free-draw condition of the clock drawing task, the patient maintained basic contour integrity but demonstrated severely impaired spatial distribution, characterized by extreme crowding of numbers along the border. Providing a visual model in the copy condition failed to resolve these spatial errors, as the numbers remained poorly distributed and crowded along the right and bottom edges. The persistence of these spatial irregularities in the copy condition suggests a primary visuospatial constructional vulnerability rather than an isolated secondary organizational issue.

**Learning and Memory:** Immediate recall of unstructured verbal material (15-word list) was in the low average range after five consecutive trials (3, 7, 7, 5, and 7 words, respectively). Immediate recall of the original list following a distracter list was exceptionally low (3/15 words recalled). After a 20-minute delay, her recall was below average (3/15 words recalled). Delayed word recognition was impaired, as she recalled 15/15 target words, but she also endorsed 7 false-positive errors.

Immediate recall of structured verbal material (stories) was in the exceptionally low range. Delayed recall of the same material was below average. On a discrimination task, her performance was in the below average range.

Short (3-minute) delayed incidental recall of a complex geometric design was exceptionally low. Long (30-minute) delayed incidental recall of the same design was in the exceptionally low range as well.

**Executive Functions:** Visual speeded sequencing of numbers was discontinued as she ran out of the allotted time. She could not comprehend a complex sequencing task (alternating number-letter); thus, it was discontinued. Her performance on color-word interference was exceptionally low. Her performance on tasks of initiation, perseveration, and conceptualization was exceptionally low. Planning and organizational elements were profoundly compromised in the free-draw condition, evidenced by severe number sequencing errors, perseverative numbering, and a complete failure to draw hands to indicate a time. Although providing a visual model in the copy condition prompted the inclusion of a sequential number line and intersecting lines for hands, significant conceptual and planning errors persisted, including a failure to differentiate

minute and hour hand lengths and an inability to accurately replicate the modeled time. These initial errors point to a pronounced executive planning and retrieval deficit rather than a fundamental loss of semantic knowledge.

**Motor Abilities:** The patient is right hand dominant. Fine motor dexterity was below average for her dominant hand and exceptionally low for her non-dominant hand.

**Emotional/Behavioral Functioning:** Ms. Gonzalez denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

## **SUMMARY**

Ms. Edith Gonzalez is a 60-year-old, right-handed Hispanic female with eight years of formal education who was referred for a neuropsychological evaluation by Angelica Miller, FNP-C, due to suspected cognitive decline. The primary presenting complaints, provided via collateral report from her daughter, involve a progressive, six-month history of memory loss characterized by word-finding difficulties and losing her train of thought. The patient's performance on stand-alone measures of performance validity fell within the valid range, and she remained pleasant and fully cooperative throughout the evaluation, indicating that the current test results provide a valid and accurate representation of her neurocognitive functioning.

Regarding cognitive strengths, Ms. Gonzalez demonstrated preserved simple auditory attention, as evidenced by her ability to immediately recall an orally presented sequence of numbers in forward order within normal limits. Additionally, her basic visuospatial copying skills remain intact, with her reproduction of a complex geometric figure falling within the average range. She also maintained basic contour integrity during the free-draw condition of the clock drawing task, indicating the preservation of fundamental spatial schemas.

In stark contrast to these isolated strengths, Ms. Gonzalez exhibited profound and pervasive cognitive deficits across multiple domains. Her complex attention and processing speed were severely compromised, characterized by exceptionally low verbal working memory, speeded word reading, and color naming, as well as an inability to comprehend the demands of sustained attention and graphomotor tasks. Formal language assessment revealed exceptionally low performance across expressive and receptive measures, including visual object naming, auditory comprehension, and both semantic and lexical fluency. Severe executive dysfunction was evident through exceptionally low scores on tasks of conceptualization, response inhibition, and cognitive flexibility, accompanied by profound planning and sequencing errors on the clock drawing task. Furthermore, her learning and memory systems are significantly impaired; she demonstrated low average to exceptionally low immediate and delayed recall for both structured and unstructured verbal material, with an elevated rate of false-positive errors during recognition, alongside exceptionally low retention of visual information. Visuospatial organization and bilateral fine motor dexterity were also notably compromised.

Emotionally, Ms. Gonzalez denied experiencing significant symptoms of depression or anxiety on standardized self-report inventories of mood. However, during the clinical interview, she endorsed feeling nervous and easily frustrated over the past six months, particularly when her workplace becomes overcrowded with clients, noting that her forgetfulness exacerbates during

these anxious episodes. Behaviorally, the examiner observed that she demonstrated a notably slow processing speed, rapid forgetting that required constant reminding, and significant difficulty understanding simplified test instructions, frequently losing her place during sample trials.

