

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Jose Ramirez	GENDER:	Male
DATE OF BIRTH:	05/15/1957 (69)	HANDEDNESS:	Right
DATE OF EXAM:	06/03/2026	ETHNICITY:	Hispanic
EDUCATION:	2	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Beatriz Casas, PA-C

REASON FOR REFERRAL

Mr. Ramirez was referred for evaluation due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Ramirez presented for evaluation, accompanied by his wife, Ms. Blanca Mejia. The patient and his wife reported that his symptom onset was approximately two years ago, in 2024. Ms. Mejia noted that his cognitive functioning has not significantly progressed and remains at about the same level as it was two years ago. Mr. Ramirez endorsed difficulties with short-term memory, reporting that he forgets recent conversations, misplaces objects, and forgets dates, events, and appointments. He noted significant difficulty learning and retaining new information, providing the example of being unable to recall a song after hearing it on the radio (which he used to do with ease). He also endorsed a slower processing speed and difficulties with multitasking, preferring to focus on one task at a time. Ms. Mejia corroborated his cognitive complaints, adding that he occasionally stops walking because he has forgotten his intended destination or task.

Functionally, Mr. Ramirez remains independent for basic activities of daily living. Regarding instrumental activities, a discrepancy exists regarding his driving status; while a November 2025 neurology note stated he drives without getting lost, both the patient and his wife reported that he restricted his driving to short, familiar distances approximately one year ago due to disorientation and fear of getting lost. His wife noted she must now accompany him to provide directions. Ms. Mejia manages the household finances, as she has done for many years. Mr. Ramirez noted recent difficulty completing basic purchases and calculating math at the store, adding that he frequently forgets what he intended to buy. Regarding medications, his wife assists with administration, as he began forgetting his doses approximately 9 to 12 months ago. His wife also schedules all medical appointments due to his memory impairment and a language barrier.

Emotionally, Mr. Ramirez reported a three-year history of depression characterized by feeling sad and down. He also endorsed the onset of anxiety symptoms approximately one and a half years ago, describing feelings of nervousness and restlessness. While he has been prescribed antidepressant medication for the past year, he feels it is not fully effective. Both he and his wife noted an increase in his irritability, anger, and short temper. He denied any history of visual or auditory hallucinations. His sleep is adequate, and his wife noted that his CPAP device, which he uses three to four times a week, has reduced his snoring and improved his sleep quality. His energy and appetite are adequate, though he consumes three to four cups of coffee daily.

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MEDICAL HISTORY

Conditions: Mr. Ramirez's medical history is significant for hypertension, prediabetes, and mild obstructive sleep apnea. He was diagnosed with sleep apnea via a sleep study on July 1, 2025, and currently utilizes a PAP device three to four times per week.

Surgeries: Left cataract removal, right hand surgery, and a broken right foot surgery.

Imaging: A CT of the brain without contrast, dated June 19, 2025, revealed chronic deep white matter small vessel disease.

Current medications: Albuterol HFA, Bupropion HCl (150 mg sustained release), Cyanocobalamin/Vitamin B-12 (1000 mcg), Fluticasone-Salmeterol, Lisinopril (40 mg), Rosuvastatin Calcium (5 mg), and Sertraline HCl (25 mg).

Substance use: Mr. Ramirez is a former tobacco user. He began smoking at age 14, with a history of starting and stopping, and completely quit three months ago. Prior to quitting, he smoked approximately 10 cigarettes per day. He reported a history of heavy weekend alcohol consumption beginning at age 16, but he has been completely abstinent for the past 24 years. He denied any history of recreational drug use.

Family history: A neurology note indicated a possible family history of dementia in the patient's mother. However, during the clinical interview, the patient denied this, and his wife attributed his mother's memory loss to advanced age.

