

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Marina Roble de Estrada	<b>GENDER:</b>	Female
<b>DATE OF BIRTH:</b>	09/29/1947 (78)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	06/10/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	18	<b>MARITAL STATUS:</b>	Married
<b>OCCUPATION:</b>	Retired	<b>REFERRED BY:</b>	L. Wallace, FNP-C

### **REASON FOR REFERRAL**

Ms. Roble de Estrada was referred for 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. Roble de Estrada presented with complaints of memory difficulties that reportedly began in December 2024, following a left total knee arthroplasty (TKA). She reported experiencing prominent memory problems immediately after the surgery, but feels her memory has improved since that time, though she acknowledges she has not fully returned to her prior baseline. Her husband corroborated these concerns, noting that her initial cognitive changes were exacerbated by hydrocodone, and while her memory improved after discontinuing the pain medication, she has not returned to her baseline cognitive status. He reported that she occasionally becomes confused, forgets if she has completed tasks such as administering her eye drops, and repetitively asks the same questions regarding whether they have eaten or where they have been. Ms. Roble de Estrada attributed her repetitiveness to a natural, longstanding communication style rather than memory loss.

Emotionally, Ms. Roble de Estrada denied experiencing any symptoms of depression or anxiety, describing herself as feeling relaxed and attributing her calm demeanor to a longstanding meditation practice. She reported that her sleep is adequate. Regarding her energy levels, she noted that while she feels energetic, her physical activity—such as walking or standing in the kitchen—is limited by chronic pain in her left knee. Her appetite remains adequate, though she reported a weight gain of approximately five pounds over the past year.

Functionally, Ms. Roble de Estrada remains independent in her basic activities of daily living. Regarding instrumental activities, she used to drive in El Salvador and for a few years after immigrating to the United States, but voluntarily ceased driving several years ago. While she noted she has never been strong at navigating, she denied becoming disoriented. For finances, she reported that she and her husband manage their budget together; however, her husband clarified that she has recently been less involved due to her knee pain. Regarding medication management, Ms. Roble de Estrada stated she does not forget her medications, but rather she often chooses not to take them due to a personal preference for natural remedies. While she described herself as independent with cooking, her husband reported two separate incidents approximately two months ago where she left the kitchen while cooking and

forgot about the stove, resulting in burned food. She utilizes a written list to keep track of her medical appointments, and she and her husband manage these appointments collaboratively.

### **MEDICAL HISTORY**

Conditions: glaucoma, insomnia, hypertension, prediabetes, and mixed hyperlipidemia that occasionally fluctuates. She also has a history of sleep apnea; however, she reported briefly using a CPAP device before discussing it with her physician and mutually deciding to discontinue its use. She previously experienced headaches, which have since resolved.

Surgeries: Her surgical history is notable for a total left knee arthroplasty. While objective medical records indicate a history of eye surgery, both the patient and her husband explicitly denied any prior eye surgeries during the clinical interview.

Imaging: A CT of the head with contrast conducted on 01/02/2025 was unremarkable, showing no acute intracranial abnormality, hemorrhage, mass effect, or significant chronic microvascular ischemic changes.

Current medications: azelastine, diclofenac, Allegra (fexofenadine), latanoprost, and losartan. While she is prescribed Losartan for hypertension, she admitted during the clinical interview to intentionally withholding this medication, citing her belief that her blood pressure is normal at home and only elevated in clinic settings due to "white coat syndrome".

Substance use: Ms. Roble de Estrada denied any history of nicotine or recreational drug use. She reported occasional alcohol consumption, estimating she drinks one to two glasses of wine weekly.

Family history: heart attack (mother).

### **MENTAL HEALTH HISTORY**

Unremarkable.

### **EDUCATIONAL HISTORY**

Ms. Roble de Estrada completed 18 years of formal education. She holds the equivalent of a bachelor's degree in psychology and a master's degree in communication and psychology, both obtained in El Salvador. She denied any history of learning disabilities or grade retention. Her dominant language is Spanish.

### **OCCUPATIONAL HISTORY**

Ms. Roble de Estrada is officially retired. Prior to her retirement at age 60 in El Salvador, she worked as a university and elementary school professor. After immigrating to the United States, she worked for over a year as a laundry manager at a Hyatt hotel and for two years at Church's Chicken.

