

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name: Jeri Krueger

Date of Birth (Age): 5/18/1952 (74)

Ethnicity/Race: Caucasian/White

Date of Evaluation: 7/8/2026

Education: 14

Handedness: Right

Occupation: Retired

Marital Status: Married

***This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.***

History and Presenting Problem: The following background information was gathered from an interview with the patient and her husband, as well as review of available medical records. Ms. Jeri Krueger is a 74-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Beatriz Casas, PA-C, secondary to concern about cognitive decline. MMSE was 24/30 on 4/28/2026.

Cognitively, Ms. Krueger expressed uncertainty regarding her cognitive functioning, characterizing her memory as largely intact while acknowledging that her husband occasionally suggests otherwise. Her husband, however, reported observing a progressive cognitive decline that began approximately three years ago, with more pronounced changes manifesting over the past year. He described significant memory loss, noting that she frequently forgets names, misplaces items, repeats herself, and fails to recall salient events or conversations (such as a recent visit from her son). She exhibits reduced spatial orientation, now requiring directions to navigate to familiar locations she has frequented for 40 years. She also experiences episodes of temporal disorientation; for example, she mistakenly got dressed for work on the morning of the evaluation despite having been retired for four years. Most notably, her husband reported severe incidents of disorientation and nighttime wandering that have intensified in recent weeks. These episodes include Ms. Krueger asking to be driven to the YMCA at midnight or taking her vehicle out alone in the middle of the night, causing her spouse to locate her with On-Star or with police help. She has also left the house in the early morning hours to knock on neighbors' doors. Consequently, a neighbor filed a complaint, resulting in an active investigation with Adult Protective Services.

Functionally, Ms. Krueger maintains independence with basic personal care, as well as household chores such as cooking, washing dishes, and laundry. She continues to drive (with her spouse in the car and providing directions to her) and manages her daily medications using a pill organizer without missing doses. Her husband handles the family finances.

Physically, Ms. Krueger generally feels in good health. She denied major changes to her movement or balance. She attends the YMCA three times a week for exercise. She has not experienced recent falls. Hearing and vision (corrected) are adequate.

Emotionally, Ms. Krueger described her mood as “normal,” though she was tearful and expressed sadness when discussing deceased family members. Her husband reported that she experiences “sundowning” in the late afternoon or evening, during which shows greater confusion, and she sees people who are not there, including her deceased mother and other people. She occasionally asks where these people went but does not seem threatened or bothered by them. Suicidal ideation was denied.

Regarding health habits, Ms. Krueger has a good appetite, reporting that she loves to eat. She denied weight loss. She sleeps well, typically going to bed between 10:00 PM and 11:00 PM and waking around 7:00 AM. She consumes wine occasionally but denied a history of alcohol abuse. She has never used nicotine or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, osteoporosis, and prediabetes.

Surgical history is notable for two Cesarean deliveries, a dilation and curettage, and colonoscopies.

Psychiatric history is notable for depression and anxiety.

Imaging (MRI Brain without contrast performed on 5/18/2026) was read to show, “Mild white matter microvascular disease. Marked volume loss with a parietal lobe predominance.”

Family medical history is notable for cancer in her father. Her mother had diabetes and hypertension. Her sister has a history of hypertension and heart disease.

Medications: amlodipine, citalopram, and pravastatin.

Psychosocial History: Ms. Krueger was born and raised in Texas. She is a monolingual English speaker. She denied a history of learning difficulties in school. She graduated from high school and completed two years of college, earning an associate degree. She worked in bookkeeping, accounting, and as an administrative assistant at a school for 23 years. She retired four years ago.

Ms. Krueger has been married for 54 years. She has two children, including one son who is deceased, and three grandchildren.

In her leisure time, she enjoys coloring, sewing, and completing housework.