MENTAL HEALTH HISTORY

Mr. Ramirez has a diagnosed history of depression with an onset approximately three years ago. He has been taking medication for the past year and feels it has been somewhat helpful, though depressive symptoms persist. He also reported the onset of anxiety symptoms over the past year and a half.

EDUCATIONAL HISTORY

Mr. Ramirez completed two years of formal education in El Salvador. He repeated the first and second grades three times, ultimately leaving school to work in the fields and support his family. He is a monolingual Spanish speaker. He is functionally illiterate and unable to read or write beyond signing his name, though he can recognize numbers and the alphabet.

OCCUPATIONAL HISTORY

Mr. Ramirez is currently retired. He was formerly employed as a welder and in cardboard box manufacturing.

SOCIAL HISTORY

Mr. Ramirez was born and raised in El Salvador and immigrated to the United States in 1977. He has been with his wife, Blanca, for 26 years and married for five years. They share two sons. He currently resides in Pearland, Texas, with his wife and one of their sons

BEHAVIORAL OBSERVATIONS

Mr. Ramirez presented as a well-groomed man. He was alert, though only partially oriented; while he correctly identified the day, month, year, and his age, he was unable to provide the exact time or his specific street address. His gait was unassisted, and his gross motor abilities were observed to be normal. Vision and hearing were normal and appeared adequate for testing purposes. Expressive speech was normal, and his mood was noted to be pleasant. While general attention, concentration, and memory appeared normal during the behavioral observation, the examiner specifically noted that Mr. Ramirez required simplified instructions to adequately comprehend and execute the evaluation tasks. Overall, he demonstrated full cooperation and seemed to put forth his best effort throughout the evaluation. Thus, the results appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Clock Drawing Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Dementia Rating Scale (select subtests) (Spanish)
NEUROPSI Atencion y Memoria (select subtests)	Finger Tapping Test
Ponton-Satz Boston Naming Test	Geriatric Depression Scale-SF (Spanish)
Color Trail Making Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Line Orientation (RBANS)	

TEST RESULTS

Mr. Ramirez was interviewed in Spanish by a bilingual neuropsychologist, and all measures were administered in Spanish by a bilingual technician. Interpretation of the data accounted for his El Salvadoran heritage, monolingual Spanish status, functional illiteracy, and attainment of two years of formal education. The specific neuropsychological test battery was intentionally selected to accommodate his severely limited educational background and inability to read or write. While not all standardized normative data are country-specific, the benchmarks utilized are the most appropriate for his unique demographic profile. Validated Spanish-language norms were prioritized to minimize cultural and educational bias, providing an accurate representation of his cognitive standing. With these caveats in mind, the major neurocognitive findings are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward and reverse order was within normal limits. Immediate recall of visual sequences presented in forward and reverse order was also within normal limits. Visual detection was within expectations. On a serial addition task, his performance was nil but within expectations, given his level of education. Auditory digit perception was within expectations. Overall processing speed abilities were exceptionally low. Specifically, on a task of graphomotor speed, his performance was exceptionally low. Symbol search and discrimination was in the exceptionally low range as well.

Language: Semantic fluency was within expectation. Lexical fluency was below expectation. Visual object naming was in the below average range.

Visuospatial/Constructional: Visuo-perceptual abilities (i.e., copying a figure) were within expectations. Visuospatial judgment was in the below average range. On the free-draw condition

of the clock drawing task, the patient produced an atypical contour resembling a wristwatch, accompanied by severe spatial disorganization and sparse, external placement of numbers. Providing a visual model in the copy condition largely resolved these spatial errors, as the patient demonstrated adequate number spacing and correct spatial anchoring within a standard circular contour. This marked improvement during the copy trial suggests that the initial spatial disorganization was secondary to executive organizational weaknesses rather than a primary visuospatial constructional vulnerability.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was within expectation (3, 4, and 6/12 words after three consecutive trials). After a 20-minute delay, his recall was within normal limits, as he recalled 2/12 words. He could recall 1 of the target words with the aid of cues, which is below expectations. He recognized 9/12 target words on a recognition format, which is above expectation, but he also endorsed 2 false positive errors.

