

Houston Neuropsychology Associates, PLLC

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

Neuropsychological Evaluation

NAME:	Jose Lopez	GENDER:	Male
DATE OF BIRTH:	06/14/1950 (76)	HANDEDNESS:	Right
DATE OF EXAM:	06/23/2026	ETHNICITY:	Hispanic
EDUCATION:	9	MARITAL STATUS:	Married
OCCUPATION:	Uber Driver	REFERRED BY:	Hassan Javanshir, M.D.

REASON FOR REFERRAL

Mr. Lopez was referred for evaluation due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Lopez presented with complaints of slightly slower memory retrieval. He reported that his symptoms began in 2024, following a thyroidectomy. Specifically, he noted that he can remember new or important information and appointments, though he acknowledged that his daughter often provides reminders. He endorsed misplacing items only slightly and stated that he has never liked to multitask.

His daughter, Clarimar Lopez, accompanied him and reported intermittent memory loss, including repetitive questions and forgetting recent conversations within a few minutes. She noted no significant worsening of his symptoms since their onset. Furthermore, she observed some divided attention problems, noting he has difficulty sustaining a conversation while simultaneously watching a video. On family rating scales, she further corroborated these concerns, endorsing that the patient experiences significant memory loss, particularly concerning short-term memory.

Emotionally, Mr. Lopez denied symptoms of depression, anxiety, or hallucinations during the clinical interview. He reported adequate energy and sleep. He also reported an adequate appetite, noting that his food tastes good and he eats well. In contrast, his daughter noted on collateral rating scales that he experiences some depression, anxiety, increased irritability, impatience, and disinhibition. Furthermore, she endorsed that he has a significantly increased appetite, which represents a discrepancy from the patient's self-report of a normal appetite.

Functionally, Mr. Lopez remains independent for basic activities of daily living, a finding corroborated by his daughter on rating scales. Regarding instrumental activities, he continues to drive independently and currently works as an Uber driver without getting lost. He manages his own medications independently, and he coordinates his medical appointments himself or with the assistance of his daughter. While his wife has historically managed the household finances, he is capable of making basic purchases independently. On rating scales, his daughter agreed that his wife manages the primary finances and that the patient can make basic purchases, but she added that he would need assistance to manage larger purchases. Additionally, while the patient reported independence, his daughter indicated on rating scales that he requires some assistance with meal preparation and shopping.

Northwest Office: 11211 Katy Freeway, Suite 505, Houston, TX 77079
Pearland Office: 2950 Cullen Parkway, Suite 111, Pearland, TX 77584

MEDICAL HISTORY

Conditions: Mr. Lopez's medical history is significant for prostate cancer (status post radiotherapy) and thyroid cancer.

Surgeries: Thyroidectomy in 2024.

Imaging: An MRI of the brain conducted on 07/14/2025 revealed moderate chronic microvascular ischemic changes with associated moderate central atrophy, and a chronic small volume right cerebellar infarct. A CTA of the brain and neck performed on 07/25/2025 showed no large vessel stenosis, aneurysm, or vascular malformation identified in the head or neck. Stable mild dilation of the ventricles was noted, likely ex vacuo related to diffuse cerebral volume loss.

Current medications: Calcitriol, Vitamin D, Abiraterone, Levothyroxine, and Prednisone

Substance use: Mr. Lopez rarely consumes alcoholic beverages, limiting his intake to special occasions. He has never used nicotine or other recreational substances.

Family history: His mother and brother have a history of cardiovascular issues. His family history is negative for dementia.

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Mr. Lopez completed 9 years of formal education. He subsequently completed approximately 10 months of coursework in accounting in Venezuela, earning a certification in accounting. He was a good student and had no history of grade retention. He reported knowing some English words, but his preferred and dominant language is Spanish.

OCCUPATIONAL HISTORY

Mr. Lopez currently works full-time as an Uber driver, managing his own schedule. He previously worked as an accountant for eight years in Venezuela. He also worked in transport and cargo for six to seven years, and as a civil construction contractor for several years in Venezuela.

SOCIAL HISTORY

Mr. Lopez was born in Venezuela and immigrated to the United States on December 29, 2022. He has been married for 46 years and has two sons and one daughter. He and his wife reside in Spring, Texas with their son, and they also spend time with their daughter.

