Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

Name: Kimberly Siddle
Date of Birth (Age): 12/30/1968 (57)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 6/17/2026

Education: 14
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 review of available medical records. Ms. Kimberly Siddle is a 57-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Hassan Javanshir, MD, secondary to concern about altered mental status and cognitive decline.

Ms. Siddle reported experiencing an incident in mid-May 2026 during which she woke up "seeing white" and couldn't breathe. She reported going to the emergency room for tests, which she stated were unremarkable, followed by a second ER visit days later due to ongoing symptoms. She initially denied any other recent health changes.

A review of Ms. Siddle's medical records indicates an earlier hospital admission on 4/29/2026 in relation to a severe fall with related nausea, vomiting, and a sudden onset of altered mental status. Records indicate she required intubation for airway protection and sustained multiple fractures, including to her ribs, pelvis (nondisplaced pubic rami), and T9 and T11 vertebrae. When discussing this period, Ms. Siddle readily recalled falling down 18 wooden stairs at her home and fracturing her ribs and pelvis, noting that she is recovering well. She views her physical recovery positively, though she attributes the T11 fracture to an older injury sustained five years ago when she tripped and fell down the same stairs while carrying her dog.

Cognitively, Ms. Siddle denied any notable changes to her thinking abilities, expressing uncertainty as to why she was referred for the current evaluation. Provided with rationale, she agreed to participate.

Physically, Ms. Siddle reported experiencing some pain with movement but described it as "nothing major." She indicated her mobility is generally good. She utilizes reading glasses for her vision and denied any changes to her hearing.

Functionally, Ms. Siddle remains highly independent. Specifically, she manages housekeeping, cooking, and her medications without issue. Her husband handles the bills and does most of the driving, though she retains her license and denied any issues with driving; notably, she reported that she simply stopped driving 3-4 years ago following an accident and never purchased another vehicle.

Emotionally, Ms. Siddle described her mood as “pretty even” most of the time. She has a history of anxiety but indicated it is well controlled. She currently participates in weekly therapy with a psychologist and sees a psychiatrist for medication management, which she finds beneficial. She denied current depression, psychosis, or a history of mania. She noted that her prescribed quetiapine helps with sleep and calms her racing thoughts.

Regarding health habits, Ms. Siddle reported that she sleeps well. She has a good appetite and maintains a well-balanced diet. She is a former heavy alcohol user, reporting that she drank heavily for 40 years (up to 2 pints of vodka per day). She had successfully maintained sobriety for two years before experiencing a “slip” in March 2026. She has a 40-year smoking history, having quit traditional cigarettes approximately four years ago, and currently vapes. She denied any past or present illicit substance use.

Medical & Psychiatric History: Ms. Siddle’s medical history is remarkable for asthma and cardiac arrhythmia. Medical records also reference a history of stroke and unspecified encephalopathy associated with her recent hospitalizations in April and May 2026.

Surgical history includes a left hip replacement, breast augmentation, and tooth extraction. Psychiatric history is notable for bipolar disorder, anxiety, and depression.

Neuroimaging (CT of the head and CT angiogram of the brain and neck) performed during her May 2026 hospitalization were reportedly unremarkable. EEG was also reportedly normal. Ms. Siddle reported that an MRI is scheduled for late June 2026.

Family medical history includes Lewy body dementia in her father (passed away in 60s), colon cancer in her mother (passed away at 40), and muscular dystrophy in her sister (deceased).

Medications: quetiapine, lamotrigine, and fluoxetine.

Psychosocial History: Ms. Siddle was born in Texas and grew up in Saudi Arabia, living there on and off for 33 years. She is a monolingual English speaker. She has completed 14 years of formal education, which includes a high school diploma and two years of college.

Vocationally, she worked in the oil and gas industry as an administrative/project assistant for 27 years before retiring last year.

She has been married for 17 years.

In her leisure time, she enjoys volunteering at the HSPCA, doing puzzles, watching television, practicing tai chi, and spending time with her two dogs.

Behavioral Observations: Ms. Siddle presented to the appointment accompanied by her husband, but he did not participate in the clinical interview. She was casually dressed and adequately groomed. She ambulated independently, with an unremarkable gait and motor behavior. Interpersonally, she was friendly and fully oriented to person, place, and time. Comprehension was grossly intact. Spontaneous speech was clear, fluent, and goal directed. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. She maintained good eye contact, and her affect was broad and appropriate to the setting.

With regard to her test-taking style, Ms. Siddle was easily engaged. She occasionally expressed feeling irritated by the testing process, inquiring when the session would conclude. She demonstrated a tendency to work quickly and, at times, attempted to initiate tasks before instructions were fully provided. Despite this mild impulsivity, she remained cooperative and completed all activities asked of her.

Results: Ms. Siddle scored within expected limits on measures of task engagement and performance validity. Cognitive results are considered valid.

