

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

**Name:** Sandira Wiley

**Referral Source:** Desiree Thomas, M.D.

**Date of Birth:** 7/3/43

**Date of Evaluation:** 5/29/26

**Reason for Referral:** Ms. Wiley's neurologist referred her for evaluation due to suspected cognitive decline. Results will elucidate her current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

#### Functions Assessed and Instruments Employed:

##### **Background**

Clinical Interview

Medical History Questionnaire

##### **Intellectual**

Wechsler Adult Intelligence Scale – IV (portions)

##### **Language**

Token Test (MAE)

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Word Reading (WRAT-5)

##### **Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test

##### **Attention**

Digit Span (WAIS-IV)

Symbol Search (WAIS-IV)

##### **Learning and Memory**

Hopkins Verbal Learning Test – Revised

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

##### **Executive Functions**

Trail Making Test

Color-Word Interference Test (D-KEFS)

Design Fluency (D-KEFS)

Modified Wisconsin Card Sorting Test

##### **Motor Functions**

Finger Tapping Test

##### **Mood/Behavior**

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9

Generalized Anxiety Disorder Questionnaire – 7

#### Identifying Information:

The following information comes from a clinical interview with Ms. Wiley and her daughter, as well as a review of available medical records. Ms. Wiley is an 82-year-old, right-handed, widowed African American female with 12 years of education.

**Presenting Problems:** Ms. Wiley presented for reevaluation of neuropsychological functioning. She was last seen at our office 5.84 years ago on 7/24/20 at Dr. Eddie Patton's referral. Briefly, at that time she demonstrated mild impairments in visuoconstructional skills, processing speed, delayed recall of a word list, response inhibition, cognitive flexibility, and the ability to establish/shift set. These findings warranted a diagnosis of MCI (amnestic multiple domain type).

Presently, Ms. Wiley reported having ongoing short-term memory problems. She said that she often forgets intentions and locations of items (e.g., keys and cellphone). She has difficulty using her cellphone as well, which she has had for several years. Her daughter added that she frequently forgets information told to her and needs reminders. She often repeats herself without realizing it. She has trouble recalling names of familiar people as well.

She denied experiencing mood disturbance. Her appetite is reduced with an associated 32-pound weight decrease over the last six months. Her sleep and energy level are adequate. She denied suicidal ideation. There have been no apparent personality changes or psychotic features.

Ms. Wiley denied having any problems performing instrumental activities of daily living and physical self-maintenance tasks.

**Medical History:** She has prediabetes, hypertension, hyperlipidemia, untreated sleep apnea, chronic obstructive pulmonary disease, hypothyroidism, and chronic lower back pain. She fell once in July 2025 without serious injury or head trauma.

Surgeries: hysterectomy, hernia repair, upper GI endoscopy, and colonoscopy.

Current medications: metformin, irbesartan, HCTZ, atorvastatin, low-dose aspirin, levothyroxine, donepezil, duloxetine, mirabegron, pregabalin, hydrocodone-acetaminophen, Trelegy Ellipta, roflumilast, montelukast, and cetirizine HCl.

Substance use: She smoked two packs of cigarettes daily until quitting 12 years ago. She consumes one alcoholic beverage weekly. She denied a history of recreational drug use.

Family history: Her mother had Alzheimer's disease with symptom onset at age 75; she died at 88. Her father had heart disease and died in his late 60s. She has four sisters and two brothers. One of her brothers has Alzheimer's disease. Her other brother has heart disease. One sister has colon cancer and thyroid cancer. Another sister has lung disease. She had 12 maternal aunts and uncles with Alzheimer's disease.

**Mental Health History:** She has taken duloxetine to treat mild depressive symptoms since February 2026. She otherwise denied a history of mental health treatment.

**Educational History:** Ms. Wiley is a high school graduate. She reported earning average grades in school. She denied a history of grade retention and specific learning disorder.

**Occupational History:** She worked as a certified nursing assistant for six years. She then worked as a security guard for a probation office. She retired in 2020.

**Social History:** Ms. Wiley was born in New Orleans, LA. She has been widowed for 10 years. Her daughter lives with her. She was married and divorced once previously. She has four sons from her first marriage and two daughters from her second marriage.

**Behavioral Observations:**

Ms. Wiley presented as a casually dressed, well-groomed woman. She ambulated independently and wore prescription glasses. Mood was pleasant and affect was broad. Speech was fluent. She was fully oriented to time, place, person, and situation. During the test session, the examiner had to provide occasional elaboration, simplification, and repetition of test instructions. With such support, Ms. Wiley understood all test instructions adequately. She was cooperative. Evaluation

results appear to provide an accurate representation of her current level of neuropsychological functioning.

**Results:**

**Intellectual:** Ms. Wiley obtained a Full Scale IQ of 93, which falls within the average range. Across ability domains, Verbal Comprehension (87) was low average and Perceptual Reasoning (100) was average. On specific subtests, oral expression of word meanings was low average. Abstract verbal reasoning was average. Visual integrative reasoning was average as well. Visual pattern analysis was also average.

