

Houston Neuropsychology Associates, PLLC

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

Neuropsychological Evaluation

NAME:	Juanita Meza	GENDER:	Female
DATE OF BIRTH:	10/02/1956 (69)	HANDEDNESS:	Right
DATE OF EXAM:	06/04/2026	ETHNICITY:	Hispanic
EDUCATION:	10	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Alix Halter, FNP-C

REASON FOR REFERRAL

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

PRESENTING PROBLEMS

Ms. Meza presented with complaints of memory loss and cognitive decline that began subtly around age 60 or 61. She reported becoming increasingly forgetful at work by age 62, prompting her decision to retire. She noted that her cognitive problems have worsened over the years. Currently, she described feeling disoriented or confused regarding her location, even in familiar places, which causes her stress. This disorientation typically lasts only for a few seconds before she is able to reorient herself. Ms. Meza endorsed forgetting recent events, such as passing through the same area during a recent trip to Mexico, without recalling it. She also reported forgetting conversations, experiencing word-finding difficulties, and having trouble learning and retaining new information over time. She noted a slower processing speed and frequently forgetting her intentions or completing tasks. Occasionally, she has forgotten and left the stove on until the water boiled away, though she noted this is rare. Her daughter has noticed these cognitive changes and has mentioned them to the patient.

Emotionally, Ms. Meza denied current significant symptoms of depression, noting that her psychiatric medications help manage her mood. She also denied anxiety, except when she experiences brief periods of disorientation. Regarding sleep, she reported difficulties maintaining sleep and experiencing frequent interruptions. She noted sleeping only three hours the night before the evaluation, though she had been sleeping slightly better in the days prior, albeit still insufficiently. She is considering using her PAP machine again to improve sleep quality. Her energy levels fluctuate; while keeping up with her grandchildren keeps her active, she tires quickly. Her appetite has recently increased, and she finds herself eating even when not hungry.

Ms. Meza also endorsed visual hallucinations that began approximately two years ago after moving to her current home. She described seeing "shadows" or figures from the corner of her eye and hearing noises, specifically recalling an instance of seeing a shadow resembling her granddaughter running. She clarified that these experiences do not frighten her, but she finds them unusual.

Functionally, Ms. Meza reported that her depressive symptoms sometimes have made it difficult to perform daily activities and care for her home. She remains independent in instrumental

activities of daily living, including cooking, managing her finances, and scheduling medical appointments. She continues to drive but restricts herself to daytime driving in clear weather, avoiding driving at night or in the rain. While she manages her medications independently, she admitted to occasionally forgetting doses, even when utilizing a pillbox, particularly if the pillbox is left in her bedroom or pocket.

MEDICAL HISTORY

Conditions: Medical history is significant for Sick Sinus Syndrome (SSS) status post pacemaker, hypothyroidism, obstructive sleep apnea (discontinued machine use approximately two years ago), hypercholesterolemia, arthritis, and chronic muscle cramps. She has a history of two falls in the past year; once missing a step on the stairs at home, and another time slipping on a rug in her bedroom due to a muscle cramp. She also reported intermittent occipital headaches described as a sensation of an "animal running" across her scalp, which she manages with Vicks and aspirin.

While recent medical records list Congestive Heart Failure and prediabetes, Ms. Meza expressed uncertainty regarding the CHF diagnosis during the clinical interview and clarified that she experiences slightly elevated blood sugar but has not been formally diagnosed with diabetes.

Surgeries: Lumbar/back surgery (08/06/2025), C-section, Cholecystectomy (gallbladder removal), right leg surgery, and right hand surgery.

Imaging: A CT of the brain without contrast dated 02/11/2026 revealed a small right parenchymal calcification in the posterior superior right cerebellum, which can be associated with cysticercosis. There were no obvious intracranial pathologies, masses, areas of hemorrhage, or midline shifts.

