

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Leticia Diego

Referral Source: Desiree Thomas, M.D.

Date of Birth: 11/3/81

Date of Evaluation: 7/7/26

Reason for Referral: Ms. Diego's neurologist referred her 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.

Functions Assessed and Instruments Employed: Clinical Interview with the patient and her daughter-in-law, Medical History Questionnaire, Test of Nonverbal Intelligence – 4 (TONI-4), Auditory Comprehension (WAB-R), NAB Naming Test, Word Reading (WRAT-5), Letter Cancellation, Visual Form Discrimination, Digit Span (WAIS-IV), Hopkins Verbal Learning Test – Revised, Modified Wisconsin Card Sorting Test, Patient Health Questionnaire – 9, Generalized Anxiety Disorder Questionnaire – 7, Dementia Severity Rating Scale, Activities of Daily Living Scale, and Neuropsychiatric Inventory – Questionnaire.

Identifying Information:

The following information comes from a clinical interview with Ms. Diego and her daughter-in-law, as well as a review of available medical records. Ms. Diego is a 44-year-old, left-handed, married (separated) Hispanic female with 9 years of education.

Presenting Problems: Ms. Diego denied having cognitive problems. According to her daughter-in-law, however, she has exhibited progressive cognitive decline over the last 10 years that noticeably worsened after a fall in February 2026 (described below). Her daughter-in-law stated that Ms. Diego often forgets information told to her and needs reminders. She frequently repeats herself without realizing it. She has difficulty thinking of words when speaking and sometimes uses incorrect ones. She becomes confused easily and rarely makes important decisions. Notably, Ms. Diego frequently commented “she [daughter-in-law] is lying” throughout the clinical interview.

Ms. Diego acknowledged having little interest or pleasure in doing things. Her daughter-in-law reported episodes of aggression and intense hyperfixation on specific items, such as the location of a phone charger and refusing to change out of a specific t-shirt. She added that Ms. Diego has exhibited heightened irritability and agitation, particularly when restricted from unsafe activities, such as showering alone or going outside unsupervised. Her appetite is elevated, though her weight is stable. Her daughter-in-law characterized her sleep as “light,” such that she often hears her moving around in her room at all hours of the night. Nevertheless, her energy level is adequate. She denied suicidal ideation. There have been no apparent psychotic features.

Her daughter-in-law reported that Ms. Diego is dependent on her and her son for all instrumental activities of daily living and physical self-maintenance tasks. She stopped driving in 2019 following multiple minor motor vehicle accidents. She denied experiencing any serious injuries or head trauma as a result of these accidents. She receives assistance with managing her finances,

as well as telephone usage, shopping, meal preparation, housekeeping, laundry, toilet usage, eating, dressing, hair grooming, dental hygiene, nail care, and bathing.

Medical History: On 2/14/26, Ms. Diego slipped in mud and fell forward. Although she did not sustain any obvious injuries at that time, her daughter-in-law observed a gradual decline in her gait over the following week, such that she developed left-sided hemiparesis and fell an additional 17 times. Her daughter-in-law took her to be evaluated, and they were sent to an emergency room. On 2/23/26, she was found to have bilateral subdural hematomas and underwent a right burr hole evacuation and middle meningeal embolization. She was hospitalized for one month and participated in inpatient physical, occupational, and speech therapies. She is currently attending outpatient physical therapy twice a week. Despite therapy, she continues to fall approximately twice a week, recently hitting her head on a dresser and on concrete, though neither incident resulted in a loss of consciousness. She denied experiencing persistent sequelae related to the most recent falls.

A CT of the brain (2/2026) reported postoperative changes from evacuation of a right cerebral convexity subdural hematoma with drain placement, postoperative fluid and pneumocephalus along the right cerebral convexity with decreased leftward midline shift, and unchanged trace right parafalcine subdural hemorrhages. A CT of the brain (5/2026) reported brain involution, and post-craniotomy changes on the right. No evidence of residual subdural hematoma was noted.

Surgeries: right burr hole evacuation and middle meningeal embolization, and cesarean section.

Current medications: none.

Substance use: She smoked 1-2 packs of cigarettes weekly until quitting in February 2026. She consumes about one alcoholic beverage monthly. She denied a history of recreational drug use.

Family history: Her mother died in a motor vehicle accident when Ms. Diego was eight years old. She does not know her biological father's medical history. She has three half-sisters and one half-brother. Her brother had cancer (unknown type). One of her sisters reportedly has a mental disorder, though neither Ms. Diego nor her daughter-in-law knew specific details.

Mental Health History: She was diagnosed with schizoaffective disorder in 2020 following an episode of acute paranoia where she hallucinated helicopters and police, and believed people were trying to break into her home. During this time, she experienced significant anxiety and refused to come inside. This episode resulted in a two-week psychiatric hospitalization. She was prescribed Risperdal, which she took for 30 days before discontinuing because she believed she did not need to refill it. Notably, she has not experienced a recurrence of these symptoms. She denied receiving any mental health treatment before 2020. She recently consulted with a psychiatrist who recommended completing this neuropsychological evaluation before determining a treatment plan.

