Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	T.J. Davis Jr.	**GENDER:**	Male
DATE OF BIRTH:	12/26/1967 (58)	**HANDEDNESS:**	Right
DATE OF EXAM:	07/02/2026	**ETHNICITY:**	African American
EDUCATION:	14	**MARITAL STATUS:**	Married
OCCUPATION:	Supervisor	**REFERRED BY:**	Ezekiel Sachs, M.D.

REASON FOR REFERRAL

Mr. Davis Jr. was referred for evaluation of cognitive functioning due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Davis Jr. presented with complaints of cognitive difficulties that he noticed began earlier this year. He reported that his symptoms became more prevalent during a government shutdown that significantly increased his work-related pressure and responsibilities. Specifically, he described experiencing word-finding difficulties, pauses in speech, and occasionally mispronouncing familiar words. During the clinical interview, he reported that he had noticed a delay in his responses; he articulated that he knows what he wants to say, but there is a noticeable delay in the retrieval and output of the words. At work, his communication has become less fluent, which has caused confusion among his coworkers and prompted them to initially notice his symptoms. Additionally, he endorsed forgetting his intentions, such as walking into a room and forgetting his purpose, as well as misplacing objects. Mr. Davis Jr. also noted a slower processing speed and decreased efficiency when multitasking. His cognitive difficulties appear to fluctuate with his work demands; he noted improvement while he was on leave from work for two to three weeks in April 2026, but the symptoms ramped up again upon his return.

Somatic complaints include a feeling of pressure in his head when he is actively thinking or working. He also has a history of balance issues, describing episodes of stumbling and losing his balance when attempting to walk heel-to-toe during a primary care visit. Emotionally, Mr. Davis Jr. denied experiencing clinical depression but described feeling disengaged from activities in an effort to "protect his peace." He admitted to feeling stretched thin and tired of "juggling" due to his work demands having increased threefold without adequate support mechanisms. Regarding sleep and energy, he reported difficulty shutting his brain off from work-related thoughts, leading to poor sleep quality and not feeling rested upon waking. His energy levels are correspondingly low. Mr. Davis Jr. also noted a decreased appetite and subsequent unquantified weight loss, explaining that he often gets too focused on other tasks and loses the desire to eat.

Functionally, Mr. Davis Jr. remains independent for basic activities of daily living. Regarding instrumental activities, he continues to drive without issue. He independently manages his finances and medical appointments. While he is independent with his medication management, he admitted to occasionally forgetting to take his doses.

MEDICAL HISTORY

Conditions: Mr. Davis Jr.'s medical history is significant for hypertension, hyperlipidemia, Type II diabetes mellitus with stage 3 chronic kidney disease, morbid obesity, cardiac arrhythmia, chronic obstructive pulmonary disease (COPD), severe obstructive sleep apnea requiring CPAP use, cataracts, glaucoma, testicular hypofunction, and a history of gout. He also has a history of cerebral microvasculopathy.

Regarding his head pressure, he reported a history of severe headaches lasting several months that subsided when he took a leave of absence from work; they have since become more mellow upon his return. He also has a history of playing high school football, during which he sustained a few hits, but he denied any loss of consciousness or hospitalizations related to head trauma.

Surgeries: Cataract surgery, bilateral cornea transplant (2013), and multiple colonoscopies and EGDs (2006, 2015, 2017, 2019, 2020, 2025).

Imaging: An MRI of the brain conducted on April 6, 2026, revealed involutional changes and predominantly subcortical white matter changes that are most likely microvascular in origin, with no acute intracranial abnormalities or recent ischemic/hemorrhagic injury. An MRA of the Circle of Willis without contrast performed on April 13, 2026, was unremarkable, showing no aneurysm, occlusion, or stenosis of the intracranial vasculature.

Current medications: Albuterol/ProAir, Ammonium Lactate, Aspirin, Atorvastatin, Brimonidine Tartrate, Brimonidine-Timolol, Budesonide-Formoterol, Cholecalciferol, Clotrimazole-Betamethasone, Colchicine, Cyanocobalamin, Cyclobenzaprine, Febuxostat, Furosemide, Hydrocortisone, Jardiance, Latanoprost, Lidocaine, Linaclotide, Losartan, Methylphenidate, Modafinil, Nitroglycerin, Nystatin, Omeprazole, Pramipexole, Prednisolone, Prednisone, Pregabalin, Prolensa, Sildenafil, Testosterone Cypionate, Tirzepatide, Tolnaftate, and Triamcinolone.

Substance use: Mr. Davis Jr. denied any history of regular tobacco use or recreational drug use. He reported consuming approximately three to four alcoholic beverages per month.

