Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: John Jackson **REFERRAL SOURCE:** Hassan Javanshir, M.D.

DATE OF BIRTH: 05/10/1951 (75) **DATE OF EXAM:** 06/04/2026

REASON FOR REFERRAL

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

***Identifying Information*:** The following information was obtained from a clinical interview with Mr. Jackson and his wife, along with a review of his available medical records. Mr. Jackson is a 75-year-old, right-handed, married African American male with 19 years of formal education.

***Presenting Problem*:** Mr. Jackson and his wife reported that he was referred for this evaluation due to concerns about gradual cognitive decline over the past two years. Specifically, they described memory loss (e.g., forgetting names, repeating himself, and asking others to repeat information), word retrieval problems, and reduced processing speed. Mr. Jackson's wife added that he has also exhibited visuospatial difficulties (e.g., bumping into objects when walking).

Functionally, Mr. Jackson stated that he is capable of performing all basic self-care tasks and most instrumental activities of daily living. He ceased driving four years ago due to mobility and vision concerns. They reported that financial management has always been a shared responsibility.

From an emotional standpoint, Mr. Jackson denied experiencing symptoms of anxiety or depression. However, his wife reported observing increased emotional lability. Mr. Jackson denied suicidal ideation or symptoms suggestive of psychosis (e.g., hallucinations or delusions). His sleep onset is adequate, but sleep maintenance is affected by nocturia. While he acknowledged having adequate energy, his wife indicated his energy level is slightly reduced.

MEDICAL HISTORY

Mr. Jackson's medical history is significant for seizure disorder, intracranial atherosclerotic disease affecting the vertebrobasilar system with basilar artery occlusion, possible vertebrobasilar insufficiency, bilateral carotid artery stenosis, paroxysmal atrial tachycardia, hyperlipidemia, hypertension, diabetes, prostate cancer (treated via radiation and hormone therapies), and glaucoma.

When asked about his seizures, Mr. Jackson described "blackouts." He stated that he has experienced these episodes sporadically throughout his life (roughly every 4-5 years) until the past two years, when they became more frequent. Since he started medication (levetiracetam), the episodes have occurred less often. Prior to many of these events, he reportedly experiences a "rolling around sensation" in his stomach; however, he noted that there are occasions when he experiences the gastrointestinal disturbance without blacking out.

Diagnostic Tests & Imaging: A CT angiogram of the brain and carotids (09/03/2024) revealed a markedly hypoplastic basilar artery associated with a hypoplastic right vertebral artery, as well as mild focal stenosis in the left posterior cerebral artery. A brain MRI (date unspecified) showed overall stable age-related changes with no acute intracranial abnormality, no recent ischemic or hemorrhagic injury, and no space-occupying lesions.

A cerebral four-vessel angiogram (10/09/2024) demonstrated that the basilar artery terminates at the posterior inferior cerebellar arteries and was not seen distally, along with multifocal stenosis along the course of the bilateral posterior cerebral arteries consistent with intracranial atherosclerotic disease. An EEG (10/21/2024) was within normal limits in the awake stage, apart from an irregular cardiac rhythm.

Surgeries: His surgical history includes bilateral cataract surgery and bilateral hip replacements.

Current Medications: Mr. Jackson's medication regimen includes aloe vera, amlodipine-benazepril, cod liver oil, cyanocobalamin, ezetimibe, levetiracetam, magnesium, memantine HCl, metformin HCl, pioglitazone HCl, potassium, and zinc.

Substance Use: Mr. Jackson denied a history of alcohol or recreational drug abuse. He smoked cigarettes for approximately 30 years before quitting 30 to 40 years ago.

Family History: Mr. Jackson stated that his mother had Alzheimer's disease and arthritis; she died in her late 70s. His father had hepatitis C and polio; he died at age 70. Mr. Jackson reported having three siblings. One brother is deceased and had a history of Alzheimer's disease, while another brother has a history of alcoholism. His sister reportedly died from multiple myeloma.

MENTAL HEALTH HISTORY
Mr. Jackson denied a history of past or present mental health treatment.

EDUCATIONAL HISTORY
Mr. Jackson completed 19 years of formal education and earned a bachelor's degree in economics from Prairie View A&M University. He also completed four years of graduate coursework toward a doctorate in economics; however, he did not finish his dissertation. He was reportedly an "A" and "B" student. He denied a history of specific learning disorders, special education services, or grade retention.

OCCUPATIONAL HISTORY
Mr. Jackson was employed as an information technology consultant until he retired at age 65.

SOCIAL HISTORY
Mr. Jackson was born and raised in Texas, and he is a monolingual English speaker. He and his wife married in 1972, and they live in The Woodlands, Texas. They do not have any children.

