

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Dawn Wratny

Date of Birth (Age): 1/25/1966 (60)

Ethnicity/Race: Caucasian/White

Date of Evaluation: 6/25/2026

Education: 12

Handedness: Right

Occupation: Unemployed

Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and review of available medical records. Ms. Dawn Wratny is a 60-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Andrew Zhang, MD, secondary to concern about cognitive decline. MMSE was 29/30 on 4/13/2026.

Cognitively, Ms. Wratny presented with concerns about memory and reading comprehension that she described as lifelong difficulties, noting her parents never had her professionally evaluated as a child. She noted that she can read a page of a book and completely forget what she read by the time she reaches the next page. She described significant struggles with spelling, relying heavily on modern tools like Siri for assistance. She also highlighted that her memory problems contributed to recent overspending, as she forgets what she already owns and repurchases items. To compensate, she utilizes whiteboards throughout her home to track appointments and freezer inventory.

Emotionally, Ms. Wratny experienced a “breakdown” and a hypomanic episode in January 2026, characterized by excessive spending that accumulated to \$60,000 in debt (over a few years). She had kept this hidden from her husband until confessing in January 2026, which led to a period of severe suicidal ideation. She has a history of four psychiatric hospitalizations (most recently in 2017) and past suicide attempts, including one in 2014 that resulted in seven days of hospitalization and three days on a ventilator. Since January of this year, she has been seeing her psychiatrist regularly to stabilize her mood. Currently, she describes feeling happy and energetic, though she struggles with the “want” or motivation to initiate tasks. She denied any current suicidal ideation or hallucinations.

Functionally, Ms. Wratny denied major changes to her daily capabilities but has implemented a calendar to remind herself of basic routines, such as taking a shower. She successfully tracks her medications by setting an alarm for 8:00 AM daily to take her pills. Notably, her spouse dispenses these medications from a locked box, which was initiated as a precautionary measure given her history of suicide attempt.

Physically, Ms. Wratny reported a recent increase in her energy levels, allowing her to do yard work. She denied any recent changes to her movement, balance, vision, or hearing, and has had no recent falls. She described a history of weight fluctuations; she weighed 315 pounds in 2012, underwent gastric bypass surgery, and is currently maintaining a weight of 160 pounds with the help of Ozempic (which also serves to control her diabetes).

Regarding health habits, Ms. Wratny reported a complete lack of appetite, noting she eats sporadically. She sleeps about eight hours a night with the help of sleeping pills, feels rested, and avoids daytime naps. Her pulmonologist recommended a CPAP for mild sleep apnea, but she has declined, citing concern about her face being covered. She currently smokes 1.5 to 2 packs of cigarettes per day, an increase triggered by familial stress. She spends about four hours every morning sitting outside, playing games on her iPad, watching YouTube, and smoking. She denied current alcohol or illicit substance use, though she noted past use of marijuana, “uppers,” and “downers.”

Medical & Psychiatric History: Medical history is remarkable for diabetes, chronic obstructive pulmonary disease, sleep apnea, pulmonary embolism, restless leg syndrome, and chronic migraines.

Surgical history is notable for repair of a deviated septum, right knee torn meniscus repair, gallbladder removal, total hysterectomy, hiatal hernia repair, right hemilaminectomy L5-S1, bilateral bunionectomy, gastric bypass, tummy tuck, right carpal tunnel release, trigger thumb release, bile duct stone removal, C5-C7 anterior cervical discectomy and fusion, and a spinal cord stimulator implant.

Psychiatric history includes bipolar II disorder, posttraumatic stress disorder, anxiety, and depression for which she has undergone inpatient hospitalization (x4). She reports a history of psychotherapy (group and individual) but notes that she does not have the financial resources for individual therapy at present. She continues to meet with her psychiatrist regularly, as noted previously.

Imaging (MRI Brain without contrast performed on 3/2/2026) was read to show, “No acute intracranial process. Complex mucous retention cyst suggested in the superior right maxillary sinus. There is mild nasal septal deviation towards the right.”

EMG (2/18/2026) showed evidence of bilateral mild median sensory mononeuropathy at the wrist, and left moderate motor and right mild ulnar sensory mononeuropathy at the elbow.

Family medical history is notable for heart disease and suspected dementia in her father (passed away at 80). Her mother had diabetes, vascular disease, and heart disease (passed away at 64). Sibling health includes diabetes and liver disease.

Medications: lamotrigine ER, modafinil, quetiapine, gabapentin, montelukast, midodrine, Aimovig, duloxetine, pantoprazole, atorvastatin, Ozempic, bupropion XL, Nurtec, clonazepam, calcium, vitamin D3, and a multivitamin.

Psychosocial History: Ms. Wratny is a monolingual English speaker. As noted previously, she reported struggling throughout her education, citing trouble with reading, writing, and spelling. She indicated that, despite being in specialized smaller classes, she barely passed. However, she denied history of grade retention and graduated high school.

She previously worked as a church secretary for five years, which was reportedly difficult due to her spelling challenges. She later worked as a cashier and photo department specialist at Walgreens for seven years. She stopped working in 2022 to care for her mother-in-law. She is currently unemployed.

Ms. Wratny is currently married. She reported one prior marriage. She has three children (one daughter, two sons) and two grandchildren. Her daughter recently moved to Wisconsin, but her sons live in Texas.

In her leisure time, she enjoys scrapbooking and doing diamond art.

