

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Edward Moran

**Referral Source:** Hassan Javanshir, MD

**Date of Birth:** 3/1/1964

**Date of Evaluation:** 6/8/2026

**Reason for Referral:** Dr. Javanshir referred Mr. Moran for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

**Functions Assessed and Instruments Employed:**

**Background**

Clinical Interview

Medical History Questionnaire

**Mental Status**

Mini-Mental State Exam (MMSE)

**Intellectual**

Wechsler Adult Intelligence Scale – IV (WAIS-IV);

Block Design, Similarities, Matrix Reasoning,

Vocabulary)

**Academic**

Wide Range Achievement Test – 5 (Word

Reading)

**Language**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Complex Ideational Material (BDAE)

**Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test - Revised (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Trail Making Test (TMT)

Color-Word Interference Test (D-KEFS)

Modified Wisconsin Card Sorting Test (MWCST)

**Motor Functions**

Grip Strength Test

Grooved Pegboard Test

**Mood/Behavior**

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Minnesota Multiphasic Personality Inventory – 2 RF (MMPI-2 RF)

**Identifying Information:**

The following information comes from a clinical interview with Mr. Moran and his wife, as well as a review of available medical records. He is a 62-year-old, left-handed, Caucasian male with 16 years of education.

**Presenting Problems:** Mr. Moran reported the gradual onset of mildly progressive cognitive difficulties approximately two years ago. Specifically, he and his wife indicated problems with word finding, attention, name recall, and recall of recent conversations. His work performance remains good. Mr. Moran’s wife is responsible for financial management tasks, representing no change. He does minimal cooking, reportedly without difficulty. No problems were reported with medication dispensation, driving, or other instrumental activities of daily living.

He acknowledged anxiety and occasional feelings of hopelessness. His wife has observed irritability as well as depressive and anxiety symptoms. Mr. Moran denied suicidal ideation.

There appears to be no indication of hallucinations or delusions. Significant stressors include work and his daughter's recent angiosarcoma diagnosis.

Sleep onset and maintenance are sometimes problematic. His energy level varies. Mr. Moran's appetite is normal and his weight is stable.

**Medical History:** His medical history includes hypertension, hyperlipidemia, diabetes, peripheral neuropathy, uncorrected hearing loss, thyroid tumor, hypothyroidism, obesity, tinnitus, bilateral cataracts, acid reflux, premature ventricular contractions, sleep apnea (with nightly CPAP use), lumbar spinal stenosis, sciatica, and twitching in his legs, arms, and abdomen. Mr. Moran indicated a brief loss of consciousness associated with a car accident in the remote past with no persistent sequelae.

Surgeries/procedures: bilateral cataract surgery, leg tumor biopsy, and thyroidectomy.

Current medications/supplements: gabapentin, Vascepa, clonazepam, bupropion, rosuvastatin, cyclobenzaprine, trazodone, hydroxyzine, metoprolol, irbesartan, fenofibric acid, omeprazole, metformin, and Trulicity.

Substance use: Level of alcohol consumption reportedly consists of approximately two glasses of wine per sitting at a frequency of four nights per week. Mr. Moran denied a history of nicotine or significant recreational drug use.

Family history: His father passed away at age 81; his medical history included alcoholism, heart attack at age 48, angina, emphysema, hypertension, metastatic lung cancer, smoking, and depression. His mother is aged 92 years; her medical history includes congestive heart failure and atrial fibrillation. Family history is negative for dementia.

**Mental Health History:** Mr. Moran has a history of depressive and anxiety symptoms, which are currently treated pharmacologically. He participated in psychotherapy in the past.

**Educational History:** He reported that he was nonverbal until approximately age three; he commented, "I'm probably on the spectrum." He obtained a bachelor's degree in petroleum engineering from The University of Texas at Austin. Mr. Moran indicated no history of identified learning problems.

**Occupational History:** He worked as a petroleum engineer in the oil field until 2015, at which time he transitioned to working as a high school math teacher. Mr. Moran currently teaches geometry.

**Social History:** Mr. Moran was raised in Long Island, NY. He and his wife married 25 years ago. The couple has four children (3 sons and 1 daughter). He currently resides in Houston with his wife and all four children.

