

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Jaime Rosales	GENDER:	Male
DATE OF BIRTH:	12/11/1955 (70)	HANDEDNESS:	Right
DATE OF EXAM:	06/11/2026	ETHNICITY:	Hispanic
EDUCATION:	8	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Hassan Javanshir, M.D.

REASON FOR REFERRAL

Mr. Rosales 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. Rosales presented with complaints of memory difficulties that he reported began approximately six months ago. However, his daughter, Pamela Rosales, who accompanied him to the evaluation, noted that she first observed minor and subtle changes about one and a half to two years ago, which have since become more pronounced. A review of medical records also indicates a one-year history of memory loss was reported by collateral in May 2025. Mr. Rosales admitted that he forgets conversations, dates, events, appointments, and intentions more than usual. He also endorsed difficulties learning and retaining new information. His daughter corroborated these reports, adding that he asks the same questions repetitively, sometimes up to five times, and frequently becomes confused about his appointment schedule, insisting he has appointments on days when he does not. She noted that his overall activity level has decreased, making it difficult to assess his current ability to multitask.

Emotionally, Mr. Rosales denied feelings of depression or anxiety during the clinical interview. However, his daughter reported that he has experienced significant nervousness and trembling prior to medical appointments for the past year and a half. While his mood was reported as generally stable, his daughter described a change in his personality, noting he became more outgoing and talkative after initiating donepezil. She also observed fluctuations in his affect, describing instances where he appears happy and other times when he seems to be "dazing off." He denied suicidal ideation. Regarding neurovegetative symptoms, Mr. Rosales reported adequate sleep and energy. In contrast, his daughter indicated that he sleeps frequently during the day, experiences interrupted sleep at night, and has been sleepier and more fatigued since starting donepezil. Both agreed his appetite remains adequate.

Functionally, Mr. Rosales remains independent for basic activities of daily living. Regarding instrumental activities, there are notable discrepancies between his self-report and his daughter's observations. While Mr. Rosales stated he drives without issue, his daughter reported that he becomes easily disoriented; she noted that after moving to Cleveland three years ago, he has been unable to learn the new area, previously got lost when a GPS provided incorrect directions, and is now largely restricted from driving independently. His driving is currently limited to visiting a local casino, during which his wife must navigate for him. While Mr. Rosales claimed to manage his finances and medications collaboratively with his wife without difficulty, his

daughter clarified that his wife has long-standingly handled the finances, though he can still make simple cash purchases. Regarding medications, his daughter noted that he becomes confused, requires reminders, and relies on his wife to fill his pillbox and assist with administration. Medical appointments are entirely managed by his wife and daughter.

MEDICAL HISTORY

Conditions: Mr. Rosales's medical history is significant for hypertension, hyperlipidemia, and Type 2 diabetes mellitus.

Surgeries: Back surgery.

Imaging: A CT scan of the brain without contrast dated 01/09/2025 revealed no mass, midline shift, or acute infarct. The appearance of the white matter suggested chronic microvascular disease. Ventricles were of normal volume.

Current medications: Aspirin 81 mg, Atorvastatin 40 mg, Azelastine HCl 0.1% nasal, Cetirizine 10 mg, Fenofibrate 54 mg, Fluticasone Propionate 50 mcg nasal, Gabapentin 100 mg, Glipizide 10 mg, Insulin Degludec FlexTouch 100 unit/mL, Losartan Potassium 100 mg, Metoprolol Succinate 100 mg, Metoprolol Succinate 50 mg, Nifedipine 90 mg, and Omeprazole 40 mg.

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

Family history: The patient's mother had a history of dementia (onset around her 60s).

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Mr. Rosales completed eight years of formal education. He did not receive any formal education in Mexico prior to immigrating. In the United States, he completed the first through eighth grades. He reported being a good student and denied any history of learning problems or grade retention. Mr. Rosales is bilingual; however, he reported that he predominantly speaks Spanish at home with his wife and children.

OCCUPATIONAL HISTORY

Mr. Rosales is retired. He was formerly employed by an export company, where he worked packaging materials for international shipment. He remained with this company for the majority of his career.

SOCIAL HISTORY

Mr. Rosales was born and raised in Mexico and immigrated to the United States around the age of seven. He has been married and resides with his wife and daughter. While he reported living in Houston during the clinical interview, collateral information indicated the family moved to Cleveland, Texas, three years prior. There are currently nine individuals residing in their household. He has four daughters.

