

Houston Neuropsychology Associates, PLLC

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

Neuropsychological Evaluation

NAME:	Carlos Lozano	GENDER:	Male
DATE OF BIRTH:	08/01/1945 (80)	HANDEDNESS:	Right
DATE OF EXAM:	06/02/2026	ETHNICITY:	Hispanic
EDUCATION:	13	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Hassan Javanshir, M.D.

REASON FOR REFERRAL

Mr. Lozano 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. Lozano presented with complaints of memory loss that he reported began approximately one year ago and has been gradually worsening. He endorsed difficulty recalling recent events, engaging in repetitive behaviors, requiring reminders for tasks, word-finding difficulty, problems with comprehension, and mental calculation issues. He forgets conversations, dates, events, and appointments, and misplaces objects. He noted fluctuations with attention and slower processing speed. He denied reading difficulty, grammatical errors, and difficulty with planning.

His wife, Ms. Dunia Lozano, accompanied him and provided collateral information. While Mr. Lozano reported an onset of approximately one year ago, his wife noted that symptoms began in early 2024 and have progressively worsened. She highlighted significant word-finding problems, noting that he will point to objects and say "pass me that" rather than naming the item, such as keys. She reported severe comprehension issues, indicating that when asked a question, he often answers with something entirely unrelated. Ms. Lozano confirmed his increasing forgetfulness and tendency to misplace objects, and observed significant problems with his attention. She also noted that he has lost interest in reading, or may no longer comprehend it, as he now asks her to go through the mail.

Functionally, Mr. Lozano remains largely independent for basic activities of daily living. He denies errors in routine tasks, difficulty with grooming, or difficulty recognizing familiar people. Regarding instrumental activities, his wife reported that he manages his own medications independently. While he previously paid the bills, his wife now manages the finances online. Regarding driving, Mr. Lozano denied problems; however, his wife expressed fear regarding his driving, stating she worries he might "disconnect completely" while behind the wheel. The referring neurologist has also advised him to stop driving. Mr. Lozano independently managed his own commercial cleaning business for 30 years, but due to his cognitive decline and inability to manage the high stress, the couple closed the business on December 31, 2024. His wife continues to handle his medical appointments.

Emotionally, Mr. Lozano denied feeling sad or anxious, reporting his sleep and appetite are adequate, and maintaining high energy levels, frequently spending his days cleaning the pool and patio. However, his wife has noticed increased desperation, irritability, and crying spells, noting

he frequently expresses a desire to return to Honduras. She endorsed that he has exhibited passive suicidal ideation, with no plan or intent, making statements such as "I want to die" and "I am worthless." He denied hallucinations or delusions.

MEDICAL HISTORY

Conditions: Chronic kidney disease (stage 2), essential hypertension, arthritis, glucose intolerance, hypertriglyceridemia, morbid obesity, and obstructive sleep apnea. He was prescribed a PAP device, but does not use it.

Surgeries: Multiple colonoscopies (2012, 2017, 2021), EGD transoral biopsies (2015, 2017), cholecystectomy, bilateral cataract extractions with intraocular lens prosthetics (2016), uvulopalatopharyngoplasty (UPPP), and bilateral total knee replacements (2024).

Imaging: An MRI of the brain without contrast, conducted on 04/21/2026 and compared to a prior exam from 05/07/2021, revealed mild white matter microvascular disease and moderate volume loss. Notably, there is evidence of a remote infarction in the left temporal lobe, characterized by increased encephalomalacia and gliosis, which appears progressed compared to the prior scan. Additional findings include scattered hyperintense foci in the cerebral white matter and moderate ex vacuo dilatation of the ventricular system secondary to the volume loss. Diffusion-weighted images confirmed the absence of hyperacute, acute, or early subacute infarction, with no mass effect or abnormal extra-axial fluid collection present.

Current medications: Acetaminophen 500 mg, Amlodipine Besylate 10 mg, Ascorbic Acid (Vitamin C), Losartan Potassium 25 mg, Naproxen 500 mg, Polyvinyl Alcohol-Povidone PF eye drops, Restasis eye drops, and Donepezil Hydrochloride 5 mg.

Substance use: The patient reports he currently does not consume alcohol, though he used to drink socially "once in a while". He denies any history of smoking, exposure to tobacco smoke, smokeless tobacco use, or recreational drug use.

Family history: His mother had a history of diabetes mellitus, hypertension, and stroke. His sister has a history of cancer with an onset at age 60.

MENTAL HEALTH HISTORY

None reported.

