Houston Neuropsychology Associates, PLLC

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

NEUROPSYCHOLOGICAL EVALUATION

NAME: Muhammad Chaudhry **REFERRAL SOURCE:** Beatriz Casas, PA-C

DATE OF BIRTH: 12/12/1955 (70) **DATE OF EXAM:** 07/15/2026

REASON FOR REFERRAL

Beatriz Casas, PA-C, referred Mr. Chaudhry for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

***Identifying Information*:** The following information was obtained from a clinical interview with Mr. Chaudhry and a review of his available medical records. Mr. Chaudhry is a 70-year-old, right-handed, married Asian (Pakistani) male with 16 years of formal education.

***Presenting Problem*:** Mr. Chaudhry reported that he was referred for this evaluation due to concerns regarding progressive cognitive decline over the past 6–12 months. Specifically, he endorsed memory loss (e.g., forgetting appointments, misplacing items, repeating himself, and requiring others to repeat information), word-finding difficulties, reduced processing speed, and visuospatial challenges. He added that his attention and concentration fluctuate.

Regarding instrumental activities of daily living, Mr. Chaudhry reported that he currently drives independently and without difficulty. However, he acknowledged being less meticulous with household chores over the past year, describing himself as "a little messy." Notably, he experienced significant difficulties managing his finances after losing nearly $700,000 to an international cryptocurrency scam late last year. Consequently, his bank accounts were closed, which caused him to fall behind on bills that were previously scheduled to autodraft. He stated that he has hired an attorney to recoup some of the funds. He indicated that his wife calls him with medication reminders due to his forgetfulness. No changes were noted in his ability to perform basic self-care tasks.

From an emotional standpoint, Mr. Chaudhry described feeling greater anxiety and depressive symptoms over the past few months, which he attributed to significant marital distress. He denied suicidal or homicidal ideation, as well as symptoms suggestive of psychosis. His weight has reportedly increased by approximately 10 pounds over the past year due to dietary changes. He described his sleep onset as poor, though his sleep maintenance is adequate. Consequently, his energy level is reduced.

MEDICAL HISTORY

Mr. Chaudhry's medical history is significant for asthma, cataracts, diabetes, high cholesterol, hypertension, prostate cancer, and vitamin D deficiency.

Neuroimaging: A brain MRI on 07/10/2026 revealed moderate diffuse cerebral atrophy especially affecting the frontal and temporal lobes bilaterally. Mild chronic microvascular ischemic changes were also noted.

Surgeries & Procedures: Mr. Chaudhry's surgical history includes a colonoscopy with removal of a tumor polyp lesion and lung surgery to remove scar tissue.

Current Medications: His current medication regimen consists of escitalopram, glimepiride, insulin glargine-lixisenatide, metformin, nortriptyline, rosuvastatin, solifenacin, tamsulosin, triple-strength joint health supplement, and vitamin D_2.

Substance Use: Mr. Chaudhry denied a history of alcohol, nicotine, or recreational drug abuse.

Family History: Mr. Chaudhry reported that his mother died in her early 90s and his father died at age 99. He denied that they had any notable health problems. However, his medical records indicated that his mother had possible dementia. Mr. Chaudhry has three brothers and one sister who are reportedly healthy; he had another sister who he said passed away from natural causes approximately 20 years ago.

MENTAL HEALTH HISTORY
Mr. Chaudhry stated that he has been prescribed psychiatric medications for the past one to two years. He also reported participating in one or two therapy sessions in 2025.

Approximately 1.5 months prior to the evaluation, he was admitted to a behavioral health center for two weeks after his family contacted emergency services regarding a threatening remark he made toward his wife; however, Mr. Chaudhry stated that he was joking and meant his wife no harm. Since that time, his wife is reportedly living elsewhere and has filed a restraining order.

EDUCATIONAL HISTORY
Mr. Chaudhry completed 16 years of formal education, earning a bachelor's degree in English while living in Pakistan. He described his academic performance as good and denied any history of special education services, specific learning disorders, or grade retention.

