

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name: Frances Seiler  
Date of Birth (Age): 8/1/1946 (79)  
Ethnicity/Race: Caucasian/White  
Date of Evaluation: 6/22/2026

Education: 16  
Handedness: Right  
Occupation: Retired  
Marital Status: Married

*This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.*

**History and Presenting Problem:** The following background information was gathered from an interview with the patient and her husband, as well as a review of available medical records. Ms. Frances Seiler is a 79-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Alix Halter, FNP-C, secondary to concern about cognitive decline. Her MMSE was 26/30 on 5/6/2026.

Cognitively, Ms. Seiler reported mild memory changes, noting that she misplaces items (e.g., car keys) and struggles to recall names of old acquaintances. Her husband has also noticed these changes over the past year, indicating she is often unable to find familiar kitchen items.

Notably, Ms. Seiler described experiencing heightened arthritic pain in her knees, hands, and elbows in the last two to three months for which she reportedly began taking three different pain medications. Her husband indicated that this contributed to prominent changes in her cognition and energy level, as she was mentally “out of it” and began sleeping 12 to 14 hours per day. These medications were stopped entirely one week ago; since then, Mr. Seiler reports that the patient seems to be thinking more clearly but feels she has not yet returned to her baseline. She also recently began taking a B12 supplement and feels this has been helpful for her mental clarity.

Functionally, Ms. Seiler has experienced a decline in her instrumental activities of daily living. She stopped cooking approximately six months ago. While she remains independent with basic personal care, her husband currently manages her medications and performs all household tasks (e.g., cleaning and laundry). Regarding transportation, Ms. Seiler self-limited her driving about a month ago, attributing this decision to heavy traffic rather than any accidents or a loss of directional sense. Her husband corroborated this change, noting she no longer wishes to take long trips alone; consequently, he has since assumed all driving responsibilities.

Physically, Ms. Seiler described reduced mobility but denied any changes to her balance. She has not suffered any falls. However, she reported being more attentive to her movements and exercising caution to prevent falls. Vision is reportedly diminished for which she uses “cheaters.” Her hearing is adequate.

Emotionally, Ms. Seiler described her mood as “pretty good,” remarking that “every day is a gift.” She denied symptoms of depression, anxiety, or psychosis during the interview. She remains active by reading frequently, participating in a book club, and completing needlework and crocheting. She gets out of the house once or twice a week, and she and her husband recently began taking daily walks.

Regarding health habits, her appetite has decreased, and she has lost approximately 20 pounds over the past six months. Medical records note a 50 lb. weight loss in three years. Ms. Seiler indicated that she is not hungry most of the time; her husband reported a notable change in her appetite beginning about three months ago. Sleep was described as variable, often depending on if she is working on a project; she typically goes to bed between 10:00 PM and 12:00 AM, but occasionally stays up until 2:00 AM to 5:00 AM. Since stopping her pain medications, her sleep has stabilized to four to six hours per night along with one to two hours of daytime sleep. She reports having good energy. She consumes two to four ounces of wine at dinner each night but denied any history of alcohol or substance abuse. She has never used nicotine or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for hyperlipidemia, hypertension, diabetes, subclinical hyperthyroidism, and seasonal allergies. Medical records indicate a history of urinary tract infections and incontinence, but these issues were denied by the patient and her spouse.

A CT Brain without contrast (performed on 5/12/2026) was read to show, “No acute intracranial abnormality. 4 mm calcific focus in the right aspect of the pituitary adjacent to the right cavernous ICA. 4 mm soft tissue attenuation focus along the left aspect of the pituitary adjacent to the left cavernous ICA. While these could represent pituitary nodules, cavernous ICA aneurysms are not excluded. Recommend further evaluation with CTA brain. Mild diffuse cerebral volume loss which appears greatest in the frontal and parietal lobes. Mild chronic small vessel ischemic changes.”

Surgical history is notable for a left carpal tunnel release, dental extraction with implant, and a diagnostic laparoscopy.

Psychiatric history is unremarkable.

Family medical history is remarkable for hypertension and a stroke in her mother, who passed away at age 94. Her father had heart disease and passed away in his 90s. Her sister had pancreatic cancer, and a brother had shingles.

Medications: olmesartan, ibuprofen, cetirizine, Mind Renew, Vitamin E, Vitamin B12, flaxseed oil, biotin, potassium, and turmeric

Psychosocial History: Ms. Seiler was born and raised in Texas. She is a monolingual English speaker. She denied any history of learning problems or grade retention. Rather, she reportedly did well in school. She earned a bachelor’s degree in mathematics. Vocationally, she wrote computer programs for energy companies. She retired 8 to 10 years ago.

She has been married to her current husband for 30 years and reports one prior marriage. Together, she and her current spouse have five daughters and 11 grandchildren.

