

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Dolores Hedger

Referral Source: Leslie Juarez, PA

Date of Birth: 2/24/49

Date of Evaluation: 6/23/26

Reason for Referral: Ms. Hedger’s neurology physician assistant referred her 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.

Functions Assessed and Instruments Employed:

Background

Clinical Interview
Medical History Questionnaire

Intellectual

Wechsler Adult Intelligence Scale – IV (portions)

Language

NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Word Reading (WRAT-5)

Visuospatial/Constructional

Judgment of Line Orientation
Rey Complex Figure Test (copy)

Attention

Digit Span (WAIS-IV)
Symbol Search (WAIS-IV)

Learning and Memory

Hopkins Verbal Learning Test – Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)

Executive Functions

Trail Making Test
Color-Word Interference Test (D-KEFS)

Motor Functions

Grip Strength
Grooved Pegboard

Mood/Behavior

Perceived Deficits Questionnaire
Patient Health Questionnaire – 9
Generalized Anxiety Disorder Questionnaire – 7
Minnesota Multiphasic Personality Inventory – 2 RF

Identifying Information:

The following information comes from a clinical interview with Ms. Hedger and her daughter, as well as a review of available medical records. Ms. Hedger is a 77-year-old, right-handed, divorced Hispanic female with 14 years of education.

Presenting Problems: Ms. Hedger reported having short-term memory problems. She said that she often forgets locations of items (e.g., keys and wallet) and appointments she has scheduled. She commented, “I never know what day of the week it is.” She has trouble thinking of words when speaking as well. Her daughter added that she quickly forgets information told to her and needs reminders. She often repeats herself without realizing it. She becomes confused easily when plans change, or matters increase in complexity. These problems developed two years ago and have gradually worsened over time.

Ms. Hedger denied experiencing mood disturbance. Her appetite is reduced, though her weight is stable. She has difficulty initiating and maintaining sleep. Her energy level is reduced. She denied suicidal ideation. There have been no apparent personality changes or psychotic features.

She stopped driving two months ago after several instances of becoming lost when driving and required assistance from her daughter to navigate home. In one instance, she was driving to her

daughter's home in Spring but ended up in Montgomery. She required her daughter's assistance to get to her house. She denied any recent auto accidents. Her daughter manages her medications and finances after she made several errors. She needs assistance with telephone usage, shopping, and housekeeping. She is independent for meal preparation and laundry, as well as all physical self-maintenance tasks.

Medical History: She has coronary artery disease, diabetes, hypertension, hyperlipidemia, and anemia. She has fallen three times within the last year without serious injury or head trauma. In June 2019, she developed right facial drooping and slurred speech. She was taken to a hospital by ambulance and was diagnosed with a TIA. She was hospitalized for five days. She denied experiencing persistent sequelae.

Surgeries: cardiac stent insertion, cholecystectomy, hysterectomy, bladder lift, and sinus surgery.

Current medications: dapagliflozin, glipizide, metformin HCl, amlodipine, lisinopril-HCTZ, atorvastatin, low-dose aspirin, sertraline HCl, valacyclovir HCl, tizanidine HCl, diclofenac, iron, omeprazole, cetirizine HCl, and fluticasone propionate.

Substance use: She smoked 2-3 cigarettes daily until quitting at age 36. She previously consumed alcohol in moderation but no longer drinks. She denied a history of recreational drug use.

Family history: Her mother had heart disease, diabetes, and depression; she died at 56 from a myocardial infarction. Her father died at 66 from lung cancer. She has seven brothers and four sisters. One of her brothers has dementia (unknown type). Another brother has bipolar disorder, substance abuse problems, and cirrhosis of the liver. One of her sisters has breast cancer. Several of her siblings have heart disease, hypertension, COPD, and depression.

Mental Health History: She was diagnosed with bipolar disorder in her 50s. She described past symptoms during which she felt "violent and thought everyone was out to get me [her]," alongside episodes of pressured speech, week-long rage, and two-week depressive episodes. She began taking psychotropic medications in her 40s. She has participated in counseling intermittently, with her last session occurring four years ago. She reported three past suicide attempts by overdosing on pills. She reportedly "slept for 2-3 days" without seeking medical attention. She has had four inpatient hospitalizations, typically lasting two weeks, though one lasted two months. Two of these stays were for severe depression and anxiety, and two followed suicide attempts.

Educational History: Ms. Hedger graduated from high school and completed three years of college on a part-time basis at the University of Houston – Downtown. She reported earning mostly As in school. She denied a history of grade retention and specific learning disorder.

Occupational History: She worked as a medical assistant at a county jail and then in home health care. She retired at age 62.

Social History: Ms. Hedger was born in Wharton, TX. Spanish is her native language. She began learning English as a second language upon starting school. She was married and divorced four times. She has three sons and two daughters. Unfortunately, one of her sons passed away as an infant. She lives with her daughter, son-in-law, and three grandchildren.

