

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Denise Patterson
Date of Birth (Age): 4/7/1975 (51)
Ethnicity/Race: Caucasian/White

Education: 14
Handedness: Right
Date of Evaluation: 6/15/2026

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 a review of available medical records. Ms. Patterson is a 51-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Marianna Karpinos, MD, secondary to concerns about cognitive decline.

Cognitively, Ms. Patterson reported experiencing memory problems for several years with notable decline in the last two years. She described having “good and bad days,” noting that it is difficult to predict her functioning from one day to the next. Her cognition is highly dependent on her physical energy, and she frequently “hits a wall,” finding it hard to function. Last year, she struggled significantly, requiring her son to help provide her name and birthdate at times. She frequently forgets conversations and relies heavily on notetaking. Her attention and focus are significantly diminished.

Functionally, Ms. Patterson has a history of being unable to drive due to confusion and significant issues with parking (with damage to her vehicle); however, she has been consistently driving without issue for the last two months and drove to today’s appointment. Her cooking abilities have progressively worsened; she now requires a recipe, frequently drops items (due to weakness, noted below), and keeps a towel below her feet to catch dropped objects. While she required help with dressing from her son six months ago, she currently manages this independently. She uses a pill organizer but still occasionally misses medications. She manages her finances independently, citing applications such as Zelle and Chase as helpful.

Physically, Ms. Patterson experiences extreme fatigue and needs to take breaks frequently. She recently fell in the shower due to fatigue, requiring help to get up, though she sustained no major injuries. She has been participating in physical therapy since 2022 due to right-sided weakness and balance issues, which she reports has been very helpful. She feels that her balance has been improved in recent months, though described that she continues to walk on the balls of her feet.

Sensory changes include diminished peripheral vision. She reportedly has pressure behind her right eye and experiences sharp pain and “flittering” sensation in this eye. Her hearing remains unchanged.

Emotionally, Ms. Patterson endorsed significant anxiety, noting that she often does not want to leave her house or go to the store. She reported social withdrawal. She explained that her mood has been persistently poor since she resigned from her nursing position in 2022. She participates in biweekly psychotherapy via telehealth.

Regarding health habits, Ms. Patterson reported sleep issues that began after she stopped working in 2022. She requires medication to sleep; without it, she reports staying awake for up to four days, which she attributes to a high dose of levoxyl. She typically gets about three hours of sleep per night. A “good night” of sleep consists of 4-5 hours. Her appetite is stable, but she has experienced a 65-pound weight gain over the last four years; she recently started tirzepatide injections. She consumes alcohol occasionally with dinner but denied history of substance abuse. She has never consumed nicotine or used illicit substances.

Medical & Psychiatric History: Ms. Patterson’s medical history is remarkable for hypertension, hyperlipidemia, heart disease, hypothyroidism (complicated by multiple myxedema comas), osteoarthritis, and osteoporosis. Her history is also notable for ovarian cancer, which was treated with a right oophorectomy and chemotherapy.

Her neurological and acute medical history is complex. She experienced a stroke in 2007 that affected the right side of her body; she participated in rehabilitation and successfully returned to work until 2022. She also has a history of a cerebral aneurysm, as well as cluster headaches that have resulted in hospitalizations since 2019. In 2025, she experienced a cascade of significant health events, beginning with a diagnosis of multiple sclerosis in February. In August 2025, she suffered a suspected second stroke characterized by right-sided weakness, an altered gait, and diminished right peripheral vision; this co-occurred with prolonged elevated blood pressure and unusual cardiac events. More recently, she was hospitalized for three weeks in December 2025. During this admission, she reportedly experienced serotonin syndrome (secondary to weaning doses of gabapentin and amantadine), pancreatitis, and gallstones requiring a cholecystectomy, alongside the placement and repair of stents.

Her surgical history also includes a tonsillectomy, adenoidectomy, uvulopalatopharyngoplasty, cardiac ablation/mitral valve repair with a blood transfusion, cesarean section, left knee arthroscopy (x2), left semi-arthroplasty, and a left shoulder replacement.

Her psychiatric history is notable for anxiety and depression, which have been managed with medication and psychotherapy. She has no history of psychiatric hospitalizations or suicide attempts.

An MRI of the brain (performed on 9/18/2025) was read to show, “Minimal white matter microvascular disease. No significant intracranial abnormalities.”

Family medical history is notable for hyperlipidemia, ovarian cancer, stroke, and mental health issues in her mother; lung cancer in her father; and cardiac issues in her siblings.

Medications: Levoxyl, atorvastatin, duloxetine, alprazolam, carisoprodol, amantadine, gabapentin, Lasix, and bupropion.

Psychosocial History: Ms. Patterson was born and raised in Texas. She is a monolingual English speaker. She completed the 11th grade, obtained her GED, and completed three years of college. She holds seven different licensures in relation to her nursing certification. She noted a history of reading difficulties in school and ADHD-like symptoms that were diagnosed later in life, for which she took medication.

Vocationally, she worked in nursing throughout her career, most recently in the operating room. She resigned in 2022 due to health issues.

Ms. Patterson has been married twice. She currently lives with her partner. She has three children.

Behavioral Observations: Ms. Patterson presented to the appointment an hour late, having forgotten that her appointment was today. She was accompanied by her partner, who participated in the clinical interview. Ms. Patterson was casually dressed and adequately groomed. She ambulated independently, with unremarkable gait. Interpersonally, she was pleasant. Comprehension was grossly intact. Spontaneous speech was clear and fluent, and she spoke quickly. While her thought content was logical, she presented information in a disorganized and tangential manner. There was no behavioral indication of hallucinations or delusional thinking. She was alert and adequately oriented to person, place, and time. She exhibited good eye contact. Vision and hearing were adequate for the purposes of testing. Affect was broad and appropriate to setting. Rapport was established with ease. With regard to test-taking style, Ms. Patterson was easily engaged. She understood task instructions as provided and worked quickly throughout the session. She expressed frustration on a single task toward the end of the session but exhibited good frustration tolerance. She was cooperative and completed all activities asked of her.

