

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Fred Ketchem
Date of Birth (Age): 1/1/1943 (83)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 6/10/2026

Education: 14
Handedness: Right
Occupation: Retired
Marital Status: Divorced

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 partner, Shirley Barnes, as well as a review of available medical records. Mr. Ketchem is an 83-year-old Caucasian/White male referred for neuropsychological evaluation by Andrew Zhang, MD, secondary to concerns about cognitive decline within the context of gait instability and falls.

Physically, Mr. Ketchem has a history of falls, including falling two days in a row in February 2026, which resulted in a two-week hospitalization and subsequent inpatient and outpatient rehabilitation. Prior to this, he experienced several falls in the bathroom and bathtub, occasionally having to sleep in the hallway because he could not get up and did not want his partner to call 9-1-1. Notably, his partner indicated that these falls were often occurring in the evening, immediately after taking his sleeping pill. Nonetheless, his overall movements were described as slowing significantly over the last three years, and his medical providers have noted a shuffling gait and mild parkinsonism. He is currently being evaluated for normal pressure hydrocephalus (NPH) and has a pending evaluation with neurosurgery for potential intervention.

Regarding sensory function, he gets a new glasses prescription each year and his hearing is reportedly unchanged.

Cognitively, Mr. Ketchem denied any concerns about his thinking abilities, noting that perhaps only his balance has changed. In contrast, his partner reported significant concerns regarding his memory and cognition, which became noticeable about a year ago, though they may have been present as early as two years ago. She described him as having a “memory loop,” noting that he forgets conversations within minutes. He reportedly knows he was told something but frequently asks her to repeat information, such as what they are doing or where they are going. He also has a history of losing his keys and wallet frequently, leaving his phone in restaurants, and exhibiting a poor sense of direction. He relies heavily on his partner for time management and requires routine structure/guidance.

Functionally, Mr. Ketchem requires notable assistance with instrumental activities of daily living. His partner has historically managed most household chores and cooking, but she took over his more complex finances about a year ago. He continues to utilize autopay for select bills. For medications, his partner loads his pill organizer and administers his medications in the

morning and evening; despite this, the patient occasionally fails to take the medications, take the wrong day's pills, or miss medications entirely. He continues to drive short distances, such as a mile to the cigar store, while his partner handles all other transportation. Mr. Ketchem is independent with basic hygiene and personal care, and there are no issues with incontinence.

Emotionally, Mr. Ketchem described his mood as "always good," and he denied thoughts of suicide, delusions, or psychosis. His partner noted he has always been "emotional" and was very tearful prior to his hospitalization in February 2026; however, in recent weeks, she has observed his affect to be blunted with little display of emotion. She also described him as impatient, which was reported as a longstanding trait.

Regarding health habits, Mr. Ketchem reported increased appetite and eating but his weight is stable. He consumes approximately two to three glasses of wine per night. He has a significant history of nicotine use; he previously smoked for several years until he quit in 1981. However, he resumed smoking about three years ago, and he currently smokes frequently throughout the day (every 15-30 minutes); he smokes about a carton and a half per week. He reports sleeping well from 8:00 PM to 5:00 AM. He denied features of REM sleep behavior disorder.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, and diabetes.

Surgical history is notable for back repair surgeries (x2), cardiac stent placements, and a colonoscopy.

Psychiatric history is unremarkable.

CT brain (performed 2/25/26) was read to show, "No acute intracranial pathology. Diffuse paranasal sinus disease. Imaging findings highly suggestive of normal pressure hydrocephalus."

MRI Brain (performed 2/26/2026) was read to show, "No acute intracranial abnormalities. Imaging findings which can be seen with normal pressure hydrocephalus. Clinical correlation is advised. Clinical correlation for acute maxillary sinus."

EEG (performed 2/27/26) was read to show, "Mild diffuse slowing, consistent with mild diffuse cerebral disturbance."

Family medical history is notable for his father passing away at age 60 from cancer, and his mother passing away at age 46. Mr. Ketchem has 11 siblings, four of whom are living (one sister is in her 90s). There is no known family history of dementia.

Medications: amlodipine, atorvastatin, benazepril, cholecalciferol, clopidogrel, coenzyme Q10, folic acid, lidocaine patch, metformin, metoprolol, quetiapine, and venlafaxine.