Family history: His family medical history is significant for diabetes, hypertension, Bell's palsy, and a stroke in his mother. He reported that his mother and other maternal relatives had dementia diagnoses in their 60s.

MENTAL HEALTH HISTORY

Mr. Davis Jr. denied a history of psychiatric hospitalizations, suicidal ideation, or psychological counseling. He denied taking traditional psychiatric medications for mood, though he noted he is prescribed modafinil and methylphenidate by his pulmonologist to address attention and shift-work disorder.

EDUCATIONAL HISTORY

Mr. Davis Jr. completed 14 years of education, undertaking two years of general college coursework. He denied any history of learning problems or grade retention.

OCCUPATIONAL HISTORY

Mr. Davis Jr. is employed full-time as a supervisor for the Department of Aviation with the City of Houston, where he has worked for 24 years. While previous medical records indicated he was strictly off work pending a neurological evaluation, he clarified during the clinical interview that he took a two- to three-week leave of absence in April 2026 and has since returned to full-time duty.

SOCIAL HISTORY

Mr. Davis Jr. has been married to his current wife for 25 years. He was previously married. He has two daughters, one from each marriage, and currently resides in Houston, Texas, with his wife and one of his daughters.

BEHAVIORAL OBSERVATIONS

Mr. Davis Jr. presented as an adequately groomed man. He was alert and fully oriented. While the patient previously reported a history of balance issues and stumbling during primary care visits, the psychometrist observed his gait to be unassisted and his gross motor functioning to be normal during the current evaluation. Vision and hearing appeared normal and adequate for testing purposes. Expressive and receptive language was within normal limits, with the examiner noting his speech, basic attention, and conversational memory all presented as normal. His affect was broad, and his mood was described as pleasant, though the examiner noted he appeared anxious in the beginning of the evaluation. Overall, Mr. Davis Jr. provided full cooperation, with the examiner explicitly noting that he was "very easy to test." He appeared to put forth his best effort throughout the session. Thus, these evaluation results appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview
Wide Range Achievement Test -5 (Word Reading)
Wechsler Adult Intelligence Scale-IV (select subtests)
Neuropsychological Assessment Battery-Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Complex Ideational Material (BDAE)
Sentence Repetition (MAE)
Line Orientation (RBANS)
Rey Complex Figure Test (copy)
Hopkins Verbal Learning Test-Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Color Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test
Trail Making Test
Grip Strength
Patient Health Questionnaire (PHQ-9)
Generalized Anxiety Disorder (GAD-7)
Minnesota Multiphasic Personality Inventory - 2-RF

TEST RESULTS

Premorbid/Intellectual: Mr. Davis Jr. was administered a word reading test that estimated his premorbid general intellectual functioning to be within the low average range. His composite performance on a variety of verbal and nonverbal tests estimated his current general intellectual functioning to be within the low average range.

Attention/Concentration & Processing Speed: Overall working memory abilities were low average. Specifically, on a measure of digit span recall, reversal, and sequencing, his overall performance was in the average range. Mental arithmetic was in the low average range. Overall processing speed abilities were low average. More specifically, graphomotor speed was low average. Visual scanning and symbol identification was average. Speeded word reading was exceptionally low and speeded color naming abilities were in the below average range.

Memory: On a 12-word list learning and memory test, he demonstrated low average immediate recall, as he recalled 6, 9, and 9/12 words, respectively, across three consecutive trials. Following a 20-minute delay, his recall was low average, as he recalled 8/12 words. His discrimination accuracy on a recognition format was average, as he correctly identified 10 out of 12 words, and he did not endorse any false-positive errors.

Verbal memory for a set of prose passages was in the average range for immediate recall. After a delay, his recall was low average. His recognition of details, when presented with a forced-choice format, was within normal limits.

Immediate recall and reproduction of a series of geometric designs was average. Following a delay, his recall was average. His discrimination accuracy was within normal limits as he recognized 6 out of 7 target figures on a multiple-choice display.

Language: Naming to visual confrontation was performed in the average range. Semantic fluency was average. Lexical fluency was low average. Verbatim repetition of increasingly lengthy sentences was below average. Auditory comprehension of sentences and short paragraphs was high average. Knowledge of the meaning of words was average.

Visuospatial: His ability to copy a complex figure was exceptionally low. Judgment of angular line relations was within normal limits. He performed in the average range on a subtest assessing visual construction with blocks.

Executive Functioning: Verbal abstract reasoning was average. Speed of visual-graphomotor tracking for a simple (numerical order) sequence was exceptionally low and error-free. Set-shifting abilities were in the average range and error-free. Mr. Davis Jr.'s performance on a measure of response inhibition was below average for speed and average for accuracy. When an additional component of cognitive flexibility was added, his performance was low average for speed and average for accuracy. On a complex trial-and-error learning task requiring the utilization of feedback to generate problem-solving strategies, his overall performance was within the average range as he was able to complete all of the six categories. He did not make any perseverative errors, which placed his performance in the high average range.