Immediate recall of structured verbal material (stories) was within expectations. Delayed recall of the same material was also within expectations.

Immediate recall of a set of faces was within expectation. Delayed recall of the series of faces was nil, which is within normal limits.

Delayed recall of a figure drawn earlier was within normal limits.

Executive Functions: A task that assesses speed of visual-graphomotor tracking was in the exceptionally low range; he also made two errors. He could not complete a set-shifting task as he ran out of the allowed time, and he made one error. Visual fluency was within expectations for total designs produced; however, he made 3 repetition errors and 3 set loss errors. On tasks of initiation, perseveration, and conceptualization, he performed in the exceptionally low range. During the free-draw condition, the patient exhibited severe planning and conceptual deficits, characterized by profound number omissions and the drawing of intersecting radial lines rather than discrete hands to denote time. When provided with a visual model in the copy condition, these conceptual errors resolved; the patient successfully sequenced all numbers and accurately placed the hands to mirror the modeled time, though he failed to differentiate the length of the minute and hour hands. This significant conceptual recovery with a visual template indicates that the initial severe errors stem from an executive retrieval and planning deficit rather than a fundamental loss of semantic knowledge.

Motor Abilities: The patient is right hand dominant. Fine motor dexterity was below average bilaterally.

Emotional/Behavioral Functioning: Mr. Ramirez endorsed mild symptoms of depression on a self-report inventory of mood. He also endorsed severe anxiety symptoms on a separate self-report inventory of mood.

SUMMARY

Mr. Jose Ramirez is a 69-year-old, right-handed, Hispanic male with two years of formal education who was referred for a neuropsychological evaluation by Beatriz Casas, PA-C, to assess memory loss and suspected cognitive decline. The patient and his wife reported a two-year history of cognitive difficulties characterized by short-term memory loss, slowed processing speed, disorientation, and difficulty learning new information, which have reportedly remained stable since their onset.

Regarding cognitive strengths, Mr. Ramirez demonstrated several preserved abilities that fell within expectations for his demographic profile. His simple attention and working memory were intact, as evidenced by his adequate performance on tasks requiring the immediate recall of auditory and visual sequences in both forward and reverse orders. Primary memory storage processes were also largely preserved; he demonstrated expected immediate and delayed recall of structured verbal material, unstructured word lists, and visual stimuli, reflecting an intact ability to consolidate information. Furthermore, his core language abilities were partially preserved, with semantic fluency falling within expectations, and basic visuo-perceptual skills for copying simple figures remaining intact.

In contrast to his preserved primary memory and simple attention, Mr. Ramirez exhibited prominent vulnerabilities within the domains of executive functioning, processing speed, and complex visuospatial abilities. His psychomotor and cognitive processing speeds were exceptionally low across multiple measures. Executive dysfunction was severe, characterized by an inability to complete a set-shifting task, poor cognitive flexibility with repetition and set-loss errors, and exceptionally low performance on tasks of initiation, perseveration, and conceptualization. Furthermore, free-draw clock drawing revealed profound conceptual and planning deficits that improved significantly when a visual model was provided; this indicates a primary executive retrieval and organizational impairment rather than a fundamental loss of semantic or visuospatial knowledge. Additional vulnerabilities were noted in visuospatial judgment, lexical fluency, visual object naming, and bilateral fine motor dexterity, all of which fell below expectations.

Emotionally, Mr. Ramirez and his wife reported a three-year history of depressive symptoms and a more recent onset of anxiety, accompanied by increased irritability and a short temper. On formal self-report inventories, he endorsed mild symptoms of depression and severe symptoms of anxiety. He is currently prescribed psychotropic medications but feels they are not fully effective in alleviating his low mood and restlessness. Aside from his reported mood symptoms, his interpersonal behavior was appropriate, and he remained engaged throughout the clinical interview and testing sessions.

