

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Patricia Montanes	GENDER:	Female
DATE OF BIRTH:	04/25/1952 (74)	HANDEDNESS:	Left
DATE OF EXAM:	06/24/2026	ETHNICITY:	Hispanic
EDUCATION:	20	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Andrew Zhang, M.D.

REASON FOR REFERRAL

Ms. Montanes 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. Montanes previously completed a comprehensive neuropsychological evaluation on June 7, 2012, conducted by Dr. John W. Lagen, to assess her neurobehavioral functioning in the context of subjective short-term memory complaints and concerns regarding a familial history of dementia. Results from that evaluation indicated a broadly intact cognitive profile, with her estimated general intellectual capacity falling in the High Average range. Her performances across primary neurocognitive domains—including verbal and nonverbal learning and memory, attention, processing speed, visuospatial skills, and executive functioning—consistently fell within the Average to Superior ranges. Notable weaknesses were limited to impaired bilateral grip strength and Low Average visual naming. Ultimately, the 2012 assessment yielded no evidence of brain impairment or early dementia. Her subjective cognitive complaints were conceptualized as secondary to normal age-related changes and situational psychosocial stressors, and she was encouraged to utilize compensatory cognitive strategies.

During today's evaluation, she reported a lifelong difficulty with face and name recognition spanning over 20 years, which has recently worsened; she now proactively warns individuals that she will not remember their names after meeting them. Additionally, she described a sudden onset of spelling difficulties in both English and Spanish that began approximately one year ago. Despite previously being a perfect speller, she now struggles daily with basic words (e.g., spelling "peace" as "piece" or confusing "cube"), requiring her to frequently rely on a computer for verification. She also endorsed word-finding difficulties in both languages and noted that sustaining attention requires more effort than in the past. Ms. Montanes reported that learning and retaining new information is no longer an automatic process. She noted that she frequently forgets events or movies unless she maintains a high level of interest and consciously analyzes the material to encode it. Her granddaughter has also brought memory lapses to her attention, noting instances where Ms. Montanes forgot recent conversations.

Functionally, Ms. Montanes remains independent for basic activities of daily living. She continues to drive independently and manage her finances without issue. Medication management is adequate; she and her husband utilize a strict routine to prevent double-dosing. However, she has experienced a decline in cooking abilities over the last four to five years, now requiring recipes for dishes she previously cooked automatically and needing to pay strict attention to measurements to avoid errors. She also endorsed significant difficulties

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managing medical appointments over the past three years. She frequently reverses dates and times (e.g., confusing 10:00 AM with 1:00 PM, or January with October), which has resulted in missed appointments and requires her to rely heavily on a paper calendar. She described a severe incident several years ago where she completely forgot a surgical consultation for daily rectal bleeding, leaving the condition untreated for over seven years, until she finally rescheduled the appointment this year.

Emotionally, Ms. Montanes denied current symptoms of anxiety and reported her mood is generally stable. She has taken sertraline since approximately 2010. She noted an attempt to discontinue the medication a few years prior to the pandemic, but she felt ill and experienced withdrawal-like symptoms, prompting her to resume the medication. Her sleep is adequate, and she denied daytime fatigue. Her appetite is adequate, though she reported a loss of interest in meat over the past 10 to 20 years, preferring fish, salads, and grains. She has experienced gradual weight loss, currently weighing 77 to 78 pounds (down from 86 pounds), but noted her physician is not concerned. She denied hallucinations or delusions.

MEDICAL HISTORY

Conditions: Ms. Montanes's medical history is notable for essential hypertension, mixed hyperlipidemia, pre-diabetes, osteoporosis, hearing loss requiring hearing aids, chronic post-COVID cough, GERD, latent tuberculosis infection, and a history of Hepatitis A in 1958. She also has a history of obstructive sleep apnea. During the clinical interview, she reported discontinuing her CPAP machine due to discomfort and requested a home sleep study. The study revealed severe apnea only in the supine position secondary to paresis of the posterior pharynx. She subsequently utilized a vertical positioning cylinder to remain on her side; a follow-up study conducted a few weeks prior to this evaluation demonstrated minimal apnea with the device, and she reported significantly improved sleep. Additionally, she endorsed continuous numbness, tingling, and nerve pain in her right medial hand and forearm, accompanied by right hand weakness and atrophy that causes difficulty opening jars and intermittent numbness while driving.

