Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Jonathan Smulian **REFERRAL SOURCE:** Alix Halter, FNP-C

DATE OF BIRTH: 06/29/1930 (95) **DATE OF EXAM:** 06/23/2026

REASON FOR REFERRAL

Alix Halter, FNP-C, referred Mr. Smulian for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

***Identifying Information*:** The following information was obtained from a clinical interview with Mr. Smulian and his caregiver, Rita, along with a review of his available medical records. Mr. Smulian is a 95-year-old, right-handed, widowed, Caucasian male with 18 years of formal education.

***Presenting Problem*:** Mr. Smulian reported experiencing cognitive concerns over the past few months. While he only endorsed reduced processing speed, his caregiver indicated that he also exhibited memory loss (e.g., forgetting names, misplacing items, repeating himself, and asking others to repeat information). Of note, she reported working with him for the past two years and observing a progressive decline over that time.

Functionally, Mr. Smulian and his caregiver denied noticing any changes in his ability to perform basic self-care tasks. Regarding instrumental activities of daily living, both corroborated that he remains capable of cooking and completing routine household chores. However, his son reportedly assumed management of his finances approximately two years ago due to Mr. Smulian's forgetfulness. Additionally, both Mr. Smulian and his caregiver endorsed impairments in medication management, observing that he intermittently forgets to administer his daily doses. Lastly, Mr. Smulian ceased driving between one and two years ago; he attributed this cessation to a lack of confidence rather than to experiencing motor vehicle accidents or becoming lost.

From an emotional standpoint, Mr. Smulian endorsed feelings of depression and general malaise over the past few years. He denied suicidal ideation or symptoms suggestive of psychosis. His weight is reportedly stable. Mr. Smulian described his sleep onset and maintenance as adequate. Despite characterizing his energy level as sufficient, he acknowledged needing and taking naps frequently throughout the day.

MEDICAL HISTORY

Mr. Smulian’s medical history is significant for chronic obstructive pulmonary disease, diaphragmatic hernia, diminished kidney function, essential hypertension, gastritis, gastroesophageal reflux disease, a history of cryptococcosis of the lung, hyperlipidemia, lung cancer (carcinoid tumor; status post-chemotherapy, radiation therapy, and surgical intervention), macular degeneration, meningioma (status post-surgical intervention), osteoarthritis, osteoporosis, psoriasis, pulmonary nodules, a right inguinal hernia, suspected obstructive sleep apnea, and a tortuous aorta. Mr. Smulian also endorsed a history of a remote head injury and stroke, although the details surrounding both were unknown.

Diagnostic Test & Imaging: A CT of the brain without contrast (05/11/2025) revealed a stable posterior parietal/occipital craniotomy, a stable calcified posterior parafalcine mass likely due to a meningioma, a stable right frontal scalp lipoma, intracranial vascular calcifications, and mild chronic ischemic small vessel white matter changes. No acute intracranial abnormalities were identified.

Surgeries & Procedures: His surgical history includes bilateral cataract extraction, cholecystectomy, colonoscopy, esophagogastroduodenoscopy with biopsy, hemorrhoidectomy, left cemented hip hemiarthroplasty, left knee arthroplasty, left lung lobectomy, meningioma resection via craniotomy, and tonsillectomy.

Current Medications: His current medication regimen includes amlodipine, aspirin, calcium, fish oil, Immunovites, lisinopril, memantine, pantoprazole, PreserVision, and Tylenol (prn).

Substance Use: Mr. Smulian reported a history of smoking cigarettes from age 22 to 75, but denied a history of alcohol or recreational drug abuse.

Family History: Mr. Smulian stated that his mother had a history of arthritis and a stroke; she died at age 100. His father also suffered from arthritis and a stroke; he died in his 90s. Mr. Smulian had one older brother who died following a history of breast cancer, hypertension, stroke, and tuberculosis.

MENTAL HEALTH HISTORY
Mr. Smulian denied current mental health treatment. He previously tried escitalopram, but the medication caused generalized weakness and was discontinued four to five months ago. He stated that he might have participated in psychotherapy for a period in the remote past, but he was uncertain and unable to provide further details.