Functionally, Mr. Ramirez remains independent with his basic activities of daily living. However, he exhibits significant functional decline in his instrumental activities of daily living, necessitating substantial assistance from his wife. Due to episodes of disorientation, he has restricted his driving to short, familiar distances and frequently requires his wife to accompany him to provide navigational directions. Furthermore, his wife has assumed full responsibility for managing the household finances, scheduling his medical appointments, and administering his

daily medications, as he demonstrated a pattern of missing doses when attempting to manage his regimen independently.

Synthesizing the overall cognitive profile, Mr. Ramirez presents with severe executive dysfunction, profound psychomotor slowing, and secondary organizational retrieval deficits, set against a backdrop of relatively preserved primary memory storage and simple attention. This specific neurocognitive pattern—characterized by impaired frontal-subcortical networks with spared cortical memory systems—strongly points toward a vascular etiology. When interpreted in the context of his neuroimaging results detailing chronic deep white matter small vessel disease and his history of vascular risk factors, including hypertension and obstructive sleep apnea, his cognitive decline is intrinsically linked to his cerebrovascular burden. Consequently, his neurocognitive presentation, coupled with his need for assistance with instrumental activities of daily living, is diagnostically consistent with mild dementia of suspected vascular etiology.

IMPRESSION Mild Dementia – Possibly due to Cerebrovascular Disease with mood disturbance and anxiety

RECOMMENDATIONS

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Ramirez; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

Medical & Psychiatric Management

1. Given the diagnostic impression of Mild Dementia – Possibly due to Cerebrovascular Disease, aggressive management of Mr. Ramirez's cerebrovascular risk factors is paramount to prevent further cognitive and structural decline. He must continue close follow-up with his primary care provider to tightly control his hypertension and prediabetes. Furthermore, he should be highly commended for quitting smoking three months ago, and continued tobacco abstinence is strongly encouraged to preserve his current baseline.
2. Mr. Ramirez utilizes a CPAP device for mild obstructive sleep apnea three to four times per week, which his wife noted has already improved his sleep quality. He is strongly encouraged to increase his compliance to nightly use, as untreated sleep apnea directly exacerbates the processing speed deficits and executive dysfunction identified during his testing.
3. He endorsed severe anxiety, mild depression, and increased irritability that remain inadequately controlled on his current regimen of sertraline and bupropion. A consultation with a bilingual psychiatrist or psychiatric nurse practitioner is recommended to optimize his pharmacological management, as alleviating his severe anxiety and mood symptoms may reduce his cognitive load and improve his daily quality of life.

Safety & Supervision

1. Due to his severe executive dysfunction, profound psychomotor slowing, and self-reported spatial disorientation, Mr. Ramirez is at a significantly elevated risk for motor vehicle accidents. While he has proactively restricted his driving to short, familiar distances, it is strongly recommended that he cease independent driving altogether. His wife, Blanca, should continue to drive and accompany him to provide navigational assistance and safety oversight.
2. Mr. Ramirez demonstrated a history of forgetting his medications when attempting to manage them independently. To ensure medical safety and prevent adverse health events, his wife must maintain full supervision and direct administration of his daily medication regimen.
3. Given his self-reported difficulties with math, managing store transactions, and his severe executive vulnerabilities, he is highly susceptible to financial errors or exploitation. His wife should continue to act as the primary manager of the household finances and oversee all purchases to protect their assets.

Functional & Legal Planning

1. In light of the progressive nature of vascular cognitive impairment, Mr. Ramirez and his family are strongly encouraged to consult with an elder law attorney to formalize long-term planning documents. This includes assigning a Medical Power of Attorney and establishing a financial proxy while he still retains the capacity to understand and express his preferences for future care.
2. Mr. Ramirez is a monolingual Spanish speaker who is functionally illiterate, having completed only two years of formal education in El Salvador. Healthcare providers and legal professionals must ensure that all critical health, financial, and legal information is presented verbally in Spanish, utilizing his wife or a certified medical interpreter to confirm his comprehension, as written handouts will be ineffective.

