Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Laparacina Williams	Education:	16 years
Date of birth:	11/5/1978 (47)	Handedness:	Right
Date of exam:	6/22/2026	Marital status:	Married
Ethnicity:	African American	Occupation:	Sales

Referral source: Hassan Javanshir, M.D.

Ms. Williams' neurologist referred her to assess for objective evidence of cognitive decline. Results will elucidate her 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.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Per Ms. Williams neurology note on 4/17/2026, she "was complaining of intermittent sharp pain in the top of her head since few months ago […] Due to persistence of symptoms MRI of brain was ordered. It was remarkable for tonsillar herniation and meningioma." She was referred to Baylor Neurosurgery where her physician's plan is reportedly to monitor with serial MRIs.

Cognitively, Ms. Williams described "forgetting things I know." When asked for examples, she noted forgetting the letter of an acronym that she created for her position and used often. She also reported losing her train of thought, forgetting intentions, and needing to write information down. She described these issues as mild, but she is curious whether these issues are related to her stress or her neurological findings on MRI. She reported a gradual onset this year, but she denied a progressive cognitive decline. She denied others expressing a concern about her cognition. She is functionally independent, and she denied functional issues.

Regarding her mood, Ms. Williams described experiencing notable stress due to her unplanned retirement in 2025, her husband being laid off, and her health concerns. She was tearful, stating, "The weight of what I carry is a lot." She denied suicidal ideation. Her appetite and weight are stable. She denied frank sleeping difficulties, but she only sleeps 5-6 hours. Her energy level is reduced, and she tends to "crash" if she sits down. She recently started exercising again in hopes to manage some of her stress.

Ms. Williams described generalized pains, including chest pain that her physician diagnosed as silent acid reflux. The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: hypertension and prediabetes.

Surgeries: LASIK, left knee cyst removal, and hammer toe surgery.

Current medications: losartan, hydrochlorothiazide, metformin, gabapentin PRN, nortriptyline, vonoprozen, and dicolofenac.

She was reportedly prescribed nortriptyline in February 2026 for GI-related reflux symptoms as opposed to mood.

Neuroimaging: A brain MRI with and without contrast on 2/27/2026 reportedly showed an 8 mm extra-axial round calcified lesion along the left temporal bone which appears to be scalloping the adjacent left temporal lobe with minimal adjacent dural thickening and no intraparenchymal extent, thought to represent a chronically calcified meningioma, and stable low-lying cerebellar tonsils measuring up to 4mm below the level of the foramen magnum.

Mental health: She has a history of a suicide attempt via mediation overdose as a pre-teen. However, given that she was so young, she did not recall more details, including why she attempted suicide. She was briefly prescribed psychotropic mediation in her 30s, after her mother died. About 6 years ago, she experienced an extended period of significant familial stress related to her adopted daughter. She has participated in psychotherapy at various times and during these stressors. However, she otherwise denied a history of mental health treatment.

Substance use: She consumes alcohol rarely. She denied nicotine, and other substance use. She denied a history of substance dependence.

Family history: No known family history of neurological conditions. Her mother died of breast cancer in her 40s. Her father is in his 70s; he has hypertension and diabetes. She has 2 siblings whose history is unremarkable.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Williams was raised in Missouri and is monolingual in English. She has been married for 17 years and has 3 children (ages 21, 13, and 12); two biological children and one adopted child. She lives with her husband and two youngest children.

She earned her bachelor's degree in business administration from the University of Missouri St. Louis. She denied a history of learning difficulties.

She worked as an auditor for the U.S. Department of Homeland Security. She retired from this position in 2025. She now works in direct sales and as a director for Mary Kay.

BEHAVIORAL OBSERVATIONS

Ms. Williams arrived on time and was unaccompanied. She was well-dressed and groomed. She ambulated independently. Her conversational language comprehension and expressive speech were unremarkable. She was affable, presenting with a euthymic mood and broad affect, including tearfulness when discussing her mood.

She was fully oriented. During testing, she appeared somewhat anxious and overwhelmed, but she persisted.

TESTS ADMINISTERED

Standalone measures of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
California Verbal Learning Test-3
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
RBANS Line Orientation
Rey Complex Figure Copy
Trail Making Test
D-KEFS Color-Word Interference Test
Finger Tapping Test
MMPI-2-RF
Patient Health Questionnaire-9

Animal Naming Test Generalized Anxiety Disorder-7

RESULTS SUMMARY

This evaluation is considered a valid assessment of Ms. Williams' current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was above average.