**Behavioral Observations:** Ms. Seiler presented to the appointment on time, accompanied by her husband. She was casually dressed and adequately groomed. She ambulated independently, with an unremarkable gait and motor behavior. Interpersonally, she was friendly and laughed throughout the session. Comprehension was grossly intact, and spontaneous speech was clear and fluent. Thought content was logical, with no behavioral indication of hallucinations or delusional thinking. She was alert and oriented to person; however, she was not oriented to time or place. She exhibited good eye contact. Vision and hearing were adequate for the purposes of testing. Affect was broad and appropriate to the setting, and rapport was established with ease. With regard to test-taking style, Ms. Seiler exhibited a relaxed demeanor. She was easily engaged and remained in a cheerful mood throughout the session. She understood task instructions as provided, worked at a consistent pace, and was cooperative, completing all activities asked of her.

**Results:** On an embedded measure of task engagement/performance validity, the patient’s performance was below recommended clinical cutoffs, although consistent with a pattern seen in individuals with genuine memory impairment.

*Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.*

| <b>Domain</b>                       | <b>Test Name</b>               | <b>Raw Score</b> | <b>Descriptor</b> |
|-------------------------------------|--------------------------------|------------------|-------------------|
| Auditory Attention                  | WAIS-IV DSF                    | 9                | Average           |
|                                     | WAIS-IV DSB                    | 2                | Exceptionally Low |
|                                     | WAIS-IV DSS                    | 9                | Average           |
| Visual Attention & Processing Speed | WAIS-IV Coding                 | 43; 1 error      | Average           |
|                                     | WAIS-IV Symbol Search          | 21               | Average           |
|                                     | Trail Making Test- A           | 45 seconds       | Low Average       |
|                                     | D-KEFS Color-Word Color Naming | 28 seconds       | High Average      |
|                                     | D-KEFS Color-Word Word Reading | 20 seconds       | High Average      |
| Language                            | WRAT-5 Word Reading            | 66               | High Average      |
|                                     | NAB Naming                     | 31               | High Average      |
|                                     | Animal Naming                  | 19               | Average           |
| Verbal Memory                       | HVLT-R Total (5-5-5)           | 15               | Below Average     |
|                                     | Delayed Recall                 | 0                | Exceptionally Low |
|                                     | % Retained                     | 0%               | Exceptionally Low |
|                                     | Recognition Hits               | 6                | ---               |
|                                     | False Positives                | 5                | ---               |

|                       |                                               |             |                                |
|-----------------------|-----------------------------------------------|-------------|--------------------------------|
|                       | Recognition Discrimination                    | ---         | Exceptionally Low              |
| WMS-IV                | Logical Memory I                              | 23          | Average                        |
|                       | Logical Memory II                             | 3           | Below Average                  |
|                       | Retention                                     | ---         | Exceptionally Low              |
|                       | Recognition                                   | 16          | Within Normal Limits           |
| Visual Memory         | Visual Reproduction I                         | 13          | Exceptionally Low              |
| WMS-IV                | Visual Reproduction II                        | 0           | Exceptionally Low              |
|                       | Retention                                     | ---         | Below Average                  |
|                       | Recognition                                   | 4           | Within Normal Limits           |
| Visuospatial          | WAIS-IV Matrix Reasoning                      | 18          | Above Average                  |
|                       | Benton JLO                                    | 23          | Average                        |
|                       | RCFT Copy                                     | 31          | Within Normal Limits           |
| Executive Functioning | FAS                                           | 45          | Average                        |
|                       | Trail Making Test- B                          | 107 seconds | Low Average                    |
|                       | D-KEFS Color-Word Inhibition Time             | 58 seconds  | High Average                   |
|                       | D-KEFS Color-Word Inhibition Errors           | 0           | High Average                   |
|                       | D-KEFS Color-Word Inhibition/Switching Time   | 100 seconds | Low Average                    |
|                       | D-KEFS Color-Word Inhibition/Switching Errors | 26          | Exceptionally Low              |
|                       | WAIS-IV Similarities                          | 24          | Average                        |
|                       | M-WCST Categories Completed                   | 4           | Below Average                  |
|                       | M-WCST Perseverative Errors                   | 6           | Below Average                  |
|                       | CLOX-1                                        | 13          | Within Normal Limits           |
| Motor                 | Grooved Pegboard- DH                          | 80 seconds  | Average                        |
|                       | Grooved Pegboard- NDH                         | 111 seconds | Low Average                    |
| Self-Report           | BDI-II                                        | 4           | Minimal symptoms of depression |
|                       | GAD-7                                         | 3           | Within Normal Limits           |

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the high average range based upon her reported academic/vocational achievement and performance indicators.

Ms. Seiler scored within the average to high average range across measures of auditory attention/working memory (digit repetition and sequencing) and visual processing speed (symbol search, coding, and rapid word reading and color naming). However, her complex auditory mental manipulation (digit span backward) fell into the exceptionally low range.

Performances on measures of single-word reading and confrontation naming were within the high average range. Semantic and phonemic fluency were average.

Similarly, visuospatial skills remain intact, with visual perception, construction, and nonverbal reasoning falling within the average to above average range.

In contrast, significant weakness was noted in acquisition and retrieval of information. While she demonstrated average immediate recall for structured verbal information (stories), her delayed recall dropped to below average with exceptionally low retention. Her ability to learn an unstructured list of words was below average, and she exhibited rapid forgetting with nil recall after a delay, as well as exceptionally low recognition discrimination. Immediate and delayed recall for complex visual information was exceptionally low. She was, however, able to benefit from recognition cueing for both stories and visual designs.