Functionally, Ms. Gonzalez currently reports remaining independent with all basic activities of daily living. Regarding instrumental activities of daily living, she continues to maintain full-time employment and manages her own cooking, finances, medications, and driving without reported difficulty. The only area where she currently requires regular assistance is in scheduling and managing her medical appointments, which her daughter facilitates primarily due to the patient's language barriers and lack of technological proficiency.

In summary, Ms. Gonzalez's cognitive profile is characterized by profound, multi-domain impairment spanning complex attention, executive functioning, language, memory, and visuospatial organization, with relative sparing only in simple attention and basic visual copying. This pattern of pervasive neurocognitive dysfunction—marked by severely reduced learning capacity, elevated recognition errors, profound executive dysregulation, and global aphasic features—points to a primary, progressive neurological process. Given her extensive history of cardiovascular and metabolic risk factors, including Type 2 diabetes mellitus, hyperlipidemia, obesity, and a strong family history of stroke, a vascular etiology is highly suspected, though an underlying or comorbid neurodegenerative process cannot be entirely ruled out. The severity of these objective cognitive deficits contrasts sharply with her reported functional independence, raising significant concerns regarding her safety in complex instrumental activities, including driving and medication management. Ultimately, her presentation is consistent with a diagnosis of Mild Mixed Dementia – possibly due to Alzheimer's disease and cerebrovascular disease.

**IMPRESSION**            Mild Mixed Dementia – possibly due to early-onset Alzheimer's disease and cerebrovascular disease

## **RECOMMENDATIONS**

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Ms. Gonzalez; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

### **Medical & Psychiatric Management**

1. Follow up with the referring neurology provider, Angelica Miller, FNP-C, to discuss the diagnostic impression of Mild Mixed Dementia (suspected early-onset Alzheimer's disease and cerebrovascular disease) and explore appropriate medical interventions, such as the initiation of cognitive-enhancing medications (e.g., cholinesterase inhibitors).
2. Maintain strict control of all vascular risk factors—specifically her Type 2 diabetes mellitus, hyperlipidemia, and obesity—through close collaboration with her primary care physician. Aggressive management of these conditions is critical to slowing the progression of the cerebrovascular component of her dementia.

3. Consult with her treating providers regarding pharmacological or behavioral management of her anxiety. The patient endorsed significant nervousness and frustration that acutely exacerbates her memory loss, particularly when she is overwhelmed by crowded environments.

### **Safety & Supervision**

1. Transition medication management to her daughter or another reliable caregiver immediately. Although the patient reports independently managing her regimen, her profound deficits in executive functioning, complex attention, and rapid forgetting place her at a high risk for accidental medication errors (e.g., double-dosing or skipping her diabetes medications). An automated, locked pill dispenser is recommended if direct supervision is not always possible.
2. Undergo a formal driving evaluation conducted by a certified occupational therapist. Despite the patient's report of safe driving, her exceptionally low processing speed, severely impaired visuospatial distribution, and profound executive dysregulation heavily compromise her safety behind the wheel in complex or unexpected traffic situations. Until this evaluation is completed, she should strictly limit driving to familiar, short routes within her immediate neighborhood during daylight hours.
3. Establish immediate financial oversight. Her severe cognitive impairment makes her highly vulnerable to financial exploitation, scams, and bill-paying errors. Her daughter should be added to her bank accounts to co-manage all finances and monitor for irregularities.

### **Functional & Legal Planning**

1. Re-evaluate her current employment status. Ms. Gonzalez continues to work full-time in a fast-paced customer service role at McDonald's, which she explicitly identified as a source of anxiety and cognitive overload. Given the severity of her objective cognitive deficits, she is likely expending massive cognitive effort to maintain this role. The family should explore options for early retirement, medical leave, or disability benefits to alleviate this significant psychosocial stressor.
2. Execute Medical and Financial Power of Attorney (POA) documents as soon as possible, while Ms. Gonzalez still retains the capacity to express her core values and wishes. Ensure these legal documents are drafted and explained in Spanish to guarantee her full comprehension.

### **Cognitive & Behavioral Strategies**

1. Utilize Spanish for all crucial communication. Testing definitively confirmed that Spanish is her dominant language, and her functional proficiency in English is highly limited. All medical instructions, legal discussions, and external memory aids must be provided in Spanish.
2. Communicate using simplified, single-step instructions. During testing, the patient was unable to comprehend complex instructions and required constant redirection. Family and

caregivers should speak in short, direct sentences, presenting only one idea or task at a time, and allowing her ample time to process the information before responding.