Current medications: Aspirin (81 mg), Bupropion HCL XL (150 mg), Cholecalciferol / Vitamin D3 (25 mcg), Duloxetine HCl (60 mg), Levothyroxine Sodium (88 mcg), Pantoprazole Sodium (40 mg), Pitavastatin Calcium/Livalo (2 mg), and multivitamins.

Substance use: She denied a history of alcohol, nicotine, or recreational drug use.

Family history: Her family history is notable for memory problems in her mother (onset age unknown). Her sister has a history of heart problems and diabetes, and her brother has a history of diabetes.

MENTAL HEALTH HISTORY

Ms. Meza has a history of severe, recurrent major depressive disorder and anxiety. She reported that her symptoms began in 2007 when her son was deployed to Iraq for nine months. This led to severe depressive symptoms, prompting her to work with a counselor and a psychiatrist, and she was started on psychiatric medication. She took a one-month leave of absence from work during this initial crisis before stabilizing and returning. She has no history of psychiatric hospitalizations or suicide attempts. Ms. Meza has utilized psychiatric medications consistently since that time. She reported previous attempts to titrate off her medication, but depressive symptoms would return within a couple of weeks, leading her to resume pharmacological

treatment. She was previously taking escitalopram but was transitioned to duloxetine due to peripheral neuropathy and recently started bupropion for depression augmentation.

EDUCATIONAL HISTORY

Ms. Meza completed nine years of formal education in Mexico. She reported repeating the 5th grade, noting this was not due to academic difficulties but rather because she had to stay home to help care for her younger siblings when her mother fell ill. Upon immigrating to the United States, she completed her G.E.D. (General Educational Development). She subsequently completed one and a half years of nursing classes, achieving the equivalent of a Licensed Vocational Nurse (LVN) certification. Regarding language, her dominant language is Spanish. She noted that she understands English better than she speaks it. While she spoke more English when working, she uses it less frequently now, primarily communicating in Spanish, while her grandchildren speak to her in English.

OCCUPATIONAL HISTORY

Ms. Meza is retired. She spent her career in the nursing and medical laboratory field, completing a course in phlebotomy. She initially worked at Quest Diagnostics in California before moving to South Carolina, where she worked in a clinic and subsequently at LabCorp. She transferred with LabCorp to Houston and worked for the company for a total of 10 years. She decided to retire at the age of 62 due to increasing forgetfulness and cognitive difficulties at work, which she discussed with her supervisor before stepping down to avoid making errors.

SOCIAL HISTORY

Ms. Meza is divorced and has one son and one daughter. Born and raised in Mexico, she first immigrated to the United States around age 23, later returned to Mexico, and then moved back to the U.S. permanently in 1990. She currently resides in Richmond, Texas, living in an in-law suite with her daughter and her daughter's family.

BEHAVIORAL OBSERVATIONS

The patient presented for the evaluation, demonstrating adequate grooming. Her gait was unassisted, and gross motor functioning was observed to be within normal limits. Vision (with the use of glasses) and hearing were normal and appeared adequate for testing purposes. Expressive and receptive language was intact, characterized by normal speech. Furthermore, the examiner noted that the patient readily understood the test instructions provided throughout the assessment. Her basic attention, concentration, and observational memory functioning were also noted to be normal during the evaluation process.

