

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Judy O'Connor

Date of Birth (Age): 4/10/1947 (79)

Ethnicity/Race: Caucasian/White

Date of Evaluation: 6/24/2026

Education: 12

Handedness: Right

Occupation: Retired

Marital Status: Single

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and her sister, as well as a review of available medical records. Ms. Judy O'Connor is a 79-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Angelica Miller, FNP-C, secondary to concern about cognitive decline. MMSE was 26/30 on 4/1/2026.

Cognitively, Ms. O'Connor described her memory as significantly diminished, stating she "cannot remember anything at all." She reported losing her train of thought mid-sentence and getting very frustrated, noting this has been progressively worsening. Her sister, who lives in a different state, has noticed the patient's memory, reasoning, and level of confusion has progressively worsened in the last six months, though it has been going on for about a year. However, the patient stated she was having some issues with memory and task completion when she was working at NASA seven years ago, indicating that she told the captain she was making mistakes. Ms. O'Connor's sister reports the patient often states, "I don't know what to do" in relation to various decisions and presents as overwhelmed. Her sister is currently visiting to help her get her affairs in order and noted that, at times, the patient has had trouble recognizing that she is her sister. She occasionally has trouble recognizing her brother. Ms. O'Connor's sister indicated that the patient exhibited some confusion in relation to time this morning, having woken up at 4:00 AM.

Functionally, Ms. O'Connor lives on her own with her dog, Angel, whom she walks several times per day. She has lived in a 55+ apartment complex since February 2026, having lived in another independent living setting before this time. She reports that she cooks meals with no issues and eats routinely. Regarding finances, she has had issues with accounts getting hacked; consequently, her sister was recently added to her accounts to monitor them, and all bills are on autopay. With regard to driving, the patient does not drive, having given up her car about a year ago; her sister noted she had an accident before giving up the car. For housekeeping, the patient remains independent with laundry, but her sister noted she needs help with cleaning. Her sister recently scheduled a caregiver to come once a week but indicated they can increase the frequency if needed. She has no issues with maintaining her hygiene, showering, or dressing.

Physically, Ms. O'Connor denied any changes to her movement or balance. She reported a fall within the year where an EMT came and she went to the hospital, but there was no brain bleed or major injury. Her vision is corrected with glasses, and she had a recent eye exam. She denied any hearing issues.

Emotionally, Ms. O'Connor reported feeling angry, sad, and down, but is not sure why she is feeling that way. Her sister reported that the patient cries out of frustration and says, "I just want to scream." Her personality is reportedly different, being more docile than before. She denied suicidal ideation, hallucinations, or delusions.

Regarding health habits, she has a good appetite. She reportedly sleeps well from 8:00 PM to 8:00 AM. She has never used nicotine or illicit substances. She drinks wine with dinner (2 glasses) and has no history of abuse, though her sister noted she gets wobbly with drinking.

Medical & Psychiatric History: Medical history is unremarkable apart from hysterectomy.

Psychiatric history is remarkable for depression for which she recently resumed taking antidepressant medication (began taking sertraline two days before this appointment). Ms. O'Connor was previously treated with antidepressant medications (uncertain which), though indicated that this was several years ago. She also previously participated in psychotherapy. She has no history of inpatient psychiatric admission.

Imaging (CT brain without contrast; performed on 12/12/2025) was read to show, "No acute intracranial abnormality identified."

MRI brain w/o contrast with neuroquant (performed on 12/5/2024) was read to show, "Neuro Quant volumetric analysis show low hippocampi volume and suggestive of global ex vacuo dilatation: Supports neurodegenerative etiology, but may or may not be medial temporal lobe focused. No acute intracranial findings."

Family medical history is notable for breast cancer and memory problems in her mother as she aged, who passed away at almost 99. Her father had a stroke and passed away at 77. Her sister died of breast cancer two years ago; she also had liver disease. Her brother has multiple sclerosis.

Medications: sertraline

Psychosocial History: Ms. O'Connor was born and raised in Galveston, TX. She is a monolingual English speaker. She graduated high school and denied any learning problems, noting she was an average student who earned Bs and Cs.

Vocationally, she worked at NASA as a liaison taking care of military astronauts for 25 years. Prior to that, she worked for BP as a secretary and office manager. She retired 7 years ago.