Surgeries: Surgical history includes a tonsillectomy (1958), multiple kidney stone removals (1971, 1976, 2009, 2019), surgical correction of a complex right wrist fracture (1977), a Caesarean section (1984), a hysterectomy (1991, 1992), multiple colonoscopies, and a hemorrhoidectomy.

Imaging: An MRI of the brain with and without contrast, dated September 17, 2021, demonstrated mild chronic microvascular ischemic changes that had slightly progressed since 2012, alongside a stable remote infarct in the anterior inferior left frontal lobe. A subsequent non-contrast CT of the brain on August 8, 2022, showed no acute intracranial process.

Current medications: acetaminophen (325 mg), albuterol HFA, amlodipine besylate (2.5 mg), atorvastatin calcium (20 mg), famotidine (20 mg), fluticasone propionate HFA, fluticasone propionate nasal spray, ketoconazole 2% shampoo, salicylic acid shampoo, and sertraline HCl (50 mg).

Substance use: Ms. Montanes reported that she has never smoked tobacco regularly, has never consumed alcohol, and has never used recreational drugs.

Family history: Her mother had a history of hypertension, coronary artery disease (fatal myocardial infarction at age 84), degenerative osteoarthritis, pre-diabetes, hyperlipidemia, and diabetes mellitus. Her father had a history of hypertension, coronary artery disease, hyperlipidemia, prostate cancer, and Alzheimer's disease (diagnosed in his early 60s); he passed away from acute kidney failure at age 86. Sibling medical history includes diabetes, hyperlipidemia, hypertension, sleep apnea, prostate cancer, thyroid cancer, and leiomyosarcoma of the colon.

MENTAL HEALTH HISTORY

Ms. Montanes has been taking sertraline since approximately 2010. During the interview, she explained that the medication was initially prescribed to manage significant family stressors, including psychosocial difficulties with her daughter and the subsequent legal process of obtaining custody of her granddaughter (born in 2006). She reported attempting to discontinue the medication approximately three years prior to the pandemic but resumed it after experiencing adverse withdrawal symptoms. She denied any history of psychiatric hospitalizations, suicidality, or substance abuse treatment.

EDUCATIONAL HISTORY

Ms. Montanes completed 20 years of formal education. She earned her medical degree from the Pontificia Universidad Javeriana in Colombia. She subsequently completed a residency at the University of London School of Medicine and a pediatric residency at Baylor College of Medicine. Later in life, she earned a Bachelor's degree in English from the University of Houston and completed her Master's degree in English at the same institution around 2013 or 2014. She denied any history of learning difficulties or grade retention, noting that she consistently performed at the top of her class.

OCCUPATIONAL HISTORY

Ms. Montanes is a retired pediatrician. Prior to her retirement in approximately 2010, she was employed as a physician at Texas Children's Hospital for over ten years. Her career also included working as a pediatrician for the McGregor Medical Association and serving as faculty at Baylor College of Medicine.

SOCIAL HISTORY

Ms. Montanes was born and raised in Colombia. She moved to London in her late 20s to pursue medical training and subsequently relocated to the United States in 1981. She has been married to her husband, an American citizen, for 45 years. They reside in Houston, Texas. She has one daughter and three granddaughters. Ms. Montanes is bilingual; while she speaks Spanish with her relatives from Colombia, she primarily speaks English at home with her husband and immediate family.

BEHAVIORAL OBSERVATIONS

Ms. Montanes presented as a casually dressed, well-groomed woman. She demonstrated a minor orientation error regarding her specific testing location, though she remained fully oriented to time (day, date, month, year, season) and broader geographic details (floor, city, county, state). Her gait was unassisted and unremarkable, and gross motor functions appeared normal. Vision, with the use of corrective lenses, and hearing were adequate for testing purposes.