EDUCATIONAL HISTORY

Mr. Lozano completed primary education in Honduras, followed by secondary education, graduating with a degree equivalent to a high school diploma with a focus in accounting. After moving to the United States, he changed his tourist visa to a student visa and attended one year of college at the University of Houston for accounting coursework. He denied a history of learning problems or grade retention. He used to be bilingual, but his wife reports he is progressively forgetting both English and Spanish.

OCCUPATIONAL HISTORY

Mr. Lozano has a diverse occupational history. In Honduras, he worked as an accountant for an American construction company (Delaware Corporation) and as a manager at a brewery. In the United States, he worked as a customer service dispatcher at an airline counter, and then as a project manager for a commercial cleaning company (Aviatech) for 10 years. In 1994, he opened his own commercial cleaning company, managing over 100 employees. The business was closed on December 31, 2024, after 30 years of operation, secondary to his cognitive decline.

SOCIAL HISTORY

Mr. Lozano was born and raised in Honduras and moved to the United States in March 1980. He has been married to his wife, Dunia, since 1968. They had three children, losing their youngest during pregnancy, and have two living sons. He and his wife reside in Houston, Texas.

BEHAVIORAL OBSERVATIONS

Mr. Lozano presented as a casually dressed, well-groomed man. He was alert but significantly disoriented to time and place; he could not state the current day, year, or time, incorrectly identified the month as April, and was unable to name his street or city. He remained oriented to person (correctly stating his age). His gait was unremarkable. Vision and hearing appeared adequate for testing purposes. While his basic receptive communication was sufficient for standard testing instructions, his spontaneous expressive language was notably characterized by significant word-finding difficulties throughout the clinical interview. His affect was broad, and his mood appeared euthymic. Overall, Mr. Lozano was cooperative and appeared to put forth his best effort throughout the evaluation. Thus, the results from this evaluation are considered to provide a valid and accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Color Trail Making Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Clock Drawing Test
NEUROPSI Atencion y Memoria (select subtests)	Line Orientation (RBANS)
Ponton-Satz Boston Naming Test	Geriatric Depression Scale -SF (Spanish)
Sentence Repetition (MAE- Spanish)	Generalized Anxiety Disorder (GAD-7) (Spanish)

TEST RESULTS

Mr. Lozano was interviewed and tested in Spanish by a bilingual Neuropsychologist. Interpretation accounted for his Honduran heritage, Spanish primary language, and 13 years of education. Notably, due to the significant level of impairment detected during the clinical interview regarding his word retrieval, alternative normative data were specifically selected to best evaluate his performance. While not all standardized norms are country-appropriate, the benchmarks selected are the most clinically suitable for the patient based on his educational attainment and current expressive language vulnerabilities. Validated Spanish-language norms were prioritized to minimize cultural bias and provide an accurate representation of his cognitive standing. With this caveat in mind, the major neurocognitive findings are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward order was within normal limits, but below expectation for reverse order. Visual

detection was nil and exceptionally low. On a serial addition task, his performance was nil and below expectations. Overall processing speed abilities were low average. Specifically, on a task of graphomotor speed, his performance was average. Symbol search and discrimination was in the low average range.

Language: Semantic (6 words generated after one minute) and lexical fluency (4 words generated after one minute) were exceptionally low. Visual object naming was in the exceptionally low range (2/30 words). Verbatim repetition of increasingly lengthier sentences was exceptionally low.

Visuospatial/Constructional: Visuoperceptual abilities (i.e., copying a figure) were exceptionally low. Visuospatial judgment was in the below average range. During the free-draw condition, the clock contour was mildly irregular with significant spatial crowding along the perimeter and aberrant placement of digits within the center of the clock face. Providing a visual model in the copy condition failed to resolve these spatial errors, resulting in an increasingly distorted contour and persistently asymmetric number distribution. This lack of improvement with a direct visual model suggests a primary visuospatial constructional vulnerability rather than a secondary organizational issue.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below expectations, demonstrating a flat learning curve across three consecutive trials (2, 3, and 2 words recalled, respectively). After a 20-minute delay, his free recall was nil. Furthermore, he could not recall any of the target words with the aid of cues. On a multiple-choice recognition format, he correctly identified 11 out of 12 target words; however, his overall discrimination accuracy was severely compromised as he also endorsed 12 false-positive errors.

Immediate recall of a set of faces was within normal limits (2/2 faces recalled). Following a delay, while his recall of the target faces remained intact (2/2 faces), his overall discrimination accuracy was impaired due to the endorsement of two false-positive errors.

Delayed recall of a figure drawn earlier was nil and below expectation.

