

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Amber Herr	Education:	14 years
Date of birth:	3/29/1986 (40)	Handedness:	Right
Date of exam:	7/1/2026	Marital status:	Married
Ethnicity:	White	Occupation:	Unemployed

Referral source: Andrew Zhang, M.D.

Ms. Herr's neurologist referred her to assess for objective evidence of cognitive decline. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Herr has experienced several strokes due to suspected Sneddon syndrome. She reported an onset of cognitive issues following two major strokes, one in 2022 and one in 2023. She endorsed declines in her attention, processing speed, planning and problem-solving, language, visuospatial skills, and memory. When asked for examples, she described trouble expressing what she wants to say and getting words out, delayed visuospatial processing, distractibility, reduced processing speed, and forgetting what her children ask her to do (e.g., make them a sandwich). She stated, "Given time, I can do most things, but some things still don't make sense." She denied receiving rehabilitation therapies following her strokes.

Ms. Herr's husband organizes her mediations, and he set alarms on her phone to remind her to take them. She stopped helping her husband manage their finances due to her cognitive issues. She stopped driving 6 months ago after almost getting into a car accident, which she attributed to left homonymous hemianopsia. Her husband assists her with shopping and cooking, and he puts her appointments in her calendar for her. She did not feel that she could do these activities independently. She is independent for basic self-care activities, but her husband sometimes assists her with washing her hair due to her right upper extremity motor/sensory deficits.

Ms. Herr described some mild situational anxiety but otherwise reported a stable mood. She denied suicidal ideation. Her appetite and weight are stable. She has occasional trouble maintaining sleep, but her energy level is stable.

Physically, Ms. Herr reported ongoing right upper extremity motor and sensory deficits, lower left extremity numbness, and left homonymous hemianopsia. The following symptoms were denied: hallucinations, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: multiple cerebrovascular accidents, Sneddon syndrome, hypothyroidism, and hearing loss (corrected). Her medical records also documented migraines.

Surgeries: pelvic floor surgeries for endometriosis x8, C-section x4, and carpal tunnel release. Her medical records also documented cervical spine fusion, loop recorder implant, salpingectomy, and bladder surgery.

Current medications: warfarin, levothyroxine, galcanezumab, and ubrogepant.

Neuroimaging: A brain MRI without contrast on 7/31/2025 reportedly showed remote infarctions of the posterior cerebral artery and PCA/MCA watershed territories.

A brain MRI without contrast on 8/26/2024 reportedly showed chronic findings, including mild diffuse atrophy, scattered regions of chronic bihemispheric encephalomalacia, chronic lacunar infarcts and sequelae of chronic microvascular disease.

A brain MRI without and without contrast on 3/16/2024 reportedly showed chronic bilateral supratentorial hemispheric infarcts with significant involvement of the posterior right temporal/parietal lobe and portions of the frontal lobes with laminar necrosis.

A brain MRI with and without contrast on 7/31/2023 reportedly showed evolving subacute to old right parietotemporal infarct, a small wedge-shaped cortical infarct in the left parietal lobe, additional small old cortical infarcts in the bilateral frontoparietal lobes, mild volume loss, and chronic small vessel ischemic changes which were advanced for her age.

A CTA brain/neck on 3/14/2023 reportedly showed moderate atherosclerotic stenosis of the distal right M1 segment and M2 origins, occlusion of the right M3 segments corresponding to the infarcted right parietal parenchyma, moderate atherosclerotic stenosis of the right posterior cerebral artery P2-P4 segments, and hypoperfusion in the right parietal lobe and posterior watershed territory.

Please refer to these individual studies for more details.

Mental health: Reportedly unremarkable.

Substance use: She denied alcohol, nicotine, and other substance use. She denied a history of substance dependence.

Family history: No known family history of neurological conditions. Her mother is in her 60s; her history is unremarkable. Her father is also in his 60s and has heart issues. She has two siblings, one of whom died in a motor vehicle accident. Her other sibling is healthy.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Herr was raised in Texas and is monolingual in English. She has been married for almost 20 years and has 4 children (ages 6 to 16). She lives with her husband and 4 children.