Motor: The patient is right hand dominant. Grip strength was in the exceptionally low range bilaterally.

Emotional/Behavioral Functioning: He endorsed moderately severe symptoms of depression and moderate symptoms of anxiety on two separate self-report inventories of mood.

Mr. Davis Jr. completed the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), producing a valid and interpretable profile. However, elevations on validity scales sensitive to somatic and cognitive symptom reporting indicate he is highly focused on his physical and cognitive status. Given his extensive medical history, this likely reflects a genuine, significant medical burden and distress regarding his symptoms rather than non-credible over-reporting. Clinically, his profile is characterized by prominent somatic concerns. Specifically, he endorsed a clinically significant degree of head pain and vague neurological complaints, which aligns closely with his self-reported symptoms of head pressure, word-finding delays, and unsteadiness. Subjective cognitive complaints were also elevated, though just below the clinical threshold. He denied significant symptoms of internalizing emotional distress, such as demoralization, depression, or anxiety, suggesting his current functional difficulties are primarily driven by somatic and cognitive stressors rather than primary psychiatric pathology.

SUMMARY

Mr. Davis Jr. is a 58-year-old, right-handed African American male who was referred for a neuropsychological evaluation by Dr. Ezekiel Sachs. He presented with complaints of cognitive decline, specifically highlighting word-finding difficulties, pauses in speech, slowed processing speed, and decreased efficiency when multitasking. He noted that these symptoms began earlier this year and were exacerbated by a significant increase in work-related pressure during a government shutdown.

Mr. Davis Jr.'s premorbid general intellectual functioning was estimated to be in the low average range, which perfectly matches his current estimated general intellectual functioning. Consequently, performances falling within the low average range and above are considered intact and representative of his baseline. Contextualized in this manner, Mr. Davis Jr. demonstrated broad preservation across multiple cognitive domains. His simple attention, working memory, and basic mental arithmetic were intact and consistent with his baseline. In the domain of language, he exhibited average to high average abilities in confrontational naming, semantic and lexical fluency, word knowledge, and the auditory comprehension of sentences and paragraphs. Memory consolidation and retrieval were also broadly preserved; his immediate and delayed recall for unstructured word lists, prose passages, and geometric designs performed at or above his low average baseline, alongside intact recognition discrimination. Visuospatial judgment of angular lines and visual construction with blocks were similarly preserved. Furthermore, his executive strengths included average verbal abstract reasoning, intact set-shifting, and average to high average performance on a complex trial-and-error problem-solving task without perseverative errors.

Despite this broad preservation, Mr. Davis Jr. exhibited true cognitive vulnerabilities representing a decline below his established baseline. Processing speed was a primary area of difficulty, characterized by exceptionally low speeded word reading and below average speeded color naming. This processing inefficiency directly impacted his executive functioning, resulting in exceptionally low visual-graphomotor tracking speed for a simple sequence and below average speed of response inhibition. Within the language domain, his verbatim repetition of increasingly lengthy sentences fell into the below average range. Furthermore, his ability to copy a complex visuospatial figure was exceptionally low, and he demonstrated exceptionally low grip strength bilaterally.

Emotionally, Mr. Davis Jr. endorsed moderately severe symptoms of depression and moderate symptoms of anxiety on self-report mood inventories. On an objective personality inventory, he produced a valid profile characterized by prominent somatic and cognitive concerns, endorsing a clinically significant degree of head pain and vague neurological complaints. He denied significant internalizing emotional distress on this measure, suggesting his current functional difficulties are primarily driven by somatic symptoms and cognitive stressors rather than a primary psychiatric pathology. During the clinical interview, he described feeling overwhelmed by a threefold increase in work demands, which has contributed to severe sleep initiation difficulties, poor sleep quality, low energy, and a decreased appetite with subsequent weight loss.

Functionally, Mr. Davis Jr. continues to live independently and remains entirely independent for all basic activities of daily living. Regarding instrumental activities of daily living, he successfully manages his household finances, coordinates his medical appointments, and continues to drive without experiencing spatial disorientation or safety issues. He is also managing his own complex medication regimen; however, he admitted to occasionally forgetting to take his prescribed doses. While he remains highly functional overall, his self-reported difficulties with multitasking at work, combined with occasional medication forgetfulness, indicate a need for mild compensatory strategies to ensure continued safety and efficiency.