BEHAVIORAL OBSERVATIONS

Mr. Lopez presented as a casually dressed, well-groomed man. He was alert but was not oriented to the day of the week (he did not know), the month (he said August), or the time (off by over two hours). His gait was unremarkable. Vision and hearing appeared adequate for testing purposes. Expressive and receptive language was within normal limits. He was observed to be

very talkative. His affect was broad, and his mood appeared euthymic. Overall, Mr. Lopez was cooperative and seemed to put forth his best effort throughout the evaluation. Thus, the results from this evaluation appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Brief Test of Attention
Ponton-Satz Boston Naming Test	Rey Complex Figure Test
Semantic Fluency (Animales)	Finger Tapping Test
Lexical Fluency (PMR)	Escala De Aculturación Bidimensional
Line Orientation (RBANS)	Escala De Dominancia Bilingüe
Golden Stroop	Patient Health Questionnaire (PHQ-9) (Spanish)
Symbol Digit Modality Test (Motor)	Generalized Anxiety Disorder (GAD-7) (Spanish)
WHO-UCLA Auditory Verbal Learning Test	Dementia Severity Rating Scale
Trail Making Test	Activities of Daily Living Scale
Clock Drawing Test	Neuropsychiatric Inventory Questionnaire
Logical Memory I and II (WMS-IV Spanish)	

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Venezuela, level of acculturation, and level of educational attainment) was taken into consideration in interpreting his performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Mr. Lopez's neurocognitive functioning are summarized below.

Acculturation and Language Dominance: The patient demonstrates definitive language dominance in Spanish, having acquired and developed comfort with the language during early childhood. Measures of bidirectional acculturation indicate a strong, primary orientation toward Hispanic culture with negligible identification with Anglo culture. Spanish is utilized almost exclusively across all daily domains, encompassing internal thoughts, social communication, and media consumption. Conversely, the patient reports minimal functional proficiency and limited comfort with the English language across both expressive and receptive modalities. These cultural and linguistic findings clinically justify the language utilized for the neuropsychological evaluation.

Attention/Processing Speed: On a test of sustained attention, his performance was in the above average range. On a test of graphomotor speed, his performance was average. Speeded word reading and speeded color naming abilities were both in the high average range.

Language: Visual object naming was in the high average range. Lexical fluency was in the average range. Semantic fluency was below average.

Visuospatial/Constructional: His ability to copy a complex figure was average. Visuospatial judgment was average. On the free-draw condition of the Clock Drawing Test, the patient produced an adequate contour with generally symmetrical spatial distribution and appropriate spacing of the numbers without significant crowding. During the copy condition, this visuospatial integrity was fully maintained. Overall, the patient's performance across both conditions suggests intact primary visuospatial constructional abilities without evidence of vulnerability.

Learning and Memory: Immediate recall of unstructured verbal material (15-word list) was in the below average range after five consecutive trials (6, 4, 8, 8, and 6 words, respectively). Immediate recall of the original list, following a distracter list, was exceptionally low (4/15 words recalled). After a 20-minute delay, his recall was nil and in the exceptionally low range. Delayed word recognition was below average as he recalled 13/15 target words, but he also endorsed four false positive errors.

Immediate recall of structured verbal material (stories) was in the average range. Delayed recall of the same material was low average (he only recalled three details of the first story and zero from the second story). On a discrimination task, his performance was in the average to high average range.

Short (3-minute) delayed incidental recall of a complex geometric design was below average. Long (30-minute) delayed incidental recall of the same design was in the exceptionally low range.

Executive Functions: Visual speeded sequencing of numbers was average. He could not complete a complex sequencing task (alternating number-letter) within the allotted time; he also made 3 errors. His performance on a task of color-word interference was high average. Verbal abstract reasoning was in the exceptionally high range. Regarding the planning and organizational elements of a clock's free-draw condition, the patient accurately sequenced all twelve numbers without omissions and directed the hands to the correct target digits. However, a specific planning error emerged, as he reversed the length of the hands by directing the long hand to the eleven and the short hand to the two. When provided with a visual model in the copy condition, this conceptual error was successfully corrected with appropriate differentiation of the minute and hour hand lengths. This initial error points to a mild executive planning and self-monitoring deficit rather than a fundamental loss of semantic knowledge.

