Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

Neuropsychological Evaluation

NAME:	Ana Aguilera	**GENDER:**	Female
DATE OF BIRTH:	01/11/1953 (73)	**HANDEDNESS:**	Right
DATE OF EXAM:	07/09/2026	**ETHNICITY:**	Hispanic
EDUCATION:	3	**MARITAL STATUS:**	Married
OCCUPATION:	Retired	**REFERRED BY:**	Joan Manu, FNP-C

REASON FOR REFERRAL

Ms. Aguilera was referred 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.

PRESENTING PROBLEMS

Ms. Aguilera presented with cognitive, emotional, and behavioral difficulties, with her husband reporting that her symptoms began approximately 1.5 to 2 years ago and are progressively declining. However, her daughter clarified that her decline has been gradual over the last two to three years, though she experienced a precipitous drop in functioning after breaking her ankle in February 2025.

Regarding cognitive functioning, her husband cited examples of short-term memory loss, including forgetting conversations, repeating information, misnaming family members, and forgetting she had already eaten. Her daughter corroborated these concerns, noting that the patient would repeat stories, obsessively call her multiple times while she was at work due to a loss of time awareness, and cycle through her sisters' names before correctly identifying them. The husband reported she lacks comprehension, "talks like a child," and places items in incorrect locations. Despite these memory complaints, her daughter noted that providing a hint or a multiple-choice option generally helps the patient successfully recall information. Notably, the patient's daughter described severe cognitive fluctuations, characterizing them as "normal days," where the patient is lucid and conversant, versus "crazy days," where she is highly disoriented and stares blankly into space.

Psychiatrically and behaviorally, the patient's presentation is complex. Her husband and daughter reported that approximately three years ago, she developed severe delusions of infidelity, falsely believing her husband was having an affair with his daughter-in-law. This delusion caused her significant distress, eventually leading her to express a desire to die. She also experienced paranoid delusions, falsely believing her daughter was hacking her cell phone and plotting to steal from her, which prompted the patient to temporarily remove her daughter as an emergency medical contact. The patient began exhibiting uncharacteristic public behavioral outbursts, directing anger at her family members in public settings. While the patient reported having adequate energy during the clinical interview, her husband noted she frequently wants to lay down and lacks the desire to exercise. Her daughter described Ms. Aguilera’s current mood as highly apathetic, noting an "I don't care" attitude toward her hygiene, personal affairs, and social life. This represents a stark departure from her baseline three years ago, when she actively

maintained plants, raised animals, and frequently hosted friends and family. The patient reported her appetite is adequate, though her sleep fluctuates. While her daughter noted that she cries and screams when placed in new environments like a hospital, she denied that the patient physically acts out her dreams while sleeping at home. Although the patient denied experiencing hallucinations, her husband reported she occasionally describes seeing "candles".

Functionally, the patient requires assistance with basic activities of daily living (ADLs), including self-grooming, toileting, and dressing, mostly due to unsteadiness. Her daughter reported that prior to her ankle fracture, the patient developed motor symptoms, including leg stiffness, a shuffling gait, and both action and resting tremors in her hands. She also exhibited poor depth perception, occasionally grabbing at objects and missing them. Instrumental activities of daily living are entirely managed by her family. She never learned to drive. Her husband assumed control of her finances and medication management approximately 1.5 to 2 years ago due to her confusion and risk of double-dosing medications. She no longer cooks because she experienced physical difficulty maneuvering in the kitchen and was leaving the stove on. Her daughter currently manages all medical appointments.

MEDICAL HISTORY

Conditions: The patient has a history of essential hypertension, hypercholesterolemia, peripheral vascular disease, gastroesophageal reflux disease, and type 2 diabetes mellitus with diabetic polyneuropathy and nephropathy. Additional conditions include primary osteoarthritis of both knees, a compression fracture of the L2 lumbar vertebra, a right ankle fracture, psoriasis, cataracts, osteoporosis, and a history of Bell's palsy diagnosed around 2022. She has a history of frequent falls and gait instability. While she has utilized a walker since fracturing her right foot on February 2, 2025, she previously utilized a cane due to dizziness, balance issues, and frequent falls prior to the fracture. Medical records indicate a history of obstructive sleep apnea; however, the patient reported she has never used a PAP device, and her daughter stated there is no official diagnosis of sleep apnea.

