

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Betty Mooring	Education:	11 years
Date of birth:	3/4/1942 (84)	Handedness:	Right
Date of exam:	6/18/2026	Marital status:	Widowed
Ethnicity:	White	Occupation:	Retired

Referral source: Leslie Juarez, PA-C

Ms. Mooring's neurologist referred her for an objective assessment of cognitive decline. The results will describe her current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. She was seen with her granddaughter.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Mooring endorsed attentional difficulties in the last six months, but she had trouble providing more detail. Per her granddaughter, Ms. Mooring had a stroke in July 2025, which exacerbated her longstanding cognitive decline. Regarding current symptoms, Ms. Mooring frequently repeats herself in minutes and is markedly forgetful. She forgets times and dates of appointments, despite just being told, and conversations.

Ms. Mooring, her son, and her daughter-in-law live together. She is dependent for medication and financial management due to her memory loss. She reportedly drives short distances to a few familiar areas without issues. However, her granddaughter remarked that Ms. Mooring forgot how to open the gas tank of her vehicle. Ms. Mooring does not do much shopping and cooking anymore. She is otherwise functionally independent, and she keeps her appointments on a calendar.

Ms. Mooring reported a positive mood, and she denied suicidal ideation. Her granddaughter denied noticing frank neuropsychiatric symptoms. However, she mentioned that Ms. Mooring's living situation is not ideal due to the interpersonal dynamics. Her appetite and weight are stable. She sleeps well with trazodone, and her energy level is stable.

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

MEDICAL HISTORY

Conditions: hypertension, hyperlipidemia, diabetes, stroke, hypothyroidism, and macular degeneration. She did not recall her last HbA1C.

She underwent coronary artery bypass grafting in July 2025 with a subsequent right MCA and ACA/MCA watershed stroke. She has residual left-sided weakness.

She endorsed a head injury on her history form; she fell out of a moving car at age 10 but did not experience a notable brain injury.

Surgeries: hysterectomy, tonsillectomy, breast lumpectomy, cataract removal, triple coronary artery bypass, appendectomy, carpal tunnel surgery, and trigger finger & thumb surgery.

Current medications: amlodipine, carvedilol, losartan, furosemide, clopidogrel, aspirin (low dose), metformin, glipizide, levothyroxine, bevacizumab, tramadol PRN, gabapentin, trazodone, fluticasone/salmeterol, albuterol, and iron.

Neuroimaging: A brain MRI in July 2025 reportedly showed subacute infarcts in the right MCA territory and ACA/MCA watershed distribution, as well as chronic small vessel ischemic changes. A CT angiogram in the same month reportedly showed right MCA territory hypoperfusion, bilateral supraclinoid ICA severe focal stenoses, and bilateral vertebral artery severe stenosis.

Mental health: She has a longstanding history of mild untreated anxiety. Her granddaughter stated that Ms. Mooring has “undiagnosed AD/HD,” described as hyperactivity instead of inattention.

Substance use: She denied alcohol, nicotine, and other substance use. She denied a history of substance dependence.

Family history: Her mother had unspecified dementia and bipolar disorder; she died at 83. Her father died when she was a child; she was unsure of what. She does not have any full biological siblings.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Mooring was raised in Texas and is monolingual in English. She was widowed 16 years ago and has 2 children. She, her son, and her daughter-in-law live together.

She completed 11 years of education before leaving school to get married. She denied a history of learning difficulties. She also denied notable hyperactivity as a child.

She worked as a hairdresser until stopping after her stroke in July 2025.

BEHAVIORAL OBSERVATIONS

Ms. Mooring arrived on time and was accompanied by her granddaughter. She was appropriately dressed and groomed. She ambulated with a rollator. Her conversational language comprehension and expressive speech were within normal expectations. Her thought process was normal; however, her granddaughter corrected her report. She was affable, presenting with a positive mood and an appropriate affect.

She was oriented to concepts other than the previous President and the city (“Katy”). Her behavior during testing was unremarkable.