On tasks of executive functioning, verbal concept formation and simple response inhibition were intact. However, she demonstrated prominent weaknesses on tasks requiring complex cognitive flexibility, set-shifting, and novel problem solving. Speeded alphanumerical sequencing was mildly reduced (low average), whereas her performance on a measure of inhibition/switching was slowed (low average) and characterized by an exceptionally high number of errors (26). Her ability to establish and shift cognitive set was reduced, falling within the below average range.

Fine motor dexterity was average in her dominant right hand and low average in her nondominant left hand.

From an emotional standpoint, she denied clinically elevated symptoms of depression or anxiety, which is consistent with her reported mood.

Summary: Ms. Seiler's neurocognitive profile reveals a notable decline from her estimated premorbid baseline and the performance of same-age peers. The most salient deficits are appreciated within learning/memory and complex executive functioning. Her memory impairment is characterized by a prominent amnesic profile with rapid forgetting and poor recognition for unstructured verbal material, as well as rapid forgetting of visual material. Furthermore, while simple attention and processing speed are preserved, she exhibits pronounced executive dysfunction, particularly regarding working memory, cognitive flexibility, set-shifting accuracy, and novel problem-solving. Language and basic visuospatial skills remain intact.

Functionally, objective cognitive weaknesses correspond with her spouse's report of a progressive decline in short-term memory and a loss of independence with complex instrumental activities of daily living, such as cooking and driving. Integrating all available clinical information, her presentation is consistent with a neurocognitive disorder. The insidious onset, progressive trajectory, and pattern of rapid forgetting are highly suspicious for an underlying Alzheimer's disease process, with her longstanding vascular risk factors and chronic small vessel ischemic changes likely compounding her cognitive difficulties.

Diagnosis: Mild Dementia Due to Multiple Etiologies (Alzheimer's Disease and Vascular Disease), Without Behavioral Disturbance

Recommendations:

### **Safety and Daily Functioning**

- Ongoing Supervision: Considering reports of functional changes, memory loss, and objective cognitive decline, Ms. Seiler should continue to receive support and oversight with complex instrumental activities of daily living to optimize safety and well-being. Her husband is advised to continue managing her finances, medications, laundry, and transportation.
- Driving Cessation: Ms. Seiler self-limited her driving about a month ago. Given her pronounced deficits in working memory and complex set-shifting/executive functioning, permanent driving cessation is strongly advised to ensure her personal safety and the safety of those around her.

### **Vascular Risk Management**

- Strict ongoing management of Ms. Seiler's cerebrovascular and metabolic risk factors, including her hypertension, hyperlipidemia, and diabetes, by her primary care provider is strongly advised. Consistent medical monitoring of these conditions is crucial to help mitigate further vascular-related cognitive decline associated with her chronic small vessel ischemic changes.

### **Lifestyle Changes**

- Nutrition and Diet: Ms. Seiler is encouraged to engage in positive health behaviors to promote physical and cognitive health, including maintaining a well-balanced, nutrient-dense diet. To help accommodate a decreased appetite and unintentional weight loss, eating smaller, more frequent meals or nutrient-rich snacks throughout the day may be beneficial. Consultation with a registered dietitian or her primary care physician is also recommended to ensure she is adequately meeting her daily nutritional needs.
- Sleep Hygiene: Ms. Seiler may benefit from implementation of healthy sleep habits to promote restful and restorative sleep. Useful strategies to further stabilize her sleep cycle include following a consistent sleep/wake schedule, limiting daytime napping, developing a relaxing bedtime routine, keeping the bedroom at a comfortable temperature, using low lights in the evenings, and avoiding screen time before going to bed.

**Compensatory Strategies:**

- General compensatory strategies are recommended to help maximize cognitive efficiency. These may include breaking tasks down into smaller parts, having/setting scheduled routines, having a place for everything and everything in its place, reducing distractions, maximizing time when feeling most alert, and using external aids (e.g., smartphone, planner, diary, alarm watch, labels, notebooks, checklists/to-do lists).
- Family members should utilize brief, direct instructions and provide frequent repetition. Because her short-term recall is significantly impaired, her retention of previously stated information should not be assumed in any communication.

**Future Planning and Caregiver Support**

- Advance Directives: The current findings may serve as an impetus for Ms. Seiler to ensure that her affairs are in order. Ensuring that documentation such as durable power of attorney, medical power of attorney, and an advanced care plan are in order and up to date is recommended.
- Caregiver Support: Caring for a loved one experiencing cognitive changes can be demanding. Her husband and family are encouraged to engage in routine self-care to promote emotional well-being and prevent caregiver burnout. Support groups are a great source of information and emotional support. The Alzheimer's Association ([www.alz.org](http://www.alz.org) or 713-314-1313) is a recommended resource.

Thank you for the opportunity to participate in this patient's care.

*Aimee Giammittorio, Ph.D.*

Licensed Psychologist

Electronically signed: 6/22/2026.