Surgeries: Umbilical hernia repair, total abdominal hysterectomy, and bilateral salpingo-oophorectomy.

Imaging: A non-contrast CT of the brain dated 02/02/2025 revealed no acute intracranial hemorrhage or calvarial fracture. A previous non-contrast CT of the brain dated 08/23/2022 revealed no acute intracranial abnormalities.

Current medications: The patient’s daughter noted the following medications: Metformin 1000 mg, Insulin glargine 100 unit/mL, Carvedilol 25 mg, Lisinopril 20 mg, Furosemide 20 mg, Insulin lispro 100 unit/mL, Sennosides 8.6 mg, Omeprazole 20 mg, Ozempic 2 mg, and Nifedipine ER 20 mg.

Substance use: The patient has never smoked or used smokeless tobacco. She does not use illicit drugs. The patient reports a past history of occasional alcohol use but has not consumed any alcohol for about four years.

Family history: The patient's mother had a history of diabetes, hypertension, and memory issues at the end of her life. The patient's father had a history of lymphoma and prostate cancer.

MENTAL HEALTH HISTORY

The patient has a documented history of major depressive disorder, characterized at times as severe and recurrent. During the clinical interview, the patient reported feeling sad and down since she stopped working. Her daughter reported that the patient had a difficult childhood and has always been a depressive individual, but noted that her symptoms became significantly worse over the last five to six years. She was formally diagnosed with depression six years ago, completed phone counseling sessions, and was prescribed Lexapro, though she eventually stopped taking it against medical advice. In 2023, driven by her delusions of her husband's infidelity, she intentionally stopped taking all of her medications, including insulin, for six months. This resulted in severe medical decompensation and hospitalization, during which she expressed a desire to die. She denied a history of prior psychiatric hospitalization or suicide attempts.

EDUCATIONAL HISTORY

Ms. Aguilera completed 3 years of education and part of the 4th grade in El Salvador. She remembers being a good student, noted that she knows how to read and write, and never repeated a grade. She reported that she never learned to speak English and has always spoken Spanish.

OCCUPATIONAL HISTORY

Ms. Aguilera is retired. In El Salvador, she worked as a housekeeper, and she previously worked as a seamstress in the United States. Her husband reported she officially retired between the ages of 62 and 65; however, her daughter clarified that she abruptly quit her job as a seamstress in 2006 to provide care for her daughter following a cancer diagnosis, and subsequently stayed home to help raise her newborn grandson.

SOCIAL HISTORY

Ms. Aguilera was born and raised in El Salvador. While the patient and her husband estimated she immigrated to the United States around 1980 or 1985, her daughter clarified that the patient arrived in the U.S. at the age of 22. She has been with her husband since 1995 and married in 2003. While the patient stated she had never been married before, her husband noted that she was married once previously. She has one adult daughter. She currently lives with her husband in a trailer on the same property as her husband’s children and grandchildren in Rosharon, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Aguilera presented as a casually dressed woman with adequate grooming. While alert, she was significantly disoriented during the evaluation; she was unable to accurately report the current day, month, time, or her correct age. Vision, with the use of corrective glasses, and hearing were deemed normal and adequate for testing purposes. Motorically, the examiner noted that she utilized a rollator for mobility (though she sat on it and it was used more as a wheelchair propelled by her family members) and exhibited overall slow gross motor movements. Specifically, she had difficulty standing from a seated position, raising her hands to place them on the desk, or grasping a pencil, which appeared noticeably slow and tedious.

Conversational speech was within normal limits. However, she demonstrated difficulty comprehending formal test instructions, which necessitated frequent repetition and simplification by the examiner. Cognitively, she presented with slow overall processing speed and required occasional memory reminders to stay on task. The examiner specifically noted that she was extremely slow on measures assessing graphomotor speed and visual scanning, and she made multiple errors during practice trials. Despite these difficulties, her mood was pleasant, and she demonstrated full cooperation with the testing process. Overall, Ms. Aguilera appeared to put forth her best effort throughout the evaluation. Thus, the resulting data appear to provide an accurate representation of her current level of neuropsychological functioning.