Psychosocial History: Mr. Ketchem was born and raised in Arizona. He is a monolingual English speaker. He earned an associate's degree and denied any history of learning issues or grade retention.

Vocationally, he worked in administration, car sales, and as a purchasing agent. He retired over 15 years ago.

He has been with his current partner for 15 years and has two prior marriages. He has four children and three grandchildren.

In his leisure time, he enjoys watching sports. He used to read frequently but no longer does so.

Behavioral Observations: Mr. Ketchem presented to the appointment on time, accompanied by his partner. He was casually dressed and adequately groomed. Ambulation was independent, though his gait was characterized by short, shuffling steps with difficulty initiating movement. Interpersonally, he was friendly. Affect was flat, consistent with his wife’s report. Comprehension was grossly intact, and spontaneous speech was fluent. Mr. Ketchem was disoriented to time and place; he misidentified the current year as 2010, the month as January, his age as 81, and could not state his current location. Regarding his test-taking style, Mr. Ketchem worked slowly. He was distractible and found to be looking out the window, requiring frequent prompts and redirection to remain engaged. At times, he exhibited reduced frustration tolerance and reacted to difficulty with frustration and self-criticism. Despite these challenges, his effort was consistent throughout the evaluation, and he was fully cooperative.

Results: Mr. Ketchem scored within expected limits on an embedded measure 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	6	Average
Visual Attention & Processing Speed	WAIS-IV Coding	15	Below Average
	WAIS-IV Symbol Search	3; 1 error	Exceptionally Low
	Trail Making Test- A	113 seconds	Exceptionally Low
	D-KEFS Color-Word Color Naming	58 seconds; 1 error	Exceptionally Low
	D-KEFS Color-Word Word Reading	50 seconds	Exceptionally Low
	Language	WRAT-5 Word Reading	50
NAB Naming		26	Low Average
Animal Naming		10	Below Average
Verbal Memory	HVLT-R Total (2-4-3)	9	Exceptionally Low
	Delayed Recall	0	Exceptionally Low
	% Retained	0%	Exceptionally Low

	Recognition Hits	12	---
	False Positives	5	---
	Recognition discrimination	---	Exceptionally Low
WMS-IV	Logical Memory I	6	Exceptionally Low
	Logical Memory II	0	Exceptionally Low
	Retention	---	Low Average
	Recognition	12	Below Average
Visual Memory	Visual Reproduction I	1	Exceptionally Low
WMS-IV	Visual Reproduction II	4	Low Average
	Retention	---	Average
	Recognition	0	Exceptionally Low
Visuospatial	WAIS-IV Matrix Reasoning	5	Low Average
Executive Functioning	FAS	10	Exceptionally Low
	Trail Making Test- B	Discontinued at 300 seconds; 2 errors; task incomplete	Exceptionally Low
	D-KEFS Color-Word Inhibition	259 seconds; 12 errors	Exceptionally Low
	D-KEFS Color-Word Inhibition/Switching	Discontinued at 180 seconds	---
	WAIS-IV Similarities	8	Below Average
	CLOX-1	11	Within Normal Limits
Motor	Grooved Pegboard- DH	Discontinued; unable to manipulate pegs	---
Self-Report	PHQ-9	3	Within Normal Limits
	GAD-7	3	Within Normal Limits

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

Basic auditory attention and simple working memory (digit repetition, reversal, and sequencing) remained intact and within the average range. However, he exhibited significant weakness across measures of visual attention and processing speed, with exceptionally low performances on tasks of rapid word reading and color naming, speeded cancellation, and numerical sequencing.

Language testing revealed low average single-word reading and confrontation naming. Semantic fluency was below average, while phonemic fluency was exceptionally low.

Acquisition of unstructured verbal information (word lists) and structured verbal information (stories) was exceptionally low, with nil recall and exceptionally low recognition of target information. Registration of complex visual information was also exceptionally low, with

average retention of learned information. Recognition was exceptionally low (unable to recognize any designs; 0 of 7).