Expressive and receptive language was noted to be within normal limits, with normal speech patterns observed. She understood all the instructions. Her affect was broad, and her mood was pleasant. Overall, Ms. Montanes was cooperative, unresisting, and appeared to put forth full effort throughout the evaluation. Thus, these evaluation results appear to provide a valid and accurate representation of her current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Logical Memory (WMS-IV)
Wide Range Achievement Test -5 (Word Reading and Spelling)	Visual Reproduction (WMS-IV)
Wechsler Adult Intelligence Scale-IV (select subtests)	Color Word Interference Test (D-KEFS)
Boston Naming Test	Trail Making Test
Verbal Fluency (FAS)	Modified Wisconsin Card Sorting Test
Semantic Fluency (Animal Naming)	Grooved Pegboard
Judgment of Line Orientation	Grip Strength
Rey Complex Figure Test (copy)	Patient Health Questionnaire (PHQ-9)
California Verbal Learning Test – Second Edition	Generalized Anxiety Disorder (GAD-7)

TEST RESULTS

Language of Administration Caveat: The patient's cultural and linguistic background—specifically her status as a native Spanish speaker born and raised in Colombia who later achieved high-level academic and professional English proficiency during her medical training in London and subsequent career in the United States was carefully taken into consideration when selecting the language of administration. During the clinical interview, Ms. Montanes expressed a distinct preference for completing the evaluation in English, noting that her higher-level cognitive, academic, and professional conceptualization has historically been anchored in English.

Furthermore, because her comprehensive baseline neuropsychological evaluation in 2012 was conducted entirely in English, maintaining an English-language administration for the current battery ensures direct longitudinal comparability. This approach allows for the precise calculation of reliable change indices over a 14-year interval and eliminates the confounding variable of cross-linguistic translation artifacts. Accordingly, the full objective battery was administered entirely in English.

Premorbid/Intellectual: Ms. Montanes was administered a word reading test that estimated her premorbid general intellectual functioning to be within the high average range. Semantic knowledge, as measured by expressive vocabulary, was also high average. Her composite

performance on a variety of verbal and nonverbal subtests estimates her current general intellectual functioning to be within the high average range (Full Scale IQ = 112).

Attention/Concentration & Processing Speed: Overall working memory abilities were in the average range. Specifically, on a measure of digit span recall, her performance was average across forward, backward, and sequencing trials. Mental arithmetic was also in the average range. Overall processing speed abilities were average. More specifically, graphomotor coding speed was average, while visual scanning and symbol identification fell in the high average range. On a measure of cognitive processing speed involving color naming and word reading, she performed in the average and high average ranges, respectively.

Memory: On a 16-word list learning and memory test (CVLT-II), she demonstrated high average immediate recall across five consecutive learning trials (5, 8, 11, 14, and 14/16 words). Following a short delay, her free recall fell to the average range (it also remained in the average range when presented with cues). After a 20-minute long delay, her free recall remained in the average range (it was also in the average range with the provision of cues). Her discrimination accuracy on a recognition format was average, as she correctly identified all 16 target words but endorsed 5 false-positive errors.

Verbal memory for a set of prose passages was in the above average range for immediate recall. After a delay, her free recall remained in the above average range. Her recognition of details, when presented with a forced-choice format, was within normal limits.

Immediate recall and reproduction of a series of geometric designs was in the average range. Following a delay, her recall remained in the average range. Her discrimination accuracy was within normal limits, as she recognized 4 out of 7 target figures on a multiple-choice display.

Language: Naming to visual confrontation was performed in the low average range. Lexical fluency (generating words by letter) was average. Semantic fluency (generating words by category) was also in the average range. Her spelling abilities were in the high average range.

Visuospatial/Constructional: Her ability to copy a complex figure was within normal limits. Judgment of angular line relations was in the high average range. She performed in the high average range on a subtest assessing visual construction with blocks.

Executive Functioning: Verbal and nonverbal abstract reasoning was above average. Speed of visual-graphomotor tracking for a simple (numerical order) sequence was average and error-free. Set-shifting abilities (alternating between numbers and letters) were also in the average range and error-free. Ms. Montanes's performance on a measure of response inhibition was average for both speed and accuracy. When an additional component of cognitive flexibility was added, her performance was high average for speed and average for accuracy. On a complex trial-and-error learning task requiring the utilization of feedback to generate problem-solving strategies, her overall performance was average, completing 6 categories with a high average score for minimizing perseverative errors.