OCCUPATIONAL HISTORY
Mr. Chaudhry was employed as a manager for multiple fast-food restaurant locations for 45 years. He is currently retired, having ceased employment approximately three years ago.

SOCIAL HISTORY
Mr. Chaudhry was born and raised in Pakistan and immigrated to the United States at age 19. He is multilingual, speaking Hindi and Urdu natively, and he began learning English in the sixth grade via a yearly English class. He has been married for 39 years and has three daughters. He currently lives alone in Houston, Texas, as his wife recently relocated due to marital discord.

BEHAVIORAL OBSERVATIONS
Mr. Chaudhry arrived early and was unaccompanied. He was appropriately dressed, well-groomed, and ambulated without assistance. His vision (corrected) and hearing were adequate for testing purposes. His speech was consistent with his language-learning history. He commented on several occasions that he did not know a specific word in English but did in his native language. When asked about his mood, Mr. Chaudhry stated, “My mood is not the same as six months ago.” He added that he tends to get upset over “minor things.” His affect was consistent with conversational content. During testing, he exhibited signs of rapid forgetting and perseverative tendencies. Overall, he was pleasant and cooperative, demonstrating good engagement. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

TESTS ADMINISTERED
Adult Neuropsychology History Questionnaire
Clinical interview with the patient
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scales – IV, selected subtests
Hopkins Verbal Learning Test – Revised
Wechsler Memory Scale – IV, selected subtests
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Animal Fluency Test
Rey Complex Figure Test, copy
Judgment of Line Orientation Test, short form
Grooved Pegboard Test
Color Trails Test
Modified Wisconsin Card Sorting Test
Geriatric Depression Scale
Beck Anxiety Inventory

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Mr. Chaudhry obtained a score of 24 out of 30 on the MMSE. He misidentified the city and building. He was also unable to complete an attentional task, recall one of the three words after a delay, repeat a phrase, and follow a command.

Attention & Processing Speed: Digit repetition was low average and digit reversal was average, but digit sequencing was below average. Visual scanning and symbol identification, number and symbol transposition, and speeded visual graphomotor tracking of a numerical sequence were all exceptionally low.

Learning & Memory: Word list learning and delayed list recall were exceptionally low, as was list recognition memory. Notably, he was unable to recall any words after the delay. Immediate story memory was below average, and delayed story memory and recognition memory were exceptionally low. Immediate visual memory was exceptionally low, and delayed visual memory was below average. Visual recognition memory was low average.

Language: Single word reading and expressive vocabulary were below average. Confrontation naming and verbal fluency (phonemic and semantic) were exceptionally low.

Visuospatial/Construction: Visual organization of abstract block designs was low average. Complex figure construction and visuospatial judgment were both below average.

Motor Functioning: Fine motor dexterity was below average with the dominant hand and exceptionally low with the nondominant hand.

Executive Functioning: Nonverbal abstraction was low average. Speeded visual-graphomotor tracking of an alternating colored number sequence was exceptionally low, and he committed one error on this task. Additionally, he completed a measure of novel card sorting that required learning and strategy modification in response to feedback. His ability to both establish and switch novel sets was exceptionally low. Notably, he established the first set but was unable to shift set thereafter, making 42 perseverative errors.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed mild symptoms of depression and moderate symptoms of anxiety.

SUMMARY

Mr. Chaudhry was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed exceptionally low and below average performances across multiple domains. Specifically, impairments were evident in digit sequencing, processing speed, verbal memory (learning, recall, and recognition), and visual memory (learning and recall). Further deficits emerged in language (single-word reading, expressive vocabulary, confrontation naming, and verbal fluency), visuospatial skills (complex figure construction and visuospatial judgment), bilateral fine motor dexterity, and executive functioning (cognitive flexibility, establishing novel sets, and switching sets).

