

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

**Name:** Mae Rudd

**Referral Source:** Hassan Javanshir, MD

**Date of Birth:** 4/9/1941

**Date of Evaluation:** 6/17/2026

**Reason for Referral:** Dr. Javanshir referred Ms. Rudd for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

#### **Functions Assessed and Instruments Employed:**

##### **Background**

Clinical Interview

Medical History Questionnaire

##### **Mental Status**

Mini-Mental State Exam (MMSE)

##### **Language**

Wide Range Achievement Test – 5 (Word Reading)

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Similarities (WAIS-IV)

Vocabulary (WAIS-IV)

##### **Attention/Working Memory**

Digit Span (WAIS-IV)

##### **Learning and Memory**

Hopkins Verbal Learning Test – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

##### **Executive Functions**

Oral Trail Making Test

Initiation/Perseveration subscale (DRS-2)

Clock Drawing Test

##### **Motor Functions**

Grip Strength Test

##### **Mood/Behavior**

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

#### **Identifying Information:**

The following information comes from a clinical interview with Ms. Rudd and her daughter, as well as a review of available medical records. She is an 85-year-old, right-handed, divorced, African American female with 12 years of education.

**Presenting Problems:** Ms. Rudd and her daughter reported the gradual onset of progressive cognitive difficulties approximately one year ago. Specifically, she has problems with recall of recent events and conversations, recall of item placement, word finding, and decision making. Ms. Rudd tends to repeat herself. Her daughter now places her medications in a pillbox because Ms. Rudd had discontinued her blood pressure medication. Per her daughter's report, she has made errors with financial management tasks. Ms. Rudd does limited cooking; she receives meals from the Meals on Wheels program. She elected to stop driving approximately three years ago due to her vision impairment. Her daughter noted some difficulty operating appliances; it is unclear the extent to which this may be associated with her vision impairment. Ms. Rudd's daughter assists with appointment management. Ms. Rudd functions independently for physical self-care tasks.

She acknowledged some anxiety symptoms about her son as well as about her health. Her daughter has observed mild depressive symptoms and disinhibition. There appears to be no indication of hallucinations or delusions.

Her sleep is good. No symptoms of REM sleep behavior disorder were reported. Ms. Rudd's energy level and appetite are good. Her weight has been somewhat variable.

**Medical History:** Her medical history includes hypertension, hyperlipidemia, prediabetes, uncorrected hearing loss, glaucoma, bladder cancer (2020), left upper extremity resting and action tremors, shuffling gait, and decreased left arm swing. Ms. Rudd denied a history of head trauma with loss of consciousness.

Surgeries/procedures: bladder surgery.

Current medications/supplements: amlodipine, ezetimibe, vitamin C, calcium, and multivitamins.

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

Family history: Her father passed away at age 89; his medical history included liver cancer and dementia. Her mother died at age 88; she had Parkinson's disease and dementia. Family history includes memory dysfunction in a sister and multiple sclerosis in another sister.

**Mental Health History:** Ms. Rudd has no history of mental health treatment.

**Educational History:** She is a high school graduate who reported earning A/B level grades. She indicated no history of identified learning difficulties.

**Occupational History:** Ms. Rudd is retired. She held a managerial role in the insurance sales industry and also was self-employed as an owner of a care home for senior citizens.

**Social History:** She was raised in Jacksonville, TX. Ms. Rudd is divorced with two children. She resides alone in a house in Houston.

**Behavioral Observations:**

Ms. Rudd presented as a pleasant, casually dressed, well-groomed woman. Occasional hearing difficulties were noted but did not appear to interfere with the testing process. Vision (corrected) was impaired, such that most visual-based tasks could not be administered. Gait appeared slowed and somewhat shuffling. Other gross motor behaviors appeared normal; no tremors were observed. Level of insight appeared reduced. Conversational speech was fluent and somewhat repetitive. Mood appeared euthymic and affect was broad. Ms. Rudd required occasional reminders of task instructions. She performed adequately on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Rudd's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, Ms. Rudd obtained a score of 16/27 (3 test items could not be administered due to her vision impairment). She was not oriented to the date (off by 8), specific place, or floor of the building. She recalled 0 of 3 items after a brief delay. She made errors on tasks involving backward spelling, phrase repetition, and execution of a 3-stage command.

**Language:** Oral word reading was below average. Visual object naming was exceptionally low. Controlled oral verbal fluency was below average to phonemic criteria and low average to semantic criteria.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was average for forward order and reverse order and was low average for numerical sequencing.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (2, 3, and 5 words, respectively). After a 20-minute delay, Ms. Rudd did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (5 hits, 7 false positives).

Immediate recall of structured verbal material (stories) was low average. Delayed recall was low average for both absolute level of recall and when indexed against immediate recall performance. Delayed recognition was below average.

**Executive Functions:** Speed of oral tracking was exceptionally low for both simple (numerical order) and complex (alternating number-letter) sequences. Ms. Rudd's performance on the DRS-2 Initiation/Perseveration subscale was exceptionally low. Her clock drawing performance indicated impaired conceptualization.

**Motor Functions:** Grip strength was exceptionally low for the dominant (right) hand and below average for the nondominant hand.

**Mood/Behavior:** Ms. Rudd's self-report of depressive symptoms (PHQ-9) was within normal limits, as was her self-report of anxiety symptoms (GAD-7).

**Impression:** Dementia of the Alzheimer's Type, Mild Severity

Impairments were documented in acquisition and consolidation of structured (stories) and unstructured (rote list learning) verbal material, oral tracking, conceptualization, initiation/perseveration, confrontation naming, and bilateral grip strength. Relative weaknesses were identified in phonemic fluency and semantic fluency.

Ms. Rudd's performance was consistent with expectations based on background variables across tasks assessing attention and working memory, oral word reading, verbal abstraction, and expressive vocabulary.

Ms. Rudd did not endorse significant mood symptoms. Her daughter has observed mild depressive symptoms and disinhibition.

In sum, the present findings reveal impairments in verbal memory, executive functioning, and bilateral grip strength. Of note, most visual-based tasks could not be administered due to Ms. Rudd's vision impairment. These results suggest a decline from her estimated level of premorbid functioning, with evidence for both cortical and subcortical dysfunction. These findings are accompanied by impaired performance of some instrumental activities of daily living. Ms. Rudd's history, presentation, and test findings are consistent with a mild dementia, most likely attributable to an Alzheimer's disease etiology.

**Recommendations:**

1. Ms. Rudd should continue to refrain from driving due to her vision impairment as well as her impairments in executive functioning and memory.
2. Given her daughter's observations of mild depressive symptoms and disinhibition, her mood functioning should be monitored regularly over time to determine whether pharmacological treatment becomes warranted.
3. Regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for the operation of potentially dangerous household appliances should be provided to help ensure her safety. The probably progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs.
4. Ms. Rudd would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance her chances of successful task completion. Multi-tasking should be avoided when possible.
5. She should be accompanied by a family member or trusted associate to all medical appointments given her cognitive impairments. Her retention of information should not be assumed. The provision of information in written form may be helpful so that she may refer to it later. She would benefit from assistance with complex decision-making. She may lack the capacity to make rational, informed decisions about her personal affairs due to her cognitive impairments.
6. Ms. Rudd and her family may benefit from information and resources available through the Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas) or 713-314-1314).

Dr. Javanshir, thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/23/2026

*\*\*\*Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*