He showed a prominent weakness on tasks requiring cognitive flexibility, complex set-shifting, and speeded response inhibition. Specifically, he committed multiple errors on these activities, and he failed to complete select tasks within standard time limits. Verbal concept formation was below average. However, spontaneous clock drawing was within normal limits.

He was unable to manipulate pegs during a fine motor dexterity task; this activity was prematurely discontinued.

From an emotional standpoint, he denied clinically elevated symptoms of anxiety and depression on self-report measures.

Summary: Mr. Ketchem's neurocognitive profile is significant for decline from his estimated premorbid status and the performance of same-age peers. Objective testing showed exceptionally low performances across domains of learning, memory, complex attention, processing speed, and executive functioning. He was unable to complete a task of fine motor speed/dexterity, during which he showed significant difficulty with manipulating the stimuli. Functionally, Mr. Ketchem requires support for instrumental activities of daily living, including medication administration and financial management. Physically, his clinical presentation is complicated by prominent gait instability, a shuffling gait, and a significant history of falls.

Integrating his clinical history, objective test results, and subjective concerns, a diagnosis of mild dementia is warranted at this time; however, the degree of impairment on testing raises concern about progression to moderate dementia. The progressive clinical trajectory, including a multi-year history of cognitive and functional decline, combined with recent neuroimaging findings, raises the possibility of Normal Pressure Hydrocephalus (NPH) etiology, alongside compounding contributions from a high vascular risk burden (diabetes, hypertension, hyperlipidemia, and heavy smoking). The possibility for Parkinsonism cannot be excluded.

Diagnosis: Dementia Due to Multiple Etiologies (Suspected Normal Pressure Hydrocephalus and Vascular Disease), Mild Severity, With Behavioral Disturbance (Apathy, Irritability)

Recommendations:

1. **Neurology and Neurosurgery Follow-up:** Mr. Ketchem is encouraged to follow up with Dr. Zhang to review the results of this evaluation and discuss ongoing treatment recommendations. Additionally, he is strongly advised to proceed with his pending referral to neurosurgery for further evaluation of suspected Normal Pressure Hydrocephalus (NPH) to determine if there are viable options for addressing his cognitive decline and gait instability.
2. **Safety and Supervision:** Considering his memory impairment, disorientation, and history of falls, Mr. Ketchem should continue to receive robust support and oversight with instrumental activities of daily living to optimize his safety and well-being. His partner is advised to continue managing the finances, coordinating his medical care, and assisting with household

chores. His partner should continue to load his pill organizer and directly administer all daily doses to prevent dangerous dosing errors.

3. **Driving Restriction:** The degree of his cognitive impairment raises critical concerns regarding driving safety. As such, driving cessation is advised to optimize his personal safety and the safety of those around him.
4. **Vascular Health and Smoking Safety:** To help slow potential vascular contributions to his cognitive decline, Mr. Ketchem is encouraged to consult with his primary care provider regarding the optimal management of his vascular and metabolic risk factors, specifically his hypertension, hyperlipidemia, and diabetes. Furthermore, Mr. Ketchem consumes nicotine heavily. Smoking poses a significant fire and safety hazard for individuals with progressive cognitive impairment and fine motor dexterity deficits. He may benefit from discussing smoking cessation options, such as transitioning to a nicotine patch, with his physician. Alternatively, his family should provide direct supervision of all smoking activity to mitigate safety risks.
5. **Fall Precautions and Mobility:** Due to his significant history of falls, gait instability, and shuffling stride, strict fall precautions should be maintained at home. The living environment should be kept strictly free of clutter, loose rugs, and electrical cords to mitigate trip hazards.
6. **Future Planning:** The current findings may serve as an impetus for Mr. Ketchem and his family to ensure that his affairs are in order. Designation of durable power of attorney for health care and financial matters, as well as the establishment of a will and advance directives, would be prudent if not yet completed or up to date.
7. **Caregiver Support:** Caring for a loved one with progressive dementia and complex mobility issues is highly demanding. His partner is strongly encouraged to engage in routine self-care to prevent burnout. Please note that even if Mr. Ketchem's cognitive symptoms are not due to Alzheimer's disease, the Alzheimer's Association (www.alz.org) remains an excellent resource for education, care planning, and emotional support for families navigating any form of cognitive decline.

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

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/11/2026.