

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

**NAME:** Nancy Snedecor

**REFERRAL SOURCE:** Hassan Javanshir, M.D.

**DATE OF BIRTH:** 01/12/1949 (77)

**DATE OF EXAM:** 06/15/2026

#### **REASON FOR REFERRAL**

Dr. Javanshir referred Ms. Snedecor for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

**Identifying Information:** The following information was obtained from a clinical interview with Ms. Snedecor and her daughter, Ms. Sarah Indellicati, along with a review of available medical records. Ms. Snedecor is a 77-year-old, right-handed, divorced, Caucasian female with 16 years of education.

**Presenting Problem:** Ms. Snedecor was reportedly unclear regarding her reason for referral. When asked specific questions about her cognition, she acknowledged mild memory difficulties (e.g., forgetting names, repeating herself, and asking others to repeat information), occasional word retrieval problems, and reduced processing speed.

Ms. Indellicati was able to provide a more detailed account regarding the onset and progression of Ms. Snedecor's symptoms. She indicated that Ms. Snedecor was referred for testing due to concerns about progressive decline. Until 2024, Ms. Snedecor had been residing in Hawaii independently. Ms. Indellicati stated that she received calls from people in Hawaii indicating that she needed to be more engaged in her mother's care due to concerns about her functioning. For instance, she had missed several of her doctor's appointments. With greater involvement, Ms. Indellicati noted that Ms. Snedecor was malnourished (only 86 pounds), imbalanced, and falling frequently. She was also struggling to perform basic and instrumental activities of daily living. At that point, she relocated Ms. Snedecor to Texas to provide additional support. In approximately April 2025, Ms. Indellicati noted that her mother stabilized, improving slightly but without returning to her baseline level of functioning. She also described a "rollercoaster effect" regarding her symptoms. Currently, she reported observing various cognitive difficulties, such as memory loss, inattention, occasional poor decision-making, word retrieval problems, reduced processing speed, and impaired visuospatial skills (e.g., bumping into objects when walking).

Functionally, Ms. Snedecor continues to receive assistance with basic and advanced daily tasks. Specifically, she requires supervision when dressing herself (e.g., putting clothing on backwards) and managing her personal hygiene; she reportedly resists showering and opts to use wipes instead. Her daughter takes her to get her nails and hair done every two weeks. She indicated that she has also taken Ms. Snedecor to the dentist, but she was unclear about her daily oral hygiene. With complex activities of daily living, Ms. Snedecor heats premade meals in the microwave. Her finances are currently managed by her family due to instances of excessive spending in 2024. Ms. Snedecor stopped driving in 2024 following reported accidents in Hawaii. Regarding medication management, she requires reminders from her daughter and relies on her son-in-law to administer eye drops, having previously struggled to perform this task.

From an emotional standpoint, Ms. Snedecor acknowledged feeling anxious about the evaluation. She also endorsed mild depressive symptoms related to the loss of her independence and having to leave the animal sanctuary she previously managed. Ms. Indellicati added that she has exhibited increased irritability and anger outbursts. Ms. Snedecor denied suicidal ideation. Regarding symptoms of psychosis, her daughter reported that

Ms. Snedecor occasionally misperceives sounds and experienced at least one visual hallucination (seeing a ring on the floor). Ms. Snedecor's weight, sleep, and energy level are reportedly stable.

### **MEDICAL HISTORY**

Ms. Snedecor's medical history is significant for a stroke (identified via neuroimaging), blood cancer (undergoing chemotherapy treatment), chronic kidney disease (stage 3), osteoporosis, cataracts, glaucoma, macular degeneration, and hearing loss.

**Diagnostic Tests & Imaging:** A CT scan of the brain without contrast (11/28/2025) was negative for acute intracranial abnormality, mass, hemorrhage, extra-axial fluid collection, or hydrocephalus. However, the scan revealed small hypodense areas within the supratentorial white matter, likely representing chronic microangiopathic ischemic changes, as well as a small chronic left inferior cerebellar infarct.

**Surgeries:** Her surgical history includes a hip replacement.

**Current Medications:** Ms. Snedecor's current medications include alendronate sodium, ammonium lactate 12%, clotrimazole 1%, hydroxyurea, and Vyzulta.