Motor: The patient is left-hand dominant. Grip strength was below average bilaterally. In contrast, fine motor dexterity was in the high average range for the dominant left hand and average for her non-dominant right hand.

Emotional/Behavioral Functioning: Ms. Montanes endorsed mild symptoms of depression on a self-report inventory of mood. She denied significant symptoms of anxiety on a separate self-report measure, with scores falling well within normal limits.

SUMMARY

Ms. Patricia Montanes is a 74-year-old, left-handed Hispanic female with twenty years of formal education who was referred for a neuropsychological evaluation by Dr. Andrew Zhang. A returning patient who previously completed baseline testing in 2012, she presented with subjective complaints of progressive memory loss, a perceived decline in executive functioning, word-finding difficulties, and a sudden onset of spelling errors over the past year.

Regarding her neurocognitive strengths, Ms. Montanes demonstrated preserved abilities across multiple domains that are largely commensurate with her 2012 baseline. Her estimated premorbid and current general intellectual functioning remained in the high average range. Simple and working memory, mental arithmetic, and overall processing speed were intact, falling consistently in the average to high average ranges. Her ability to learn and retain structured verbal information, such as stories, was above average, while her unstructured list-learning and visual memory performances were solidly average. Visuospatial and constructional abilities remained a relative strength, falling in the average to high average ranges. Additionally, core executive functions—including verbal and nonverbal abstract reasoning, basic sequencing, set-shifting, response inhibition, and complex trial-and-error problem-solving—were well preserved. In the language domain, lexical and semantic fluency, as well as her spelling abilities, were solidly intact. Fine motor dexterity was preserved bilaterally.

In contrast to her numerous cognitive strengths, Ms. Montanes demonstrated circumscribed vulnerabilities that were highly consistent with her historical testing profile. Naming to visual confrontation fell into the low average range, a finding that perfectly mirrors her 2012 baseline performance. Rather than an acquired aphasic decline or a primary neurocognitive vulnerability, this isolated score is most accurately conceptualized as a well-documented linguistic artifact of her bilingualism (i.e., distributed lexical access), which also correlates with her subjective reports of lifelong word-finding inefficiencies in both English and Spanish. In the motor domain, bilateral grip strength was below average, which corresponds with her presenting complaints of right-sided hand weakness, numbness, and atrophy. While not overtly impaired, her unstructured verbal recognition memory included several false-positive errors, suggesting a mild susceptibility to proactive interference, though her overall discrimination accuracy remained average.

Emotionally, Ms. Montanes endorsed mild symptoms of depression on a self-report inventory, but denied significant symptoms of anxiety. She has been medically managed with an antidepressant for over a decade, which was initially prescribed to help her cope with significant family psychosocial stressors related to obtaining custody of her granddaughter. She reported a previous unsuccessful attempt to discontinue this medication due to adverse physical withdrawal

symptoms. Behaviorally, she presented as a pleasant, highly engaged individual. Her sleep, previously disrupted by severe obstructive sleep apnea, has reportedly improved significantly following her recent utilization of a positional sleep aid to prevent supine sleeping.

Functionally, Ms. Montanes remains independent in her basic activities of daily living. Regarding instrumental activities, she continues to drive without incident and manages her finances independently. She successfully manages her medications, though she relies on a strict organizational routine developed with her husband to prevent dosing errors. However, she endorsed a decline in her cooking abilities over the past few years, now requiring explicit reliance on recipes and careful measurement for dishes she previously prepared automatically. Furthermore, she reported increasing difficulty managing medical appointments, frequently reversing dates and times (e.g., confusing 10:00 AM with 1:00 PM), which has resulted in missed appointments and necessitates strict reliance on a physical calendar.

In clinical synthesis, Ms. Montanes presents with a highly preserved neurocognitive profile that remains largely stable when compared to her 2012 baseline evaluation. Despite her subjective complaints of progressive memory loss and sudden spelling deficits, objective testing revealed intact learning, retention, executive functioning, and high average spelling abilities. Her isolated, lowered score in confrontational naming is a recognized phenomenon in bilingual individuals rather than a newly acquired neurodegenerative deficit. Her self-reported functional inefficiencies, such as mismanaging appointments and requiring recipes for cooking, appear to be driven by mild, age-related attentional fluctuations and mild depressive symptoms rather than a primary amnesic or dysexecutive process. Her cognitive presentation may also be subtly influenced by the mild chronic microvascular ischemic changes noted on her recent neuroimaging, as well as the historical burden of her recently resolved obstructive sleep apnea. Ultimately, there is no objective neuropsychological evidence to suggest a progressive neurodegenerative disease or dementia at this time.