Ms. O'Connor is currently single. She reported two prior marriages and is currently estranged from her son and daughter.

Behavioral Observations: Ms. O’Connor presented to the appointment early. She was casually dressed and adequately groomed. She ambulated independently, with an unremarkable gait and normal motor activity. Interpersonally, she was friendly. Comprehension was grossly intact, and spontaneous speech was clear, fluent, and goal directed. Thought content was logical. She was alert and oriented to person and time. She was not fully oriented to place. Vision and hearing were adequate. With regard to her test-taking style, Ms. O’Connor exhibited an anxious demeanor. She expressed feeling overwhelmed during several complex visual and executive tasks, remarking that she was a “nervous wreck.” Her frustration tolerance was variable, and she showed signs of fatigue and slower processing as the evaluation progressed. Select tasks were prematurely discontinued due to test fatigue and reported confusion or uncertainty about how to perform the activity. Otherwise, she was cooperative and attempted all activities asked of her.

Results: Ms. O’Connor scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

| Domain | Test Name | Raw Score | Descriptor |
|-------------------------------------|-----------------------------------|-----------------------------|-------------------|
| Auditory Attention | WAIS-IV DSF | 10 | Average |
| | WAIS-IV DSB | 6 | Average |
| | WAIS-IV DSS | 3 | Exceptionally Low |
| Visual Attention & Processing Speed | WAIS-IV Coding | 8; 1 error | Exceptionally Low |
| | WAIS-IV Symbol Search | 4 | Exceptionally Low |
| | Trail Making Test- A | Discontinued at 210 seconds | Exceptionally Low |
| | D-KEFS Color-Word Color Naming | 78 seconds; 4 errors | Exceptionally Low |
| | D-KEFS Color-Word Word Reading | 60 seconds; 3 errors | Exceptionally Low |
| Language | WRAT-5 Word Reading | 55 | Average |
| | NAB Naming | 30 | High Average |
| | Animal Naming | 4 | Exceptionally Low |
| Verbal Memory | HVLT-R Total (0-1-1) | 2 | Exceptionally Low |
| | HVLT-R Delayed Recall | 0 | Exceptionally Low |
| | % Retained | 0% | Exceptionally Low |
| | Recognition Hits | 2 | --- |
| | False Positives | 2 | --- |
| | HVLT-R Recognition Discrimination | --- | Exceptionally Low |
| WMS-IV | Logical Memory I | 14 | Below Average |
| | Logical Memory II | 8 | Low Average |

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|-----------------------|--|---|-----------------------------|
| | Retention | --- | High Average |
| | Recognition | 14 | Low Average |
| Visual Memory | Visual Reproduction I | 7 | Exceptionally Low |
| WMS-IV | Visual Reproduction II | 0 | Exceptionally Low |
| | Retention | --- | Low Average |
| | Recognition | 2 | Exceptionally Low |
| Visuospatial | WAIS-IV Matrix Reasoning | 6 | Low Average |
| | RCFT Copy | Patient requested to discontinue; task incomplete | --- |
| Executive Functioning | FAS | 19 | Below Average |
| | Trail Making Test- B | Discontinued at 300 seconds; 1 error | Exceptionally Low |
| | D-KEFS Color-Word Inhibition Time | 199 seconds | Exceptionally Low |
| | D-KEFS Color-Word Inhibition Errors | 17 errors | Exceptionally Low |
| | D-KEFS Color-Word Inhibition/Switching | Patient requested to discontinue | --- |
| | WAIS-IV Similarities | 15 | Low Average |
| | CLOX-1 | 8 | Below Average |
| Motor | Grooved Pegboard- DH | 179 seconds | Exceptionally Low |
| | Grooved Pegboard- NDH | 182 seconds | Exceptionally Low |
| Self-Report | PHQ-9 | 9 | Mild symptoms of depression |
| | GAD-7 | 15 | Severe symptoms of anxiety |

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon reported academic/vocational achievement and performance indicators.

Ms. O'Connor scored within normal limits on measures of digit repetition and reversal, single word reading, confrontation naming, verbal concept formation, and nonverbal reasoning.

Story learning was below average, though with low average recall and high average retention of learned information. In contrast, rote list learning was exceptionally low with nil recall and impaired recognition. Visual learning and memory were similarly poor, with impaired recognition.

