Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Linda Kubricht	Education:	12 years
Date of birth:	11/16/1957 (68)	Handedness:	Right
Date of exam:	7/14/2026	Marital status:	Widowed
Ethnicity:	White	Occupation:	Retired

Referral source: Melanie Roberts-Boyd, APRN, FNP

Ms. Kubricht's neurology provider 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. She was seen with her son.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Kubricht reported forgetting names, but denied other cognitive concerns. She was unsure of the onset. Her son reported a gradual onset of memory decline over at least 2 years, including episodes of "confusion," such as using the wrong light switch. She also loses track of time, has difficulty reading the clock, has trouble using technology (including operating her recliner), forgets recent events/conversations, misplaces items, and occasionally repeats herself.

Ms. Kubricht lives with her son and daughter-in-law. Her son fills her pillbox and manages her finances, but they both described this as proactive and felt she could do these activities independently, if necessary. Her daughter-in-law assists her with appointment management; Ms. Kubricht was unsure if she could do this independently. She has not driven since moving in with her son around Thanksgiving 2025. Her son noted one instance of her becoming overwhelmed pulling into a driveway, and almost hitting a car, due to her dogs barking in the car. She does not cook much anymore; she is concerned about leaving a burner on since she witnessed that when her mother had dementia. Her son noted that she "seemed lost" the last time she tried to cook, and he eventually took over the cooking of that meal. She is otherwise functionally independent.

Emotionally, Ms. Kubricht described her mood as "kind of down." She described this as a general feeling as opposed to experiencing specific stressors. She denied suicidal ideation. Her son denied noticing neuropsychiatric symptoms. Her appetite is stable, but she has lost weight since stopping alcohol use. She has some trouble maintaining sleep, and she dozes off during the day. She mostly spends time watching television.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: liver cirrhosis, lymphedema, alcohol abuse, and depression. She was reportedly diagnosed with narcolepsy many years ago but is not currently on treatment. Her medical records also documented hyperlipidemia, chronic diastolic heart failure, alcoholic cardiomyopathy, history of retinal detachment, and a history of opioid dependence.

Surgeries: C-section x2, cataract extraction, and lung surgery. Her medical records also documented esophageal surgery and laparotomy.

Current medications: fluoxetine, pantoprazole, vitamin B-complex, and vitamin D.

Neuroimaging: A brain MRI without contrast in February 2026 reportedly showed mild diffuse cerebral volume loss and mild chronic small vessel ischemic changes.

Mental health/substance use: She has a longstanding history of mild depression and anxiety. She was prescribed antidepressant medication after her husband died in 2015, but she did not take it consistently. However, she is now consistently taking her antidepressant medication.

She was consuming alcohol heavily, up to 2 pints of liquor daily, for about 2 years. She stopped alcohol use without treatment in November 2025, when she moved in with her son. She also has a history of opioid dependence with a 15-year history of treatment with suboxone. She stopped suboxone in April 2025.

Family history: Positive for unspecified dementia in her mother. Her mother's history also includes diabetes, hypertension, and depression; she died around age 82. Her father's history includes a heart attack; he died from lung cancer at age 73. She has 2 siblings. Their history includes hypertension, heart disease, thyroid disease, depression, anxiety, and alcohol abuse.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Kubricht was raised in Texas and Arizona, and she is monolingual in English. She was widowed in 2015 and has 3 children. She lives with her son and daughter-in-law.

She completed high school and some college credits. She denied a history of learning difficulties.

She worked as an office administrator in a mortgage office until her retirement last year.

BEHAVIORAL OBSERVATIONS

Ms. Kubricht arrived on time and was accompanied by her son. She was appropriately dressed and groomed. She ambulated independently. Her conversational language comprehension and expressive speech were unremarkable. Her thought process was normal. She presented with a somewhat anxious mood but a broad affect.

She was fully oriented. Her behavior during testing was unremarkable.