Motor Abilities: The patient is right hand dominant. Fine motor dexterity was high average for his dominant hand and average for his non-dominant hand.

Emotional/Behavioral Functioning: Mr. Lopez denied significant symptoms of depression and anxiety on two separate self-report inventories of mood.

SUMMARY

Mr. Jose Lopez is a 76-year-old, right-handed Hispanic male with nine years of formal education and an accounting certification who was referred for a neuropsychological evaluation by Dr. Hassan Javanshir. The patient and his daughter presented with complaints of slightly slower

memory retrieval and intermittent memory loss, including repetitive questioning and forgetting recent conversations. These symptoms reportedly began in 2024 following a thyroidectomy, with no significant worsening noted by his family since their onset. Based on his cooperative demeanor and adequate performance on embedded measures of effort, the results of the current evaluation are considered a valid representation of his current neurocognitive functioning.

Regarding cognitive strengths, Mr. Lopez demonstrated robust abilities across several domains. His simple and sustained attention, as well as his general processing speed, graphomotor speed, speeded word reading, and speeded color naming, ranged from average to high average. Language skills were largely preserved, characterized by average lexical fluency and high average confrontational naming. Visuospatial and constructional abilities were also intact, with average performance on a complex figure copy, average visuospatial judgment, and adequate spatial organization on both conditions of a clock drawing task. Finally, certain aspects of his executive functioning and memory were well-preserved, including exceptionally high verbal abstract reasoning, high average performance on a color-word interference task, average simple visual sequencing, and average immediate recall and discrimination of structured verbal stories.

In contrast to these strengths, Mr. Lopez exhibited notable vulnerabilities in specific memory and executive functioning domains. His memory profile is characterized by significant difficulties with both encoding and retention, demonstrating below average immediate recall of a word list, exceptionally low recall following a distractor, and exceptionally low free recall after a delay, alongside below average recognition marked by several false positive errors. Delayed recall of structured verbal stories and complex visual designs also fell into the low average to exceptionally low ranges. Furthermore, while simple sequencing was intact, he demonstrated executive dysfunction on a complex mental flexibility task (alternating number-letter sequencing), which he could not complete within the allotted time. Additional mild deficits included below average semantic fluency and a specific executive planning error on the free-draw clock task, where he initially reversed the minute and hour hands.

Emotionally and behaviorally, a significant discrepancy exists between Mr. Lopez's self-report and collateral observations. During the clinical interview and on objective self-report mood inventories, Mr. Lopez consistently denied any significant symptoms of depression, anxiety, or altered mood. He also reported adequate sleep, energy, and a normal appetite. Conversely, his daughter indicated on family rating scales that he experiences some depression and anxiety, alongside notable behavioral changes including increased irritability, impatience, disinhibition, and a significantly increased appetite.

Functionally, Mr. Lopez remains largely independent, though collateral reports indicate an emerging need for support in specific daily tasks. He is independent with all basic activities of daily living, manages his own medications, coordinates medical appointments, and continues to drive independently and work full-time as an Uber driver. However, his daughter noted on rating scales that while he is capable of making basic purchases independently, his wife manages the primary household finances, and he reportedly requires assistance for larger financial transactions.

In summary, Mr. Lopez's cognitive profile is characterized by preserved simple attention, processing speed, confrontational naming, visuospatial skills, and verbal abstract reasoning, contrasted by prominent deficits in complex attention and mental flexibility, semantic fluency, and significant amnesic vulnerabilities involving both verbal and visual memory. This pattern of executive dysfunction combined with prominent memory loss and behavioral/mood changes (e.g., irritability, disinhibition, appetite changes) is suggestive of a multifactorial etiology. His performance is consistent with the cerebrovascular disease evident on his recent neuroimaging, which revealed moderate chronic microvascular ischemic changes and a cerebellar infarct. Additionally, his symptom onset corresponding with a thyroidectomy raises the possibility of metabolic contributions to his neurocognitive presentation. Overall, this pattern of cognitive, behavioral, and functional decline meets the criteria for Mild Cognitive Impairment - Amnesic, Multiple Domain Type.