## **SOCIAL HISTORY**

Ms. Roble de Estrada was born in El Salvador and immigrated to the United States on November 18, 2011. She has been married for 52 years and has one adult daughter. She currently resides in Conroe, Texas, with her husband, daughter, and son-in-law.

## **BEHAVIORAL OBSERVATIONS**

The patient presented as an adequately groomed individual. She was oriented to the day, month, place, and time; however, she demonstrated partial disorientation, incorrectly stating the current year as 2027 and her age as 73. Her gait was unassisted and unremarkable. While gross motor functioning was generally normal, the examiner noted the presence of head tremors during the evaluation. Vision was corrected with reading glasses, and hearing was observed to be normal.

Expressive and receptive speech was within normal limits, and her mood was described as pleasant. The patient demonstrated full cooperation and appeared to put forth her best effort throughout the assessment. Attention and concentration were observed to be within normal limits.

During testing, the examiner noted that the patient generally understood instructions but required occasional reminders. Specifically, the technician observed that while the patient understood the sample trial for a complex set-shifting task, she had a very difficult time remembering the instructions and successfully alternating between letters and numbers during the actual task. Overall, the evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

## **TESTS ADMINISTERED**

Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Logical Memory I and II (WMS-IV Spanish)
Ponton-Satz Boston Naming Test	Brief Test of Attention
Semantic Fluency (Animales)	Rey Complex Figure Test
Lexical Fluency (PMR)	Finger Tapping Test
Line Orientation (RBANS)	Escala De Aculturación Bidimensional
Golden Stroop	Escala De Dominancia Bilingüe
Symbol Digit Modalities Test (Motor)	Patient Health Questionnaire (PHQ-9) (Spanish)
WHO-UCLA Auditory Verbal Learning Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Trail Making Test	Perceived Deficits Scale

## **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 El Salvador, acculturation level, 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. Roble de Estrada's neurocognitive functioning are summarized below.

### **Acculturation and Language Dominance**

Results from bilingual dominance and bidirectional acculturation measures indicate that the patient is definitely Spanish dominant, having acquired the language and achieved conversational comfort during early childhood. If restricted to utilizing only one language for the remainder of her life, she unequivocally reported that she would choose Spanish. Her bidirectional acculturation profile reflects a strong orientation toward Hispanic culture with limited assimilation into Anglo culture. Clinically, she demonstrates a pervasive reliance on Spanish across all daily functional domains, exclusively utilizing it for internal thoughts, social communication, and media consumption. In contrast, her functional proficiency and comfort with her secondary language, English, remain notably restricted across all expressive and receptive modalities. Consequently, these cultural and linguistic findings clinically justify the administration of the current neuropsychological evaluation entirely in Spanish.

**Attention/Processing Speed:** Overall working memory abilities were in the average range. Immediate recall of an orally presented number sequence was above average for digit forward, high average for digits in reverse, and exceptionally low for digits in sequence. On a task of mental arithmetic, her performance was in the average range. Overall processing speed abilities were in the average range. Graphomotor speed was average. Visual search and discrimination was in the low average. Speeded word reading and speeded color naming abilities were exceptionally low.

**Language:** Visual object naming was in the below average range. Lexical fluency was in the high average range. Semantic fluency was exceptionally low, however.

**Visuospatial/Constructional:** Her ability to copy a complex figure was above average. Visuoconstructional abilities with blocks were low average. Visuospatial judgment was low average to below average.

**Learning and Memory:** Immediate recall of unstructured verbal material (15-word list) was in the exceptionally low range after five consecutive trials (3, 6, 6, 7, and 7 words, respectively). Immediate recall of the original list, following a distracter list, was below average (6/15 words recalled). After a 20-minute delay, her recall was low average based on normative standards, although she only recalled 3/15 words. Delayed word recognition was exceptionally low, as she recalled 11/15 target words, but she also endorsed 4 false-positive errors.

Immediate recall of structured verbal material (stories) was in the average range. Delayed recall of the same material was below average as she only recalled one bit. On a discrimination task, her performance was in the average range.

Immediate recall and reproduction of geometric designs was in the average range. After a delay, her recall was below average as she only recalled one bit. Her discrimination accuracy was nil and below average.