**Behavioral Observations:**

Mr. Moran presented as a pleasant, casually dressed, adequately groomed gentleman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. Conversational speech was voluble and sometimes tangential. Mood appeared anxious. Affect was broad. He performed normally on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Mr. Moran's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, Mr. Moran obtained a score of 28/30. He was not oriented to the county. He recalled 2 of 3 items after a brief delay.

**Intellectual:** On a short form of the WAIS-IV, he obtained a General Ability Index of 114, which falls within the high average range. Index scores were as follows: Verbal Comprehension – 127 (above average) and Perceptual Reasoning – 100 (average). On specific subtests, verbal abstraction and expressive vocabulary were above average. Visual pattern analysis was high average. Construction of abstract block designs was average.

**Academic:** Oral word reading was high average.

**Language:** Visual object naming was error-free, as was comprehension of questions and short stories. Controlled oral verbal fluency was average to both phonemic and semantic criteria.

**Visuospatial/Constructional:** Judgment of angular line relations was high average. In contrast, Mr. Moran's copy of a complex geometric design was below average and notable for poor organization.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was above average for forward order, low average for reverse order, and average for numerical sequencing.

**Processing Speed:** Transcription of symbols according to a key was above average.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (7, 10, and 10 words, respectively). After a 20-minute delay, Mr. Moran recalled 10 words from the list, which was average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was also average (12 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was above average. Delayed recall was exceptionally high for absolute level of recall and high average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was high average. Delayed recall was average for both absolute level of recall and when indexed against immediate recall performance. Delayed figural recognition was within normal limits.

**Executive Functions:** Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and average for a complex (alternating number-letter) sequence. Speed of rote color naming and word reading was high average. Response inhibition was above average for speed and average for accuracy. Mr. Moran's ability to alternate between response inhibition and release (cognitive flexibility) was high average for speed and average for accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was error-free.

**Motor Functions:** Grip strength was low average for the dominant (left) hand and average for the nondominant hand. Fine motor dexterity (placing pegs into holes) was below average bilaterally.

**Mood/Behavior:** Mr. Moran's self-report of depressive symptoms (PHQ-9) was within the mild range, as was his self-report of anxiety symptoms (GAD-7).

On the MMPI-2 RF, he produced a valid profile. Individuals with similar substantive scale elevations usually present with clinically significant depressive and anxiety symptoms, along with decreased energy and activation levels. They also typically present with multiple somatic complaints including vague neurological symptoms and gastrointestinal problems. Such individuals are often vulnerable to developing physical symptoms in response to stress.

**Impression:** Cognitive Impairment Ruled Out  
Major Depressive Disorder, Recurrent, Mild Severity  
Generalized Anxiety Disorder

Isolated relatively low scores were noted on tasks involving complex visuoconstruction and bilateral fine motor dexterity.

Relative strengths were documented in simple attention, processing speed, memory for structured verbal material (stories), visual pattern analysis, visuospatial judgment, expressive vocabulary, verbal abstraction, and oral word reading. Mr. Moran's performance ranged from high average to above average across these tasks.

His performance was within normal limits across tasks assessing construction of abstract block designs, working memory, confrontation naming, auditory comprehension, phonemic fluency, semantic fluency, memory for unstructured verbal material (rote list learning), visual memory, visual-graphomotor tracking, response inhibition, cognitive flexibility, novel problem solving, and bilateral grip strength.

Mr. Moran endorsed clinically significant depressive and anxiety symptoms.

In sum, the present findings indicate two isolated relatively low scores that do not form a cohesive pattern and are not considered clinically significant. Mr. Moran's neuropsychological performance was within normal limits across all other tasks administered in this comprehensive

test battery. In fact, he demonstrated several areas of relative strength ranging from high average to above average. Thus, these results offer no current indication of cerebral dysfunction impacting cognition.

**Recommendations:**

1. Adjustment to Mr. Moran's pharmacological regimen is recommended given his significant depressive and anxiety symptoms despite current treatment.
2. Consideration of participation in psychotherapy is recommended as another modality to treat his depressive and anxiety symptoms.
3. Participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.
4. The present data will serve as a baseline to which findings from any future evaluations may be compared.

Dr. Javanshir, thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/17/2026

*\*\*\*Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*