Behavioral Observations: Ms. Krueger presented to the appointment accompanied by her husband. She was casually dressed and well-groomed. She ambulated independently, with unremarkable gait and motor behavior. Interpersonally, Ms. Krueger was friendly. Conversational comprehension was grossly intact, though she required repetition of task instructions during the assessment. Spontaneous speech was clear and fluent. Thought content was logical. While a history of visual hallucinations was reported, there was no behavioral indication of hallucinations or delusional thinking during the appointment. She was alert; however, her orientation was compromised. She initially identified the year as 2006, but self-corrected to 2026. She correctly identified the month, but she was unable to accurately recall the

day of the week, date, or the specific location. She exhibited appropriate eye contact. Vision (corrected) and hearing were adequate for the purposes of testing. Affect was full and appropriate to the setting. Rapport was established with ease. With regard to test-taking style, Ms. Krueger was initially relaxed. As testing progressed, she became easily distractible and required frequent prompts and redirection. She exhibited signs of fatigue and became restless and frustrated on tasks assessing visual processing speed and executive functioning, at one point asking if the evaluation was almost done. Despite her poor overall deficit awareness and partial insight into her cognitive difficulties, she remained fully cooperative and exhibited good task engagement across all activities.

Results: On an embedded measure of task engagement/performance validity, the patient’s performance was below recommended clinical cutoffs, although consistent with a pattern seen in individuals with genuine cognitive impairment.

*Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.*

<b>Domain</b>	<b>Test Name</b>	<b>Raw Score</b>	<b>Descriptor</b>
Dementia Screen	DRS-2 Total	101	Exceptionally Low
	DRS-2 Attention	34	Average
	DRS-2 Initiation/Perseveration	22	Exceptionally Low
	DRS-2 Construction	6	Average
	DRS-2 Conceptualization	28	Exceptionally Low
	DRS-2 Memory	11	Exceptionally Low
Auditory Attention	RBANS Digit Span	8	Low Average
	WAIS-IV DSF	6	Below Average
	WAIS-IV DSB	4	Below Average
	WAIS-IV DSS	1	Exceptionally Low
Visual Attention & Processing Speed	RBANS Coding	19; 6 errors	Exceptionally Low
	WAIS-IV Symbol Search	5	Exceptionally Low
	Trail Making Test- A	58 seconds	Below Average
	D-KEFS Color-Word Color Naming	42 seconds; 2 errors	Low Average
	D-KEFS Color-Word Word Reading	29 seconds; 1 error	Average
	Language	WRAT-5 Word Reading	53
NAB Naming		24	Exceptionally Low
Animal Naming		8	Exceptionally Low
Verbal Memory	RBANS List Learning (1-1-3-2)	7	Exceptionally Low

	RBANS List Recall	0	Below Average to Exceptionally Low
	RBANS List Recognition	12	Below Average to Exceptionally Low
	RBANS Story Memory	5	Exceptionally Low
	RBANS Story Recall	1	Exceptionally Low
Visual Memory	RBANS Figure Recall	0	Exceptionally Low
Visuospatial	WAIS-IV Matrix Reasoning	6	Low Average
	RBANS Figure Copy	11	Exceptionally Low
	RBANS Line Orientation	9	Below Average to Exceptionally Low
Executive Functioning	FAS	23	Below Average
	Trail Making Test- B	Discontinued at 166 seconds (6 errors); task incomplete	---
	D-KEFS Color-Word Inhibition Time	118 seconds	Exceptionally Low
	D-KEFS Color-Word Inhibition Errors	40 errors	Exceptionally Low
	WAIS-IV Similarities	10	Below Average
	CLOX-1	9; conceptual errors	Low Average
Self-Report	GDS	8	Within Normal Limits
	GAD-7	1	Within Normal Limits

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon reported academic and vocational achievement.

On a dementia screening measure, her overall score was exceptionally low. While her performance across subscales measuring basic attention and construction fell within the average range, she scored exceptionally low on subscales assessing initiation/perseveration, conceptualization, and memory. Additionally, Ms. Krueger scored within normal limits on single word reading, rapid word reading and color naming, and nonverbal reasoning. Although her spontaneous clock draw scored within normal limits, her drawing was marked by a prominent conceptual error.

Ms. Krueger's performances across most other cognitive domains fell below expectation. Acquisition of unstructured verbal information was exceptionally low, with nil recall and impaired recognition. Story learning and visual memory were similarly impaired and within the exceptionally low across immediate and delayed recall. Furthermore, she scored well below expectation on measures of simple and complex auditory attention, visual attention, processing speed, phonemic and semantic verbal fluency, confrontation naming, complex figure copy and recall, and executive functioning (including response inhibition, set-shifting, and verbal concept formation).