IMPRESSION Cognitive Impairment Is Ruled Out
 Depressive Disorder (by history)

RECOMMENDATIONS

Medical & Neurological Management

1. **Peripheral Nerve Evaluation:** Given her presenting complaints of worsening right-hand numbness, weakness, and atrophy—which were corroborated objectively by her below-average bilateral grip strength during today's evaluation—she should follow through with Dr. Zhang's recommendations to complete an EMG and establish care with orthopedics. In the interim, she should continue utilizing conservative measures, such as a wrist brace and elbow sleeve.
2. **Vascular Risk Reduction:** Ms. Montanes's 2021 brain MRI demonstrated mild, slightly progressive chronic microvascular ischemic changes. To protect her long-term brain health and prevent future vascular cognitive impairment, she must continue strict medical management of her essential hypertension, mixed hyperlipidemia, and pre-diabetes with her primary care provider.

3. **Sleep Hygiene Maintenance:** Ms. Montanes successfully resolved her severe positional obstructive sleep apnea by utilizing a specialized back pillow to prevent supine sleeping. She should continue strictly utilizing this positional aid, as adequate oxygenation and restorative sleep are highly protective against cognitive fatigue and attentional lapses.

Psychiatric & Emotional Support

1. **Diagnostic Reassurance:** A primary intervention for Ms. Montanes is reassurance. Given her father's history of Alzheimer's disease in his early 60s, she has been understandably vigilant regarding her subjective cognitive changes. She and her family should be explicitly reassured that her objective cognitive profile remains robustly intact, showing no signs of a neurodegenerative process or early dementia.
2. **Medication Management:** She should continue her current regimen of sertraline under the guidance of her prescribing physician. Given her history of adverse withdrawal-like symptoms when previously attempting to discontinue the medication, any future adjustments should be made very gradually and only under direct medical supervision.

Cognitive & Behavioral Strategies

1. **Appointment Verification System:** To mitigate her documented tendency to transpose numbers and months (e.g., writing 1:00 PM instead of 10:00 AM, or October instead of January) when scheduling appointments, she should implement a "double-check" system. If she utilizes a paper calendar, it is recommended that her husband cross-verify the written date and time with the physical appointment card. Alternatively, transitioning to a smartphone calendar that allows medical offices to send direct digital invites could eliminate manual transcription errors.
2. **Compensatory Strategies for Daily Tasks:** Ms. Montanes should be encouraged to continue using recipes and exact measurements for cooking, as well as digital spell-checking tools for her writing. These should be framed to her not as signs of cognitive failure, but as highly effective, normal compensatory strategies for age-related shifts in divided attention and retrieval efficiency.
3. **Medication Routine:** She and her husband currently utilize a highly structured daily routine to organize and administer their medications at breakfast and bedtime. This system is working perfectly to prevent double-dosing and should be strictly maintained.

Functional & Legal Planning

1. **Independence Maintained:** There is no objective neuropsychological evidence to warrant restrictions on Ms. Montanes's functional independence. She is cleared to continue driving, managing her finances, and making independent medical and legal decisions.
2. **Cognitive Engagement:** She is encouraged to continue her highly intellectual pursuits, such as writing memoirs and reading literature. Maintaining this high level of cognitive reserve is an excellent protective factor against future cognitive decline.
3. **Follow-Up:** A follow-up neuropsychological evaluation is not strictly indicated at this time given her stable, intact profile. However, she may return for a re-evaluation in 24 to

36 months if she or her family notice a precipitous or undeniable decline in her functional independence.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/24/2026

Billing note: Technician, Solanch, performed face-to-face neuropsychological testing for 4 hours (96138 x1; 96139 x7). I interviewed the patient via telehealth services, reviewed medical records, integrated all information, and composed the report in its entirety for a total of 4 hours (96132 x1; 96133 x3).