

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Adela Ramirez	GENDER:	Female
DATE OF BIRTH:	12/16/1955 (70)	HANDEDNESS:	Right
DATE OF EXAM:	06/22/2026	ETHNICITY:	Hispanic
EDUCATION:	8	MARITAL STATUS:	Widowed
OCCUPATION:	Retired	REFERRED BY:	Beatriz Casas, PA-C

REASON FOR REFERRAL

Ms. Ramirez was referred for re-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. Ramirez was previously evaluated in 2025, at which time her cognitive profile was suggestive of a diagnosis of Mild Cognitive Impairment – Amnesic, Multiple Domain Type. During the current evaluation, Ms. Ramirez presented with complaints of memory difficulties, noting that her memory has been stable to worsening. Specifically, she endorsed being more forgetful and forgetting conversations, dates, events, and appointments. She admitted to relying on her daughters for reminders and utilizing a calendar to help her remember. She feels she can retain information but sometimes requires someone to jog her memory. She denied additional cognitive problems.

Her daughter, Diana Ramirez, accompanied her to the evaluation and corroborated these concerns. She reported that the patient is forgetting conversations more than usual and frequently repeats the same stories. The daughter also noted a decline in processing speed, indicating that the patient often requires explanations to be repeated multiple times and is less efficient at multitasking. Furthermore, she described the patient as overthinking frequently. While the daughter denied other cognitive problems, she noted that the patient occasionally becomes anxious or nervous, which can exacerbate her confusion.

Emotionally, Ms. Ramirez reported feeling sad, down, and lonely, though she denied suicidal ideation. She also endorsed intermittent feelings of anxiety. While prior medical records indicated irritability towards her grandchildren, her daughter clarified that the patient is simply less patient than she used to be, rather than irritable. Additionally, while prior records noted that the patient sometimes sees shadows in her peripheral vision, both the patient and her daughter denied experiencing or observing hallucinations or delusions. Regarding neurovegetative symptoms, the patient reported interrupted sleep and easy fatigability. There is a discrepancy regarding her appetite; while the daughter reported that the patient's appetite has decreased over the past year and that she satiates quickly, the patient reported her appetite is normal, noting she occasionally eats more than usual.

Functionally, Ms. Ramirez remains independent for basic activities of daily living. Regarding instrumental activities, the patient reported full independence. Her daughter corroborated her independence in cooking, managing finances, attending medical appointments, and taking medications. A slight discrepancy was noted regarding driving; while the patient denied any difficulties, her daughter reported that she occasionally becomes briefly disoriented while driving. However, the daughter clarified that the patient is able to correct herself after waiting a few seconds to figure out her location. Consequently, the patient limits her driving to short distances and familiar locations, as she would likely become lost if navigating to new or distant places.

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MEDICAL HISTORY

Conditions: Ms. Ramirez's medical history is significant for diabetes, hyperlipidemia, and a vitamin D deficiency.

Surgeries: None.

Imaging: A CT scan from 1/31/2025 only revealed "low attenuation regions within the periventricular white matter," which are "most commonly associated with microvascular ischemic changes."

Current medications: Her current medication regimen includes glipizide, solifenacin, atorvastatin, oxybutynin, and donepezil.

Substance use: She denied a history of nicotine, alcohol, or recreational drug use.

Family history: Her family history is notable for arthritis in her mother, and diabetes in her father and sister.

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Ms. Ramirez reported that she completed kindergarten through third grade in Mexico. She immigrated to the United States at the age of 12 and began fifth grade. She then completed fifth through the eighth grade in the United States. She denied a history of learning problems or grade retention.

OCCUPATIONAL HISTORY

She has been primarily a homemaker.

SOCIAL HISTORY

The patient was born and raised in Mexico and immigrated to the United States at the age of 12. Ms. Ramirez is a widow and has two daughters and one son. She lives in Houston, Texas, with her son.

BEHAVIORAL OBSERVATIONS

Ms. Ramirez presented as a well-groomed woman with adequate hygiene. She was alert and fully oriented to time and place, except for her age, as she incorrectly stated she was 72 years old. Her gait was unassisted and unremarkable, with normal gross motor functioning. Vision (with glasses) and hearing appeared adequate for testing purposes. Her speech was normal, and basic attention and concentration were observed to be intact. During the evaluation, the examiner noted that Ms. Ramirez explicitly expressed concerns regarding her forgetfulness. While her baseline mood was described as pleasant, she experienced marked distress during testing; the examiner noted that she became emotional and began crying during a memory subtest. Behaviorally, the examiner reported that Ms. Ramirez required simplified instructions to comprehend the tasks, as well as occasional reminders throughout the testing process. Despite these difficulties, she demonstrated full cooperation and seemed to put forth her best effort throughout the evaluation. Thus, the results appear to provide an accurate representation of her current level of neuropsychological functioning.