EDUCATIONAL HISTORY
Mr. Smulian completed 18 years of formal education, earning both bachelor's and master's degrees in architecture from institutions in South Africa and England, respectively. He described his past academic performance as "above average." He denied a history of special education services, specific learning disorders, or grade retention.

MILITARY HISTORY
Mr. Smulian reported that he served in the Israeli Army from 1965 until 1966.

OCCUPATIONAL HISTORY
Mr. Smulian was primarily employed as an architect and town planner throughout his career. While Mr. Smulian reported that he occasionally continues to perform professional work, his caregiver denied this. He retired from full-time employment between two and five years ago.

SOCIAL HISTORY
Mr. Smulian was born and raised in South Africa, and he subsequently relocated to the United States in 1980. He is multilingual, demonstrating current fluency in English and Spanish, alongside past fluency in Afrikaans. He also reported speaking limited Dutch, French, German, Hebrew, and Portuguese.

Mr. Smulian was married for 50 years until his wife's passing in 2022. He has one son, who lives in New York. Mr. Smulian currently resides in an independent living facility in Houston, Texas, where he utilizes supportive caregivers seven days a week (9:00 AM to 2:00 PM; 6:00 PM to 8:00 PM).

BEHAVIORAL OBSERVATIONS
Mr. Smulian arrived promptly and was accompanied by his caregiver. He was appropriately dressed, reasonably well-groomed, and ambulated with a cane. His hearing was adequate for testing purposes. Although he wore eyeglasses, he reported throughout the evaluation that his vision was blurry, which negatively impacted some of his test performances. As such, accommodations and modifications were provided as needed. His speech was within normal limits. His mood was reportedly “okay,” and his affect was consistent with conversational

content. Rapid forgetting was evident. Overall, he was pleasant and cooperative, persevering throughout testing. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

TESTS ADMINISTERED

Clinical interview with the patient & his caregiver
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Test of Nonverbal Intelligence – 4
Wechsler Adult Intelligence Scales – IV, selected subtests
Dementia Rating Scale – 2 (DRS-2)
Repeatable Battery for the Assessment of Neuropsychological Status
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Finger Oscillation Test
Trail Making Test, Oral
Geriatric Depression Scale
Beck Anxiety Inventory

NEUROPSYCHOLOGICAL FUNCTIONING

Caution was exercised when interpreting his test data because exact normative comparisons were not always possible given his age. As such, the closest appropriate age group was utilized.

Mental Status: Mr. Smulian obtained a score of 17 out of 30 on the MMSE. He was disoriented to time (year, season, month, day, and date) and place (city, county, and building). He was also unable to recall any of the three words after a delay, follow one step of a multistep command, or copy a design.

Attention & Processing Speed: Simple attention on the DRS-2 was low average, and digit repetition was average. His performance on speeded oral counting was exceptionally high. His visual difficulties hindered his ability to complete a measure of number and symbol transposition.

Learning & Memory: Short-delayed recall of a sentence he read moments earlier was impaired. Similarly, recall of a sentence he generated moments earlier was impaired. Immediate forced-choice recognition memory for words and figures was within expectations.

Word list learning and delayed recall of the word list were below average, with zero words produced after the delay. List recognition memory was exceptionally low. Immediate story memory was below average, and delayed story memory was exceptionally low, with zero story elements recalled. Similarly, delayed visual memory was exceptionally low, with zero figure elements produced.

Language: Expressive vocabulary was exceptionally high. Phonemic fluency was average, and semantic fluency was low average. While confrontation naming fell within normal limits on a brief screener, his performance was exceptionally low on a more complex naming task. Of note, his visual difficulties occasionally resulted in misperceived stimuli. Similarly, single-word reading could not be assessed due to reduced visual acuity.

Visuospatial/Construction: Visual organization of abstract block designs was average, and visuospatial judgment was within normal limits. Conversely, scores on both simple and complex construction tasks were exceptionally low.

Motor Functioning: Fine motor speed was average with the dominant hand and above average with the nondominant hand.

