Neuropsychological Evaluation

Name: William Berry

Referral Source: Ezekiel Sachs, MD

Date of Birth: 5/22/1950

Date of Evaluation: 6/25/2026

Reason for Referral: Dr. Sachs referred Mr. Berry for neuropsychological re-evaluation due to a history of suspected cognitive dysfunction. Results will elucidate his current level of functioning to inform diagnostic decision-making and update treatment planning.

Functions Assessed and Instruments Employed:

Background
Clinical Interview
Medical History Questionnaire
Mental Status
Mini-Mental State Exam (MMSE)
Intellectual
Wechsler Adult Intelligence Scale – IV (WAIS-IV; Block Design, Similarities, Information)
Academic
Wide Range Achievement Test – 5 (Word Reading)
Language
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Visuospatial/Constructional
Judgment of Line Orientation (JLO)
Rey Complex Figure Test (copy)
Attention/Working Memory
Digit Span (WAIS-IV)
Processing Speed
Symbol Search (WAIS-IV)
Coding (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – R (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test (TMT)
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test (MWCST)
Motor Functions
Grooved Pegboard Test
Mood/Behavior
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9 (PHQ-9)
Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Mr. Berry and his wife, as well as a review of available medical records. He is a 76-year-old, right-handed, Caucasian male with 11 years of education.

He underwent previous evaluation on 10/7/2024. Findings indicated minimal cognitive inefficiency due to several relatively low scores (working memory and complex visuoconstruction) without frank impairments. Anxiety and depressive symptoms were noted and thought to contribute to his cognitive inefficiencies. Please see previous records for additional information.

Interim History:

Mr. Berry and his wife reported a mild interim decline in cognition. At present, they noted mild difficulties with recall of recent events and conversations, concentration, processing speed, name recall, and word finding. He now needs to use a calendar to track appointments. Mr. Berry does

not cook. He discontinued driving due to reduced mobility. No problems were reported with medication dispensation, financial management tasks, or other instrumental activities of daily living.

He described anxiety and depressive symptoms, including crying spells; these are related to his impaired mobility and associated activity limitations. Mr. Berry denied suicidal ideation. His wife has observed depressive symptoms, apathy, and irritability. There appears to be no indication of hallucinations or delusions.

Mr. Berry's sleep is adequate. He has had no night terrors for approximately a year. His energy level is reduced. His appetite is normal and his weight is stable.

His medical history includes hypertension, hyperlipidemia, diabetes, peripheral neuropathy, back pain, renal mass, urinary urgency, benign prostatic hyperplasia, skin cancer, multiple myeloma (chemotherapy was discontinued in 2023 or 2024), GERD, COPD, aortic atherosclerosis, peripheral neuropathy, and gout. Mr. Berry discontinued using a CPAP machine for sleep apnea after he lost over 30 pounds in 2013. He reported unsteady gait with falls, along with intermittent feelings of heaviness and weakness in his left leg. Since 2013, Mr. Berry has had jerking of his arms and legs when he flexes his muscles; he is scheduled to see a movement specialist. He uses a wheelchair and walker.

His surgical/procedural history includes skin cancer excision, hernia repair, UroLift, and cardiac catheterization.

He quit consuming alcohol in 1998. Mr. Berry reported occasional marijuana use in the remote past. He denied a history of nicotine use.

His current medications and supplements include Advair HFA, Albuterol HFA, amiodarone hydrochloride, amoxicillin, amlodipine besylate, azelastine, budesonide, clindamycin 1%, colestipol, Entresto, esomeprazole, finasteride, fluorouracil, gabapentin, hydromorphone, ipratropium bromide, metoprolol succinate, mirtazapine, Neuriva, NovoLog, ranolazine, simvastatin, tamsulosin, Tresiba, valacyclovir, probiotics, and vitamin D3.

Mr. Berry continues to reside with his wife at their home in Conroe, TX.