Behavioral Observations:

Ms. Hedger presented as a nicely dressed, well-groomed woman. She ambulated slowly with a rolling walker and wore reading glasses. Mood was pleasant and affect was broad. Speech was fluent. She misidentified the year by one, the day of the week by one, and her age by 12. He knew the current president but misidentified the previous one as Trump. She knew the city but not the testing location. Orientation to person and situation was intact. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions. With such support, Ms. Hedger understood all test instructions adequately. She was cooperative. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

Results:

Intellectual: Ms. Hedger obtained a Full Scale IQ of 96, which falls within the average range. Across ability domains, Verbal Comprehension (105) fell within the average range and Perceptual Reasoning (86) fell within the low average range. On specific subtests, oral expression of word meanings and abstract verbal reasoning were average. Construction of abstract block designs was low average. Visual pattern analysis was average.

Language: Visual object naming was high average. Controlled oral verbal fluency was average to phonemic criteria but below average to semantic criteria. Oral word reading was average.

Visuospatial/Constructional: Judgment of angular line relations was below average. Her copy of a complex geometric design was below average.

Attention: Immediate recall of orally presented number sequences was low average in forward order and average in reverse order, but exceptionally low in numerical order. Speed of visuo-perceptual scanning and discrimination was exceptionally low. Speed of digit-symbol association and transcription was below average.

Learning and Memory: Immediate recall of unstructured verbal material (word list) was exceptionally low for total word recall across three trials (1, 4, and 4 words, respectively). After a 25-minute delay, she was unable to recall any words from the list, which is exceptionally low as well. Delayed word recognition was also exceptionally low (7 hits, 7 false positives).

Immediate recall of structured verbal material (stories) was average. In contrast, delayed (30-minute) recall of the same material was nil. Delayed recognition of story elements fell within the below average range.

Immediate recall of geometric figures was low average. Delayed (30-minute) recall of the same figures was below average. Delayed figural recognition fell within the low average range.

Executive Functions: Speed of visual-graphomotor tracking was average for a simple (numerical order) sequence but exceptionally low for a complex (alternating number-letter) sequence. She made three errors on the complex sequence and was unable to complete it within the time limit. Response inhibition was below average for speed and low average for accuracy. Her ability to alternate between response inhibition and release (cognitive flexibility) was exceptionally low for speed and below average for accuracy.

Motor: Grip strength was exceptionally high in the right hand and above average in the left hand. Fine motor dexterity (placing pegs into holes) was exceptionally low bilaterally, however.

Mood/Behavior: Ms. Hedger's self-report of depressive symptoms fell within the mild range. Her self-report of anxiety symptoms was nil.

Impression: Mixed Dementia, Mild Severity

Ms. Hedger's neuropsychological evaluation revealed moderate impairments in auditory number sequencing, processing speed, rote verbal learning and memory, delayed recall of story and figural material, executive functions, and fine motor dexterity (bilaterally). Mild impairments were evident in orientation to time and place, semantic fluency, and visuospatial/constructional skills.

In contrast, she demonstrated strengths in object naming and grip strength (bilaterally). Her intellectual functioning, verbal fluency, word reading, working memory, and acquisition of story and figural material all fell within broad normal limits.. Orientation to person and situation was intact.

Her self-report of depressive symptoms fell within the mild range. Her self-report of anxiety symptoms was nil.

Ms. Hedger's history and current test data reveal multiple cognitive impairments that represent a significant decline from her estimated premorbid level, which correlate with difficulty performing numerous instrumental activities of daily living independently. A diagnosis of mild dementia is warranted. Impairments in processing speed, verbal memory, visual memory, executive functions, and fine motor dexterity are the most salient aspects of her profile. Such a pattern suggests a combination of cortical and subcortical systems dysfunction. Given her advanced age, medical history that includes several vascular risk factors, and her current test data, it is likely that both Alzheimer's disease and cerebrovascular disease are significant contributors. As such, a diagnosis of mixed dementia appears to best encapsulate the totality of the data.

Recommendations:

1. Ms. Hedger appears to be a good candidate for pharmacologic treatment of her mild dementia.
2. Important information should be communicated only in the presence of a family member or trusted associate. Her comprehension and retention of information should not be assumed in any

conversation or other communication. Someone should accompany her to all medical appointments and meetings at which important decisions will be made. She would benefit from assistance with complex decision-making. Information should be presented to her in written form when possible so that she may refer to it later.

3. Continued oversight of her finances, medications, and all personal affairs would be prudent. She should continue not to drive.

4. The probable progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs. Her family members may wish to begin considering in-home healthcare services or assisted living options for the future.

5. Regular physical exercise, such as walking with a partner or using stationary fitness equipment with supervision, is recommended for its beneficial effects on brain health and cognitive maintenance.

7. She should be encouraged to remain socially, cognitively, and recreationally active. Such behavior is important to help her maintain her cognitive abilities to the extent possible.

8. The Alzheimer's Association (www.alz.org/texas) provides useful information and resources for AD patients and their family members. His family members may benefit from enrollment in a support group for caregivers of persons with dementia.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

Allison G. Miley

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Robert N. Davis

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/26/26.

****Billing note: Technician, Kathryn Sanchez, B.S., performed face-to-face neuropsychological testing (administration and scoring) for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, as well as reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*