BEHAVIORAL OBSERVATIONS

Mr. Rosales presented as an adequately groomed man. He was alert; however, objective testing indicated he was only partially oriented, as he was unable to accurately state the day, month, time, his street, or his exact age. His gait was unassisted, and gross motor functions appeared normal. Vision (corrected with glasses) and hearing appeared adequate for testing purposes. Expressive and receptive speech was within normal limits, and his general attention and concentration were observed to be normal during the assessment.

His demeanor was pleasant, though his mood was visibly anxious; the examiner noted that the patient repeatedly stated he was nervous, which prompted the examiner to offer him breaks throughout the session. During the administration of the tests, Mr. Rosales required occasional memory reminders, as he forgot instructions at times. The examiner also noted that he required simplified instructions to proceed. Despite his anxiety and the need for occasional repetition and simplification of instructions, Mr. Rosales demonstrated full cooperation throughout the evaluation. Thus, the results from this evaluation appear to provide a valid and accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Finger Tapping Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Escala De Aculturación Bidimensional
NEUROPSI Atencion y Memoria (select subtests)	Escala De Dominancia Bilingüe
Ponton-Satz Boston Naming Test	Patient Health Questionnaire (PHQ-9) (Spanish)
Color Trail Making Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Line Orientation (RBANS)	
Reproduccion Visual I and II (WMS-IV Spanish)	

TEST RESULTS

The patient was interviewed and evaluated in Spanish by a bilingual clinical neuropsychologist and psychometrician. Although Mr. Rosales completed his formal education in English within the United States, standardized measures confirmed that Spanish remains his definitively dominant language across nearly all daily domains, including internal cognitive processes like mental calculations; thus, Spanish administration was deemed clinically necessary to maximize ecological validity and accurately capture his true neurocognitive capacity. His unique cultural and linguistic background—specifically his acquisition of Spanish as his native language, early childhood in Mexico, strong Hispanic acculturative orientation, and limited formal educational attainment—was carefully considered during data interpretation. Whenever possible, measures normed specifically for Spanish-speaking populations were utilized, relying on the most appropriate demographically adjusted data when specific norms were unavailable. With this methodological caveat in mind, the major findings regarding Mr. Rosales’s neurocognitive functioning are summarized below.

Acculturation and Language Dominance: Measures of bilingualism and cultural orientation indicate that the patient is dominant in Spanish, having acquired it as his native language during early childhood before subsequently developing English proficiency. He demonstrates a strong acculturative orientation toward Hispanic culture, utilizing Spanish as his primary medium

across nearly all daily domains, including internal cognitive processes such as mental calculations, routine social communication, domestic interactions, and media consumption. This robust preference is further underscored by his assertion that he would elect to retain Spanish if restricted to utilizing only a single language indefinitely. While he exhibits a foundational degree of functional proficiency and general comfort with English as his secondary language, his ongoing engagement with Anglo cultural and linguistic domains remains comparatively limited.

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

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

Visuospatial/Constructional: Visuoperceptual abilities (i.e., copying a figure) were within expectations. On a task of visuoconstructional abilities with blocks, his performance was in the average range. In contrast, visuospatial judgment was in the exceptionally low range.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below expectations (3, 5, and 3/12 words after three consecutive trials). After a 20-minute delay, his recall was nil and below expectations. He could recall 1 of the target words with the aid of cues, which is below expectations. He recognized 7/12 target words on a recognition format and endorsed two false-positive errors, which is within expectations.

Immediate recall of structured verbal material (stories) was below expectations. Delayed recall of the same material was nil and below expectations.

Immediate recall of a series of figures was low average. Delayed recall of the figures was nil and exceptionally low. Recognition of the target figures on a multiple-choice format was in the average range.

Delayed recall of a figure drawn earlier was exceptionally low.

Executive Functions: A task that assesses speed of visual-graphomotor tracking was in the exceptionally low range; he made one error. His performance on a set-shifting task was average and error free. Visual fluency was within expectations for total designs produced, but he made several repetition errors. On a cognitive inhibition task, his performance was below expectation for speed but within normal limits for accuracy.

Motor Abilities: The patient is right hand dominant. Fine motor dexterity was low average for his dominant hand and average for his non-dominant hand.