TESTS ADMINISTERED

Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)
Ponton-Satz Boston Naming Test
Semantic Fluency (Animales)
Lexical Fluency (PMR)
Golden Stroop
Symbol Digit Modality Test (Motor)
Hopkins Verbal Learning Test-Revised
Trail Making Test (motor and oral)
Control Mental (WMS-III Spanish)
Logical Memory I and II (WMS-IV Spanish)
Brief Test of Attention
Rey Complex Figure Test
Escala de Aculturación Bidimensional
Escala de Dominancia Bilingüe
Geriatric Depression Scale- SF (Spanish)
Generalized Anxiety Disorder (GAD-7) (Spanish)

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in El Salvador, level of acculturation, and level of educational attainment) was taken into consideration in interpreting her performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Ms. Aguilera's neurocognitive functioning are summarized below.

Acculturation and Language Dominance: The patient demonstrates definitive Spanish language dominance, having acquired and achieved comfort communicating in Spanish during early childhood. If restricted to utilizing a single language for the remainder of her life, she indicated she would exclusively choose Spanish. Measures of bidirectional acculturation reveal a strong orientation toward Hispanic culture with negligible assimilation into Anglo culture. Qualitatively, Spanish is utilized exclusively across all daily functional domains, including her internal thoughts, social communication, and media consumption. In contrast, she reports a complete lack of functional proficiency, comfort, and regular use of English in any capacity. Consequently, these cultural and linguistic findings clinically justify the administration of this neuropsychological evaluation entirely in Spanish to ensure the most valid and accurate representation of her neurocognitive functioning.

Attention/Processing Speed: On a measure of sustained attention, she performed in the low average range. On a test of working memory, her performance was exceptionally low. On a task assessing graphomotor speed, her performance was exceptionally low. Notably, she required a significant amount of time to complete the sample trial for this latter task and necessitated

multiple redirections during the learning period. Furthermore, visual-perceptual difficulties appeared to interfere with her overall performance on this measure. Speeded word reading and speeded color naming abilities were exceptionally low.

Language: Naming to visual confrontation was in the low average range. Lexical fluency was exceptionally low, as the patient generated a total of only two words across a three-minute testing period. Semantic fluency was also exceptionally low; across two separate one-minute trials, she was able to produce only a single word per category.

Visuospatial/Constructional: Her ability to copy a complex figure was impaired. In the command condition of the Clock Drawing Test, the patient produced a highly distorted contour characterized by chaotic, overdrawn lines and severe spatial crowding, with illegible numbers placed erratically both inside and outside the clock face. Providing a direct visual model in the copy condition failed to resolve these significant spatial and structural distortions. The persistence of these profound spatial errors in the copy condition suggests a primary visuospatial constructional vulnerability rather than a secondary organizational issue.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (3, 4, and 5 words, respectively). After a 20-minute delay, Ms. Aguilera recalled zero words from the list, which was below average. Delayed word recognition was relatively intact (10 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was in the below average range. Delayed recall of the same material was also below average. On a discrimination task, her performance was in the exceptionally low range.

Short (3-minute) delayed incidental recall of a complex geometric design was impaired. Long (30-minute) delayed incidental recall of the same design was also in the impaired range.

Executive Functions: She was unable to complete a visual-motor sequencing and set-shifting task due to significant comprehension difficulties. For instance, when instructed to draw continuous lines connecting numbers in sequential order, she instead drew isolated lines next to each number or simply printed random numbers around the stimuli. An oral sequencing task was administered as an alternative, and her performance fell within the exceptionally low range. The patient demonstrated severe planning and organizational deficits during the command condition, characterized by an inability to sequence numbers and a complete failure to generate distinct, appropriately sized clock hands to indicate a specific time. These conceptual and planning errors were not ameliorated in the copy condition, as the patient continued to produce disorganized, clustered numbers and haphazard lines radiating from the center rather than replicating the model's distinct hands. The complete inability to utilize a direct visual model to correct these structural omissions points to a fundamental loss of semantic knowledge regarding the essential features of a clock rather than a primary executive retrieval deficit.

Emotional/Behavioral Functioning: Ms. Aguilera endorsed severe symptoms of depression on a self-report inventory of mood. She also endorsed severe anxiety symptoms on a separate self-report inventory of mood.