**Substance Use:** She denied a history of alcohol or regular tobacco use. She reported previously using recreational marijuana from age 23 until the 1990s but denied habitual use.

**Family History:** Ms. Snedecor reported that her mother had breast cancer and died at age 47. Her father had a history of dementia (unspecified type), which presented in his late 70s and then progressed rapidly following a fall and subsequent surgery; he died in his mid-80s. She has one brother and one sister. Her brother has a history of transient ischemic attacks and possible skin cancer, while her sister has diabetes.

### **MENTAL HEALTH HISTORY**

Ms. Snedecor denied receiving past or present mental health treatment.

### **EDUCATIONAL HISTORY**

Ms. Snedecor completed 16 years of formal education, earning a bachelor's degree. She attended the University of Hawaii, where she majored in anthropology. She also reportedly earned eight associate degrees in natural sciences. She estimated her academic performance as a 2.7 grade point average. Ms. Snedecor reported a history of dyslexia and noted that she received tutoring in reading, as well as most other subjects.

### **OCCUPATIONAL HISTORY**

Ms. Snedecor was employed as a pre-school teacher for 30 years. She was released from her position in 2024 and is currently retired. She also previously operated a cat sanctuary.

### **SOCIAL HISTORY**

Ms. Snedecor was born and raised in Houston, Texas. She resided in Hawaii before relocating back to Texas in 2024. She is a monolingual English speaker. She was married in 1968 and divorced in 1990. She has one daughter. Ms. Snedecor currently resides with her daughter and son-in-law in Magnolia, Texas.

### **BEHAVIORAL OBSERVATIONS**

Ms. Snedecor arrived promptly and was accompanied by her daughter. She was appropriately dressed, well-groomed, and ambulated with a rollator. Her vision (corrected) and hearing (corrected) were adequate for testing purposes. Ms. Snedecor was soft-spoken, but her speech was otherwise within normal limits. Ms. Snedecor reported that her mood was "a little anxious," and her affect was consistent with conversational content. Overall, she was pleasant and cooperative, demonstrating good engagement throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

## TESTS ADMINISTERED

Adult Neuropsychology History Questionnaire  
Clinical interview with the patient & her daughter  
Mini Mental State Examination (MMSE)  
Wide Range Achievement Test – 5<sup>th</sup> Edition, Word Reading  
Wechsler Adult Intelligence Scale – IV, selected subtests  
Wechsler Memory Scale – IV, selected subtests  
Hopkins Verbal Learning Test – Revised  
Neuropsychological Assessment Battery, Naming  
Controlled Oral Word Association Test

Animal Fluency Test  
Repeatable Battery for the Assessment of Neuropsychological Status, selected subtests  
Finger Oscillation Test  
Trail Making Test  
Delis-Kaplan Executive Function System, selected subtests  
Modified Wisconsin Card Sorting Test  
Beck Anxiety Inventory  
Geriatric Depression Scale

## NEUROPSYCHOLOGICAL FUNCTIONING

***Mental Status:*** Ms. Snedecor obtained a score of 24 out of 30 on the MMSE. She misidentified the season and was not oriented to place (county, city, and building). She was also unable to repeat a phrase and copy a design.

***Premorbid Intelligence:*** Premorbid intellectual functioning based on single-word reading was average.

***Attention & Processing Speed:*** Digit repetition was below average, and digit reversal was low average. Speeded rote word reading was low average, and speeded rote color naming was average. Number and symbol transposition was low average. Speeded visual-graphomotor tracking for a numerical sequence was below average. Visual scanning and symbol identification was exceptionally low.

***Learning & Memory:*** Word list learning and delayed list recall were below average, and list recognition memory was low average. Immediate and delayed story memory were low average, and story recognition memory was within normal limits. Immediate visual memory was low average, and delayed visual memory was average. Visual recognition memory was within normal limits.

***Language:*** Performance across phonemic and semantic fluency was exceptionally low. In contrast, expressive vocabulary was average, and confrontation naming was low average.

***Visuospatial/Construction:*** Visuospatial judgment and visual organization of abstract block designs were low average, while complex figure construction was average.

***Motor Functioning:*** Fine motor speed was unable to be completed bilaterally due to difficulty pressing the lever, which she attributed to neuropathy.

***Executive Functioning:*** Verbal abstraction was average, and nonverbal abstraction was low average. Speeded visual-graphomotor tracking of an alternating alphanumeric sequence was below average, and she committed one error on this task. Response inhibition was exceptionally low for speed but average for accuracy. Similarly, her performance on a related task with the additional demand of set-shifting was exceptionally low for speed but average for accuracy. She also completed a measure of novel card sorting that required learning and strategy modification in response to feedback. Her ability to both establish and switch sets was below average.

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

## SUMMARY

Ms. Snedecor was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed impairments in simple attention (digit repetition), processing speed, verbal

fluency (phonemic and semantic), rote verbal memory (learning and recall), and executive functioning (response inhibition, set-shifting, switching, and establishing novel sets). Her performance across the remainder of the evaluation ranged from average to low average. On brief measures of mood, she reported minimal symptoms of depression and anxiety.

In sum, Ms. Snedecor's test results reflect a significant decline relative to same-aged peers and her estimated premorbid level of functioning. Her cognitive profile and the reported functional changes warrant a diagnosis of dementia. Her objective performance reveals a frontal-subcortical pattern characterized by prominent processing speed slowing, profound executive deficits, and a retrieval-based memory profile where retention normalizes with recognition cues. Based on her overall presentation, the most likely etiology for her symptoms is her history of cerebrovascular risk factors. However, an additional contribution from an Alzheimer's disease process cannot be entirely ruled out.

***Impressions:*** Probable Vascular Dementia, Moderate Severity

***Recommendations:***

1. Ms. Snedecor may benefit from assistance when making complex medical, financial, and legal decisions. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advanced care plan, is in order. This ensures that her wishes will be considered in future decision-making processes.
2. A family member or trusted associate should accompany her to all medical appointments and other important meetings to assist with comprehending and retaining medical advice. Providing information in written form may be helpful so that she and her caregivers can refer to it later.
3. She will likely require ongoing, long-term assistance and supervision to maintain adequate self-care, hygiene, and nutrition. If appropriate supervision cannot be arranged for her at home, it is recommended that alternative living arrangements be considered where she can receive the necessary support and monitoring.
  - a. *Basic Self-Care Tasks:* She will continue to benefit from prompts and reminders to complete basic daily tasks.
  - b. *Fall Precautions & Mobility:* She has a history of falls and currently utilizes a rollator. It is recommended that her living environment be assessed for fall risks (e.g., securing loose rugs, ensuring adequate lighting, and installing grab bars in the bathroom).
  - c. *Financial & Medication Management:* It is recommended that Ms. Snedecor have assistance with and supervision of these tasks. Additional compensatory techniques that may prove useful include: automatic bill payment, detailed notes, reminders, or the use of pillboxes.
  - d. *Driving & Operating Machinery/Appliances:* Ms. Snedecor has reportedly already ceased driving, which is the safest course of action and should be maintained. Additionally, she requires ongoing supervision when attempting to operate potentially dangerous appliances such as an oven, stove, or iron.
  - e. *Misplacement of Items:* Ms. Snedecor would benefit from identifying a central visible location in her home to store all of her daily necessities (e.g., keys, glasses, wallet, etc.).

- f. *Planning/Organization*: Ms. Snedecor may benefit from the use of a calendar or organizer in order to better maintain necessary information (e.g., telephone numbers and medical appointments). Additionally, she may benefit from breaking up complex tasks into manageable parts to reduce frustration. Daily routines and structure are strongly encouraged.
  - g. *Emergencies*: It would be helpful for Ms. Snedecor to have important telephone numbers programmed in her cell phone or written in her daily planner. In this way, she can contact people when desired or needed (e.g., family, police, fire department, etc.). Utilization of a medical alert device with fall detection is also encouraged.
4. Reports indicate occasional behavioral dysregulation, including outbursts of anger. Caregivers may benefit from employing behavioral management strategies, such as redirection, maintaining a calm environment, and establishing predictable daily routines to reduce confusion and frustration.
  5. She is encouraged to continue participating in social and physical activities. Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.
  6. Additional resources for Ms. Snedecor and her family/friends (i.e., caregivers) can be found online at <http://www.ninds.nih.gov/>, <http://www.alz.org/>, and <http://www.stroke.org/>.

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.

*Darci R. Morgan, Ph.D., ABPP*

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/15/2026