Conversely, his performances generally ranged from low average to average on measures of simple attention and working memory (digit repetition and reversal), visual recognition memory, visual organization of abstract block designs, and nonverbal abstraction.

On brief measures of mood, he endorsed mild symptoms of depression and moderate symptoms of anxiety. This is consistent with his report during the clinical interview noting an increase in mood-related symptoms over the past few months, which he attributed to marital discord.

Notably, Mr. Chaudhry is multilingual, having learned English as a third language in the sixth grade. While this language-learning history likely negatively impacted his performance on heavily verbally mediated tasks (e.g.,

confrontation naming and verbal fluency), it does not fully account for the profound and diffuse deficits observed across nonverbal, executive, and memory domains. In sum, Mr. Chaudhry's test results reflect a significant decline relative to same-aged peers and his estimated premorbid level of functioning. Based on his cognitive profile and the reported functional changes, a diagnosis of dementia is warranted.

Regarding etiology, his presentation is complex, as both Alzheimer's disease and a frontotemporal disease process are strong diagnostic considerations. Neuroimaging results from July 2026 further corroborated these potential diagnoses, as they identified moderate diffuse cerebral atrophy especially affecting the frontal and temporal lobes bilaterally. Given the global nature of his cognitive impairments, age, and onset and progression over time, his profile leans slightly toward an underlying Alzheimer's disease process. An additional contribution from a cerebrovascular etiology cannot be entirely ruled out given his history of vascular risk factors. While he endorsed emotional distress, his deficits far exceed what would be expected of a primary psychological etiology.

Impressions: Probable Dementia Due to Alzheimer's Disease, Mild Severity, with Behavioral Disturbance
Adjustment Disorder with Mixed Anxiety and Depressed Mood

Recommendations:

1. **Medical, Legal, & Financial Oversight:** Mr. Chaudhry will benefit from assistance when making complex decisions, particularly regarding his finances and medication regimen. Given his recent financial exploitation, oversight of his financial accounts by a family member or trusted associate is advised. The use of automatic bill payment and pill dispensers or a medication management service is also recommended. A family member should accompany him to all medical appointments and other important meetings. Providing information in written form may be helpful so that he can refer to it later. Furthermore, responsible parties are strongly encouraged to verify that his durable and medical powers of attorney are in order. This ensures that his wishes will be considered in future decision-making processes.

2. **Safety, Driving, & Living Arrangements:** Although Mr. Chaudhry reported that he is currently living alone, his cognitive profile suggests that daily assistance and supervision would be beneficial to maintain adequate self-care and safety. As such, he and his family may wish to consider alternative living arrangements (such as assisted living or memory care) or establish in-home care where he can receive the necessary support. Furthermore, driving cessation is the safest course of action given his cognitive profile. He also requires supervision when operating potentially dangerous appliances.

3. **Daily Organization & Memory Aids:** To assist with his severe rapid forgetting and reduce frustration, daily routines and structure are strongly encouraged. He would benefit from using a central, visible location for daily necessities (e.g., keys, wallet) and utilizing a calendar for necessary information. Additionally, important emergency contacts should be programmed into his phone and written in his planner or placed prominently in his home.

4. **Psychological & Behavioral Health:** Mr. Chaudhry endorsed mild symptoms of depression and moderate symptoms of anxiety on mood questionnaires. Given this, alongside his history of intermittent depressive episodes and his recent behavioral health admission, continued monitoring of his emotional and behavioral functioning is strongly advised. He should maintain regular follow-ups with his prescribing psychiatrist. Furthermore, routine physical and social activities will be essential for maintaining his overall health and preventing social withdrawal and isolation.

5. **Support Resources:** Additional educational and caregiver resources for Mr. Chaudhry and his family can be found online at https://www.ninds.nih.gov, https://www.alz.org/, and https://www.theaftd.org/.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

Darci R. Morgan, Ph.D., ABPP

Darci R. Morgan, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology
Electronically signed: 07/15/2026