Tests Administered:

Standalone and embedded measures of task engagement/performance validity

Wide Range Achievement Test- Fifth Edition, Reading Subtest

Wechsler Adult Intelligence Scale- Fourth Edition, Select Subtests

Repeatable Battery for the Assessment of Neuropsychological Status

California Verbal Learning Test- Third Edition

NAB Naming

Phonemic and Semantic Fluency

Trail Making Test- A & B

Delis-Kaplan Executive Function System Color-Word Interference Test

Modified Wisconsin Card Sort Test

Grooved Pegboard

Beck Depression Inventory- II

Generalized Anxiety Disorder-7

Minnesota Multiphasic Personality Inventory-2—Restructured Form

Behavioral Observations: Ms. Wratny presented to the appointment on time. She was alone, having driven herself. She was casually dressed and adequately groomed. She ambulated independently, with unremarkable gait and motor behavior. Interpersonally, she was friendly and easily engaged. Comprehension was grossly intact, and spontaneous speech was clear and fluent. Thought content was logical, and there was no behavioral indication of hallucinations or delusional thinking. She was alert and fully oriented to person, place, and time. She exhibited appropriate eye contact. Vision (corrected) and hearing were adequate for the purposes of testing. Affect was full and appropriate to the setting. Rapport was established with ease. With regard to test-taking style, Ms. Wratny exhibited a relaxed demeanor and completed all activities asked of her. She understood task instructions as provided and maintained attention for the full exam.

Summary & Impressions: Ms. Wratny was referred for this evaluation due to concern about cognitive decline. During the current evaluation, Ms. Wratny's performances on standalone and embedded measures of task engagement and performance validity fell below clinical expectations. Consequently, the obtained cognitive data represent an invalid estimate of her true neuropsychological baseline, precluding the reliable attribution of her test scores to a primary neurologic etiology.

Within the context of this invalid presentation, her performance across a wide range of cognitive domains remained largely intact. Specifically, she scored within normal limits on tasks assessing nonverbal reasoning, simple visual scanning and sequencing, and basic auditory attention and working memory. Verbal concept formation, confrontation naming, semantic fluency, single word reading, and fund of word knowledge was also well within expectation. She also performed within expected limits across measures of verbal learning and memory, visual memory, complex response inhibition, and novel problem-solving involving response modification.

Other performances, however, fell below expectation to varying degrees. Notably, recognition discrimination was reduced on a verbal learning/memory task, despite adequate acquisition and free recall of this information.

From an emotional standpoint, Ms. Wratny denied clinically elevated symptoms of depression and anxiety on mood questionnaires. On a personality inventory, she exhibited a tendency to underreport minor faults and shortcomings that most individuals acknowledge, presenting herself in a positive light. Within this context, her responses were consistent with individuals who report a diffuse pattern of cognitive difficulties and multiple specific fears. Individuals with similar profiles often report introversion and feeling incapable of coping with current difficulties.

While an underlying neurocognitive process cannot be definitively ruled out—particularly given her complex medical history (e.g., sleep apnea, COPD, and mood disorders), the lack of valid data precludes the formal identification of a neurocognitive disorder at this time. It is highly likely that her extensive psychiatric history, subjective distress related to family and finances, and suboptimal test engagement are contributing, at least in part, to her current cognitive complaints and varied testing performance.

Diagnosis: Cognitive Inefficiency, likely secondary to psychiatric factors and suboptimal test engagement

Bipolar II Disorder (per history)

Posttraumatic Stress Disorder (per history)

Recommendations:

1. **Psychiatric Management & Psychotherapy:** Ms. Wratny should continue regular, close monitoring with her psychiatrist to manage her Bipolar II disorder and ensure ongoing mood stability. Furthermore, she is strongly encouraged to engage in individual, evidence-based psychotherapy, such as cognitive-behavioral therapy (CBT), to develop effective coping strategies for managing family-related stressors, past trauma, and subjective cognitive changes. The University of Houston Clear Lake Psychological Services Clinic (<https://www.uhcl.edu/psychological-services-clinic/> or 281-283-3330) is a recommended resource, as Ms. Wratny expressed interest in a low-cost option due to financial constraints. Client fees are established using a slide scale, where sessions may cost \$5 to \$50, depending on patient needs.
2. **Supervision and Safety:** Given Ms. Wratny's recent hypomanic episode and history of excessive spending, as well as her history of severe suicidal ideation and prior medication overdose, continued oversight by her husband is imperative. While she is currently managing her finances and reports doing well now that her mood has stabilized, her husband should provide ongoing oversight to ensure financial stability continues. He should also continue dispensing her medications from a secure lockbox.
3. **Sleep Apnea Management:** Ms. Wratny has been diagnosed with mild sleep apnea but currently declines to utilize a CPAP machine due to discomfort with facial coverings. She is strongly encouraged to consult with her pulmonologist regarding alternative interfaces, such as nasal cannulas, to improve treatment compliance. Untreated sleep apnea can significantly exacerbate executive dysfunction, memory complaints, and mood instability.
4. **Smoking Cessation:** Ms. Wratny currently smokes 1.5 to 2 packs of cigarettes per day and has expressed a desire to reduce her intake. Because a previous cessation attempt using Chantix caused adverse psychological symptoms (e.g., intrusive, "bad thoughts"), she is advised to consult with a medical provider to carefully explore safe, alternative options for nicotine dependency management.
5. **Compensatory Cognitive Strategies:** She is encouraged to continue utilizing her currently effective strategies, such as setting a daily 8:00 AM alarm for medication, using a calendar for daily routines like showering, and referencing whiteboards for appointments and freezer inventory. Additional strategies may include breaking complex tasks down into smaller parts, reducing environmental distractions, and establishing a "place for everything and everything in its place" to minimize misplacing items.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 6/26/2026.