NEUROPSYCHOLOGICAL EVALUATION

Name:	Felton Randall	Education:	12 years
Date of birth:	11/12/1951 (74)	Handedness:	Right
Date of exam:	6/4/2026	Marital status:	Married
Ethnicity:	African American	Occupation:	Retired

Referral source: Barbara Robinson, NP

Mr. Randall's neurology provider referred him for an objective assessment of cognitive decline. The results will describe his current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. He was seen with his wife.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Mr. Randall reported a decline in short and long-term memory, which he described as forgetting names. Per his wife, he has trouble keeping track of the days, misplaces items, and forgets plans. She denied noticing repetition. However, when queried, she indicated that he does exhibit cognitive fluctuations. He exhibited a gradual onset of progressive cognitive decline about 1.5 years ago.

Notably, Mr. Randall also began experiencing hallucinations around the same timeline. He reported occasionally seeing a person, which can be either well-formed or shadow-like, and is non-distressing. He was unsure how often they occur. In contrast, per his wife, he sees multiple people and animals every day. This worsens at night and can cause agitation. He whispers so as not to disturb these people and wants to leave the house. He also exhibits delusions, believing he is not at home and needs to return home.

Mr. Randall has become dependent for medication, financial, and appointment management due to his cognitive decline. He also shops and cooks less. He is otherwise functionally independent. He continues to drive, reportedly without issues.

Mr. Randall described his mood as occasionally frustrated. He denied suicidal ideation. Per his wife, he is easily agitated, which is a change. He denied changes in appetite, but his wife indicated that he eats less. It was unclear if he had lost weight. His sleep schedule is erratic. He may not sleep at night and then sleep all day.

Mr. Randall endorsed anosmia. Per his wife, he punches and grabs at items in his sleep. He also gets out of bed and uses items in his sleep (e.g., "messing with" their recliner or taking the covers off the bed). This began occurring 1.5 years ago, alongside the onset of his cognitive decline, and occurs approximately 4 days weekly. The following symptoms were denied: sensory changes, Parkinsonian symptoms, and incontinence.

MEDICAL HISTORY

Conditions: hypertension and hyperlipidemia.

Surgeries: shoulder surgery.

<u>Current medications</u>: carvedilol, pravastatin, aspirin (low dose), and vitamins.

<u>Neuroimaging</u>: CT head without contrast on 4/21/2026 reportedly showed mild diffuse parenchymal volume loss.

<u>Mental health</u>: Reportedly unremarkable.

<u>Substance use</u>: He denied alcohol, nicotine, and other substance use. He denied a history of substance dependence.

<u>Family history</u>: No known family history of dementia. His mother had unspecified cancer and died in her 60s. His father had hypertension and died in his 90s. He has 7 siblings, some of whom have hypertension.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY
Mr. Randall was raised in Louisiana and is monolingual in English. He has been married for 19 years (3rd marriage) and has 3 children from his previous relationships. He lives with his wife.

He completed high school. He denied a history of learning difficulties.

He worked as a truck driver until his retirement in 2013.

BEHAVIORAL OBSERVATIONS
Mr. Randall arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He ambulated independently with a short-step length, reduced arm swing, and a somewhat unsteady balance. His conversational language comprehension and expressive speech were within normal expectations. However, he was taciturn. His thought process was normal; however, his wife occasionally corrected his report. He presented with a euthymic mood but a notably flat affect, and he appeared lethargic.

He was oriented to concepts other than the date (off by one day), day of the week (off by two days), and the previous President. During testing, he required frequent clarification of the test instructions and had trouble perceiving visuospatial tasks.

TESTS ADMINISTERED
Standalone measure of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
BDAE Complex Ideational Material
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation & Figure Copy
Rey Complex Figure Copy
Clock Drawing
Oral Trail Making Test
D-KEFS Color-Word Interference Test
Finger Tapping Test
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

RESULTS SUMMARY
This evaluation is considered a valid assessment of Mr. Randall's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was average.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was exceptionally low; repetition was low average, reversal was below average, and sequencing was exceptionally low. He was unable to perform visuospatial processing speed tasks. Rote counting speed was low average.

Executive Functioning: He committed 4 errors before number/letter set-shifting was discontinued due to time at the letter 'I'. He committed 10 errors before verbal response inhibition was discontinued due to time. Visual abstract reasoning was below average (age-adjusted only was exceptionally low). Spontaneous clock drawing was grossly conceptually impaired.

Language: Object naming was exceptionally low (22/31 words; 8 additional correct with cues). Phonemic verbal fluency was average. Semantic verbal fluency was average. He accurately answered 7/12 yes/no paired items on an auditory comprehension measure (exceptionally low).

Visuospatial: Judgment of line orientation was below average. The construction of block designs was below average. Complex visuospatial reproduction was incomplete and distorted after 4 minutes (exceptionally low). Simple figure copy was exceptionally low due to poor proportioning and a missing figure element. Clock copy was spatially sub-optimal but otherwise grossly intact.

Learning & Memory: Word list learning was exceptionally low, and delayed recall was low average. Recognition of list words was exceptionally low. Narrative registration was low average, and delayed recall was low average. Recognition of story elements was low average. Figure registration was exceptionally low, and delayed recall was below average. He identified 0/7 figures on a recognition format (below average). Retention was average for narratives and figures, and it was above average for the word list.

Mood/Behavior: He endorsed normal levels of depressive and anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Mr. Randall exhibited markedly diminished attention/working memory, set-shifting, object naming, auditory comprehension, complex visuospatial reproduction, simple figure copy, word list learning, and figure registration. He was unable to perform visuospatial processing speed tasks, and his spontaneous clock drawing was grossly conceptually impaired. He exhibited mildly diminished judgment of line orientation, visuospatial reasoning, and figure recall. His response inhibition and abstract reasoning were also poor, but this was likely related to his visuospatial processing issues. His other assessed cognitive skills were relatively preserved. His mood was stable.

In summary, Mr. Randall's cognitive profile was characterized by impairments in visuospatial processing, attention/working memory, and set-shifting. He also exhibited deficits in aspects of language and verbal memory. However, his memory profile was more consistent with executive dysfunction than amnesia. The report of symptoms and current results warrant a dementia diagnosis, and Lewy body disease is the primary etiology of consideration. He is exhibiting cognitive fluctuations with hypersomnia, visual hallucinations, delusions, and REM sleep behavior disorder, and his cognitive profile was consistent with DLB. He also exhibited possible Parkinsonism during the interview (i.e., short-step length, reduced arm swing, a somewhat

unsteady balance, and hypomimia). An atypical Alzheimer's disease process is an alternative consideration, but it is considered less likely.

DIAGNOSTIC IMPRESSIONS
Lewy Body Dementia, Mild Severity, with Psychotic Disturbances and Agitation

RECOMMENDATIONS

1. Pharmacologic neuropsychiatric symptom management appears warranted. However, neuroleptic medication is likely contraindicated.

2. Ongoing direct oversight over his management of his medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.

3. Given the evidence of visuospatial and executive dysfunction, driving cessation is advised.

4. A trusted associate should continue accompanying him to appointments and be involved in decisions concerning his welfare.

5. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.

6. Ongoing physical activity and engagement in enjoyable activities will remain important for optimizing his functioning.

7. He and his family may benefit from the following resources:

    a. The Lewy Body Dementia Association (https://www.lbda.org).

    b. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.

    c. The Family Caregiver Alliance (www.caregiver.org).

    d. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (https://www.amazingplacehouston.org/).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

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