TEST ADMINISTERED

Clinical Interview	Reproduccion Visual (WMS-IV Spanish)
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Color Trail Making Test
NEUROPSI Atencion y Memoria (select subtests)	Grip Strength
Line Orientation	Patient Health Questionnaire (PHQ-9) (Spanish)
Ponton-Satz Boston Naming Test	Generalized Anxiety Disorder (GAD-7) (Spanish)

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Mexico, and level of educational attainment) was taken into consideration in interpreting her performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Ms. Ramirez's neurocognitive functioning are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward and reverse order was within expectation. Immediate recall of visually presented stimuli in forward and reverse order was also within expectation. Overall processing speed abilities were low average. A task that assesses graphomotor speed was average. A task that assesses visual symbol identification and discrimination was low average. A serial addition task was nil and below expectation. Speeded visual detection of symbols was within normal limits. Auditory digit perception was within normal limits.

Language: Semantic fluency was within expectations. Lexical fluency was also within expectations. Visual object naming was below average.

Visuospatial/Constructional: Her copy of a geometric design was exceptionally low. Visuoconstructional skills were average. A task that assesses visuospatial judgment was below average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below expectations (3, 4, and 4/12 words after three consecutive trials). After a 20-minute delay, her recall was within expectation (though she only recalled two/12 words). She recalled 2 words with the aid of cues, which is within expectations. She recognized 8/12 target words, which is within expectations, but also endorsed 5 false positive errors.

Immediate recall of structured verbal material (stories) was below expectation. Delayed recall of the same material was below expectation.

Immediate recall and reproduction of geometric designs was in the low average range. After a delay, her recall was also low average. Her discrimination accuracy was in the low average range.

Recall of a figure copied earlier on was exceptionally low.

Executive Functions: A task that assesses visual speeded sequencing of numbers was exceptionally low; she only made one error. A task that assesses set-shifting abilities was also exceptionally low; she made zero errors. A visual fluency task was below expectations for total designs produced; she also made several repetition and set-loss errors. A task of cognitive inhibition was within normal limits for speed and also for accuracy.

Motor: The patient is right hand dominant. Hand strength was below average bilaterally.

Mood/Behavioral Functioning: Ms. Ramirez endorsed moderate symptoms of depression and anxiety on two measures of mood.

SUMMARY

Ms. Adela Ramirez is a 70-year-old, right-handed Hispanic female with eight years of formal education who was referred for a neuropsychological evaluation by Beatriz Casas, PA-C. The patient and her daughter presented with ongoing complaints of cognitive decline, specifically highlighting increased forgetfulness, repetitive questioning, difficulty retaining conversations, and a subjective decline in processing speed. These symptoms reportedly began approximately two to three years ago and prompted a prior neuropsychological assessment in 2025. During the current evaluation, Ms. Ramirez explicitly expressed concern regarding her memory, required simplified test instructions, and became emotional and tearful during verbal memory testing. Despite these challenges, she demonstrated full cooperation and appeared to put forth her best effort. Thus, the results of the current evaluation are considered to be a valid representation of her neuropsychological functioning.

Regarding areas of intact cognitive functioning, Ms. Ramirez demonstrated several strengths across varying domains. Her basic attention and working memory remained largely preserved, as evidenced by intact immediate recall of both auditory and visual sequences in forward and reverse order, as well as normal auditory digit perception and speeded visual detection of symbols. Her language abilities also demonstrated notable strengths, with both semantic and lexical verbal fluency falling within normal expectations. Additionally, fundamental visuoconstructional skills and graphomotor speed were measured in the average range. In the domain of memory, her delayed free recall of an unstructured word list, as well as her ability to recognize and benefit from cueing for those words, fell within expected limits. Lastly, aspects of executive functioning, specifically cognitive inhibition for both speed and accuracy, were fully intact.

In contrast to these strengths, Ms. Ramirez demonstrated notable vulnerabilities and impairments, particularly in new learning and complex processing. Her overall processing speed and visual symbol identification were low average, while working memory tasks requiring mental manipulation, such as serial addition, fell well below expectations. In the language and visuospatial domains, her visual object naming and visuospatial judgment were below average, and her ability to copy a complex geometric design was exceptionally low. Her memory profile revealed significant weaknesses; immediate recall for an unstructured word list was below expectations, and both immediate and delayed recall of highly structured verbal material (stories) were impaired. Visual memory was similarly vulnerable, with low average recall of simple geometric designs and exceptionally low delayed recall of a complex figure. Executive functioning was also broadly compromised, characterized by exceptionally low performance on tasks of visual speeded sequencing and cognitive set-shifting, as well as below-expectation visual fluency. Bilateral hand strength was also below average.

Emotionally, Ms. Ramirez endorsed moderate symptoms of depression and anxiety on standardized self-report measures. During the clinical interview, she described feelings of sadness, loneliness, and intermittent anxiety, which were corroborated by her daughter's observations of the patient becoming easily nervous and overwhelmed. She also reported significant neurovegetative symptoms, including highly interrupted sleep and easy fatigability. Behaviorally, she explicitly expressed distress regarding her memory difficulties during the evaluation, which culminated in an episode of tearfulness during a memory task, highlighting the significant emotional toll her cognitive and psychosocial changes are taking.