She completed high school and about 3.5 years of college credits. She denied a history of learning difficulties.

She worked as an emergency medical technician. However, she stopped working about 6 years ago to care for her children. She applied for disability benefits but reportedly did not qualify, without additional medical information, due to her work credits.

BEHAVIORAL OBSERVATIONS

Ms. Herr arrived on time and was unaccompanied. She was appropriately dressed and groomed. She ambulated independently with a slow gait. Her conversational language comprehension and expressive speech were unremarkable. However, she was somewhat

taciturn. Her thought process was normal. She presented with a euthymic mood but a somewhat reduced affect.

She was oriented to concepts other than the previous President. During testing, she was quick to give up, without benefit from encouragement. She also appeared critical of her performance. She required clarification and simplification of test instructions. She declined to complete a personality inventory.

TESTS ADMINISTERED

Standalone measures of performance validity	Line Bisection
Wide Range Achievement Test-5, Word Reading	RBANS Line Orientation
Wechsler Adult Intelligence Scale-IV, portions	Rey Complex Figure Copy
Wechsler Memory Scale-IV, portions	Trail Making Test
Symbol-Digit Modalities Test	D-KEFS Color-Word Interference Test
California Verbal Learning Test-3	Finger Tapping Test
Neuropsychological Assessment Battery, Naming	Patient Health Questionnaire-9
Phonemic Fluency (FAS)	Generalized Anxiety Disorder-7
Animal Naming Test	

RESULTS SUMMARY

Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

A standalone measure of performance speed and accuracy and an embedded indicator were in the invalid range. A separate standalone measure and other embedded indicators were in the indeterminate or valid range.

Performances falling within broadly normal expectations (i.e., low average to average range) included word reading, object naming, line bisection, visual puzzle construction, long-delay free word list recall, word list recognition, narrative registration, and narrative recall. In contrast, performances falling below broadly normal expectations included bilateral finger tapping speed, bilateral grip strength, digit span, symbol searching speed, number/letter set-shifting, response inhibition speed, mental flexibility speed and accuracy, visual abstract reasoning, phonemic fluency, semantic fluency, judgment of line orientation, complex visuospatial reproduction, figure registration, and figure recall.

She endorsed no depressive symptoms and a normal level of anxiety symptoms on self-report questionnaires. She declined to complete the MMPI-2-RF.

CLINICAL IMPRESSIONS

Ms. Herr's performance validity testing was variable, suggesting that her current results likely represented a lower-bound estimate of her actual functioning. Relatedly, she appeared to give up quickly during testing, and her pattern of results was not particularly coherent. Based solely on her medical history, it is certainly probable that her history of multiple cerebrovascular accidents due to suspected Sneddon syndrome has resulted in deficits. However, her current results were invalid and obscured the ability to posit a diagnosis.

DIAGNOSTIC IMPRESSIONS

Cognitive Disorder Diagnosis Deferred
Cerebrovascular Disease, Per History

RECOMMENDATIONS

1. Optimal management of her cerebrovascular disease will remain important.
2. She never received rehabilitation therapies following her strokes. Referrals to physical, occupational, and speech therapy are recommended. She may be a good candidate for the TIRR Challenge Program, an intensive outpatient rehabilitation program.
3. Lifestyle factors, including optimal sleep, physical activity, mental stimulation, social engagement, and a healthy diet, are crucial for preserving cognition.
 - a. She is encouraged to continue engaging in an enjoyable exercise regimen, as medically indicated.
 - b. Learning a new skill or hobby would be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., <https://www.coursera.org/>).
 - c. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
 - Switching out fats for extra virgin olive oil.
 - Eating more fruits and vegetables.
 - Eating less meat and more fish.
 - Eating beans, nuts, seeds, and olives.
 - Cutting out sugary beverages and processed foods.
 - Eating fruit instead of high sugar desserts.
4. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

Jesse Passler

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Board Certified, American Board of Clinical Neuropsychology