Cognitive & Behavioral Strategies

1. Because Mr. Ramirez cannot utilize standard written checklists, calendars, or agendas due to his illiteracy, alternative compensatory strategies must be implemented to bypass his organizational retrieval deficits. His family should rely on auditory alarms on a smart device, picture-based visual cues around the home, and highly structured daily routines to help him anticipate events and remember tasks.
2. Mr. Ramirez noted that multitasking is highly difficult for him, and navigating complex tasks likely triggers his anxiety and irritability. Family members should modify their communication style by providing simple, one-step verbal instructions, allowing him ample time to process information due to his profound psychomotor slowing, and minimizing background distractions (e.g., turning off the television or radio) during important conversations.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/04/2026

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).

Recomendaciones

Su Salud Médica y Emocional

- **Cuidar su cuerpo:** Blanca, es muy importante seguir llevando a José a sus citas con el doctor para vigilar su presión y su azúcar. José, ¡lo felicitamos por llevar tres meses sin fumar! Siga así, porque eso ayuda muchísimo a que su cerebro se mantenga fuerte.
- **Dormir bien:** José, trate de usar su máquina para respirar (CPAP) todas las noches al dormir, no solo a veces. Blanca nos cuenta que ya lo está ayudando a descansar mejor. Cuando usted duerme bien, su mente amanece más clara y con más energía.
- **Sentirse más tranquilo:** Como José se ha sentido triste, ansioso o un poco enojado últimamente, sería muy bueno platicar con un doctor especialista (un psiquiatra) que hable español. Con un pequeño cambio en sus pastillas, usted puede sentirse mucho más tranquilo y feliz todos los días.

Seguridad y Apoyo en la Casa

- **El manejo del carro:** Para mantener a José seguro y evitar que se pierda o se ponga nervioso en la calle, es mejor que él ya no maneje ningún carro. Blanca será la encargada de manejar y de acompañarlo siempre que salgan juntos.
- **Tomar las medicinas:** Para que no haya confusiones ni olvidos con las pastillas, Blanca debe ser la única persona encargada de guardar y darle a José sus medicinas todos los días a la hora que toca.
- **El dinero y las compras:** Hacer cuentas de dinero puede ser cansado y estresante. Por eso, Blanca debe seguir manejando todo el dinero de la casa y ser quien pague cuando vayan a la tienda.

Preparativos Importantes

- **Dejar las cosas en regla:** Es un buen momento para que platicuen con un abogado. El abogado les ayudará a firmar unos papeles oficiales para que Blanca tenga el permiso legal de tomar decisiones médicas o de dinero por José, si algún día él no puede hacerlo.
- **Hablar con los doctores:** Como a José no le gusta leer, siempre pídanle a los doctores que les expliquen todo hablando en español. Las hojas de papel con letras no les van a servir, así que pregunten todo lo que necesiten hasta que lo entiendan bien de palabra.

Consejos para la Memoria y la Rutina

- **Recordar las cosas en casa:** En lugar de escribir notas en papel, usen las alarmas de un teléfono celular para que suene cuando sea la hora de las medicinas. También pueden pegar dibujos o fotos en los cajones para que José sepa rápido qué hay adentro.
- **Una sola cosa a la vez:** Tratar de hacer muchas cosas al mismo tiempo pone a la mente muy nerviosa. Es mejor hacer las cosas paso a paso. Blanca, cuando le pida un favor a José, dígaselo de forma corta y sencilla.

- **Mucha tranquilidad al platicar:** Cuando necesiten platicar de algo importante, apaguen la televisión o el radio. Sin ruido de fondo, a José se le hará mucho más fácil concentrarse en la plática y no se va a frustrar.