Functionally, Ms. Ramirez reportedly remains independent in all basic activities of daily living. She also continues to manage most of her instrumental activities independently, including cooking, managing her finances, tracking her medical appointments with the use of a calendar, and adhering to her medication regimen. However, her daughter noted that she frequently requires reminders for daily events and conversations due to her forgetfulness. Regarding driving, while she continues to drive independently, her daughter noted that she occasionally becomes briefly disoriented; the patient appropriately compensates for this by limiting her driving strictly to short distances and highly familiar locations.

Synthesizing the current findings, Ms. Ramirez's neurocognitive profile is characterized by a mixed pattern of strengths and weaknesses, with prominent deficits in memory encoding (both verbal and visual), complex attention, processing speed, and executive functioning (sequencing, set-shifting). Interestingly, a comparison to her previous 2025 evaluation reveals a stabilization and even slight improvement in specific areas; notably, her semantic fluency and basic visuoconstructional skills have improved and currently fall within normal expectations. However, her core deficits in memory and executive functions persist. This clinical presentation, viewed in the context of her vascular risk factors (diabetes, hyperlipidemia) and prior imaging showing microvascular ischemic changes, suggests an underlying vascular etiology contributing to her cognitive vulnerabilities, potentially compounded by early neurodegenerative processes. The recent stabilization is an encouraging sign, possibly reflecting the benefits of her current medication regimen. Her current profile remains consistent with a diagnosis of Mild Cognitive Impairment – Amnesic, Multiple Domain Type, complicated by moderate symptoms of depression and anxiety.

IMPRESSION: Mild Cognitive Impairment – Amnesic, Multiple Domain Type
(stable to improved)
Adjustment Disorder with Mixed Anxiety and Depressed Mood

RECOMMENDATIONS:

1. Strict management of Ms. Ramirez's vascular risk factors, including her diabetes and hyperlipidemia, is critical to prevent further microvascular ischemic changes and associated cognitive decline. Continued adherence to her current medical regimen, including her use of donepezil, alongside regular follow-ups with her neurology team and Beatriz Casas, PA-C, is strongly advised.
2. Ms. Ramirez endorsed moderate symptoms of depression and anxiety, frequently feeling overwhelmed, lonely, and experiencing highly interrupted sleep. Her marked emotional distress and tearfulness during the evaluation underscore the need for intervention. A referral for supportive psychotherapy and a consultation with her physician regarding pharmacological mood and sleep management are recommended. Stabilizing her mood and sleep architecture may consequently improve her daily energy levels and functional cognitive efficiency.
3. While Ms. Ramirez continues to drive independently, her daughter noted occasional episodes of brief disorientation behind the wheel. This observation aligns with her severe deficits in executive set-shifting, low average processing speed, and poor visuospatial memory. She must continue her current compensatory habit of restricting driving strictly to short, highly familiar routes. Furthermore, she should permanently avoid driving in heavy traffic, during inclement weather, or at night, and must always carry a mobile phone in the vehicle.
4. Ms. Ramirez currently manages her own medications and finances. However, her profound deficits in memory encoding and executive sequencing place her at an elevated risk for future errors. It is recommended that her daughter, Diana, or another trusted family member, implement a routine auditing system. This should include weekly check-ins to fill and verify her pill

organizers, as well as periodic reviews of her bank statements and bills, to proactively ensure accuracy and prevent potential mismanagement.

5. To compensate for her significant verbal and visual memory deficits, Ms. Ramirez should continue heavily utilizing her calendar, which currently serves as a highly effective tool for her. Her family is encouraged to augment this strategy by setting up automated smartphone alarms or utilizing a large, centralized whiteboard in a high-traffic area of the home. This will help mitigate her repetitive questioning and ease her anxiety regarding upcoming appointments or events.
6. Ms. Ramirez reported feeling overwhelmed when attempting to multitask, which is directly consistent with her exceptionally low performance on tasks measuring cognitive flexibility, speeded sequencing, and set-shifting. She should approach complex daily chores, such as cooking, by breaking them down into small, sequential steps. Family members should assist by communicating information slowly, eliminating background distractions, and providing instructions one step at a time rather than in lengthy explanations.
7. Navigating a diagnosis of Mild Cognitive Impairment – Multiple Domain Type with underlying vascular risk factors necessitates proactive planning. It is highly recommended that Ms. Ramirez and her family establish or update her advance directives. Ensuring that a Medical Power of Attorney and long-term financial planning documents are formalized while she retains the intact verbal comprehension and capacity to clearly articulate her preferences is vital.
8. A follow-up neuropsychological evaluation is recommended in 12 to 18 months. Reassessment will allow the clinical team to monitor her cognitive trajectory, evaluate the ongoing effectiveness of her current interventions (including her stabilized language and visuoconstructional skills), and adjust functional recommendations as needed.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/22/2026

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).