Emotional/Behavioral Functioning: Mr. Rosales denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

SUMMARY

Mr. Jaime Rosales is a 70-year-old, right-handed Hispanic male with eight years of formal education who was referred for a neuropsychological evaluation by Dr. Hassan Javanshir to assess for suspected cognitive decline. The patient presented with subjective complaints of memory difficulties beginning approximately six months ago, though collateral report from his daughter indicated that subtle memory issues emerged up to two years ago before becoming more pronounced. Current complaints include repetitive questioning, confusion regarding his schedule, and difficulty retaining new information. Despite observable anxiety and the need for occasional repetition and simplification of instructions, Mr. Rosales demonstrated full cooperation throughout the assessment, and the results are considered a valid representation of his current neurocognitive functioning.

Regarding areas of relative cognitive preservation, Mr. Rosales demonstrated intact basic attention and processing speed, performing within or above expectations on measures of forward auditory span, forward and reverse visual span, visual detection, general graphomotor speed, and symbol discrimination. His language and constructional abilities also remained preserved, with performances within expectations on tasks assessing semantic and lexical fluency, simple figure copying, and block construction. Furthermore, his memory recognition was notably spared compared to his free recall; he performed within the average to expected ranges when identifying previously presented verbal and visual information from a multiple-choice format. Finally, certain aspects of executive functioning were intact, including accurate cognitive inhibition and average, error-free cognitive set-shifting.

In contrast, Mr. Rosales exhibited significant vulnerabilities across the domains of complex attention, visuospatial judgment, executive functioning, and learning and memory. He demonstrated exceptionally low visuospatial judgment and below-expectation complex working memory on reverse auditory span and serial addition tasks. Executive dysfunction was evident through exceptionally low speed on visual-graphomotor tracking, below-expectation speed during cognitive inhibition, and elevated repetition errors during visual fluency. Most notably, he demonstrated prominent deficits in learning and memory; his immediate encoding of unstructured word lists and structured stories fell below expectations, while immediate recall of visual figures was low average. Following a delay, his free recall across all verbal and visual modalities was nil or exceptionally low. Additionally, fine motor dexterity was low average in his dominant hand, and confrontational naming was low average.

Emotionally, Mr. Rosales denied experiencing significant symptoms of depression or anxiety on formal self-report mood inventories. However, behavioral observations during the clinical interview and testing sessions revealed observable signs of distress. He repeatedly stated he felt nervous, necessitating the offer of frequent breaks by the examiner to maintain his comfort. His daughter corroborated these observations, noting that he experiences significant situational anxiety and trembling specifically surrounding medical appointments. No other significant psychiatric symptoms, such as delusions or hallucinations, were reported or observed.

Functionally, Mr. Rosales remains independent with his basic activities of daily living, such as grooming and dressing. However, he requires substantial assistance and supervision for instrumental activities of daily living. Due to occurrences of spatial disorientation, his driving is heavily restricted, and he relies on his wife for navigation. He does not independently manage his medical appointments or complex financial matters. Furthermore, due to confusion and forgetfulness, he requires consistent assistance and reminders from his wife and daughter to organize and safely administer his daily medications.

In synthesis, Mr. Rosales presents with a neurocognitive profile characterized by profound deficits in delayed free recall across verbal and visual modalities, alongside significant weaknesses in processing speed, executive functioning, and visuospatial judgment. His notably flat learning curve on verbal tasks and severe rapid forgetting point to an early vulnerability in primary encoding, which is a hallmark of Alzheimer's disease pathology. Concurrently, his significant executive slowing and relatively preserved recognition memory—indicating successful information storage but impaired frontal retrieval—are characteristic of subcortical dysfunction. This strongly correlates with his established vascular risk factors (hypertension, hyperlipidemia, Type 2 diabetes mellitus) and objective neuroimaging evidence of chronic microvascular disease. Crucially, Mr. Rosales has experienced a meaningful functional decline in his instrumental activities of daily living, specifically spatial disorientation while driving and a newfound reliance on his family for medication administration, which crosses the clinical threshold from mild cognitive impairment into dementia. Ultimately, this multi-domain pattern of cognitive impairment, combined with his insidious functional decline, is most consistent with a diagnosis of Mild Dementia, possibly due to Multiple Etiologies, specifically Alzheimer's disease and cerebrovascular disease.