**Executive Functions:** Visual speeded sequencing of numbers was exceptionally low and she made one error. A task of set shifting abilities was discontinued after she ran out of the allotted

time. Her performance on color-word interference was exceptionally low. Verbal abstract reasoning was in the above average range.

**Motor Abilities:** The patient is right hand dominant. Fine motor dexterity was exceptionally low bilaterally.

**Emotional/Behavioral Functioning:** Ms. Roble de Estrada denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

## **SUMMARY**

Ms. Marina Roble de Estrada is a 78-year-old, right-handed Hispanic female with eighteen years of formal education who was referred for a neuropsychological evaluation by Lakenya Wallace, FNP-C, due to suspected cognitive decline. The patient presented with subjective complaints of memory difficulties that reportedly began in December 2024 following a left total knee arthroplasty. Although she feels her memory has slightly improved since discontinuing acute pain medications, she and her husband report that she has not returned to her cognitive baseline, noting increased confusion, repetitive questioning, and recent safety lapses in the home. Behaviorally, she demonstrated partial disorientation, incorrectly stating the current year and her own age. However, she was fully cooperative and appeared to put forth her best effort throughout testing; therefore, the current evaluation is considered a valid representation of her neurocognitive functioning.

Regarding cognitive strengths, Ms. Roble de Estrada demonstrated largely intact simple attention and working memory abilities, performing in the average to above average ranges on measures of digit repetition and mental arithmetic. Overall processing speed and basic graphomotor speed were also preserved. In the language domain, lexical fluency was a notable strength, falling in the high average range. Visuospatial constructional skills for copying a complex geometric figure were above average. Additionally, her immediate acquisition of structured verbal information (stories) and novel visual designs fell within the average range. Finally, verbal abstract reasoning was a distinct strength, falling in the above average range.

In contrast to these intact abilities, significant deficits were observed across multiple neurocognitive domains. Executive dysfunction was prominent; her performance on tasks of visual sequencing, complex set-shifting, and cognitive interference fell in the exceptionally low range. Her language profile revealed below average confrontational naming and exceptionally low semantic fluency. Visuospatial judgment and block construction were vulnerable, falling in the low average to below average ranges. Furthermore, her memory profile was characterized by below average immediate and low average delayed free recall of unstructured verbal lists, complicated by exceptionally low recognition and false-positive errors. While immediate retention of structured verbal and visual information was intact, her delayed recall for both modalities declined to the below average range, indicating rapid forgetting. Basic reading and color naming speeds, as well as bilateral fine motor dexterity, were also exceptionally low.

Emotionally, Ms. Roble de Estrada presented with a euthymic mood and a pleasant, cooperative demeanor. She denied any significant symptoms of depression or anxiety on standardized self-report inventories, attributing her calm disposition to a longstanding meditation practice.

Functionally, Ms. Roble de Estrada remains independent in her basic activities of daily living, though her mobility is limited by chronic knee pain. For instrumental activities of daily living, she voluntarily ceased driving several years ago. While she previously managed household finances collaboratively with her husband, he has recently assumed more responsibility due to her pain. Regarding medication management, she handles her regimen independently and without forgetfulness. While she intentionally withholds her prescribed antihypertensive medication, she and her husband reported this is a calculated decision based on normal home blood pressure readings and suspected "white coat hypertension," which aligns with her general preference for holistic health practices. However, her husband reported recent safety incidents where she left the stove unattended while cooking, underscoring a clear need for supervision during complex or potentially hazardous household tasks.

Ms. Roble de Estrada's neurocognitive profile is characterized by profound executive dysfunction, semantic language deficits, visuospatial vulnerabilities, and rapid forgetting of both verbal and non-verbal information. This pervasive pattern of cognitive impairment represents a significant decline from her estimated high premorbid baseline. Given her distinct amnesic profile, semantic fluency deficits, and recent neuroimaging devoid of significant microvascular ischemic changes, her presentation is highly suspicious for an underlying, primary neurodegenerative process. It is highly probable that the metabolic and physiological stress of her total knee surgery and anesthesia served to unmask these pre-existing, subclinical neurocognitive vulnerabilities, bringing them to clinical attention. Overall, her presentation is consistent with Mild Cognitive Impairment – Amnesic, Multiple Domain Type, with a suspected neurodegenerative etiology.