Executive Functions: Speed of visual-graphomotor tracking for a simple sequence was exceptionally low, though he did not make any errors. Performance on a more complex set-shifting task was discontinued after he exceeded the maximum allotted time limit, having made one error prior to discontinuation. On a measure of nonverbal visual fluency, his total design production was within expectations; however, his performance was significantly compromised by a high rate of perseverative errors (25 repetitions). His performance on a task of cognitive inhibition was exceptionally low for both speed and accuracy. Finally, on a clock drawing task, executive planning and organization were markedly impaired during the free-draw condition, characterized by numbering errors, the complete omission of clock hands, and an inability to conceptualize a target time. In the copy condition, these severe conceptual omissions were partially corrected, as the patient successfully placed hands originating from a central anchor and directed them toward the correct numerical targets, albeit without clear length differentiation. The ability to utilize a visual model to recover essential clock features points to a prominent executive planning and retrieval deficit rather than a fundamental loss of semantic knowledge.

Emotional/Behavioral Functioning: Mr. Lozano endorsed mild symptoms of depression on a self-report inventory of mood. He endorsed severe anxiety symptoms on a separate self-report inventory of mood.

SUMMARY

Mr. Carlos Lozano is an 80-year-old, right-handed Hispanic male with 13 years of education who was referred for a neuropsychological evaluation by Dr. Hassan Javanshir to assess suspected cognitive decline. During the clinical interview, Mr. Lozano reported progressive memory loss, while his wife provided collateral information indicating a more distinct onset of cognitive and functional decline beginning in early 2024, characterized by significant forgetfulness, severe word-finding difficulties, and prominent comprehension issues. Behaviorally, Mr. Lozano was alert but presented with significant disorientation to time and place, as well as notable word-retrieval deficits during spontaneous conversation.

Regarding intact cognitive abilities, Mr. Lozano demonstrated a few isolated areas of relative preservation. Within the domain of simple attention, his immediate recall of orally presented number sequences in a forward order remained within normal limits. Basic psychomotor tracking and graphomotor speed were also preserved, falling within the average range.

In contrast to these isolated strengths, Mr. Lozano demonstrated profound vulnerabilities and severe impairment across the majority of cognitive domains. Complex attention and processing speed were significantly compromised, evidenced by exceptionally low visual detection, impaired mental arithmetic, and overall low average processing efficiency. Language functioning was globally impaired, marked by exceptionally low performance across semantic and lexical fluency, visual confrontation naming, and verbatim sentence repetition. Visuospatial and constructional abilities were severely degraded; his ability to copy figures and judge spatial relations fell in the below average to exceptionally low ranges, and a clock drawing task revealed a primary visuospatial constructional vulnerability that could not be corrected with a visual model. Memory testing revealed a severe amnesic profile characterized by a flat learning curve for verbal information, rapid forgetting with nil delayed free recall, and an inability to benefit from cues. Furthermore, while his raw retrieval of a target set of faces appeared nominally intact, his overall memory discrimination accuracy was severely compromised by a high rate of false-positive errors across both verbal and visual modalities. Finally, executive dysfunction was prominent, evidenced by an inability to complete complex set-shifting tasks, exceptionally low cognitive inhibition, severe conceptual planning deficits, and a marked tendency for perseverative errors, which significantly compromised his performance on nonverbal visual fluency tasks despite producing an adequate total number of designs.

Emotionally, Mr. Lozano endorsed mild symptoms of depression on a self-report inventory and severe symptoms of anxiety on a separate measure. While he minimized distress during the clinical interview, his wife provided a contrasting report of significant emotional lability and behavioral changes. She noted increased desperation, irritability, and frequent crying spells, often accompanied by an intense desire to return to his home country. Furthermore, she endorsed instances of passive suicidal ideation from the patient, referencing feelings of worthlessness. These mood and behavioral symptoms appear to be heavily exacerbated by his progressive

cognitive decline and the resulting psychosocial stressors, most notably the recent forced closure of his long-standing commercial cleaning business.

Functionally, Mr. Lozano remains independent for basic activities of daily living, including dressing, bathing, and eating. Regarding instrumental activities of daily living, he independently manages his medication schedule with a highly rigid routine. However, his functional decline is evident in his need for complete assistance or supervision in multiple complex areas. His wife has assumed full responsibility for household finances and medical appointments. Notably, his cognitive vulnerabilities forced him to permanently close his business after 30 years of operation. Additionally, his wife expressed significant safety concerns regarding his driving, and his referring neurologist has previously advised him to cease operating a motor vehicle.

