Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: David Judson
Date of Birth (Age): 4/15/1952 (74)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 6/4/2026

Education: 16
Handedness: Left
Occupation: Retired
Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and his wife, as well as a review of available medical records. Mr. David Judson is a 74-year-old, left-handed, Caucasian/White male referred for neuropsychological evaluation by Chintan Shah, MD, secondary to concern about cognitive decline.

Mr. Judson reported difficulty with word recall over the last year, noting that he often struggles to come up with names of everyday items. His wife corroborated this concern and explained that they tend to recall information differently; for instance, he stated he sold his car to his daughter, but he gave it to her. He experiences diminished recall for recent events, which is reportedly getting worse over time. In conversation, his wife observes that he seems to be anticipating his response, as opposed to actively following the flow of conversation.

Mr. Judson was diagnosed with Parkinson's disease in 2017. He lost his sense of smell 20 years prior to his diagnosis. Constipation was also an early sign and has been an ongoing issue. Tremors began in his left hand, and he underwent deep brain stimulation (DBS) in 2020. Over time, he and his wife have noticed that his symptoms are worsening, and his balance has continued to decline. Mr. Judson recently experienced some "near falls," and he sustained two falls in total this year. The most recent fall occurred on 2/14/2026 due to balance issues. He takes Sinemet once a day; notably, he described dyskinesia with use and plans to discuss this with neurology at an upcoming appointment. Notably, he has experienced pain in his feet due to idiopathic peripheral neuropathy over the last several years, which is currently managed by gabapentin three times per day. Mr. Judson also reported having a hard time talking, stating that he needs to "think about making his mouth move." Hypophonia was denied.

Mr. Judson has a history of REM sleep behavior disorder that began about 15 years ago, characterized by kicking and falling out of bed at nighttime. He uses bed rails and keeps a soft mat on the floor to keep him from falling out of bed. Notably, his wife described an instance in which he kicked the wall, knocking a picture frame down; he did not sustain any injuries, and this picture frame has since been removed from the wall. Despite these sleep behaviors, Mr. Judson reported achieving restorative sleep. He sleeps 8-9 hours per night and naps for 60-minutes each day.

Functionally, Mr. Judson is independent for all personal care functions. He is responsible for feeding the cats, cleaning the litter box, loading and unloading the dishwasher, and watering outdoor plants. His wife does the cooking or picks up prepared meals, as it is hard for the patient to stand for long periods. A housekeeper is utilized. Mr. Judson administers and reorders his own medications. Mr. Judson's wife is currently managing the finances, though the patient denied any issues with doing so. He stopped driving a few years ago due to concerns about sleepiness associated with his gabapentin use.

Regarding sensory functions, vision is adequate with eyeglasses, though his wife noted he has difficulty with small print and distance. Hearing issues were denied.

Emotionally, Mr. Judson described feeling content, noting that he enjoys being retired. However, his wife observed that he relinquished all household responsibilities upon retiring 15 years ago and has grown increasingly socially isolated over time. Mr. Judson expressed difficulty adjusting to his changing lifestyle and functional status, specifically noting his inability to participate in favored hobbies such as hiking and woodworking due to the physical limitations imposed by his double bypass surgery and Parkinson's disease. While he denied any active intent or plan to end his life, he endorsed passive suicidal ideation. Behavior suggestive of hallucinations or delusions was denied.

Regarding health habits, he has never used nicotine or illicit substances. He reported infrequent wine consumption in the past. His appetite fluctuates, which he attributed to anosmia and change of taste; he typically eats two meals per day and snacks. Constipation remains problematic, requiring him to work at getting adequate fluids and fiber.

Medical & Psychiatric History: Medical history is remarkable for coronary artery disease, atrial fibrillation, hypertension, hyperlipidemia, and peripheral neuropathy.

Surgical history is notable for repair of bilateral cataracts and retinal detachment, mitral valve repair, double bypass, and bilateral STN DBS.

Family medical history is notable for congestive heart failure in his mother. His father was healthy and passed away at age 91.

Medications: apixaban, amiodarone, carbidopa-levodopa, gabapentin, metoprolol, and atorvastatin.

Psychosocial History: Mr. Judson was born in California and raised there until the age of 8, at which point his family moved to Texas. He is a monolingual English speaker. He denied history of learning disorder or grade retention. He earned a bachelor's degree in chemistry and computer science. Vocationally, he worked as a software developer and retired in the 2000s.

He has been married for 41 years and has a daughter, a stepdaughter, and grandchildren.