Tests Administered:

Standalone and Embedded Measures of Task Engagement
Wide Range Achievement Test- Fifth Edition, Reading Subtest
Wechsler Adult Intelligence Scale- Fourth Edition, Select Subtests
Wechsler Memory Scale- Fourth Edition, Select Subtests
California Verbal Learning Test- Third Edition
Rey Complex Figure Test Copy
Judgment of Line Orientation
Delis-Kaplan Executive Function System Color-Word Interference Test
Modified Wisconsin Card Sort Test
Phonemic and Semantic Fluency
Trail Making Test- A & B
NAB Naming
Grooved Pegboard
Generalized Anxiety Disorder-7
Beck Depression Inventory- II
Minnesota Multiphasic Personality Inventory-2—Restructured Form

Results: On standalone and embedded measures of task engagement/performance validity, the patient's performance was mixed, including below recommended clinical cutoffs on select measures. The results are believed to serve as an underestimate of her current neuropsychological status and limited interpretation is provided.

Impressions: Ms. Patterson was referred for this evaluation due to concern about cognitive decline. During the current evaluation, her performance on a standalone measure of task engagement fell below clinical expectations. Consequently, the obtained cognitive data represent an invalid estimate of her true neuropsychological baseline, precluding the reliable attribution of her test scores to a primary neurologic etiology.

Within the context of this invalid presentation, however, Ms. Patterson demonstrated multiple cognitive strengths. Specifically, she scored within expectation across measures of auditory attention (digit reversal and sequencing), visual attention and processing speed (speeded cancellation, symbol/digit transposition, numerical sequencing, and rapid word reading), and language (single word reading, semantic fluency, confrontation naming). She also performed within normal limits on measures of visuospatial functioning (nonverbal reasoning and judgment of angular line relations) and visual learning and memory. Across measures of verbal learning and memory, performances were within expectation for immediate and delayed recall of story information, as well as delayed recall and recognition of an unstructured word list. Furthermore, her performances across multiple measures of executive functioning were within expectation (verbal abstract reasoning, speeded alphanumeric sequencing, response inhibition, and novel problem-solving), including high average performance on a complex response inhibition task. Other performances were below expectation to varying degrees.

From an emotional standpoint, she endorsed severe anxiety and moderate depression on mood questionnaires. On a personality inventory, Ms. Patterson's responses were consistent with individuals who endorse heightened somatic and cognitive concerns. Specifically, individuals with similar profiles report multiple gastrointestinal complaints, significant head pain, vague neurological issues, a diffuse pattern of cognitive difficulties, and an overall sense of malaise manifested in poor health. Her responses were also commensurate with those who report self-doubt, stress and worry, and a heightened sense of activation.

Summary: Interpretation of any relative weaknesses is limited by suboptimal task engagement, and a formal diagnosis of a primary, neurologically based neurocognitive disorder cannot be reliably established at this time. However, given her extensive history of cerebrovascular events, demyelinating disease, and profound metabolic disruptions, an underlying neurological contribution to her cognitive concerns remains a distinct possibility that cannot be definitively ruled out.

While these neurological vulnerabilities are present, her current clinical presentation and subjective cognitive complaints appear to be heavily compounded by psychological factors. The profound burden of her severe anxiety, depressed mood, and somatic concerns—occurring within the context of a highly complex medical history—are highly likely to be significant drivers of the cognitive inefficiencies she experiences in her daily life, as well as significantly interfering with her ability to optimally engage during objective testing.

Since Ms. Patterson performed within normal limits across most cognitive domains despite variable task engagement, her true neurocognitive baseline is likely even stronger than current testing reflects. Ongoing medical monitoring is warranted to disentangle the overlapping neurological, metabolic, and psychological factors contributing to her presentation.

Diagnosis: Mild Cognitive Inefficiency, Likely Due to Psychological Factors
Major Depressive Disorder, Single Episode, Moderate, With Anxiety (Severe)

Recommendations:

1. **Psychiatric Management & Psychotherapy:** Ms. Patterson should continue regular follow-ups with her prescribing provider for ongoing psychiatric medication management. Continued participation in evidence-based psychotherapy (e.g., Cognitive Behavioral Therapy) via telehealth is highly recommended to build distress tolerance, manage severe anxiety, and develop effective coping strategies.
2. **Medical Coordination:** Strict follow-up with a multidisciplinary medical team (e.g., neurology, cardiology, endocrinology) is paramount to monitor her systemic and neurological conditions.
3. **Physical Health:** She should continue participating in physical therapy, which has reportedly proven beneficial for right-sided weakness and balance issues.
4. **Compensatory Strategies:** Ms. Patterson should continue to rely on external organizational aids to maximize her daily cognitive efficiency. She is encouraged to use a smartphone for daily alarms and reminders, maintain a centralized calendar, and continue utilizing secure financial applications. She should continue using a weekly pill organizer paired with corresponding digital alarms to prevent missed medication doses.
5. **Sleep Hygiene:** She should follow up with a primary care provider or a sleep medicine specialist to evaluate her sleep architecture and review medication effects (e.g., levoxyl dosing) to prevent dangerous, prolonged periods of wakefulness.

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

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 6/16/2026.