Academic: Word reading was high average.

Intelligence: General Ability, Verbal Comprehension, and Perceptual Reasoning were average (GAI = 99; prorated VCI = 98; prorated PRI = 100). Processing Speed was above average (PSI = 122).

Attention & Processing Speed: Digit span was average; repetition was high average, reversal was average, and sequencing was average. Processing speed was above average for digit/symbol transcription and high average for symbol searching.

Executive Functioning: Speeded number/letter set-shifting was average with one error. Verbal response inhibition was low average for speed and average for accuracy. Combined response inhibition/set-shifting was average for speed and high average for accuracy. Verbal and visual abstract reasoning were both average.

Language: Fund of vocabulary was average. Object naming was low average. Phonemic verbal fluency was average. Semantic verbal fluency was average.

Visuospatial: The construction of block designs was average. Simple figure registration and reproduction was average. Complex visuospatial reproduction was within normal expectations.

Learning & Memory: Word list learning was low average, and long-delayed free recall was below average. Recognition discriminability was below average. Narrative acquisition was average, and delayed recall was average. Recognition of story elements was below average. Figure acquisition was average, and delayed recall was average. She identified 4/7 figures on a recognition format (low average).

Mood/Behavior: She endorsed mild levels of depressive and anxiety symptoms on self-report questionnaires. On a standardized psychological inventory, she produced a valid profile. Her substantive scales were unremarkable.

CLINICAL IMPRESSIONS

Ms. Williams' motor speed, attention/working memory, processing speed, executive functioning, language, and visuospatial skills were normal. Some aspects of her verbal memory fell slightly below expectations, but her memory was otherwise normal. She endorsed mild depressive and anxiety symptoms, but her standardized psychological inventory results were unremarkable.

In summary, Ms. Williams' cognitive profile was largely normal. She had a few isolated weaknesses, including in verbal memory; however, she performed better on similar or more challenging measures. These findings were not particularly coherent and did not form a pattern suggestive of a neurological etiology of cognitive dysfunction. Rather, her mild mood symptoms, unrefreshing sleep, current stressors, and possible medication effects (i.e., nortriptyline)

currently best explain her report of cognitive symptoms. Optimal management of these factors should yield an improvement in her functioning. Her neurological findings on MRI are likely incidental and not responsible for cognitive symptoms, at this time.

DIAGNOSTIC IMPRESSIONS
Minimal Cognitive Inefficiency of a Probable Non-Neurologic Origin
Major Depressive Disorder, Recurrent, Mild Severity, with Anxiety

RECOMMENDATIONS

1. She can be reassured that her subjective cognitive issues are real, not imagined; they simply do not appear to result from brain damage at this time, which is fortunate.

2. Consideration of the adverse cognitive effects and sedating effects associated with her anticholinergic medication (i.e., nortriptyline) is recommended.

3. She may benefit from pharmacologic mood management.

4. She may benefit from engaging in psychotherapy. She is welcome to contact me to help identify potential providers.

5. If her sleep does not improve with optimal mood management, a referral to a sleep medicine specialist would be reasonable to assess for sleep apnea.

6. Lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for optimizing cognition and mood.

    a. She should be provided with education and resources regarding aspects of good sleep hygiene, such as https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/.

    b. She is encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.

    c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: https://cp4.harriscountytx.gov/Community-Centers/Community-Center/bayland-community-center.

    d. Learning a new skill or hobby would be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., https://www.coursera.org/).

    e. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
        - Switching out fats for extra virgin olive oil.
        - Eating more fruits and vegetables.
        - Eating less meat and more fish.
        - Eating beans, nuts, seeds, and olives.
        - Cutting out sugary beverages and processed foods.

- Eating fruit instead of high sugar desserts.

7. She would likely benefit from developing more strategies for stress management. Examples include routine physical activity, identifying, scheduling, and participating in enjoyable activities, and mindfulness/breathing apps such as Calm, Headspace, and Ten Percent Happier. However, these alone will may be insufficient.

8. The present results will serve as a baseline to which findings from any future evaluations may be compared.

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

Jesse Passler
Jesse Passler, Ph.D.
Licensed Psychologist