Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Jim Keeling	Education:	12 years
Date of birth:	5/6/1947 (79)	Handedness:	Left
Date of exam:	6/5/2026	Marital status:	Married
Ethnicity:	White	Occupation:	Retired

Referral source: Beatriz Casas, PA-C

Mr. Keeling's neurology provider referred him for an objective assessment of cognitive decline. The results will describe his current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. He was seen with his wife.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Mr. Keeling reported memory difficulties, stating, "I can't remember yesterday." He described trouble remembering appointments and being more reliant on his wife. His wife concurred with his report. She noted that his memory is poor for appointments, plans, and times. He also exhibited a decline in navigation ability. He exhibited a gradual onset about 2 years ago, with "a little" worsening over time.

Mr. Keeling's wife has always managed their finances and his appointments. He stopped driving about 6 months ago after becoming disoriented; he went to get their vehicle inspected, but he forgot how to get there and returned home. He is otherwise functionally independent.

Mr. Keeling described his mood as "okay, but nervous," due to concern about his memory. He denied suicidal ideation, although he indicated that he occasionally has thoughts of being better off dead. His appetite and weight are stable. He denied sleeping difficulties and reported a stable energy level. He remains physically, mentally, and socially active.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: hyperlipidemia, hypothyroidism, chronic back pain, and a history of ulcer. His medical records also documented squamous cell carcinoma.

Surgeries: hernia repair and cataract extraction.

Current medications: atorvastatin, levothyroxine, tizanidine, acetaminophen, and supplements.

Neuroimaging: CT head without contrast on 4/5/2025 reportedly showed no acute intracranial abnormality.

Mental health/substance use: He served in the U.S. Marines for 3.5 years when he was in his 20s, and he served in combat in the Vietnam War. He was reportedly discharged due to his mental health. However, he denied a history of notable posttraumatic stress disorder symptoms.

He was admitted to a psychiatric hospital twice, once about 50 years ago and again about 40 years ago, for depression. He was unsure if he was suicidal at that time. He and his wife were unsure whether he had been treated pharmacologically. However, he has not struggled with significant depressive symptoms since that time.

He reported a history of alcohol dependence. However, he went to Alcoholics Anonymous and stopped using alcohol in 1981. He previously smoked 3 packs of cigarettes daily, but he stopped smoking 3 years ago. He denied other substance use.

Family history: His mother had Alzheimer’s disease, and a maternal aunt had unspecified dementia. His mother also had diverticulitis; she died in her 80s. His father died of skin cancer at 62. He has two brothers, one of whom died from emphysema.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY
Mr. Keeling was raised in Texas and is monolingual in English. He has been married for 54 years and has one daughter. He lives with his wife.

He completed high school and some college credits. He was reportedly held back in 1st grade several times. He was told he was “dyslexic.” His writing and spelling are poor, but he denied issues with reading and mathematics. He also did not apply himself in school. He was mostly a C student.

He served in the U.S. Marines for 3.5 years. He worked as a pressure vessel fitter, then as a retail store manager, then had a welding business, and then worked in landscaping and maintenance. He stopped working and subsequently retired during the COVID-19 pandemic in 2020.

BEHAVIORAL OBSERVATIONS
Mr. Keeling arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He ambulated independently. His conversational language comprehension and expressive speech were within normal expectations. His thought process was normal. He presented with a euthymic mood and a broad affect.

He was oriented to concepts other than his age (off by 2 years), the current President, and the previous President. During testing, he was easily overwhelmed and frustrated, but he persisted. He required repetition and clarification of test instructions.

TESTS ADMINISTERED
Standalone measure of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
BDAE Complex Ideational Material
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation
Rey Complex Figure Copy
Trail Making Test
Color Trails Test
D-KEFS Design Fluency Test
Finger Tapping Test
Geriatric Depression Scale-Short Form
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

RESULTS SUMMARY

This evaluation is considered a valid assessment of Mr. Keeling's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was below average.

Academic: Word reading was low average.

Attention & Processing Speed: Digit span was average; repetition was low average, reversal was average, and sequencing was average. Processing speed was high average for digit-symbol transcription and average for symbol searching.

Executive Functioning: Speeded number/letter set-shifting was average with no errors. Speeded number/color set-shifting was average with no errors. Unique design generation involving a switching component was average, and total design accuracy was low average. Visual abstract reasoning was average.

Language: Object naming was error-free (high average). Phonemic verbal fluency was average. Semantic verbal fluency was average. He accurately answered 10/12 yes/no paired items on an auditory comprehension measure (low average).

Visuospatial: Judgment of line orientation was within normal expectations. The construction of block designs was average. Complex visuospatial reproduction was below average due to minor proportioning errors, but the figure was otherwise well-represented.

Learning & Memory: Word list learning was low average, and delayed recall was exceptionally low. Recognition of list words was exceptionally low. Narrative registration was low average, and delayed recall was nil. Recognition of story elements was within normal expectations. Figure registration was below average, and delayed recall was below average. He identified 2/7 figures on a recognition format (low average).

Mood/Behavior: He endorsed a normal level of depressive symptoms and no anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Mr. Keeling exhibited markedly diminished word list recall, word list recognition, and narrative recall. He exhibited mildly diminished figure registration and subsequent recall. His other assessed cognitive skills were relatively preserved. However, his auditory comprehension, word list learning, and narrative registration were relative weaknesses. His mood was stable.

In summary, Mr. Keeling's cognitive profile was characterized by amnestic memory decline. The report of symptoms and current results warrant a mild dementia diagnosis, and Alzheimer's disease is the primary etiology of consideration.

DIAGNOSTIC IMPRESSIONS

Dementia Due to Alzheimer's Disease, Mild Severity

RECOMMENDATIONS

1. He appears to be a candidate for pharmacologic dementia treatment.

2. Ongoing direct oversight over his management of his medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.

3. Given his mental health history, ongoing mood monitoring by his physician(s) will be important.

4. A trusted associate should continue accompanying him to appointments and be involved in decisions concerning his welfare. His retention of information should not be assumed, and he should be provided with important information in writing.

5. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.

6. Ongoing physical activity and engagement in enjoyable activities will remain important for optimizing his functioning.

7. He and his family may benefit from the following resources:

    a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.

    b. The Alzheimer's Association (http://www.alz.org).

    c. The Caregiver Action Network, which provides educational videos about Alzheimer's disease, life as a caregiver, and finding support (https://www.caregiveraction.org/alzheimers-videos/).

    d. The Family Caregiver Alliance (www.caregiver.org).

    e. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (https://www.amazingplacehouston.org/).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

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