In synthesis, Mr. Lozano's neurocognitive profile is characterized by profound, global impairment across memory, expressive and receptive language, complex attention, visuospatial construction, and executive functioning domains. The severe amnesic pattern—marked by rapid forgetting, a failure to benefit from cues, and frequent false-positive intrusions—indicates a primary breakdown in memory consolidation and storage. This amnesic presentation, combined with pronounced aphasic features and prominent executive decline, is highly consistent with a progressive neurodegenerative process. Furthermore, recent neuroimaging reveals microvascular ischemic disease and a progressing remote infarction in the left temporal lobe, an area critically responsible for language processing and memory storage, directly correlating with his most severe cognitive deficits. The integration of his global cognitive deterioration, functional dependence in complex instrumental activities, and significant vascular brain changes reflects a mixed etiology. At this time, his clinical presentation is diagnostic of a Mixed Dementia due to multiple etiologies, reflecting a primary progressive dementing process such as Alzheimer's disease compounded by significant cerebrovascular disease.

IMPRESSION Mild Mixed Dementia – Possibly due to Alzheimer's disease and cerebrovascular disease

RECOMMENDATIONS

Medical & Psychiatric Management

1. Given the diagnostic impression of Mild Dementia of mixed etiology (Alzheimer's and cerebrovascular disease), strict management of vascular risk factors is imperative to prevent further neurological damage. Mr. Lozano's primary care physician should closely monitor his hypertension, hypertriglyceridemia, and morbid obesity, particularly in light of the recent MRI findings confirming microvascular ischemic disease and a progressing remote left temporal infarct.
2. Mr. Lozano is diagnosed with obstructive sleep apnea but refuses to use his PAP device as prescribed. Untreated sleep apnea severely exacerbates both cognitive impairment and cerebrovascular risk. A follow-up with his pulmonologist or sleep specialist is recommended to explore alternative interventions or strategies to improve compliance.
3. Due to the endorsement of severe anxiety, emotional lability, and passive suicidal ideation (e.g., crying spells, feelings of worthlessness, and stating "I want to die"), a

psychiatric consultation is strongly recommended. Pharmacological management of his mood may significantly alleviate his current desperation, which appears heavily tied to his progressive cognitive decline and the major psychosocial stressor of closing his 30-year business.

Safety & Supervision

1. Mr. Lozano must cease driving immediately. His profound vulnerabilities in visuospatial construction, complex attention, and executive functioning make operating a motor vehicle inherently unsafe, fully supporting the prior recommendation made by his neurologist.
2. Although Mr. Lozano currently manages his own medication schedule, his severe amnesic profile and impaired executive planning place him at imminent risk for medication errors, such as accidental double-dosing. His wife should immediately transition to securing all medications and overseeing their administration.
3. Due to his significant disorientation to time and place, alongside marked visuospatial deficits, he is at an elevated risk for wandering and getting lost. He should not be left alone in unfamiliar environments. The family is encouraged to utilize GPS tracking devices (e.g., a smartwatch, Apple AirTag, or MedicAlert bracelet) and enroll in a safe-return program.

Functional & Legal Planning

1. Mr. Lozano's severe cognitive profile indicates he no longer possesses the capacity to safely manage complex financial, legal, or medical decisions. If not already formalized, the family must execute a Medical Power of Attorney and establish financial proxy directives to legally support his wife, who has already assumed management of their household finances.
2. Ms. Lozano is currently the sole caregiver managing his progressive decline, significant aphasic behaviors, and emotional distress. It is highly recommended that she connect with caregiver support resources, such as the local chapter of the Alzheimer's Association, to obtain education on dementia progression, build a support network, and explore options for in-home respite care.

Cognitive & Behavioral Strategies

1. To accommodate his severe receptive and expressive aphasia—characterized by profound word-finding difficulties and compromised comprehension—communication methods must be modified. Family members should use short, simple sentences, speak slowly, and rely heavily on visual cues (e.g., pointing to objects) and yes/no questions rather than open-ended inquiries.
2. When Mr. Lozano experiences acute emotional distress, such as fixating on a desire to return to Honduras, caregivers should utilize validation. Rather than attempting to use logic or reality orientation to correct him, his feelings should be gently validated, followed by seamless redirection to a pleasant, familiar activity.

3. Capitalize on his preserved energy levels and intact basic motor routines by maintaining a highly structured daily schedule. Allowing him to engage in safe, repetitive physical tasks that he enjoys—such as cleaning the pool and patio—will help provide a much-needed sense of purpose and mitigate the psychological loss of his commercial cleaning business.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/02/2026