Synthesizing this neurocognitive profile reveals a baseline of low average intellectual functioning, with broad preservation across memory, auditory comprehension, reasoning, and semantic language. However, he exhibits distinct, acquired deficits falling below his baseline in psychomotor processing speed, complex visuospatial construction, verbatim sentence repetition, and specific executive reaction times. This pattern of slowed processing and executive inefficiency, despite intact memory storage, is a hallmark of subcortical dysfunction. This presentation aligns seamlessly with his extensive medical history of vascular risk factors—including hypertension, hyperlipidemia, Type II diabetes, and severe obstructive sleep apnea—as well as neuroimaging evidence of subcortical white matter changes of microvascular origin. Furthermore, his chronic sleep deprivation and severe psychosocial stressors at work are likely exacerbating his cognitive inefficiency and somatic distress. Overall, his presentation is highly consistent with Mild Vascular Cognitive Impairment.

IMPRESSION Mild Vascular Cognitive Impairment

RECOMMENDATIONS

Medical & Psychiatric Management

1. Given the diagnostic impression of Mild Vascular Cognitive Impairment and neuroimaging evidence of microvascular white matter changes, strict management of Mr. Davis Jr.'s vascular risk factors is paramount to slow or prevent further cognitive decline. He must continue to work closely with his primary care physician to tightly control his Type II diabetes, hypertension, and hyperlipidemia.
2. Mr. Davis Jr.'s severe sleep initiation difficulties and poor sleep quality are likely exacerbating his cognitive inefficiency and daytime fatigue. He should continue strict

compliance with his CPAP machine for his severe obstructive sleep apnea and follow up with his pulmonologist or a sleep medicine specialist to address his racing thoughts at night and evaluate the current efficacy of his stimulant medications (modafinil and methylphenidate).

3. The patient is experiencing significant somatic distress, head pressure, and burnout secondary to a threefold increase in occupational demands. It is highly recommended that he follow through with the referral to behavioral health (PsychPlus) for supportive counseling and stress management. Therapy should focus on developing coping strategies for occupational burnout and mitigating the somatic manifestations of his stress.
4. Due to his exceptionally low bilateral grip strength and his reported history of stumbling and balance issues during a recent primary care visit, a referral to Physical Therapy is recommended for a fall-risk assessment and gait stabilization, alongside Occupational Therapy to address his grip weakness.

Workplace & Functional Planning

1. Mr. Davis Jr. is currently struggling with slowed processing speed, decreased multitasking efficiency, and cognitive overload at work. He may benefit from formal workplace accommodations under the ADA, such as reducing requirements for simultaneous multitasking, allowing for frequent short cognitive breaks to mitigate his head pressure, and utilizing a quieter workspace to reduce distractions.
2. If his occupational stress continues to acutely impact his sleep, appetite, and cognitive functioning, he and his medical team should discuss the utility of intermittent FMLA (Family and Medical Leave Act) to allow him scheduled time to rest, attend medical appointments, and recuperate from burnout.
3. To address his decreased appetite and recent weight loss, he should implement a structured eating schedule. Setting phone alarms to prompt meals and keeping high-protein, nutrient-dense snacks available at his desk can help ensure he maintains adequate caloric intake even when distracted by work demands.

Safety & Supervision

1. While Mr. Davis Jr. is highly functional, he admitted to occasionally forgetting his medications. Given his complex medical regimen (e.g., Tirzepatide, Jardiance, Losartan), his wife should transition to an oversight role regarding his medication management. Utilizing a weekly pill organizer or an automated pill dispenser with auditory alarms is recommended to ensure consistent adherence and prevent accidental missed or double doses.
2. Mr. Davis Jr. currently drives without reported incidents. However, his exceptionally low performance on complex visuospatial construction, combined with specific slowed executive reaction times, raises mild concerns for his ability to react quickly in unpredictable situations. As a compensatory safety measure, he should proactively limit his driving in highly complex, high-traffic, or adverse-weather conditions.

Cognitive & Behavioral Strategies

1. Because his memory storage is intact, but his processing speed and complex retrieval are vulnerable, Mr. Davis Jr. should rely heavily on external organizational aids. He should maintain a centralized calendar for all appointments and use written checklists for multi-step tasks at work to bypass executive sequencing demands and reduce the cognitive load on his working memory.
2. Given his diagnosis of Mild Vascular Cognitive Impairment, Mr. Davis Jr. and his family are encouraged to proactively review and update his Medical Power of Attorney and advance financial directives while his cognitive capacity remains largely intact.
3. A follow-up neuropsychological evaluation is recommended in 12 to 18 months to monitor his cognitive status, assess the efficacy of these interventions, and ensure his profile remains stable.

Thank you for this kind referral.

Claudia V. Resendiz

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

Electronically signed: 07/02/2026