TESTS ADMINISTERED

Standalone measure of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
BDAE Complex Ideational Material
Neuropsychological Assessment Battery, Naming

Line Bisection Test
RBANS Line Orientation
Rey Complex Figure Copy
Clock Drawing
Trail Making Test
Stroop Color & Word Test
Finger Tapping Test

Phonemic Fluency (FAS)
Animal Naming Test

Geriatric Depression Scale-Short Form
Generalized Anxiety Disorder-7

RESULTS SUMMARY

This evaluation is considered a valid assessment of Ms. Mooring's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Finger tapping speed was below average in her right hand and exceptionally low in his left hand.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was average; repetition was average, reversal was average, and sequencing was below average. Processing speed was average for digit-symbol transcription. Rote performance speed was below average for numerical sequencing, low average for color naming, and above average for word reading.

Executive Functioning: Speeded number/letter set-shifting was error-free but discontinued at #9 due to time. Verbal response inhibition was below average. Visual abstract reasoning was average. Spontaneous clock drawing was somewhat spatially sub-optimal.

Language: Object naming was exceptionally low (17/31 words). Phonemic verbal fluency was average. Semantic verbal fluency was below average. She accurately answered 8/12 yes/no paired items on an auditory comprehension measure (exceptionally low).

Visuospatial: Line bisection was unremarkable, and there was no other evidence of left visuospatial inattention on testing. Judgment of line orientation was below average. Complex visuospatial reproduction was exceptionally low due to incompleteness and distortion. Clock copy was grossly intact.

Learning & Memory: Word list learning was exceptionally low, and delayed recall was nil. Recognition of list words was exceptionally low. Narrative registration was below average, and delayed recall was below average. Recognition of story elements was low average. Figure registration was average, and delayed recall was low average. She identified 1/7 figures on a recognition format (below average).

Mood/Behavior: She endorsed a mild level of depressive symptoms and a moderate level of anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Ms. Mooring exhibited markedly diminished set-shifting speed, object naming, auditory comprehension, complex visuospatial reproduction, and word list learning, recall, and recognition. She exhibited mildly diminished digit sequencing, response inhibition, semantic verbal fluency, and narrative registration and recall. Her other assessed cognitive skills were broadly normal. She endorsed mild depressive symptoms and moderate anxiety symptoms, despite reporting a positive mood during the interview.

In summary, Ms. Mooring's cognitive profile was characterized by variable deficits in executive functioning, language skills, visuospatial skills, and memory. Her memory profile was more consistent with an amnesic pattern than a dysexecutive pattern. The report of symptoms and

current results warrant a mild dementia diagnosis. Given her amnesic memory decline, an Alzheimer's disease process is suspected. However, she also has a history of a stroke and significant vascular risk factors, and cerebrovascular disease is likely a notable contributing factor.

DIAGNOSTIC IMPRESSIONS

Mixed Dementia, Mild Severity, with Anxiety

RECOMMENDATIONS

1. She may be a candidate for pharmacologic dementia treatment.
2. Pharmacologic mood management may be beneficial.
3. Ongoing oversight over her management of her medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.
4. Given the evidence of executive functioning and visuospatial deficits, and her prognosis, driving cessation is considered the safest course of action.
5. A trusted associate should continue accompanying her to appointments and be involved in decisions concerning her welfare. Her recall should not be assumed, and she should be provided with important information in writing.
6. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.
7. Ongoing physical activity and engagement in enjoyable activities will remain important for optimizing her functioning.
8. She and her loved ones may benefit from the following resources:
 - a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.
 - b. The Alzheimer's Association (<http://www.alz.org>).
 - c. The Caregiver Action Network, which provides educational videos about Alzheimer's disease, life as a caregiver, and finding support (<https://www.caregiveraction.org/alzheimers-videos/>).
 - d. The Family Caregiver Alliance (www.caregiver.org).
 - e. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (<https://www.amazingplacehouston.org/>).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

Jesse Passler

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Board Certified, American Board of Clinical Neuropsychology