IMPRESSION Mild Cognitive Impairment – Amnesic, Multiple Domain Type

RECOMMENDATIONS

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Lopez; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

Medical & Psychiatric Management

1. **Vascular Risk Factor Management:** Given the MRI findings of moderate chronic microvascular ischemic changes and a right cerebellar infarct, strict adherence to cardiovascular health guidelines is imperative. It is recommended that Mr. Lopez work closely with his primary care physician to aggressively monitor and manage blood pressure, cholesterol, and diet to prevent further cerebrovascular events.
2. **Metabolic Monitoring:** As the onset of Mr. Lopez's cognitive symptoms coincided with a thyroidectomy in 2024, continuous monitoring of his thyroid function by his primary care provider or endocrinologist is critical.
3. **Neuropsychiatric Intervention:** Mr. Lopez's daughter reported notable behavioral changes, including increased irritability, impatience, disinhibition, and signs of depression and anxiety, which the patient does not subjectively recognize. A consultation with a geriatric psychiatrist or behavioral neurologist is recommended to explore pharmacological or therapeutic management of these neuropsychiatric symptoms, which often accompany cortical and subcortical cognitive impairment.
4. **Longitudinal Monitoring:** Due to the complex, multifactorial nature of his profile (mixed vascular, metabolic, and possible neurodegenerative components), a follow-up neuropsychological evaluation is strongly recommended in 12 to 18 months. This will clarify whether his cognitive trajectory is static or progressive.

Safety & Supervision

1. **Driving Evaluation and Restrictions:** Mr. Lopez continues to drive independently and work full-time as an Uber driver. However, his identified deficits in complex attention,

mental flexibility, and significant amnesic memory loss pose a mounting safety risk in complex, dynamic environments. An objective on-road driving evaluation by a certified driving rehabilitation specialist is strongly recommended. In the interim, he should limit driving to highly familiar routes, daytime hours, and non-congested traffic conditions.

2. **Medication Oversight:** Although Mr. Lopez currently manages his own medications, his exceptionally low delayed recall and susceptibility to false-positive recognition errors increase the risk of accidental double-dosing or omissions. It is recommended that his wife or daughter transition to overseeing his daily regimen using a pre-filled, labeled pill organizer or an automated medication dispenser.
3. **Dietary and Appetite Supervision:** To address the collateral report of his significantly increased appetite, the family should implement environmental modifications, such as pre-portioning meals and keeping healthy, low-calorie snacks easily accessible, to manage his intake and prevent adverse metabolic health outcomes without causing interpersonal conflict.

Functional & Legal Planning

1. **Financial Protection:** While Mr. Lopez can currently manage basic purchases, his daughter correctly identified a need for assistance with larger transactions. Given his emerging executive dysfunction and disinhibition, his wife should continue to manage the primary household finances. The family should monitor his accounts for unusual spending patterns or vulnerability to financial scams.
2. **Advance Directives:** The family is encouraged to review and formally update Mr. Lopez's Medical Power of Attorney and financial planning documents. Establishing these proxy directives now, while he retains the capacity to communicate his long-term care preferences, will ensure a smooth transition of decision-making if his cognitive status declines further.

Cognitive & Behavioral Strategies

1. **Compensatory Memory Aids:** Because Mr. Lopez exhibits a primary encoding and storage deficit (amnesic profile), he cannot rely on internal memory strategies. He must utilize external, tangible memory aids. A centralized, highly visible family calendar (e.g., a large whiteboard in the kitchen) should be used for all appointments, and a designated "landing zone" should be established for easily misplaced items like keys and wallets.
2. **Behavioral De-escalation Techniques:** To manage Mr. Lopez's emerging impatience and irritability, family members should utilize validation and redirection strategies rather than direct confrontation or arguing over forgotten information. If he repeats a question, provide a simple, calm answer without pointing out the memory failure, which can trigger defensiveness or anxiety.
3. **Routine and Structure:** Maintaining a highly structured and predictable daily routine will reduce the cognitive load placed on his vulnerable executive and memory systems. Reducing multitasking and minimizing environmental distractions (e.g., turning off the television during conversations, as noted by his difficulty dividing attention) will optimize his remaining cognitive strengths.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/23/2026