Educational History: Ms. Diego completed the ninth grade and later passed the GED test. She characterized her academic performance as below average, describing herself as "slow." She

reported childhood difficulties with reading and writing, though she was never formally evaluated for a specific learning disorder. She denied a history of grade retention.

Occupational History: She worked in asbestos removal and landscaping. She then worked in retail and food service positions. She stopped working in 2019 due to difficulty maintaining steady employment. According to her daughter-in-law, Ms. Diego has relied on them financially since that time. She has applied for Social Security disability benefits and is currently awaiting a decision.

Social History: Ms. Diego was born in Houston. She grew up in a bilingual (English-Spanish speaking) household. English is her primary language. She is legally separated from her current husband. She has three daughters and one son. She lives with her son and daughter-in-law.

Behavioral Observations:

Ms. Diego presented as a casually dressed, adequately groomed woman. Her gait was ataxic, but she was able to ambulate independently. Motorically, she exhibited prominent, involuntary choreiform-like movements involving her head, mouth, and all four extremities. She also demonstrated significant rigidity, such that her upper extremities appeared notably stiff and were frequently held in a flexed posture. She exhibited difficulty grasping items, such as a pen, and could not write her name. Mood was pleasant and affect was broad. Speech was dysarthric and sparse. She could not recall the current year and day of the month. She misidentified her age by two. She knew the current president but could not recall the previous one. In contrast, she knew the current month and day of the week. Orientation to person, place, and situation was intact. During the test session, she had significant difficulty comprehending test instructions. The examiner had to provide frequent elaboration and simplification of test instructions. With such support, Ms. Diego understood all test instructions adequately. The planned test battery was shortened considerably due to the extent of her cognitive and motor impairment. She was cooperative. She performed normally on a freestanding measure of performance validity. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

Results:

Ms. Diego obtained a TONI-4 score of 74, which falls within the below average range. Her ability to answer simple yes/no questions about sentences was below average (17/20 correct). Visual object naming was exceptionally low, and her responses often did not pertain to the stimulus items. Oral word reading was exceptionally low as well. A measure of visuospatial judgment was discontinued after she was unable to comprehend the test instructions; her performance was considered exceptionally low. Matching and discrimination of geometric forms was below average. Immediate recall of orally presented number sequences was below average in forward order and nil in reverse order.

Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (2, 4, and 6 words, respectively). After a 25-minute delay, she was able to recall 2 words from the list, which is exceptionally low in relation to her level of

immediate recall (33% savings). Delayed word recognition was exceptionally low as well (12 hits, 12 false positives).

Her self-report of depressive symptoms fell within normal limits. Her self-report of anxiety symptoms was nil.

Impression: Moderate Dementia, Possibly Due to Huntington's Disease,
w/Behavioral Disturbance

Ms. Diego's neuropsychological evaluation revealed diffuse and severe cognitive impairment, including in intellectual functioning, receptive and expressive language, word reading, visual form discrimination, working memory, and rote verbal learning and memory.

Her self-report of depressive symptoms fell within normal limits. Her self-report of anxiety symptoms was nil. However, her daughter-in-law reported observing heightened irritability and agitation, as well as occasional bouts of aggression.

Ms. Diego's history and current test data reveal multiple cognitive impairments that represent a significant decline from her estimated premorbid level, which correlate with difficulty performing all instrumental activities of daily living independently. A diagnosis of moderate dementia is warranted. She demonstrated no insight into the presence and extent of her cognitive impairment. Given her relatively young age, prominent motor symptoms (chorea, rigidity, gait ataxia), dysarthria, and the extent of her cognitive impairment, her clinical presentation is highly concerning for Huntington's disease. These data should be correlated with other neurodiagnostic measures.

Recommendations:

1. Genetic testing appears advisable.
2. Ms. Diego would likely benefit from pharmacologic treatment of her neuropsychiatric symptoms.
3. She probably lacks the capacity to make competent decisions concerning her personal affairs. Activation of power-of-attorney arrangements appears warranted; guardianship may be necessary. A family member or trusted associate should accompany her to all appointments and be involved in all decisions concerning her welfare. Her comprehension and retention of information should not be assumed in any conversation or other communication.
4. She will need ongoing assistance with managing her finances, medications, and all personal affairs. She should continue not to drive.
5. Given the breadth and extent of her cognitive impairment, she should not be left alone and appears to need 24-hour care. Consideration of in-home healthcare services or assisted living options should be considered. Her access to potentially dangerous household appliances should be restricted.

6. Her family members should be encouraged to keep her in a daily routine as much as possible in terms of meals, sleep, and activities.

7. Regular physical exercise, such as using stationary fitness equipment with supervision, is recommended for its beneficial effects on brain health and cognitive maintenance.

8. Ms. Diego may enjoy nostalgia-oriented materials for recreational purposes (e.g., old movies and music). Although she will have difficulty following new movies and programs, she may enjoy listening to or viewing those with which she is already familiar.

Dr. Thomas, thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 7/9/26.