BEHAVIORAL OBSERVATIONS
Mr. Jackson arrived with his wife approximately 20 minutes late due to inclement weather and traffic. He was appropriately dressed, well-groomed, and ambulated with a cane. His vision (corrected) and hearing were adequate for testing purposes. His speech was within normal limits. Mr. Jackson described his mood as "fine," and his affect was consistent with conversational content. Overall, he was pleasant and cooperative, persevering throughout testing. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

TESTS ADMINISTERED
Adult Neuropsychology History Questionnaire
Clinical interview with the patient & his wife
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scales – IV, selected subtests
Hopkins Verbal Learning Test – Revised
Wechsler Memory Scale – IV, selected subtests
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Animal Fluency Test
Repeatable Battery for the Assessment of Neuropsychological Status, selected subtests

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

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Mr. Jackson obtained a score of 20 out of 30 on the MMSE. He was not fully oriented to time (date) or place (county and building). He was also unable to recall three words after a brief delay or complete an attentional task.

Attention & Processing Speed: Digit repetition and reversal were average, while digit sequencing was low average. Speeded rote word reading was low average, and speeded rote color naming was below average. Performance on a measure of number and symbol transposition was low average. However, speeded visual graphomotor tracking for a numerical sequence was exceptionally low.

Learning & Memory: Word list learning and delayed recall were exceptionally low, with no words produced after a delay. List recognition memory was also exceptionally low. Immediate story memory was below average, and delayed story memory was exceptionally low, with no story elements recalled. Story recognition memory was below average. Immediate visual memory was average, while both delayed visual memory and visual recognition memory were low average.

Language: Single-word reading was low average, while expressive vocabulary was average. However, phonemic verbal fluency was below average, and semantic verbal fluency was exceptionally low. Confrontation naming was also exceptionally low.

Visuospatial/Construction: Visuospatial judgment was below average, and visual organization of abstract block designs was low average. In contrast, complex figure construction was exceptionally low.

Motor Functioning: Fine motor dexterity was exceptionally low in his dominant hand and low average in his non-dominant hand.

Executive Functioning: Speeded visual graphomotor tracking for an alternating number-letter sequence was exceptionally low, and he committed three errors. Response inhibition was average for speed and low average for accuracy. On a similar task requiring set-shifting, his speed was low average, but his accuracy was exceptionally low. Additionally, he completed a measure of novel card sorting that required learning and strategy modification in response to feedback. His ability to establish and switch sets was low average. Verbal and nonverbal abstraction were average.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed minimal symptoms of anxiety and depression.

SUMMARY

Mr. Jackson was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed impairments in verbal memory (learning, recall, and recognition), language (verbal fluency and naming), visuospatial skills (construction and judgment), dominant hand fine motor dexterity, and executive functioning (set-shifting accuracy and cognitive flexibility). Variability was noted on measures of processing speed. His performance across the remainder of the evaluation was generally in the average and low average ranges. On brief measures of mood, Mr. Jackson reported minimal symptoms of anxiety and depression.

In sum, Mr. Jackson exhibits cognitive decline relative to both his same-aged peers and his estimated premorbid level of functioning. While Mr. Jackson and his wife reported minimal functional changes, the breadth and severity of some of his impairments suggest that a diagnosis of dementia may be most appropriate. Based on his performance pattern, the etiology of his deficits is likely mixed, with contributions from both an underlying Alzheimer's disease process and his history of cerebrovascular risk factors.

Impressions: Probable Mixed Dementia, Mild Severity

Recommendations:

1. Mr. Jackson would likely benefit from assistance when attempting to manage his medical, financial, and legal affairs. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is established. These documents will ensure that his wishes will be considered in future decision-making processes.

2. His retention of information should not be assumed in any conversation or other communication. A family member or trusted associate should accompany him to all doctor visits and other important meetings. Providing information in written form is highly recommended so that he may refer to it later.

3. Based on his current cognitive profile, he would benefit from assistance and supervision to ensure his daily needs are met. It is recommended that he consider transitioning to a higher level of care if adequate assistance cannot be arranged at home.

    a. *Financial & Medication Management:* Mr. Jackson would benefit from assistance with these tasks. Additional compensatory techniques that may prove useful include the use of automatic bill payments, detailed notes, reminders, and pillboxes.

    b. *Driving & Operating Machinery/Appliances*: Given his cognitive deficits, driving cessation remains the safest course of action. He would also benefit from supervision when attempting to use potentially dangerous appliances such as an oven, stove, or iron.

    c. *Misplacement of Items*: Mr. Jackson would benefit from identifying a central, visible location in his home to store his daily necessities (e.g., keys, glasses, wallet, and cell phone).

    d. *Organization/Multitasking*: Mr. Jackson may benefit from breaking down complex tasks into manageable steps. He would also benefit from completing tasks in an environment that minimizes outside distractions. Compensatory strategies, such as a memory notebook, timers, and detailed notes, are encouraged. Maintaining daily routines and structure is also encouraged.

    e. *Emergencies:* It would be helpful for Mr. Jackson to have important telephone numbers programmed into his cell phone or written in his daily planner. This will allow him to contact people when desired or needed (e.g., family, police, and fire department).

4. He is encouraged to participate in previously enjoyed hobbies, as well as organizations or clubs. Routine activity and social interaction will be essential for maintaining good health and reducing social withdrawal.

5. Additional resources for Mr. Jackson and his family/friends (i.e., caregivers) can be found online at http://www.ninds.nih.gov/ and http://www.alz.org/texas/.

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.

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Board Certified, American Board of Clinical Neuropsychology
Electronically signed: 06/04/2026