Ms. O'Connor's performances were significantly reduced across measures of complex attention, visual attention/processing speed, and verbal fluency. She exhibited prominent decline across the domain of executive functioning, where she was unable to complete a measure of speeded

alphanumeric sequencing in the allotted time. Ms. O'Connor opted to prematurely discontinue select measures, including those assessing visuospatial planning/construction and complex response inhibition. Bilateral fine motor speed/dexterity was reduced.

From an emotional standpoint, she endorsed clinically elevated symptoms of anxiety (severe) and depression (mild).

Summary: Ms. O'Connor's neurocognitive profile reveals a significant, global decline from her estimated premorbid baseline and the performance of same-age peers. While basic attention and aspects of language are preserved, she presents with reduced overall learning and a prominent amnesic syndrome characterized by rapid forgetting of unstructured verbal and visual information, accompanied by impaired recognition. Furthermore, she exhibits profound weakness in complex attention, processing speed, visuospatial construction, and executive functioning. Functionally, these objective cognitive vulnerabilities strongly correspond with corroborating reports of progressive memory loss and confusion, which have become increasingly pronounced over the past 6 to 12 months. She has subsequently lost independence with complex instrumental activities of daily living, necessitating her sister's assumption of financial management and power of attorney, driving cessation, and the introduction of in-home caregiver support.

Integrating her clinical history, profound objective cognitive deficits, and supporting neuroimaging, a diagnosis of mild dementia is warranted. The insidious onset, progressive trajectory, and previous MRI findings indicating low hippocampal volume are highly suspicious for an underlying Alzheimer's disease process.

Diagnosis: Mild Dementia, Probably Due to Alzheimer's Disease, With Behavioral Disturbance (depression and anxiety)

Recommendations:

Safety and Daily Functioning

- *Ongoing Supervision:* Considering Ms. O'Connor's objective cognitive decline and reported vulnerabilities, she should receive ongoing support and oversight with complex instrumental activities of daily living to optimize her safety and well-being. Her sister is advised to continue fully managing her finances and coordinating her medical care. Her family is encouraged to increase the frequency of caregiver support as her needs progress. Furthermore, given her profound executive dysfunction and slowed processing speed, supervision regarding medication management and the use of potentially dangerous household appliances (e.g., the stove/oven) is strongly advised to prevent accidental injury.
- *Driving Restriction:* Ms. O'Connor appropriately self-limited her driving about a year ago following an accident. Given her profound deficits in processing speed, divided attention, and executive functioning, permanent driving cessation is strongly advised to ensure her personal safety and the safety of those around her.

Medical and Psychiatric Management

- *Mood and Anxiety Management:* Ms. O'Connor endorsed clinically elevated symptoms of anxiety (severe) and depression (mild), frequently presenting as overwhelmed and tearful. She began taking sertraline two days prior to this evaluation. It is recommended that her prescribing physician closely monitor her mood and anxiety over time to evaluate the efficacy of this medication and adjust as needed.
- *Psychotherapy:* In addition to pharmacological management, she may benefit from supportive psychotherapy to learn strategies to cope with distress, severe anxiety, and frustration related to her cognitive changes. *PsychologyToday* is a recommended resource to identify a therapist, where in-person and telehealth options are often available.

Cognitive and Behavioral Strategies

- *Communication Strategies:* To accommodate her severe memory loss, family and caregivers should use brief, simple instructions, provide frequent repetition, and exercise patience during conversation. Her retention of information should not be assumed in any communication.
- *Environmental Structure:* General compensatory strategies are recommended to maximize her cognitive efficiency. These include maintaining a highly structured and predictable daily routine, reducing environmental distractions, and utilizing external aids (e.g., large calendars, information boards, checklists, and labeled drawers).

Future Planning and Caregiver Support

- *Advance Directives:* The current findings serve as an impetus for Ms. O'Connor to ensure that her affairs are in order. Her sister is currently assisting with this process; ensuring that documentation such as durable power of attorney for healthcare and finances, as well as an advanced care plan is up to date.
- *Caregiver Resources:* Caring for a loved one with a progressive neurocognitive disorder can be emotionally taxing, particularly from a distance. Her sister and family are encouraged to engage in routine self-care to prevent caregiver burnout and seek support through local chapters of the Alzheimer's Association (www.alz.org or 713-314-1313) for education and emotional support.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 6/24/2026.