SUMMARY

Ms. Ana Aguilera is a 74-year-old, right-handed Hispanic female with three years of formal education who was referred for a neuropsychological evaluation by Joan Manu, FNP-C. She presented with a complex clinical picture characterized by suspected cognitive decline, temporal disorientation, and prominent behavioral and psychiatric changes. According to collateral sources, her cognitive and functional decline has been gradual over the past two to three years, punctuated by a precipitous deterioration following a right ankle fracture in February 2025. Despite her marked difficulties during testing, she demonstrated full cooperation and put forth her best effort throughout the session. Thus, the results of the current evaluation are considered a valid and accurate representation of her present neurocognitive functioning.

Regarding her cognitive strengths, Ms. Aguilera demonstrated select preserved abilities within the domain of learning and memory. Specifically, her immediate learning capacity for unstructured verbal information fell within the average range. Furthermore, her ability to recognize previously learned verbal information after a delay was found to be relatively intact, suggesting some preservation of encoding mechanisms when provided with a structured recognition paradigm.

In contrast to these isolated strengths, Ms. Aguilera exhibited severe and pervasive cognitive deficits across multiple domains. Her processing speed and attention were notably compromised, characterized by low average sustained attention, and exceptionally low graphomotor speed, working memory, speeded word reading, and speeded color naming. Language functioning was vulnerable, marked by low average visual confrontation naming and exceptionally low generative fluency across both semantic and lexical trials. Profound impairments were observed in visuospatial and constructional abilities; she produced a highly distorted, spatially crowded clock drawing and an impaired copy of a complex figure, indicating primary visuospatial vulnerabilities. Furthermore, memory was significantly impacted, evidenced by below average delayed free recall of a word list, below average immediate and delayed recall of contextual verbal material, and impaired delayed recall of visual information. Finally, executive functioning was severely impaired, characterized by an inability to comprehend or complete set-shifting tasks, exceptionally low oral sequencing, and a fundamental loss of semantic knowledge regarding the essential features of a clock.

Emotionally and behaviorally, Ms. Aguilera is experiencing profound psychiatric distress. On self-report inventories, she endorsed severe symptoms of both depression and anxiety. Collateral reports detail a significant history of untreated depression, profound apathy, and social withdrawal, representing a stark departure from her baseline functioning. Notably, she has experienced pronounced psychotic symptoms over the past three years, including severe delusions of infidelity and paranoia, which previously precipitated intentional medical non-compliance and expressions of a desire to die. Additionally, her family reported uncharacteristic public behavioral outbursts and significant daily cognitive fluctuations, oscillating between periods of lucidity and states of profound confusion.

Functionally, Ms. Aguilera exhibits widespread dependence on her family for daily living tasks. She requires physical assistance and supervision with basic activities of daily living, including self-grooming, due to marked unsteadiness, poor depth perception, and a history of falls. She is

entirely dependent on her husband and daughter for all instrumental activities of daily living, including the management of her finances, medical appointments, and medication administration, particularly following a history of accidental double-dosing and intentional non-compliance. She no longer cooks due to physical limitations and safety concerns, such as leaving the stove on, and she has never learned to drive.

Ms. Aguilera's overall cognitive profile reveals pervasive neurocognitive dysfunction, characterized by prominent deficits in executive functioning, visuospatial construction, processing speed, and language fluency. In considering the differential diagnosis, a primary etiology of Alzheimer's disease is unlikely, as her memory consolidation mechanisms remain relatively preserved; she demonstrated intact delayed recognition and her recall improved with cues, contrasting with the rapid forgetting and primary storage failure that are hallmark to Alzheimer's pathology. Furthermore, while she possesses significant cardiovascular risk factors, a primary Vascular Dementia is not fully supported given the absence of focal strokes on recent neuroimaging and a gradual, rather than stepwise, functional decline. Instead, her neuropsychological signature—profound visuospatial and executive impairments with relatively spared memory encoding—is highly characteristic of Lewy Body disease. This etiology is robustly supported by her clinical presentation, which satisfies core diagnostic criteria: marked daily cognitive fluctuations, emergent parkinsonian motor features (resting and action tremors, shuffling gait, leg stiffness), and severe psychotic symptoms (prominent delusions and reported visual hallucinations). While the compounding effects of her severe, late-life depression must be acknowledged, the comprehensive integration of her cognitive, motor, and psychiatric symptoms makes Lewy Body disease the most compelling etiology. Ultimately, her presentation is consistent with a diagnosis of Moderate Dementia - Possibly due to Lewy Body disease.