In his leisure time, he enjoys reading.

Behavioral Observations: Mr. Judson presented to the appointment on time, accompanied by his wife. He was casually dressed and adequately groomed. He ambulated independently. He exhibited a stooped posture and gait was unsteady. Interpersonally, he was friendly, and his affect was broad and appropriate to setting. His comprehension was grossly intact. Spontaneous speech was clear and fluent. Thought content was logical, though tangential. There was no behavioral indication of hallucinations or delusional thinking. He was alert and adequately oriented. Rapport was established with ease.

With regard to test-taking style, Mr. Judson was easily engaged, understood task instructions as provided, and worked at a consistent pace. He exhibited mild distractibility and benefited from redirection, at times. Vision (corrected) and hearing were adequate for the purposes of testing. He was cooperative and completed all activities asked of him.

Results: Mr. Judson scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

Domain	**Test Name**	**Raw Score**	**Descriptor**
Auditory Attention	WAIS-IV DSF	9	Average
	WAIS-IV DSB	7	Average
	WAIS-IV DSS	1	Exceptionally Low
Visual Attention & Processing Speed	WAIS-IV Coding	47; 1 error	Average
	WAIS-IV Symbol Search	19	Average
	Trail Making Test- A	31 seconds	Average
	D-KEFS Color-Word Color Naming	44 seconds; 1 error	Low Average
	D-KEFS Color-Word Word Reading	29 seconds	Average
Language	WRAT-5 Word Reading	64	Average
	NAB Naming	31	High Average
	Animal Naming	14	Low Average
Verbal Memory	HVLT-R Total (5-7-6)	18	Low Average
HVLT-R	HVLT-R Delayed Recall	7	Average
	HVLT-R % Retained	100%	Average
	Recognition Hits	11	---
	False Positives	2	---
	Recognition discrimination	9	Low Average
WMS-IV	Logical Memory I	41	Above Average
	Logical Memory II	24	High Average

	Retention	---	Low Average
	Recognition	20	Within Normal Limits
Visual Memory			
WMS-IV	Visual Reproduction I	19	Below Average
	Visual Reproduction II	4	Below Average
	Retention	---	Low Average
	Recognition	1	Below Average
Visuospatial	WAIS-IV Matrix Reasoning	12	Average
	RCFT Copy	30	Within Normal Limits
	JLO	18	Low Average
Executive Functioning	FAS	27	Low Average
	Trail Making Test- B	126 seconds; 1 error	Low Average
	D-KEFS Color-Word Inhibition Time	98 seconds	Low Average
	D-KEFS Color-Word Inhibition Errors	0	High Average
	D-KEFS Color-Word Inhibition/Switching Time	96 seconds	Average
	D-KEFS Color-Word Inhibition/Switching Errors	1	High Average
	WAIS-IV Similarities	23	Average
	M-WCST Categories Completed	5	Low Average
	M-WCST Perseverative Errors	5	Low Average
	CLOX-1	10	Low Average
Motor	Grooved Pegboard- DH (Left)	129 seconds	Below Average
	Grooved Pegboard-NDH (Right)	125 seconds	Low Average
Self-Report	BDI-II	9	Minimal symptoms of depression
	GAD-7	0	Denied symptoms of anxiety

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of his estimated premorbid ability, which falls within the high average to average range based upon his reported academic and vocational achievement.

Mr. Judson scored within the high average to average range across measures of auditory attention (digit repetition and reversal), visual attention and processing speed (apart from rapid color naming), single word reading, confrontation naming, and abstract verbal reasoning.

His immediate and delayed recall for structured, contextual verbal information was robust, falling in the above average to high average range. In contrast, his initial acquisition of an unstructured word list fell within the low average range, but with 100% retention of learned information (average); recognition of target vs. non-target words, however, was low average. Registration, retrieval, and recognition of visual information were consistently below average.

Nonverbal reasoning was average, but judgment of spatial line relations was low average. Visuospatial planning and construction of a complex figure was within normal limits, while spontaneous clock draw was low average.

His performances across measures involving complex attention and executive functioning were variable. Verbal fluency (phonemic and semantic), speeded alphanumerical sequencing, and novel card sorting requiring response modification were low average. Speeded response inhibition was low average for speed, but high average for accuracy; however, his performance on a more complex aspect of this task was average for speed and high average for accuracy. He exhibited relative weakness on mental digit sequencing, which was exceptionally low.