IMPRESSION Mild Mixed Dementia – Possibly due to Alzheimer's and cerebrovascular disease.

RECOMMENDATIONS

Medical & Psychiatric Management

1. **Vascular Risk Factor Control:** Given the vascular component of his mixed dementia diagnosis and neuroimaging evidence of chronic microvascular disease, strict management of his vascular risk factors is imperative to slow the rate of further cognitive decline. It is recommended that Mr. Rosales continue close follow-up with his primary care physician and cardiologist to aggressively manage his hypertension, hyperlipidemia, and Type 2 diabetes mellitus.
2. **Neurological Medication Review:** Mr. Rosales's daughter noted increased daytime sleepiness and fatigue coinciding with the initiation of donepezil. It is recommended that his referring neurologist, Dr. Javanshir, review this medication's tolerability and efficacy, and determine if transitioning to memantine—as previously considered in the clinic notes—is clinically warranted at this stage of his neurocognitive disorder.
3. **Situational Anxiety Management:** While Mr. Rosales denied generalized mood symptoms, he exhibited significant, observable anxiety (e.g., trembling, somatic complaints) specifically surrounding his medical appointments. His providers may

consider discussing behavioral relaxation strategies or a very low-dose, as-needed anxiolytic to be taken prior to stressful medical encounters to reduce his distress and improve his quality of life.

4. **Etiological Clarification (Biomarker Testing):** Mr. Rosales's neurocognitive profile demonstrates a combination of severe executive slowing (consistent with his established chronic microvascular disease) and primary encoding vulnerabilities with rapid forgetting (highly characteristic of Alzheimer's disease pathology). To definitively rule in or rule out a comorbid Alzheimer's disease process, it is recommended that his treating neurologist consider biomarker testing. Depending on clinical appropriateness and patient preference, options may include amyloid/tau PET neuroimaging, cerebrospinal fluid (CSF) analysis, or plasma-based biomarker testing. Confirming a mixed etiology (Alzheimer's disease and vascular disease) will assist in accurate, long-term prognostication and inform comprehensive treatment planning.

Safety & Supervision

1. **Driving Restrictions:** Testing revealed exceptionally low processing speed, impaired visual-graphomotor tracking, and severe executive slowing, which correlate with his real-world spatial disorientation and instances of getting lost. Given his diagnosis of mild dementia, it is strongly recommended that Mr. Rosales cease independent driving. Any driving must be restricted to familiar, daytime, neighborhood routes (e.g., the local casino) with his wife present as an active co-pilot for navigation.
2. **Medication Administration:** Mr. Rosales demonstrated profound deficits in delayed free recall and complex executive functioning, and his family reported confusion regarding his medication regimen. To prevent accidental omissions or dangerous duplications—particularly concerning his insulin and antihypertensive medications—his wife and daughter must maintain complete oversight of his medication management. The use of a locked, pre-filled pill organizer or automated dispenser managed solely by his family is highly recommended.

Functional & Legal Planning

1. **Financial and Administrative Oversight:** Due to his executive dysfunction and difficulty learning new information, Mr. Rosales is vulnerable to financial errors and scheduling confusion. His wife and daughter should continue to maintain full control over the household finances, bill payments, and the scheduling of all medical appointments.
2. **Advance Directives:** Because Mr. Rosales has a progressive neurodegenerative condition (Alzheimer's disease combined with vascular disease), it is critical for the family to establish or update Legal and Medical Power of Attorney documents while he still possesses the cognitive capacity to express his wishes and participate in these planning discussions.

Cognitive & Behavioral Strategies

1. **Capitalize on Recognition Memory (External Cues):** Mr. Rosales's cognitive profile indicates that while he cannot spontaneously recall information, his memory storage is relatively preserved when provided with cues (recognition). To compensate for his severe free-recall deficits and reduce repetitive questioning, his family should utilize prominent external visual aids. Maintaining a highly visible, centralized whiteboard or calendar outlining the day's schedule and upcoming appointments will help ground him and ease his confusion.
2. **Task Simplification:** To accommodate his exceptionally low processing speed and executive slowing, family members should provide instructions one step at a time. Breaking down complex tasks into simple, sequential steps and allowing him ample, unpressured time to respond will minimize his frustration and optimize his remaining functional independence.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/15/2026