IMPRESSION Moderate Dementia – Possibly due to Lewy Body disease with behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

RECOMMENDATIONS

Medical & Psychiatric Management

1. **Neurological & Movement Disorder Evaluation:** Given the diagnostic impression of Moderate Dementia – Possibly due to Lewy Body disease, it is strongly recommended that Ms. Aguilera undergo a formal evaluation by a neurologist, ideally a movement disorder specialist. This is critical to formally assess and manage her emergent parkinsonian features, which include her resting and action tremors, leg stiffness, and shuffling gait.
2. **Psychiatric Intervention & Neuroleptic Caution:** Ms. Aguilera requires urgent psychiatric intervention to manage her severe depression, profound apathy, and active psychotic symptoms (specifically, her paranoia and delusions regarding infidelity). However, her treating providers must be explicitly informed of her suspected Lewy Body etiology, as patients with this pathology often have severe, life-threatening sensitivities to traditional neuroleptic (antipsychotic) medications.
3. **Strict Medication Administration:** Due to her significant executive and visuospatial deficits, as well as her history of intentionally stopping her insulin and other medications

due to psychiatric distress, Ms. Aguilera must not manage or administer her own medications. Her husband and daughter must maintain absolute control over her medication regimen, utilizing locked pill dispensers if necessary, to prevent both accidental double-dosing and intentional non-compliance.

Safety & Supervision

1. **Fall Prevention and Mobility Assistance:** Ms. Aguilera is at a high risk for falls due to her balance issues, shuffling gait, unsteadiness, and documented visual-perceptual and depth perception difficulties. She requires continuous supervision and physical standby assistance for all mobility and basic activities of daily living (including grooming and bathing). The family should implement home safety modifications, such as removing tripping hazards (e.g., loose rugs, clutter) and installing grab bars in the bathroom.
2. **Kitchen and Household Safety:** Due to her profound executive dysfunction, compromised visuospatial skills, and history of leaving the stove on, Ms. Aguilera must not be permitted to cook or operate dangerous household appliances. She should not be left home alone under any circumstances.
3. **Driving:** It is noted that Ms. Aguilera has never learned to drive. Given her cognitive and visual-perceptual impairments, she must not attempt to operate any motorized vehicles.

Functional & Legal Planning

1. **Advance Directives and Proxy Planning:** Given the progressive nature of her suspected neurodegenerative condition, it is imperative that the family formalize legal and medical planning. The family should establish or review her Medical Power of Attorney and financial proxy documents immediately. These discussions should optimally occur on her "normal" days when she is experiencing greater lucidity and can participate in expressing her long-term care preferences.
2. **Caregiver Support and Education:** The behavioral manifestations of Lewy Body disease, particularly the delusions, behavioral outbursts, and cognitive fluctuations, place an immense burden on caregivers. It is highly recommended that her husband and daughter connect with the Lewy Body Dementia Association (LBDA) to access educational resources, support groups, and respite care strategies to help manage caregiver burnout.

Cognitive & Behavioral Strategies

1. **Managing Delusions and Agitation:** When Ms. Aguilera experiences delusions (such as her fixed beliefs regarding her husband's infidelity), the family should explicitly avoid arguing with her, correcting her, or demanding proof, as this will likely escalate her distress and trigger behavioral outbursts. Instead, caregivers should utilize a "validate and redirect" approach: acknowledge the emotional distress she is feeling, provide verbal reassurance of her safety, and gently redirect her attention to a soothing, familiar, or engaging activity.
2. **Accommodating Cognitive Fluctuations:** The family must anticipate and adapt to her marked daily cognitive fluctuations. On her difficult days—characterized by severe

disorientation, staring blankly, or pronounced confusion—caregivers should reduce all cognitive demands, use simple "yes/no" questions, and focus purely on her comfort and safety.

3. **Combating Apathy Through Structured Routine:** To address her severe apathy and social withdrawal, the family should establish a gentle, predictable daily routine. While she cannot manage complex tasks, she should be gently encouraged to participate in simple, failure-free activities that do not overtax her executive or fine motor skills. Reintegrating simplified versions of her past interests—such as helping water a plant, listening to familiar music, or folding small towels—can provide passive cognitive stimulation and improve her overall quality of life.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 07/09/2026