

Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

Name:	Vera Kemp	Education:	14 years
Date of birth:	9/12/1951 (74)	Handedness:	Right
Date of exam:	6/12/2026	Marital status:	Divorced
Ethnicity:	White	Occupation:	Retired

Referral source: Hassan Javanshir, M.D.

Ms. Kemp's neurologist referred her for an objective assessment of cognitive decline. The results will describe her 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.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Kemp reported experiencing occasional short-term memory difficulties, especially when she is tired. She described word-finding difficulties, but she could not provide other examples. Her son has occasionally told her that she has used the wrong word, but he is reportedly not significantly concerned. She reported a gradual onset with worsening in the last year. She had significant vertigo and chest pain for two months preceding a cardiac ablation in April 2026. These issues subsequently improved following the ablation.

Ms. Kemp and her son live together. She is functionally independent, and she denied functional issues.

Ms. Kemp has felt "a little lost" and "depressed" following her retirement in November 2025. However, she reported an improved mood since her cardiac ablation in April 2026. She denied suicidal ideation. Her appetite and weight are stable. She sleeps well with trazodone. She sleeps 8 hours; however, her energy level has been poor in the last year.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, incontinence, and REM sleep behavior disorder. However, she occasionally "screams" at night when having nightmares.

MEDICAL HISTORY

Conditions: hypertension, cardiac arrhythmia, breast cancer (s/p left mastectomy and chemoradiation in 2010), and hypothyroidism.

Surgeries: left mastectomy and cardiac ablation x2. Her medical records also documented left breast reconstruction, tonsillectomy, blood transfusion, pericardial window operation, and bilateral blepharoptosis.

Current medications: amlodipine, losartan, metoprolol, furosemide PRN, isosorbide, ranolazine, nitroglycerin PRN, apixaban, aspirin (low dose), levothyroxine, sertraline, trazodone, and pantoprazole.

Mental health: She was prescribed sertraline for mild depressive and anxiety symptoms "years" ago. Her mental health history is otherwise unremarkable.

Substance use: She consumes one alcoholic beverage weekly, at most. She denied nicotine and other substance use. She denied a history of substance dependence.

Family history: No known family history of dementia. Her parents' history is reportedly unremarkable. Her mother died in her 90s, and her father died in his 70s. She has two sisters, one of whom has diabetes.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Kemp was raised in Brazil and moved to the U.S. at age 21. Portuguese is her native language. She was exposed to English through classes in school, but she did not become proficient until moving to the U.S. She identified English as her primary language.

She was divorced over 20 years ago and has two sons. She and one of her sons live together.

She completed high school in Brazil, and she earned her associate degree in the U.S. She denied a history of learning difficulties.

She worked as an interior designer until her retirement in November 2025.

BEHAVIORAL OBSERVATIONS

Ms. Kemp arrived on time and was unaccompanied. She was well-dressed and groomed. She ambulated independently. Her conversational language comprehension and expressive speech were within normal expectations. She was soft-spoken. Her thought process was normal. She presented with a somewhat dysthymic mood and a congruent affect.

She was oriented to concepts other than the date (off by one day). During testing, she experienced an episode of dizziness and required a break, but she persisted.

TESTS ADMINISTERED

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

RESULTS SUMMARY

Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was average.

Academic: Word reading was average.

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

Executive Functioning: Speeded number/letter set-shifting was below average, with 2 errors. Speeded number/color set-shifting was low average with no errors. Unique design generation involving a switching component was average, and total design accuracy was low average. Visual abstract reasoning was below average.

Language: Object naming was below average. Phonemic verbal fluency was low average. Semantic verbal fluency was average.

Visuospatial: Judgment of line orientation was low average. The construction of block designs was average. Complex visuospatial reproduction was low average.

Learning & Memory: Word list learning was low average, and delayed recall was average. Recognition of list words was average. Narrative registration was average, and delayed recall was average. Recognition of story elements was within normal expectations. Figure registration was high average, and delayed recall was high average. She identified 5/7 figures on a recognition format (within normal expectations).

Mood/Behavior: She endorsed a mild level of depressive symptoms and a normal level of anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Ms. Kemp was raised in Brazil, and Portuguese is her native language, which should be considered when interpreting her test results. Her object naming performance was slightly low, and her phonemic fluency was low average, which was likely related to these factors. She performed slightly below expectations on a measure of abstract reasoning. Her other assessed cognitive skills were relatively preserved, but her set-shifting and word list learning were relative weaknesses. She endorsed mild depressive symptoms.

In summary, Ms. Kemp exhibited a few variable weaknesses on testing. However, these findings were not particularly coherent and did not form a pattern suggestive of a frank neurological etiology of cognitive dysfunction. A cognitive disorder is not currently warranted. Her report of cognitive symptoms is currently best explained by normal age-related changes in the context of her mild mood symptoms. Optimal management of her mood and health conditions will remain important. Longitudinal cognitive monitoring would be reasonable, and if she experiences worsening cognitive issues, then a repeat evaluation would be warranted.

DIAGNOSTIC IMPRESSIONS

Cognitive Disorder Ruled Out
Adjustment Disorder with Depressed Mood

RECOMMENDATIONS

1. Pharmacologic mood management adjustments may be beneficial.
2. She may benefit from participating in psychotherapy. She is welcome to contact me to help identify potential providers.
3. Lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for optimizing cognition and mood.

- a. She should be provided with education and resources regarding aspects of good sleep hygiene, such as <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>.
 - b. She should be encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.
 - c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: <https://cp4.harriscountytexas.gov/Community-Centers/Community-Center/bayland-community-center>.
 - d. Learning a new skill or hobby can be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., <https://www.coursera.org/>).
 - e. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
 - Switching out fats for extra virgin olive oil.
 - Eating more fruits and vegetables.
 - Eating less meat and more fish.
 - Eating beans, nuts, seeds, and olives.
 - Cutting out sugary beverages and processed foods.
 - Eating fruit instead of high sugar desserts.
4. The present results will serve as a baseline to which findings from any future evaluations may be compared.

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

Jesse Passler

Jesse Passler, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology