

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Wilbert Thomas	Education:	11 years
Date of birth:	2/23/1956 (70)	Handedness:	Left
Date of exam:	6/25/2026	Marital status:	Married
Ethnicity:	African American	Occupation:	Retired

Referral source: Melanie Roberts-Boyd, APRN, FNP

Mr. Thomas' neurology provider referred him for a repeat neuropsychological evaluation. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. He was seen with his wife.

PRESENTING PROBLEMS

Mr. Thomas was seen in our office and evaluated on 1/2/2020. His results were consistent with moderate vascular dementia and major depressive disorder at that time. Please refer to his prior report for complete details and background information.

His medical history includes hypertension, hyperlipidemia, diabetes, aortic valve stenosis, chronic anticoagulation, cardiac arrhythmia, peripheral neuropathy, and sleep apnea (he does not tolerate PAP use). He had cerebrovascular accidents in 2013, 2017, and 2019 per prior collateral report; medical records indicate that these events occurred in 2012, 2014, and 2017.

INTERIM HISTORY & REVIEW OF SYMPTOMS

Mr. Thomas indicated that his cognition has improved in the interim. However, he was otherwise quiet and let his wife answer questions, despite prompting. In contrast to his report, his wife reported stable cognitive deficits since his previous neuropsychological evaluation, due to his vascular dementia. The following issues were reported during the last evaluation:

"...impaired short-term memory and slow information processing speed. He has trouble remembering appointments and the date. He struggles to express his thoughts. His girlfriend also noted that his navigational and directional skills have deteriorated. He struggles with planning, organization, and multitasking as well."

More recently, his wife mentioned that he has about two episodes a week of confusion and disorientation to time, person, and place.

Mr. Thomas remains fully dependent for all instrumental activities of daily living. He continues to require prompting and assistance for bathing and dressing.

Mr. Thomas shook his head when asked about his mood. He denied suicidal ideation. Per his wife, he is quieter and sleeps most of the day. His appetite and weight are stable. He occasionally smokes cigarettes (e.g., 1 pack 1-2 months). He denied alcohol and other substance use.

Mr. Thomas' interim medical history includes cataract surgery. He uses a walker or wheelchair, and he participates in occupational and physical therapy. A recent CT head without contrast

(date not indicated) reportedly showed severe white matter microvascular disease with chronic lacunar infarctions in bilateral corpora striata and marked volume loss. He is incontinent. The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, and REM sleep behavior disorder.

Current medications: lisinopril, metoprolol, amlodipine, pravastatin, dronedarone, metformin, empagliflozin, glipizide, memantine, duloxetine, mirabegron, finasteride, tamsulosin, montelukast, albuterol, and cetirizine.

BEHAVIORAL OBSERVATIONS

Mr. Thomas arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He was propelled in a wheelchair. His conversational language comprehension was unremarkable. His expressive speech and thought process were difficult to ascertain because he mostly provided one-word responses and deferred to his wife, despite prompting. He presented with a euthymic mood and an appropriate affect.

He was oriented to concepts other than the year, season (“winter”), month (“July”), and date. During testing, he required a high speech volume and enlarged stimuli, due to presumed hearing and vision decline. He could not read words on a word reading task, so it was discontinued. He repeated himself, and he required repetition, clarification, and simplification of test instructions. Notably, he was more talkative during testing, and he told stories about his granddaughter.

TESTS ADMINISTERED

Mini Mental Status Exam
Wide Range Achievement Test-5, Word Reading
Repeatable Battery for the Assessment of Neuropsychological Status
BDAE Complex Ideational Material
Neuropsychological Assessment Battery, Naming
Clock Drawing
Oral Trail Making Test
Geriatric Depression Scale-Short Form

RESULTS SUMMARY

This evaluation is considered a valid assessment of Mr. Thomas’ current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores. His MMSE was 12/30 (-5 orientation, -5 serial subtraction, -3 recall, -1 repetition, -1 comprehension, -1 reading, -1 writing, -1 drawing).

Attention & Processing Speed: Digit repetition was exceptionally low. He was unable to perform a digit/symbol transcription task, and rote numerical sequencing speed was exceptionally low.

Executive Functioning: He was unable to perform number/letter set-shifting. Spontaneous clock drawing was grossly conceptually impaired.

Language: Object naming was exceptionally low (12/31 words). Semantic verbal fluency was exceptionally low. He accurately answered 6/12 yes/no paired items on an auditory comprehension measure (exceptionally low).

Visuospatial: Judgment of line orientation was below average. Simple figure copy exceptionally low. Clock copy was impaired.

Learning & Memory: Word list learning was exceptionally low, and recall was nil. Recognition of list words was below average. Simple story registration was exceptionally low, and recall was exceptionally low. Figure recall was nil.

Mood/Behavior: He endorsed a mild level of depressive symptoms on a self-report questionnaire that was read to him to improve understanding.

CLINICAL IMPRESSIONS

Mr. Thomas was disoriented to time concepts, his MMSE was 12/30, and his spontaneous clock drawing was grossly conceptually impaired. Relatedly, he exhibited global impairments across the domains of attention, processing speed, executive functioning, language, visuospatial skills, and memory. His vision and hearing were poor, but this would not explain the extent of his impairments. He endorsed mild depressive symptoms.

Direct comparisons to Mr. Thomas' previous neuropsychological evaluation were not possible due to different measures used; however, his performance was already at or near floor levels on his previous evaluation.

In summary, Mr. Thomas' cognitive functioning was globally impaired, consistent with his established advanced dementia diagnosis. Per his wife, his cognitive and functional status have remained relatively stable since his previous neuropsychological evaluation in January 2020. Given his vascular conditions, including multiple strokes, cerebrovascular disease remains the primary etiology of consideration. However, a concomitant neurodegenerative process, such as Alzheimer's disease, cannot be ruled out.

DIAGNOSTIC IMPRESSIONS

Vascular Dementia, Moderate Severity, with Mood Disturbance

RECOMMENDATIONS

1. He currently appears to be receiving an appropriate level of assistance. However, his family may wish to consider options for higher levels of care, such as home health or assisted living.
2. A trusted associate should continue accompanying her to appointments and be involved in decisions concerning her welfare. Her recall should not be assumed.
3. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.
4. His family may benefit from the following resources:
 - a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.
 - b. The Family Caregiver Alliance (www.caregiver.org).

- c. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (<https://www.amazingplacehouston.org/>).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

Jesse Passler

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Board Certified, American Board of Clinical Neuropsychology