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

Domain	**Test Name**	**Raw Score**	**Descriptor**
Auditory Attention	WAIS-IV DSF	8	Average
	WAIS-IV DSB	8	Average
	WAIS-IV DSS	7	Average
Visual Attention & Processing Speed	WAIS-IV Coding	55; 1 error	High Average
	WAIS-IV Symbol Search	33; 1 error	Average
	Trail Making Test- A	24 seconds	High Average
	D-KEFS Color-Word Color Naming	33 seconds	Average
	D-KEFS Color-Word Word Reading	28 seconds	Low Average
Language	WRAT-5 Word Reading	61	Average
	NAB Naming	31	Average
	Animal Naming	24	Average
Verbal Memory	CVLT-3 Total (5-8-11-12-13)	49	Average
CVLT-3	Short Delay Free	12	High Average
	Short Delay Cued	13	Average
	Long Delay Free	11	Average
	Long Delay Cued	12	Average
	Total Repetitions	14	Low Average
	Total Intrusions	4	Average
	Recognition Hits	16	High Average

	False Positives	2	Average
	Recognition discrimination	---	Average
WMS-IV	Logical Memory I	28	Average
	Logical Memory II	21	Average
	Retention	---	Average
	Recognition	26	Within Normal Limits
Visual Memory			
WMS-IV	Visual Reproduction I	28	Low Average
	Visual Reproduction II	21	Average
	Retention	---	High Average
	Recognition	5	Within Normal Limits
Visuospatial	WAIS-IV Matrix Reasoning	11	Low Average
	Benton Judgment of Line Orientation	20	Average
	RCFT Copy	20	Exceptionally Low
Executive Functioning	FAS	50	High Average
	Trail Making Test- B	48 seconds	High Average
	D-KEFS Color-Word Inhibition Time	56 seconds	Average
	D-KEFS Color-Word Inhibition Errors	0	High Average
	D-KEFS Color-Word Inhibition/Switching Time	47 seconds	Above Average
	D-KEFS Color-Word Inhibition/Switching Errors	0	High Average
	WAIS-IV Similarities	23	Average
	M-WCST Categories Completed	4	Below Average
	M-WCST Perseverative Errors	4	Low Average
Motor	Grooved Pegboard- DH (Right)	70 seconds	Average
	Grooved Pegboard- NDH (Left)	81 seconds	Average
Self-Report	BDI-II	4	Minimal symptoms of depression
	GAD-7	2	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 average range based upon reported academic/vocational achievement and performance indicators.

Ms. Siddle scored within normal limits across all cognitive domains, including auditory attention/working memory, visual attention/processing speed, language, learning, memory, visuospatial perception and reasoning, bilateral fine motor speed/dexterity, and executive functioning. She exhibited relative strength on a complex response inhibition measure, scoring in the above average range.

She exhibited isolated weaknesses in visuospatial planning/construction and on a novel card sorting task. Rather than reflecting a true primary deficit or an active neurodegenerative process, these inefficiencies appear largely driven by her rushed behavioral approach and organizational imprecision during testing.

From an emotional standpoint, Ms. Siddle endorsed minimal symptoms of depression and anxiety on self-report questionnaires.

Summary: Ms. Siddle's neurocognitive profile is characterized by multiple strengths and falls broadly within normal limits. Despite documented medical events in April and May 2026, including hospital admissions involving a severe fall with multiple fractures, respiratory issues, and altered mental status, Ms. Siddle reports feeling well from a physical, functional, cognitive, and emotional standpoint. Her subjective sense of cognitive wellness aligns with her objective test data, which do not reveal significant or progressive cognitive impairment at this time. While areas of mild inefficiency were evident, these appear mediated by her rushed, impulsive approach to structured tasks rather than an underlying neurodegenerative process. Overall, this is a reassuring cognitive evaluation, though close communication with her medical providers is encouraged to ensure a shared understanding of her recent acute medical events and ongoing care needs.

Diagnosis: Cognitive Impairment Ruled Out

Recommendations:

1. **Medical Follow-Up:** Ms. Siddle should continue regular appointments with her primary care physician and neurologist. Given her recent history of severe trauma, falls, and altered mental status, continued medical monitoring is crucial to ensure she is receiving comprehensive post-acute care and managing cardiovascular and respiratory risk factors.

2. **Psychiatric and Psychological Maintenance:** Ms. Siddle is highly encouraged to continue her weekly therapy sessions and adhere to her current psychotropic medication regimen for mood management under the supervision of her psychiatrist.

3. **Substance Use Abstinence:** Continued abstinence from alcohol is strongly recommended. Maintaining sobriety is critical to protect her long-term neurological health.

4. **General Compensatory Strategies:** To mitigate the mild impulsivity and organizational inefficiencies observed during testing, Ms. Siddle may benefit from consciously slowing her pace when tackling novel or complex tasks. Utilizing written checklists and breaking multi-step projects into smaller parts can also help reduce errors and increase overall efficiency.

5. **Fall Precautions:** Considering her recent severe fall on the stairs resulting in multiple fractures, Ms. Siddle and her husband should evaluate their home environment for safety. Ensuring adequate lighting, securing rugs, and utilizing handrails on staircases can minimize the risk of future injuries.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 6/18/2026.