

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Deborah Guidry

REFERRAL SOURCE: Hassan Javanshir, M.D.

DATE OF BIRTH: 04/01/1962 (64)

DATE OF EXAM: 06/17/2026

REASON FOR REFERRAL

Dr. Javanshir referred Ms. Guidry for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

Identifying Information: The following information was obtained from a clinical interview with Ms. Guidry and her husband, along with a review of available medical records. Ms. Guidry is a 64-year-old, right-handed, married, African American female with 13 years of education.

Presenting Problem: Ms. Guidry and her husband reported that she was referred for testing due to concerns about progressive cognitive decline over the past six months. Specifically, they noted observing memory loss (e.g., forgetting names and appointments, as well as misplacing items), reduced processing speed, and occasional visuospatial problems (e.g., bumping into objects when walking).

Functionally, Ms. Guidry continues to cook and perform basic activities of daily living independently. She reported that she infrequently forgets her medications and has little motivation to perform household chores. She ceased driving one and a half years ago due to her visual impairments. Ms. Guidry's husband manages the household finances, which is a longstanding arrangement.

From an emotional standpoint, Ms. Guidry reported that she has felt frustrated, slightly depressed, and anxious due to her cognitive concerns. She denied suicidal ideation or symptoms suggestive of psychosis. Her weight is reportedly stable. Ms. Guidry's sleep is poor due to difficulties with sleep maintenance. Consequently, her energy level is reduced; she acknowledged napping often throughout the day over the past couple of weeks.

MEDICAL HISTORY

Ms. Guidry's medical history is significant for a cavernoma, hypertension, hyperlipidemia, diabetes, heart disease, stenosis of the intracranial portions of the right internal carotid artery, hypothyroidism, paresthesia, headaches, breast cancer (treated via surgical intervention and chemotherapy), neuropathy of the hands and feet, and cervical spondylosis. In 2024, she sustained a head injury when a crystal clock fell on her head; she required six stitches but denied any loss of consciousness or subsequent cognitive changes.

Additionally, Ms. Guidry endorsed experiencing a sensation that travels from her head to her stomach, which began around March 2026 and occurs roughly twice a week. She is scheduled to undergo an EEG in July.

Diagnostic Tests & Imaging: An MRA of the Circle of Willis without contrast (05/01/2026) indicated an attenuated flow-related signal in the right proximal intracranial internal carotid artery, suggesting either proximal stenosis or long-segment internal atherosclerotic narrowing. This scan also revealed grossly preserved patency of the remaining intracranial arterial structures. A previous noncontrast brain MRI (date unspecified) was additionally noted in her records as remarkable for a cavernoma.

Surgeries: Ms. Guidry's surgical history includes an appendectomy, bilateral mastectomies with one breast implant, a cholecystectomy, heart stent placement, and tubal pregnancy procedures.

Current Medications: Ms. Guidry's medication regimen includes aspirin, Benicar HCT, Effient, levothyroxine, metoprolol, Synjardy, and vitamin D₃.

Substance Use: Ms. Guidry smoked cigarettes for 24 years before quitting in 2000. She reported drinking approximately one beer per day and denied a history of recreational drug abuse.

Family History: Ms. Guidry's mother had breast cancer, diabetes, heart problems, hyperlipidemia, and hypertension; she passed away at age 55. Her father had diabetes, hypertension, and a history of alcohol misuse; he passed away at age 56. Ms. Guidry has nine siblings. Four siblings (three brothers and one sister) had diabetes, two brothers had neuropathy, and two brothers had vision problems. One sister had kidney disease, and two sisters have had breast cancer.

MENTAL HEALTH HISTORY

Ms. Guidry reported taking antianxiety medications for brief periods in the past, and the last time she received pharmacological management of her anxiety symptoms was approximately 18 to 20 years ago. No other mental health treatment was reported.

EDUCATIONAL HISTORY

Ms. Guidry completed 13 years of formal education, which included one year of full-time college where she majored in business administration with a focus on accounting. She described her academic performance as "pretty good," earning mostly A's and B's. She denied a history of learning disorders, special education services, or grade retention.

OCCUPATIONAL HISTORY

Ms. Guidry was employed in various administrative roles, including accounting and working as an office manager. She reportedly retired in 2017.

SOCIAL HISTORY

Ms. Guidry was born and raised in Chicago, Illinois, until age nine, at which time she relocated to California, where she lived until 2004. She is a monolingual English speaker. Ms. Guidry has been married twice. Her first marriage lasted seven years and ended in divorce. Following a subsequent seven-year relationship, she married her current husband approximately 17 years ago. She has four stepchildren and resides with her husband in Tomball, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Guidry arrived promptly and was accompanied by her husband. She was appropriately dressed, well-groomed, and ambulated without assistance. Her hearing was adequate for testing purposes. Ms. Guidry wore eyeglasses and utilized additional reading glasses periodically throughout the evaluation. Nonetheless, she continued to report visual difficulties. In the clinical interview, she noted struggling to see printed documents, indicating that words and letters appear "whited out". Her speech was within normal limits. When asked about her mood, Ms. Guidry became somewhat tearful and reported feeling "a little frustrated and just want to know what's going on." Her affect was consistent with conversational content. Overall, she was pleasant and cooperative, demonstrating good engagement throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

TESTS ADMINISTERED

Clinical interview with the patient & her husband
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word
Reading

Wechsler Adult Intelligence Scale – IV, selected
subtests
Wechsler Memory Scale – IV, selected subtests
Hopkins Verbal Learning Test – Revised

Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Animal Fluency Test
Judgment of Line Orientation Test, short form
Repeatable Battery for the Assessment of
Neuropsychological Status, Figure Copy
Grooved Pegboard Test

Delis-Kaplan Executive Function System, selected
subtests
Trail Making Test
Modified Wisconsin Card Sorting Test
Beck Anxiety Inventory
Beck Depression Inventory – II
Geriatric Depression Scale

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Ms. Guidry obtained a score of 27 out of 30 on the MMSE. She was unable to identify the building, as well as recall two of the three words after a brief delay.