Regarding emotional and behavioral functioning, the patient presented with an overtly depressed mood. The examiner documented that the patient repeatedly stated she felt incompetent throughout the testing session. She also exhibited signs of emotional distress and reactivity during specific challenging tasks; notably, the patient was frustrated when corrected by the examiner during one task, and she started crying during the administration of a memory task. Despite a depressed mood and periods of frustration and tearfulness, the patient demonstrated full cooperation with the examiner. She appeared to put forth her best effort throughout the evaluation; thus, these evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Color Trail Making Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Finger Tapping Test
NEUROPSI Atencion y Memoria (select subtests)	Patient Health Questionnaire (PHQ-9) (Spanish)
Line Orientation	Generalized Anxiety Disorder (GAD-7) (Spanish)
Ponton-Satz Boston Naming Test	Minnesota Multiphasic Personality Inventory- 2RF (Spanish)
Reproduccion Visual (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 Mexico, and level of educational attainment) was taken into consideration in interpreting her 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 Ms. Meza's neurocognitive functioning are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward and reverse order was within expectation. Immediate recall of visually presented stimuli in forward and reverse order was also within expectation. Overall processing speed abilities were low average. A task that assesses graphomotor speed was average. A task that assesses visual symbol identification and discrimination was low average. A serial addition task was within expectations. Speeded visual detection of symbols was within normal limits. Auditory digit perception was also within normal limits.

Language: Semantic fluency was within normal limits. Lexical fluency was also within expectations. Visual object naming was low average.

Visuospatial/Constructional: Her copy of a geometric design was exceptionally low. Visuoconstructional skills were low average. A task that assesses visuospatial judgment was below average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was within normal limits (3, 5, and 8/12 words after three consecutive trials). After a 20-minute delay, she recalled 6 words, which is within normal limits. She recalled 5 words with the aid of cues, which is within expectations. She recognized 6/12 target words and did not endorse any false-positive errors, which is within expectations.

Immediate recall of structured verbal material (stories) was within expectation. Delayed recall of the same material was also within expectations.

Immediate recall and reproduction of geometric designs was in the below average range. After a delay, her recall was also below average. Her discrimination accuracy was in the low average range.

Recall of a figure copied earlier on was within normal limits.

Executive Functions: A task that assesses visual speeded sequencing of numbers was exceptionally low; she made one error. A task that assesses set-shifting abilities was exceptionally low; she made two errors. A visual fluency task was within expectations for total designs produced; she only made one repetition and one set-loss error. A task of cognitive inhibition was within normal limits for speed and also for accuracy.

Motor: The patient is right hand dominant. Fine motor dexterity was exceptionally low bilaterally.

Mood/Behavioral Functioning: Ms. Meza endorsed moderate symptoms of depression and mild symptoms of anxiety on two separate self-report inventories of mood.

On the MMPI-2-RF, her response pattern revealed evidence of possible over-reporting of psychological, somatic, and cognitive symptoms, as well as the denial of minor faults and shortcomings that most people acknowledge, suggesting an emphasis on presenting in a positive light. As such, the overall results of this questionnaire were interpreted with caution. Her responses were indicative of significant emotional distress marked by severe anhedonia, pessimism, and a lack of positive emotional experiences. She also endorsed multiple behavior-restricting fears and has become avoidant of social interactions. Notably, she endorsed items indicative of suicidal ideation, warranting continued clinical monitoring. Furthermore, individuals with similar substantive scale profiles typically present with an emphasis on a diffuse pattern of somatic complaints involving different bodily systems. She endorsed significant malaise, head pain, gastrointestinal problems, and vague neurological symptoms, alongside diffuse cognitive difficulties regarding her memory and concentration.

SUMMARY

Ms. Juanita Meza is a 69-year-old, right-handed Hispanic female with nine years of formal education and subsequent vocational nursing training, who was referred for a neuropsychological evaluation by Alix Halter, FNP-C, due to suspected cognitive decline. The patient reported a subtle onset of cognitive changes beginning around age 60, which ultimately prompted her early retirement, with worsening symptoms over time including disorientation in familiar places, forgetfulness, word-finding difficulties, and forgetting intentions. Throughout the evaluation, she demonstrated full cooperation, readily understood instructions, and appeared to put forth her best effort. Therefore, the results of this neurocognitive assessment are considered a valid representation of her current functioning.