Behavioral Observations:

Mr. Berry presented as a pleasant, casually dressed, well-groomed gentleman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. He presented for evaluation in a wheelchair; gait was unobserved. Other gross motor behaviors appeared normal. He presented as a very good historian. Conversational speech was fluent. Mood appeared anxious at times during the testing. Mr. Berry became tearful briefly on a story recall task. Affect was broad. Occasional reminders of task instructions were required. He performed adequately on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Mr. Berry's current level of neuropsychological functioning.

<u>Results</u>:

Mental Status: On the MMSE, Mr. Berry obtained a score of 27/30. He recalled 0 of 3 items after a brief delay.

Intellectual: On a short form of the WAIS-IV, Mr. Berry obtained a General Ability Index score of 96 (average). Index scores were as follows: Verbal Comprehension – 100 (average); Perceptual Reasoning – 92 (average); and Processing Speed – 114 (high average). On specific subtests, fund of knowledge was high average. Construction of abstract block designs and verbal abstraction were average. Visual pattern analysis was low average.

Academic: Oral word reading was average.

Language: Visual object naming was error-free (high average). Controlled oral verbal fluency was average to both phonemic and semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was low average. Mr. Berry's copy of a complex geometric design was also low average.

Attention/Working Memory: Immediate recall of orally presented number sequences was average for forward order but below average for reverse order and numerical sequencing.

Processing Speed: Speed of visuoperceptual scanning and discrimination was high average, as was transcription of symbols according to a key.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (5, 7, and 9 words, respectively). After a 20-minute delay, Mr. Berry recalled 6 words from the list, which was low average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was similarly low average (10 hits, 1 false positive).

Immediate recall of structured verbal material (stories) was average. Delayed recall was average for absolute level of recall and high average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was low average for both absolute level of recall and when indexed against immediate recall performance. Delayed figural recognition was within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was average for a simple (numerical order) sequence and high average for a complex (alternating number-letter) sequence. Speed of rote color naming and word reading was average. Response inhibition was high average for speed and average accuracy. Mr. Berry's ability to alternate between response inhibition and release (cognitive flexibility) was average for both speed and accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the abilities to establish and shift response set.

Motor Functions: Fine motor dexterity (placing pegs into holes) was average bilaterally.

Mood/Behavior: Mr. Berry's self-report of depressive symptoms (PHQ-9) was within the mild range, as was his self-report of anxiety symptoms (GAD-7).

Impression: Minimal Cognitive Inefficiency of Probable Psychogenic Nature
Adjustment Disorder with Mixed Anxiety and Depressed Mood

Analysis of Mr. Berry's performance across two neuropsychological evaluations reveals mild variability in scores that does not form a cohesive pattern. Mild interim declines were noted in working memory, visual pattern analysis, and retrieval of visual material. In contrast, mild interim improvements were documented in fund of knowledge and response inhibition.

Mr. Berry endorsed anxiety and depressive symptoms in association with current stressors.

In sum, Mr. Berry's performance across two assessments indicates mild variability that does not form a meaningful pattern and is not considered clinically significant. The current findings indicate marginally low scores across tasks assessing working memory and retrieval of visual material. Importantly, he demonstrated intact abilities to encode and consolidate both verbal and visual material. Consistent with the previous evaluation, the present results do not suggest a neurological etiology. The cognitive inefficiencies in Mr. Berry's daily life are likely associated with factors including his depressive and anxiety symptoms.

Recommendations:

1. Consideration of adjustment to Mr. Berry's pharmacological regimen and/or participation in psychotherapy is recommended given his depressive and anxiety symptoms. His mood functioning should continue to be monitored regularly over time.

2. He should use compensatory strategies to help manage cognitive inefficiencies in his daily life, including written lists, calendars, electronic reminder systems, and smartphone apps.

3. Repeat neuropsychological evaluation is recommended in the event of a suspected decline in Mr. Berry's cognition and/or functional abilities.

Dr. Sachs, thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

Lynne C. Davis

Lynne C. Davis, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 7/7/2026

*****Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*