From an emotional standpoint, she denied clinically elevated symptoms of depression and anxiety.

Summary: Ms. Krueger's neurocognitive profile is remarkable for profound, global impairments across complex attention, processing speed, learning, memory, language, and executive functioning. Functionally, she requires significant oversight and support secondary to routine confusion, memory impairment, and temporal disorientation. Furthermore, she is experiencing behavioral disturbances, including sundowning and visual hallucinations of deceased family members, as well as nighttime wandering.

Considering all available clinical information, including objective test findings, subjective complaints regarding cognitive and functional decline, and recent neuroimaging revealing marked parietal volume loss, a diagnosis of moderate dementia is warranted at this time. While the etiology of cognitive decline is difficult to discern based upon test findings alone, the breadth and severity of impairment on testing, clinical presentation, and neuroimaging findings are highly concerning for Alzheimer's disease. The relative contribution of vascular factors cannot be ruled out.

Diagnosis: Moderate Dementia, Probably Due to Alzheimer's Disease, With Behavioral Disturbance

#### Recommendations:

##### Safety & Daily Functioning

- *Activities of Daily Living & Supervision:* Considering her degree of cognitive impairment and delusions, Ms. Krueger should receive support and oversight with all basic and instrumental activities of daily living to optimize her safety and well-being. In particular, she requires close supervision with medications, cooking, and when using other potentially dangerous household appliances. Her husband or another trusted individual should maintain complete, direct oversight of all medication administration and financial management. Due to her severe rapid forgetting, she is highly vulnerable to missing doses or double dosing.
  - Furthermore, 24-hour supervision is advised due to her severe disorientation and history of wandering at night to knock on neighbors' doors. The family should consider installing alarms or locks on exterior doors to prevent nocturnal elopement.
- *Driving Cessation:* Her degree of cognitive impairment raises serious concerns about driving safety. As such, driving cessation is advised. If she strongly desires to resume driving in the future, a formal driving evaluation from Strowmatt Rehabilitation Services (713-722-0667) may be considered.
- *Psychiatric Management:* Given her pronounced behavioral symptoms, including sundowning and visual hallucinations, psychiatric consultation for pharmacological management of these symptoms is highly recommended to ensure her safety and comfort.

### Caregiver Tips for Cognitive Efficiency & Engagement

- *Compensatory Strategies:* Her husband is encouraged to implement general compensatory strategies to help maximize Ms. Krueger's cognitive efficiency. He should break tasks down into smaller parts for her, designate a specific place for everything in the home, reduce environmental distractions, and maximize her activity time during periods when she is feeling most alert. He should also provide her with lists, step-by-step written instructions, or checklists to guide her through daily procedures.
- *Structuring the Environment:* Her husband is encouraged to help Ms. Krueger establish and maintain a highly structured daily routine. He should ensure she maintains a consistent sleep/wake schedule and routine mealtimes, while designating specific times for other activities (e.g., housework, exercise). He should also discourage her from napping in the late afternoon, help develop a calming bedtime routine, keep the bedroom at a comfortable temperature, use low lights in the evenings, restrict screen time before bed, and prevent her from eating large meals close to bedtime.
- *Engagement & Well-Being:* Ms. Krueger should be encouraged to routinely participate in personally meaningful and mentally stimulating activities to optimize her mood and overall well-being.

### Future Planning & Caregiver Support

- *Advance Directives:* The current findings may serve as an impetus for the family to ensure that her affairs are in order. Designation of durable power of attorney for health care and financial matters, as well as establishment of a will and advance directive, would be prudent if not yet completed or up to date.
- *Caregiver Resources:* Caregivers are encouraged to engage in routine self-care to promote emotional well-being and ability to care for loved ones. Support groups are a great source of information and emotional support. The Alzheimer's Association ([www.alz.org](http://www.alz.org) or 713-314-1313) is a recommended resource.

Thank you for the opportunity to participate in this patient's care.

*Aimee Giammittorio, Ph.D.*

Licensed Psychologist

Electronically signed: 7/9/2026.