Fine motor speed and dexterity were reduced bilaterally, with a pronounced weakness noted in his dominant (left) hand, which is consistent with his medical history of Parkinson's disease and left-sided tremors.

From an emotional standpoint, Mr. Judson endorsed subclinical symptoms of depression and denied symptoms of anxiety on self-report questionnaires; passive suicidal ideation was endorsed but he denied any current intent or plan to end his life.

Summary: Integrating Mr. Judson's clinical history, functional status, and objective test data, his neurocognitive profile reveals a decline from his estimated premorbid baseline and the performance of his same-age peers. The most prominent reductions were observed in complex attention, executive functioning, and visual learning and memory. This specific pattern of cognitive strengths and vulnerabilities—which predominantly impacts frontostriatal networks—is highly characteristic of the cognitive changes associated with Parkinson’s disease. Because he maintains functional independence with basic personal care and routine household chores, relying on spousal support primarily for higher-level instrumental activities (e.g., managing finances and driving), a diagnosis of Mild Cognitive Impairment is clinically appropriate at this time.

Diagnosis: Mild Cognitive Impairment Due to Parkinson’s Disease
Adjustment Disorder with Depressed Mood

Recommendations:

1. Medical and Neurological Follow-Up
   - *Neurological Management:* Continued neurological oversight by Dr. Chintan Shah is recommended to guide ongoing symptom management and monitor disease progression. Mr. Judson and his wife should also address the breakthrough dyskinesia he has been experiencing with Sinemet during their next consultation with this provider.
   - *Sleep and Behavioral Monitoring:* Behavioral manifestations of his 15-year history of REM sleep behavior disorder (e.g., kicking walls) should continue to be closely monitored. He should continue to utilize his bed rails and protective floor mats and communicate any increase in nighttime motor movements or vocalizations to his medical team.

2. Safety and Daily Functioning
   - *Instrumental Activities of Daily Living (IADLs):* Given the objective weaknesses observed in complex attention, working memory, and visual learning, Mr. Judson should receive ongoing support with complex daily tasks. While he maintains independence with basic personal care, his wife is advised to continue managing the family finances and should consider overseeing his medication administration to ensure accuracy and safety.
   - *Driving Cessation:* Mr. Judson previously retired from driving due to concerns regarding daytime sleepiness associated with his medication regimen. From a neuropsychological standpoint, this decision is highly prudent and strongly supported.
   - *Fall Precautions:* Due to his history of recent falls and declining balance, a referral for a formal physical therapy evaluation is recommended to optimize his safe mobility, address lower extremity strengthening, and suggest appropriate home safety modifications.

3. Therapeutic and Lifestyle Interventions
   - *Psychotherapy and Mood Management:* Mr. Judson endorsed passive suicidal ideation and expressed significant distress regarding lifestyle changes, such as the loss of favored hobbies like hiking and woodworking. Individual psychotherapy, such as Cognitive Behavioral Therapy (CBT) with a clinical psychologist, is recommended to help him process the emotional impact of his progressive medical diagnoses and develop adaptive coping strategies. Psychology Today (psychologytoday.com) is a recommended resource to locate a therapist, where in-person and telehealth options are often available.
   - *Cognitive Compensatory Strategies:* General compensatory strategies are recommended to maximize his cognitive efficiency. He will likely benefit from use of external aids, such as utilizing smartphone alerts, digital alarms, and placing written, step-by-step checklists in high-visibility locations within the home.
   - *Structured Activity:* He is encouraged to maintain a structured daily routine and engage in mentally and socially stimulating activities. Maintaining a predictable routine can help optimize his mood and maximize his cognitive reserve.

4. Future Planning and Caregiver Support
    - *Legal Documentation:* The current cognitive findings may serve as an impetus to ensure that his long-term affairs are completely in order. Ensuring that legal documentation, such as a durable power of attorney for health care and financial matters, a will, and an advanced care plan, are fully established and updated is highly recommended while he can actively participate in these decisions.
    - *Caregiver Support:* Caregiver burden is a significant consideration. His wife is strongly encouraged to engage in routine self-care and connect with support networks, such as the Houston Area Parkinson Society (HAPS) or the Parkinson's Foundation (Parkinson.org) to access educational resources and caregiver support groups.
    - *Neuropsychological Re-evaluation:* The present results provide a comprehensive baseline of his current neurocognitive functioning. A repeat neuropsychological evaluation may be considered in 18 to 24 months to track his cognitive trajectory, or sooner if there is a precipitous decline in his cognitive abilities.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 6/5/2026.