Regarding her cognitive strengths, Ms. Meza demonstrated preserved abilities across several domains. Her simple attention and working memory were intact, as evidenced by immediate recall of auditory and visual sequences within expectations. Her language functioning was also preserved, with both semantic and lexical fluency falling within normal limits. Notably, her verbal memory retention remains a distinct strength; she exhibited intact immediate and delayed free recall, as well as recognition, of both unstructured word lists and structured stories. Additionally, specific aspects of executive functioning, including cognitive inhibition and visual fluency production, were performed within normal limits.

While her performance across several tasks fell within the low average range, including overall processing speed, visual object naming, and certain visuoconstructional skills, these scores are thought to reflect her baseline premorbid functioning, given her history of nine years of formal education rather than acquired cognitive decline. In contrast, true neurocognitive vulnerabilities were observed in complex executive functioning, visuospatial abilities, and nonverbal memory. She demonstrated exceptionally low performance on executive tasks requiring speeded visual sequencing and cognitive set-shifting. Visuospatial processing was also significantly impaired, characterized by exceptionally low geometric design copy and below-average visuospatial judgment. Consequently, her nonverbal memory for immediate and delayed reproduction of geometric designs fell into the below average range. Furthermore, bilateral fine motor dexterity was exceptionally low.

Emotionally, Ms. Meza is currently experiencing profound psychiatric distress. On self-report inventories, she endorsed moderate symptoms of depression and mild symptoms of anxiety. A comprehensive measure of personality functioning yielded a mixed validity profile with a virtuous self-presentation and a concurrent magnification of psychological, somatic, and cognitive symptoms, warranting cautious interpretation. Nevertheless, her substantive responses indicated severe anhedonia, pessimism, extensive behavior-restricting fears, and significant physical malaise accompanied by diffuse somatic complaints. Importantly, although she denied suicidal ideation during the clinical interview, she endorsed items suggestive of suicidal ideation on a self-report measure, which requires close clinical monitoring. Behaviorally, she presented with an overtly depressed mood, repeatedly expressed feelings of incompetence, became tearful during verbal memory testing, and exhibited frustration when corrected during executive tasks. She also reported a history of visual hallucinations.

Functionally, Ms. Meza remains largely independent in her basic activities of daily living, though her depressive symptoms make household care difficult. Regarding instrumental activities, she continues to independently manage her finances, cook, and schedule her medical appointments. She continues to drive but self-restricts her driving to daytime hours in clear weather due to occasional disorientation. While she actively manages her own medications, she reported occasionally forgetting her doses despite utilizing a pillbox organizer.

In synthesis, Ms. Meza presents with a non-amnestic cognitive profile characterized by preserved verbal memory, basic attention, and language, contrasted by prominent deficits in complex executive functioning, visuospatial construction, visual memory, and fine motor dexterity. The observed pattern of executive and visuospatial dysfunction, in the context of intact memory storage, is highly consistent with subcortical or vascular cognitive impairment, aligning with her significant medical history of cardiovascular disease, Sick Sinus Syndrome, and other metabolic risk factors. Furthermore, her cognitive efficiency is likely being exacerbated by her severe, chronic major depressive disorder and significant somatic burden. At this time, her clinical presentation is consistent with Mild Cognitive Impairment, non-amnestic multiple domain type, secondary to suspected vascular etiology, with a significant psychiatric overlay of major depressive disorder and anxiety.