RECOMENDACIONES PARA EL PACIENTE Y FAMILIARES

Manejo Médico y de la Salud

- **Salud del Corazón y Circulación:** Es muy importante cuidar la salud de sus venas y su corazón para proteger su cerebro. Le sugerimos trabajar de la mano con su médico de cabecera para mantener bajo control su presión arterial y su colesterol, además de llevar una dieta saludable.
- **Monitoreo de la Tiroides:** Dado que sus cambios de memoria comenzaron después de la cirugía de la tiroides en 2024, es fundamental que su médico o endocrinólogo revise regularmente sus niveles hormonales. Queremos asegurarnos de que su dosis de Levotiroxina sea exactamente la correcta para su cuerpo.
- **Apoyo Emocional y de Comportamiento:** Aunque usted se siente bien, su familia ha notado algunos cambios recientes, como sentirse un poco más impaciente o irritable en ciertas situaciones. Sería de gran beneficio consultar con un psiquiatra geriátrico (especialista en adultos mayores) para explorar opciones que le ayuden a sentirse más tranquilo y a mejorar su bienestar diario.
- **Visita de Seguimiento:** Para asegurar que estamos brindándole el mejor cuidado posible a largo plazo, le recomendamos repetir esta evaluación de memoria en unos 12 a 18 meses. Esto nos ayudará a ver cómo evoluciona con el tiempo.

Seguridad y Apoyo en Casa

- **Precauciones al Manejar:** Sabemos que mantenerse activo como conductor de Uber es importante para usted. Sin embargo, los problemas de memoria y atención pueden hacer que manejar en tráfico pesado sea riesgoso. Le recomendamos mucho realizar una evaluación de manejo con un especialista. Mientras tanto, para su seguridad, es mejor conducir solo de día, en rutas que conozca perfectamente y evitando el tráfico pesado.
- **Ayuda con las Medicinas:** Para evitar que se le olvide alguna pastilla o la tome dos veces por accidente, le recomendamos que su esposa o su hija le ayuden a organizar sus medicinas todos los días. Usar un pastillero semanal o un dispensador automático es una excelente solución.
- **Cuidado con la Alimentación:** Para ayudar a manejar ese aumento de apetito que ha notado su familia, sugerimos tener a la mano porciones ya preparadas de comida y bocadillos saludables (como frutas o vegetales). Así podrá comer cuando sienta hambre sin afectar su salud o su peso.

Planificación Práctica y Legal

- **Protección Financiera:** Usted puede seguir haciendo compras pequeñas y cotidianas sin problema. No obstante, para proteger su dinero y evitar errores, su esposa debe continuar manejando las cuentas principales del hogar y ayudarle con cualquier compra o pago grande.
- **Documentos Importantes:** Este es un excelente momento para que se sienta con su familia a revisar y actualizar documentos legales importantes, como el Poder Médico

(Medical Power of Attorney) y sus planes financieros. Dejar esto por escrito le dará mucha tranquilidad a usted y a sus seres queridos para el futuro.

Estrategias Prácticas para la Memoria y la Familia

- **Herramientas para Recordar:** Puesto que recordar información nueva le está costando un poco de trabajo, es mejor no forzar la memoria. Utilicen un calendario grande en la pared de la cocina (o en un lugar visible) para anotar todas las citas. También, designen un "lugar oficial" en la casa (como una cajita en la entrada) para poner siempre las llaves y la cartera.
- **Comunicación Paciente:** Si el señor López llega a repetir una misma pregunta, sugerimos a la familia responder con calma y de forma sencilla. Eviten frases como "ya te lo dije", ya que pueden causar frustración. Cambiar de tema con amabilidad suele funcionar muy bien.
- **Rutina y Menos Distracciones:** Mantener una rutina diaria predecible ayuda a que el cerebro descanse. También es muy útil reducir las distracciones; por ejemplo, si están platicando, apaguen el televisor. Hacer una sola cosa a la vez le ayudará enormemente a poner mejor atención y disfrutar la conversación.