**Language:** Auditory comprehension of commands varying in syntactic complexity was low average. Visual object naming was low average as well. Controlled oral verbal fluency was average to phonemic criteria and above average to semantic criteria. Oral word reading was low average.

**Visuospatial/Constructional:** Judgment of angular line relations was below average. Her copy of a complex geometric design was low average.

**Attention:** Immediate recall of orally presented number sequences in forward, reverse, and numerical order was average. Speed of visuoperceptual scanning and discrimination was average as well.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (7, 8, and 10 words, respectively). In contrast, after a 25-minute delay, she was unable to recall any words from the list, which is exceptionally low. Delayed word recognition was exceptionally low as well (5 hits, zero false positives).

Immediate recall of structured verbal material (stories) was high average. Delayed (30-minute) recall of the same material was exceptionally low in relation to her level of immediate recall, however. In contrast, delayed recognition of story elements fell within normal limits.

Immediate recall of geometric figures was average. Delayed (30-minute) recall of the same figures was low average. Delayed figural recognition fell within normal limits.

**Executive Functions:** Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and average for a complex (alternating number-letter) sequence. She made two errors on the complex sequence, which is within normal limits. Response inhibition was high average for speed but exceptionally low for accuracy. Her ability to alternate between response inhibition and release (cognitive flexibility) was average for speed but exceptionally low for accuracy. Novel graphic pattern generation was average for total design production but below average for accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was low average for the ability to establish and shift set.

**Motor:** Fine motor speed (index finger tapping) was high average in the right hand and average in the left hand.

**Mood/Behavior:** Ms. Wiley's self-report of depressive symptoms was nil. Her self-report of anxiety symptoms was nil as well.

**Impression:** Mixed Dementia, Mild Severity

Compared to her initial evaluation 5.84 years ago on 7/24/20, the present data reveal notable declines in auditory comprehension, verbal fluency, visuospatial judgment, delayed recall of verbal and figural material, response inhibition, and cognitive flexibility. Novel graphic pattern generation, which was not formally assessed in the initial evaluation, was mildly impaired. Persistent impairments were evident in visuoconstructional skills and the ability to establish/shift set. During the test session, the examiner had to provide occasional elaboration, simplification, and repetition of test instructions.

In contrast, she demonstrated an improvement in processing speed. Her intellectual functioning, object naming, semantic fluency, word reading, working memory, immediate recall of verbal and figural material, and complex sequencing all fell within broad normal limits. She was fully oriented to time, place, person, and situation.

Her self-report of depressive and anxiety symptoms was nil.

Ms. Wiley's history and test data across two time points reveal progressive cognitive decline that now warrant a diagnosis of mild dementia. Impairments in visuospatial/constructional skills, delayed recall of verbal and figural material, and aspects of executive functioning are the most salient aspects of her profile. A diagnosis of mild dementia is warranted. She demonstrated limited insight into the presence and extent of her cognitive impairment. Although she denied having any problems performing instrumental activities of daily living, the breadth and extent of her cognitive impairment suggest that her self-report is probably not reliable. Such a pattern suggests a combination of cortical and subcortical systems dysfunction. Unfortunately, her cognitive impairment has progressed and now appears to include comorbid Alzheimer's disease superimposed on previously suspected cerebrovascular cognitive impairment. As such, a diagnosis of mixed dementia appears to best encapsulate the totality of the data.

**Recommendations:**

1. Ms. Wiley appears to be a good candidate for ongoing pharmacologic treatment of her mild dementia.
2. Important information should be communicated only in the presence of a family member or trusted associate. Her comprehension and recall of information should not be assumed in any conversation or other communication. Someone should accompany her to all medical appointments and meetings at which important decisions will be made. She would benefit from assistance with complex decision-making. Information should be presented to her in written form when possible so that she may refer to it later.
3. Oversight of her finances, medications, and all personal affairs would be prudent.

4. The probable progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs. Her family members may wish to begin considering in-home healthcare services or assisted living options for the future.
5. Her impairments in visuospatial/constructional skills, visual memory, and aspects of executive functioning raise serious concern about her driving safety. Cessation of driving would be the safest course of action and is recommended. Further details may be obtained through a driving evaluation. One is available from Strowmatt Rehabilitation Services (713-722-0667 or [driverrehabservices.com](http://driverrehabservices.com)).
6. Regular physical exercise is recommended for its beneficial effects on brain health and cognitive maintenance.
7. She should be encouraged to remain socially, cognitively, and recreationally active. Such behavior is important to help her maintain her cognitive abilities to the extent possible.
8. The Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas)) provides useful information and resources for AD patients and their family members. His family members may benefit from enrollment in a support group for caregivers of persons with dementia.

Dr. Thomas, thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 6/2/26.