IMPRESSION Mild Cognitive Impairment - non-amnesic multiple domain type

RECOMMENDATIONS

Medical & Psychiatric Management

1. **Urgent Psychiatric Evaluation and Mood Management:** Given Ms. Meza's endorsement of significant depressive symptoms, profound anhedonia, and specific items indicating suicidal ideation, an immediate follow-up with psychiatry or her behavioral health provider is strongly recommended. Her current pharmacological regimen (including bupropion and duloxetine) should be reviewed and optimized. Furthermore, establishing regular, culturally informed psychotherapy is critical to address her feelings of incompetence and provide coping strategies for her emotional distress.
2. **Vascular Risk Factor Mitigation:** As Ms. Meza's cognitive profile is highly consistent with suspected vascular etiology, aggressive management of her cardiovascular and metabolic health is essential to prevent further neurocognitive decline. She must maintain regular appointments with her primary care physician and cardiologist to actively monitor and manage her Sickle Sinus Syndrome, pacemaker function, hypercholesterolemia, and fluctuating blood sugar levels.
3. **Treatment of Sleep Apnea:** Ms. Meza reported highly fragmented, insufficient sleep and noted that she discontinued the use of her PAP device approximately two years ago. Untreated sleep apnea significantly exacerbates both executive dysfunction and severe depression. It is highly recommended that she follows through with her upcoming sleep clinic appointment to re-initiate PAP therapy or explore alternative airway management strategies.
4. **Neurological Monitoring of Visual Disturbances:** While Ms. Meza reported that the visual "shadows" she experiences are not currently frightening to her, the presence of these visual hallucinations should be closely monitored by her referring neurologist. This will help rule out any potential medication side effects, sleep-deprivation phenomena, or vascular-related psychotic features.

Safety & Supervision

5. **Medication Management and Oversight:** Although Ms. Meza actively manages her own medications, she admitted to occasionally forgetting doses despite utilizing a standard pillbox, particularly if she moves it between rooms. Given her exceptionally low executive sequencing and complex attention scores, combined with the critical nature of her psychiatric and cardiovascular medications, she requires elevated supervision. It is recommended that her daughter provide active oversight or that the family transitions her to an automated, locked pill dispenser with visual and auditory alarms.
6. **Driving Restrictions:** Ms. Meza's exceptionally low performance on visuospatial construction and executive set-shifting tasks raises significant safety concerns regarding her ability to navigate complex, novel, or rapidly changing traffic environments. She should strictly maintain her self-imposed driving restrictions, which include avoiding nighttime driving and driving in adverse weather conditions. It is recommended that she

limit driving to highly familiar, short-distance routes and rely on family members for transportation to new locations.

7. **Fall Prevention and Physical Therapy:** Ms. Meza reported a history of two recent falls, as well as exceptionally low fine motor dexterity and chronic muscle cramps. A referral for physical therapy is recommended to focus on gait stability, balance training, and fall prevention. Additionally, the family should conduct a home safety assessment to remove environmental hazards, such as unsecured rugs.

Cognitive & Behavioral Strategies

8. **Compensatory Strategies for Executive Dysfunction:** To bypass her complex executive and visuospatial deficits, tasks should be simplified and structured. Ms. Meza should avoid multitasking, which overwhelms her cognitive resources. Her family can assist by breaking down complex household or medical instructions into simple, step-by-step written checklists.
9. **Leveraging Memory Strengths:** Because Ms. Meza's verbal memory storage and recognition remain robustly intact, she should continue to rely heavily on explicit, written information. She is encouraged to continue using her centralized calendar for appointments. She may also benefit from carrying a small notebook to immediately write down important conversation details to compensate for her subjective word-finding and working memory lapses.
10. **Paced Activity and Social Engagement:** While her grandchildren keep her active, she noted that overexertion leads to rapid fatigue. She is encouraged to engage in structured, paced activities that provide a sense of purpose and combat her severe anhedonia without overwhelming her physical or cognitive stamina.

Functional & Legal Planning

11. **Advance Directives and Financial Planning:** Ms. Meza currently manages her own basic finances without issue. However, given the diagnosis of Mild Cognitive Impairment and her complex medical and psychiatric needs, it is highly recommended that she and her family proactively establish or update her Medical Power of Attorney and financial directives while she fully retains the capacity to make her preferences known.
12. **Longitudinal Follow-Up:** A repeat comprehensive neuropsychological evaluation is recommended in 12 to 18 months. This will allow the clinical team to track her cognitive trajectory, determine whether her presentation remains stable or progressive, and assess if her cognitive efficiency improves once her severe depression and sleep apnea are adequately treated.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/08/2026