

Houston Neuropsychology Associates, PLLC

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**NEUROPSYCHOLOGICAL EVALUATION**

Name:	Jacky Lee	Education:	12 years
Date of birth:	6/26/1941 (84)	Handedness:	Right
Date of exam:	6/3/2026	Marital status:	Widowed
Ethnicity:	White	Occupation:	Retired

Referral source: LaKenya Wallace, FNP-C

Mr. Lee’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 daughter.

**PRESENTING PROBLEMS & REVIEW OF SYMPTOMS**

Mr. Lee stated that his memory is “shot,” which he described as forgetting conversations. Per his daughter, Mr. Lee moved closer to her in June 2025 (he previously lived in Waco, TX), so she was unsure of the onset of his memory decline. However, she noted that he frequently repeats himself within minutes. Since moving closer, his children have begun managing his medications, finances, and appointments due to his memory decline. They also shop for him and need to remind him to eat. Before he moved, he had gotten lost driving at least three times, so he stopped driving. He is independent for basic self-care activities.

Mr. Lee reported a positive mood, and he denied suicidal ideation. His daughter denied noticing neuropsychiatric symptoms. His appetite is poor, and he must be prompted to eat. He has lost 30 lbs. this year. He denied sleeping difficulties, but he sleeps during much of the day.

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

**MEDICAL HISTORY**

Conditions: hypertension, prostate cancer, non-melanoma skin cancers, recurrent urinary tract infections (his last UTI was reportedly in April 2026), sleep apnea (treated with PAP), glaucoma, and hearing loss (he stopped using his hearing aids). His medical records also documented supraventricular tachycardia, pulmonary embolism, and asthma.

Surgeries: shoulder surgery, bilateral knee replacement, and Greenfield IVC filter placement.

Current medications: losartan, amiodarone, apixaban, tamsulosin, latanoprost, and folic acid.

Neuroimaging: CT head without contrast on 6/1/2025 reportedly showed mild to moderate ventricular and sulcal prominence and chronic microangiopathic change.

Mental health: Reportedly unremarkable.

Substance use: He consumes alcohol rarely. He denied nicotine and other substance use. He denied a history of substance dependence.

Family history: His mother had unspecified dementia and rheumatoid arthritis; she died at 97. His father died of unspecified cancer in his 70s. He has 2 siblings. His sister has atrial fibrillation and multiple strokes, and his brother had kidney cancer.

### **SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY**

Mr. Lee was raised in Texas and is monolingual in English. He was widowed three years ago and has 2 children. He lives alone, but he only lives 0.5 miles from his daughter, and she is with him often.

He completed high school. He denied a history of learning difficulties.

He worked as a restaurant chain manager until his retirement around 2002.

### **BEHAVIORAL OBSERVATIONS**

Mr. Lee arrived on time and was accompanied by his daughter. He was appropriately dressed and groomed. He ambulated with a wide-based gait and short step length. His conversational language comprehension and expressive speech were within normal expectations. His thought process was normal; however, he deferred to his daughter for historical information. He presented with a euthymic mood and a broad affect.

He was oriented to concepts other than the day of the week, city, his age, and the previous President. During testing, he required occasional clarification and simplification of test instructions. Notably, he got lost in the hallway during a restroom break.

### **TESTS ADMINISTERED**

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

### **RESULTS SUMMARY**

This evaluation is considered a valid assessment of Mr. Lee'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 average.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was below average; repetition was average, reversal was below average, and sequencing was low average. Processing speed was low average for digit-symbol transcription. Rote numerical sequencing speed was exceptionally low.

Executive Functioning: He was unable to perform number/letter set-shifting. Spontaneous clock drawing was grossly conceptually impaired (the numbers were written backwards).

Language: Object naming was high average. Phonemic verbal fluency was exceptionally low. Semantic verbal fluency was exceptionally low. He accurately answered 11/12 yes/no paired items on an auditory comprehension measure (average).

Visuospatial: Judgment of line orientation was low average. Complex visuospatial reproduction was exceptionally low due to poor organization and planning. Clock copy was grossly intact.

Learning & Memory: Word list learning was below average, and delayed recall was below average. Recognition of list words was low average. Narrative registration was average, and delayed recall was below average. Recognition of story elements was below average. 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. Lee exhibited markedly diminished set-shifting, phonemic and semantic fluency, and complex visuospatial reproduction. His spontaneous clock drawing was grossly conceptually impaired. He exhibited mildly diminished attention/working memory, word list learning, figure registration, and information recall. His other assessed cognitive skills were relatively preserved. His mood was stable.

In summary, Mr. Lee's cognitive profile was characterized by variable deficits in executive functioning, language, and memory. The report of symptoms and current results warrant a mild dementia diagnosis. Alzheimer's disease and/or limbic-predominant age-related TDP-43 encephalopathy (given his age) are the primary etiologies of consideration.

### **DIAGNOSTIC IMPRESSIONS**

Dementia Due to Suspected Alzheimer's Disease, Mild Severity

### **RECOMMENDATIONS**

1. Alzheimer's disease biomarker testing would provide more diagnostic clarity.
2. Ongoing direct oversight over his management of his medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.
3. His family may wish to consider options for higher levels of care, such as home health, as he currently lives alone.
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](http://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.

*Jesse Passler*

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Board Certified, American Board of Clinical Neuropsychology