3. Implement robust external memory aids managed by a caregiver. Because Ms. Gonzalez exhibits rapid forgetting and severely impaired delayed recall, she cannot be expected to internalize new information. Rely on prominent visual aids, such as a large centralized whiteboard for the daily schedule, and auditory alarms set by her daughter for important daily events.
4. Reduce environmental overstimulation. Because sensory and cognitive overload (such as crowded spaces) directly triggers her anxiety and exacerbates her confusion, family members should help maintain a calm, predictable, and structured home environment.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/04/2026

## RECOMENDACIONES

### Cuidado Médico y Psiquiátrico

1. Haga una cita de seguimiento con su proveedora de neurología, Angélica Miller, FNP-C. Hablen sobre los resultados de esta evaluación (demencia mixta leve, que incluye sospecha de Alzheimer temprano y problemas de circulación en el cerebro) y pregunten sobre medicamentos que puedan ayudar a proteger su memoria.
2. Siga trabajando de cerca con su médico de cabecera para controlar muy bien su diabetes, el colesterol alto y su peso. Mantener estos problemas bajo control es sumamente importante para proteger su cerebro y evitar que su memoria empeore más rápido.
3. Hable con su médico sobre opciones para tratar su ansiedad y nerviosismo. Usted mencionó que sentirse abrumada (como cuando hay mucha gente en el trabajo) hace que olvide más las cosas, por lo que tratar esta ansiedad le ayudará a sentirse mejor y a pensar con más claridad.

### Seguridad y Supervisión

1. Es muy importante que su hija u otro familiar de confianza le ayude a organizar y tomar sus medicinas todos los días. Aunque usted siente que lo hace bien, los problemas de memoria aumentan el riesgo de tomar una pastilla dos veces o de olvidar una dosis importante. Un pastillero automático con alarma, que un familiar deje preparado, puede ser de gran ayuda.
2. Le recomendamos hacer una evaluación formal de manejo con un terapeuta ocupacional certificado. Aunque no ha tenido accidentes, los cambios en su velocidad de reacción pueden hacer que manejar en el tráfico sea peligroso. Por ahora, por su seguridad, limite el manejo solo a lugares cercanos y conocidos en su vecindario, y maneje únicamente durante el día.
3. Pida ayuda para manejar su dinero y pagar las cuentas. Los problemas de memoria la ponen en riesgo de cometer errores con el dinero o de caer en estafas. Es buena idea que su hija le ayude a revisar sus cuentas bancarias para asegurarse de que todo esté en orden.

### Planificación Legal y Vida Diaria

1. Considere hacer cambios sobre su trabajo. Usted ha trabajado muy duro por muchos años, pero el ritmo rápido de su trabajo actual le causa mucha ansiedad y un gran esfuerzo mental. Sería bueno que usted y su familia exploren opciones para jubilarse temprano, pedir un permiso médico o aplicar para beneficios de discapacidad, para que pueda descansar y tener menos estrés.
2. Es importante preparar documentos legales como un "Poder Notarial" (Power of Attorney) médico y financiero lo más pronto posible. Esto asegurará que, si en el futuro usted necesita más ayuda, su hija o la persona que usted confíe pueda tomar decisiones siguiendo sus deseos. Asegúrese de que todos los documentos se los expliquen claramente en español antes de firmarlos.

## **Estrategias para la Memoria y el Comportamiento**

1. Use el español para todas sus citas médicas y asuntos importantes. Las pruebas confirmaron que el español es su idioma principal, por lo que toda la información médica o legal debe dársele en español para que se sienta más cómoda y lo entienda todo perfectamente.
2. Para la familia: Cuando hablen con la señora Edith, usen oraciones cortas y sencillas. Denle las instrucciones paso a paso, diciéndole solo una cosa a la vez, y denle suficiente tiempo para pensar y responder sin apurarla.
3. Usen ayudas visuales y alarmas en casa. Como es difícil recordar información nueva, no confíen solo en la memoria. Usen un pizarrón grande en un lugar visible de la casa para anotar las actividades del día, y pongan alarmas en el teléfono para recordar cosas importantes, como la hora de las medicinas.
4. Mantengan un ambiente tranquilo. El exceso de ruido, tener mucha gente alrededor o hacer muchas cosas a la vez puede causarle ansiedad y hacer que se confunda más. Traten de tener una rutina diaria predecible y relajada en casa para que se sienta más tranquila y segura.