Premorbid Intelligence: Premorbid intellectual functioning based on single-word reading was average.

Attention & Processing Speed: Digit repetition was above average, while digit reversal and digit sequencing were average. Speeded rote color naming was also average, and speeded rote word reading was low average. Number and symbol transposition was below average, while speeded visual graphomotor tracking of a numerical sequence was low average.

Learning & Memory: Word list learning was low average; however, delayed list recall was exceptionally low. In contrast, list recognition memory was high average. Immediate story memory was low average, while delayed story memory was average, and story recognition memory was within normal limits. Both immediate and delayed visual memory were average, and visual recognition memory was low average.

Language: Expressive vocabulary and confrontation naming were average. Phonemic verbal fluency was also average, but semantic verbal fluency was below average.

Visuospatial/Construction: Visuospatial judgment and visual organization of abstract block designs were average, while complex figure construction was below average.

Motor Functioning: Fine motor speed was below average bilaterally.

Executive Functioning: Response inhibition speed and accuracy were both average. Similarly, set-shifting speed and accuracy were average. In contrast, establishing novel sets was below average, and switching novel sets was low average. Speeded visual-graphomotor tracking of an alternating alphanumeric sequence was average. Nonverbal and verbal abstraction were also average.

Emotional & Behavioral Functioning: On brief self-report measures of mood, Ms. Guidry endorsed moderate symptoms of anxiety and mild symptoms of depression.

SUMMARY

Ms. Guidry was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed an impairment in delayed rote verbal memory. Below average scores were evident in semantic verbal fluency, complex figure construction, number-symbol transposition, bilateral fine motor speed, and aspects of executive functioning (establishing sets). Low average scores were noted in speeded rote word reading, speeded visual graphomotor tracking, immediate verbal memory (rote and contextual), visual recognition memory, and switching sets. The remainder of her cognitive performance fell in the average range or higher. On brief measures of mood, she reported mild symptoms of depression and moderate symptoms of anxiety.

Taken cumulatively, Ms. Guidry exhibits some areas of cognitive decline relative to both her same-aged peers and her estimated premorbid level of functioning. Her test results and report of intact functional abilities indicate that a diagnosis of Mild Cognitive Impairment is most appropriate. Her performance pattern, combined with her history of vascular risk factors, suggests that a cerebrovascular etiology of her cognitive symptoms is likely. Additionally, her reported visual difficulties likely negatively impacted her performance on specific visually mediated tasks. Sleep disturbance and emotional distress may also be exacerbating her overall cognitive inefficiency. Continued monitoring will be essential to further elucidate the etiology of her deficits and assess for any potential change or decline over time.

Impressions: Mild Cognitive Impairment, Amnesic Type, Multiple Domain
Adjustment Disorder with Mixed Anxiety and Depressed Mood

Recommendations:

1. Ms. Guidry may benefit from utilizing compensatory techniques to improve her efficiency and reduce frustration. If her cognitive functioning continues to decline, she would benefit from a greater degree of assistance and supervision.
 - a. *Complex Decision-Making:* Ms. Guidry is encouraged to verify that documentation, such as a durable power of attorney, a medical power of attorney, and an advance care plan, is in order. This will ensure that her wishes will be considered in future decision-making processes (e.g., medical, legal, and financial).
 - b. *Financial & Medication Management:* The use of automatic bill payment, pillboxes, detailed notes, and timers or alarms is advised.
 - c. *Driving & Operating Machinery/Appliances:* Ms. Guidry ceased driving due to her visual impairment. If she wishes to resume driving, a formal evaluation would be warranted. These services may be obtained from Strowmatt Rehabilitation Services (713-722-0667). She would also benefit from utilizing compensatory techniques when operating potentially dangerous appliances (e.g., stoves, ovens, or irons).
 - d. *Misplacement of Items:* Ms. Guidry would benefit from identifying a central, visible location in her home to store all of her daily necessities (e.g., keys, glasses, wallet, and cell phone).
 - e. *Planning/Organization:* Ms. Guidry may benefit from the use of a calendar, organizer, cell phone, or alarm to better maintain necessary information (e.g., telephone numbers and medical appointments). She is encouraged to break down complex tasks into smaller, manageable steps. Additionally, establishing a consistent daily routine is recommended to provide necessary structure.
2. She is advised to consult with her ophthalmologist about her visual difficulties, as an eye evaluation is likely warranted.
3. Ms. Guidry reported mild symptoms of depression and moderate symptoms of anxiety. She is encouraged to talk to her treating physician about her symptoms, as treatment with psychotropic medication might be helpful.
4. She is encouraged to continue participating in social and physical activities. Routine activity and social interaction are essential for maintaining good health and reducing social withdrawal.

5. Ms. Guidry would benefit from a reevaluation in 12 months to further monitor her cognitive and emotional status.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

Darci R. Morgan, Ph.D., ABPP

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/17/2026