**IMPRESSION**      Mild Cognitive Impairment – Amnesic, Multiple Domain Type

## **RECOMMENDATIONS**

### **Medical & Psychiatric Management**

1. **Neurological Follow-Up:** Ms. Roble de Estrada should follow up with her referring provider, Lakenya Wallace, FNP-C, and her neurology team to discuss these results. Given the suspicion of an underlying neurodegenerative process unmasked by her surgery, neurology may consider serial monitoring or further biomarker evaluations to clarify the etiology of her cognitive decline.
2. **Cardiovascular Risk Management:** Strict management of vascular health remains critical. While Ms. Roble de Estrada intentionally withholds her Losartan due to suspected "white coat hypertension," it is highly recommended that she maintain a daily written log of her home blood pressure readings and present this data to her primary care physician. Medication regimens should be formally adjusted or discontinued by a medical professional rather than managed independently.
3. **Pain Management & Mobility:** She should continue to follow up with orthopedics or physical therapy for the chronic pain in her left knee. Because this pain significantly limits her mobility and participation in household tasks, optimizing her pain management is essential for preserving her physical independence and quality of life.

4. **Evaluation of Tremors:** The referring provider should be made aware of the subtle head tremors observed during the neuropsychological evaluation to determine if further movement disorder assessment is warranted.

### **Safety & Supervision**

1. **Supervision During Cooking:** Due to her identified deficits in executive functioning (specifically self-monitoring and cognitive flexibility) and the recent history of leaving the stove unattended, Ms. Roble de Estrada requires direct supervision when using the stove or oven. To foster safe independence, the family should encourage the use of appliances with automatic shut-off features (e.g., microwaves, air fryers, or slow cookers) for independent meal preparation.
2. **Medication Oversight:** Although she currently manages her medications and her non-adherence to antihypertensives is a choice, her rapid forgetting, partial disorientation, and executive vulnerabilities place her at high risk for future medication errors. It is recommended that her husband or daughter begin providing oversight of her medication intake, potentially utilizing a weekly pill organizer, to ensure compliance with her physicians' directives.
3. **Driving Restriction:** Ms. Roble de Estrada voluntarily ceased driving several years ago. Given her prominent executive dysfunction and visuospatial vulnerabilities, she should not resume driving under any circumstances, as she would be at elevated risk for accidents or disorientation in novel traffic situations.

### **Functional & Legal Planning**

1. **Financial Management:** The recent shift toward her husband managing the household finances (initially prompted by her physical pain) should become a permanent arrangement. Consolidating financial responsibilities will protect the family from potential errors related to her executive dysfunction and memory decline.
2. **Advance Directives:** Given the diagnosis of Mild Cognitive Impairment and the suspicion of a progressive neurodegenerative etiology, the family is strongly encouraged to proactively review and update legal planning documents. Establishing or updating Medical and Financial Power of Attorney while Ms. Roble de Estrada retains the clear capacity to communicate her values and wishes is highly recommended.

### **Cognitive & Behavioral Strategies**

1. **Compensatory Memory Aids:** To compensate for her rapid forgetting and partial disorientation to time (year and age), she should rely heavily on external memory aids. Utilizing a highly visible, centralized calendar and a daily written agenda—specifically in her dominant language of Spanish—will help bypass her retrieval deficits.
2. **Continued Holistic Engagement:** Ms. Roble de Estrada's longstanding meditation practice appears to be a significant protective factor for her emotional well-being, as she presents with a euthymic mood and zero symptoms of depression or anxiety. She should be strongly encouraged to continue this daily practice to manage stress and maintain her excellent emotional regulation.

3. **Cognitive & Social Stimulation:** She should continue to engage in mentally stimulating activities and social interactions within her family and community. Engaging her preserved verbal abstract reasoning and intact working memory through activities she enjoys (e.g., reading in Spanish, puzzles, guided conversations) will help promote neuroplasticity and cognitive reserve.
4. **Neuropsychological Re-evaluation:** A follow-up neuropsychological evaluation is recommended in 12 to 18 months. Serial testing will be vital to track her cognitive trajectory, determine if her profile is stable or progressively declining, and update treatment and safety recommendations accordingly.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/10/2026

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).