TESTS ADMINISTERED

Standalone measure of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation
Rey Complex Figure Copy
Trail Making Test
D-KEFS Color-Word Interference Test
Finger Tapping Test
Geriatric Depression Scale-Short Form
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

RESULTS SUMMARY
This evaluation is considered a valid assessment of Ms. Kubricht's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Performance Validity: A standalone validity measure related to performance speed and accuracy was in the indeterminate range. However, embedded validity indicators were normal.

Sensory/Motor: Finger tapping speed was below average in her right hand and exceptionally low in her left hand.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was below average; repetition was average, reversal was average, and sequencing was average. Processing speed was below average for digit/symbol transcription and below average for symbol identification.

Executive Functioning: Speeded number/letter set-shifting was below average with no errors. Verbal response inhibition was average for speed and high average for accuracy. Combined response inhibition/set-shifting was low average for speed and exceptionally low for accuracy. Visual abstract reasoning was below average (age-adjusted only was low average).

Language: Object naming was below average (27/31 words). Phonemic verbal fluency was low average. Semantic verbal fluency was average.

Visuospatial: Judgment of line orientation was within normal expectations. The construction of block designs was low average. Complex visuospatial reproduction was within normal expectations.

Learning & Memory: Word list learning was average, and delayed recall was above average (12/12 words). Recognition of list words was error-free (high average). Narrative registration was average, and delayed recall was high average. Recognition of story elements was within normal expectations. Figure registration was below average, and delayed recall was low average. She identified 4/7 figures on a recognition format (within normal expectations).

Mood/Behavior: She endorsed a moderate level of depressive symptoms and a normal level of anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS
Ms. Kubricht's validity testing suggested possible performance variability. She exhibited markedly diminished mental flexibility. She exhibited mildly diminished attention/working memory, transcription speed, symbol searching speed, set-shifting speed, abstract reasoning, object naming, and figure registration. Her other assessed cognitive skills were broadly normal. However, her phonemic fluency, visuospatial reasoning, and figure recall were relative weaknesses. In contrast, her verbal memory was a relative strength. She endorsed moderate depressive symptoms.

In summary, Ms. Kubricht's cognitive profile was primarily characterized by deficits in processing speed and executive functioning. A neurological etiology cannot be ruled out. However, her mood disturbance and poor sleep are confounding factors that may be contributing to cognitive inefficiency, especially within the context of her possible performance

variability. As such, a diagnosis of mild cognitive impairment is currently deferred. If she continues to experience cognitive dysfunction after optimal management of these factors, then a neurological etiology should be reconsidered. In that case, chronic cerebrovascular disease would be the primary etiology of consideration. Longitudinal cognitive monitoring is warranted.

DIAGNOSTIC IMPRESSIONS

Minimal Cognitive Inefficiency Currently Attributed to a Non-Neurologic Origin
Major Depressive Disorder, Recurrent, Mild Severity
Alcohol Use Disorder, In Early Remission
Opioid Use Disorder, In Sustained Remission

RECOMMENDATIONS

1. Pharmacologic mood management adjustments may be warranted. She may benefit from a referral to a psychiatric provider.

2. She may benefit from engaging in psychotherapy. She is welcome to contact me to help identify potential providers.

3. She may benefit from a referral to sleep medicine given her reported history of narcolepsy, her current sleeping difficulties, and her daytime fatigue.

4. She should be encouraged to increase her involvement and independence in managing her medications, finances, and daily affairs (with ongoing oversight) to preserve her daily functional skills and increase activation.

5. She is mostly sedentary. However, lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for optimizing cognition and mood.

    a. She should be provided with education and resources regarding aspects of good sleep hygiene, such as https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/.

    b. She is encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.

    c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: https://cp4.harriscountytx.gov/Community-Centers/Community-Center/bayland-community-center.

    d. 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/).

    e. BrainHQ provides scientifically robust brain training exercises and games (www.brainhq.com).

    f. 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.

6. Neuropsychological re-evaluation is recommended in 1 year to document potential interim changes and update treatment recommendations.

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