Executive Functioning: Speeded oral cognitive flexibility was below average, and he made three errors on this task. His performance on measures of initiation and perseveration was also below average. However, conceptualization and nonverbal reasoning fell within the average range.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed minimal symptoms of anxiety and mild symptoms of depression.

SUMMARY

Mr. Smulian was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed impairments in memory (learning, recall, and recognition), complex confrontation naming, and executive functioning (cognitive flexibility, initiation, and perseveration). While he also exhibited difficulties on some measures of visuospatial skill, his scores on these tasks should be interpreted cautiously due to his complaints of blurry vision and documented macular degeneration. Similarly, his reduced visual acuity may have affected his ability to complete visual processing speed tasks and certain items on a measure of confrontation naming. Low average scores were evident in simple attention and semantic verbal fluency. The remainder of his cognitive performance fell in the average range or higher. On brief measures of mood, he reported mild symptoms of depression.

In sum, Mr. Smulian's test results reflect a notable cognitive decline relative to same-aged peers and his estimated premorbid level of functioning. Based on his performance pattern and corroborated functional changes, a diagnosis of dementia is appropriate. Given his overall presentation, particularly the severe deficits in memory and evidence of rapid forgetting with limited benefit from a recognition paradigm, an underlying Alzheimer's disease process is strongly suspected. However, an additional contribution from a cerebrovascular etiology cannot be entirely ruled out given his medical history. While he exhibited visual difficulties and endorsed mild depressive symptoms, the breadth and severity of his objective cognitive deficits exceed what would be expected from these factors alone.

Impressions: Probable Dementia of the Alzheimer's Type, Mild to Moderate Severity
Adjustment Disorder with Depressed Mood

Recommendations:

1. Mr. Smulian would benefit from continued assistance with managing his medical, financial, and legal affairs. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is in order. This ensures that his wishes will be respected and considered in future decision-making processes.

2. His retention of information should not be assumed in any conversation or other communication. A family member or trusted associate should accompany him to all doctor visits and other important meetings. Providing information in written form may be helpful so that he can refer to it later.

3. Given his cognitive profile and current living arrangement, Mr. Smulian requires ongoing support and supervision to manage his daily needs. Should those needs eventually surpass the scope of care available at his independent living facility, transition to an assisted living or memory care community is strongly recommended.

    a. *Financial & Medication Management:* Mr. Smulian would benefit from continued supervision and assistance with these tasks. Additional compensatory techniques that may prove useful include: automatic bill payment, detailed notes, reminders, and pillboxes.

    b. *Driving & Operating Machinery/Appliances*: Given his cognitive deficits, driving cessation remains the safest course of action. He would also benefit from supervision when attempting to operate potentially dangerous appliances such as an oven, stove, or iron.

c. *Misplacement of Items*: Mr. Smulian would benefit from identifying a central, visible location in his home to store his daily necessities (e.g., keys, glasses, wallet, and cell phone).

d. *Organization/Multitasking*: Mr. Smulian may benefit from breaking down complex tasks into manageable parts. He would also benefit from completing tasks in an environment that minimizes outside distractions. The use of structured daily routines and compensatory strategies (e.g., a memory notebook, timers, and detailed checklists) is strongly encouraged.

e. *Emergencies:* It would be helpful for Mr. Smulian to have important telephone numbers programmed in his cell phone or written in his daily planner. This will allow him to contact people when desired or needed (e.g., family, police, and fire department). Utilization of a medical alert device is strongly encouraged.

3. He reported mild symptoms of depression on mood questionnaires. He should consult with his prescribing physician about his emotional symptoms, as treatment with psychotropic medication would likely offer clinical benefit.

4. Throughout the evaluation, Mr. Smulian reported blurry vision. He is encouraged to consult with his ophthalmologist about his persistent visual difficulties.

5. He is encouraged to participate in previously enjoyed hobbies, as well as organizations or clubs. Routine activity and social interaction will be essential for maintaining good health and reducing social withdrawal.

6. Additional resources for Mr. Smulian and his family/friends (i.e., caregivers) can be found online at http://www.ninds.nih.gov/ and http://www.alz.org/texas/.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

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Board Certified, American Board of Clinical Neuropsychology
Electronically signed: 06/23/2026