Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Linda Lee
Date of Birth (Age): 12/6/1965 (60)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 7/6/2026

Education: 16
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 review of available medical records. Ms. Linda Lee is a 60-year-old, right-handed female referred for neuropsychological evaluation by Chintan Shah, MD, secondary to concern about cognitive decline. MMSE was 25/30 on 9/25/2025.

Cognitively, Ms. Lee presented with concerns regarding progressive memory decline and slowed processing speed. She feels that her ability to recall information has worsened significantly since a motor vehicle accident roughly three years ago, during which she was rear-ended (see below). She explained that these cognitive changes became so overwhelming that she began to experience a decline in how well she could complete her job, requiring reminders for deadlines and working at a slower pace. She indicated that she retired early, at the age of 63, but later corrected to 57 when the examiner pointed out that she is currently 60. Her husband has reportedly noticed her diminished identifies her inability to recall recent conversations and she often requires several cues or prompts from her husband before she can retrieve these memories.

Functionally, Ms. Lee denied any change in how well she performs most basic self-care and household tasks, maintaining independence with cooking, cleaning, and laundry. However, roughly two years ago, she transitioned the management of household bills to her husband, as she struggled with the logistics of completing forms and remembering account information. She independently manages her medications by incorporating them into a strict morning routine using a pill bag. Driving remains intact, and she independently drove an hour and fifteen minutes to the present appointment.

Physically, she denied any major changes to her movement, balance, vision, or hearing. She denied experiencing any chronic pain.

Emotionally, she described her current mood as stable and indicated that she is living her “best life” since retiring. She noted that the severe anxiety she experienced toward the end of her HR career has dissipated. She has taken escitalopram for approximately two years to keep her mood even. Suicidal ideation and depression were denied. Behavior suggestive of psychosis was absent.

Regarding health habits, Ms. Lee sleeps 7-8 hours per night, going to bed around 10:00 PM and waking at 7:00 or 8:00 AM. She also takes occasional 45-minute daytime naps. She has a healthy appetite but noted she eats less than she used to, and her weight fluctuates. She was previously a social drinker for work but stopped consuming alcohol roughly two years ago. She smoked intermittently for 20 years but quit approximately 30 years ago. She does not use illicit substances.

Medical & Psychiatric History: Ms. Lee has a history of two significant head injuries. Approximately 10 years ago, she fell down a set of stairs while moving boxes, resulting in a loss of consciousness for an estimated 5-6 minutes, urinary incontinence, and post-injury confusion. Approximately three years ago, she was rear-ended while stopped in her vehicle. The impact caused her seat to slide and resulted in a "forward and back" head injury, possibly striking the window. While she did not lose consciousness during this second accident, she reported feeling extremely tired and worn out in the days following. She denied seeking medical attention in relation to these events.

Medical history also includes type 2 diabetes mellitus, essential hypertension, hyperlipidemia, patent foramen ovale, cardiac arrhythmia, vitamin B12 deficiency, endometrial/uterine cancer (s/p radiation and chemotherapy), and a neuroendocrine tumor (s/p removal from intestine).

Surgical history is notable for a total abdominal hysterectomy with salpingo-oophorectomy.

Psychiatric history is notable for anxiety, panic attacks, and moderate major depression.

Imaging (MRI brain without contrast performed on 10/17/2025) was read to show the following, "1. No acute intracranial process identified. 2. T2/FLAIR hyperintense signal in the pons with morphology suggestive of 'hot cross bun sign.' T2/FLAIR hyperintense signal in the bilateral globus pallidus and lateral frontal lobe predilection of cerebral volume loss. These findings are nonspecific and the differential is broad including sequela of ischemic, infectious, autoimmune/inflammatory, toxic, metabolic, or neurodegenerative process. The hot cross bun sign is classically described in multiple system atrophy, however the normal volume of the brainstem and cerebellum makes this an unlikely explanation. The asymmetrically greater frontal lobe volume loss could indicate early findings of corticobasal degeneration, however typically the superior frontal gyri would be more involved and the degree of atrophy is typically greater. Recommend clinical correlation. 3. Mild periventricular and other scattered white matter FLAIR hyperintensities in the bilateral cerebral hemispheres are nonspecific, but likely represent sequela of mild chronic small vessel ischemic changes."

Her mother (80) is in good health. Her father has hypertension, hyperlipidemia, and diabetes. Medical records indicate her maternal grandmother experienced memory issues in her 80s.

Medications: atorvastatin, bisoprolol, cyanocobalamin, escitalopram, losartan, magnesium, meloxicam, metformin, verapamil, and vitamin D.

Psychosocial History: Ms. Lee was born and raised in Houston, Texas. She is a monolingual English speaker. She recalled experiencing some visual learning and memory difficulties, especially as it pertained to learning/remembering block patterns in early elementary school. She noted she always felt "slower" and had to study harder than her peers, particularly in mathematics, but denied any history of grade retention. She graduated high school and earned a bachelor's degree in business.

Ms. Lee worked in human resources for 30 years prior to her retirement roughly three years ago.

Ms. Lee is married to her spouse of 26 years. She reported one prior marriage. She resides on a 27-acre farm and enjoys spending time with her horses.

Behavioral Observations: Ms. Lee presented to the appointment unaccompanied, having driven herself to the clinic. She was casually dressed and well-groomed. She ambulated independently, with an appropriate gait and normal motor behavior. Interpersonally, Ms. Lee was friendly. Her affect was cheerful and upbeat, which was consistent with her reported mood. She was oriented to person and date. She was partially oriented to location. Comprehension was grossly intact, and she followed directions as given. Spontaneous speech was fluent and goal-directed. Thought content was logical. Notably, she struggled to report dates of salient events. Vision and hearing were adequate for the purposes of testing. Rapport was established with ease. With regard to her test-taking style, Ms. Lee exhibited a relaxed demeanor. While she was cooperative and completed activities as directed, her task persistence was variable. She was quick to discontinue tasks that she perceived as challenging.

Tests Administered:
Standalone and embedded measures of task engagement/performance validity
Wide Range Achievement Test- Fifth Edition, Reading Subtest
Wechsler Adult Intelligence Scale- Fourth Edition, Select Subtests
Wechsler Memory Scale- Fourth Edition, Select Subtests
California Verbal Learning Test- Third Edition
Rey Complex Figure Test Copy
Judgment of Line Orientation
Delis-Kaplan Executive Function System Color-Word Interference Test
Modified Wisconsin Card Sort Test
Phonemic and Semantic Fluency
Trail Making Test- A & B
CLOX-1 & 2
NAB Naming
Grooved Pegboard
Generalized Anxiety Disorder-7
Beck Depression Inventory- II
Minnesota Multiphasic Personality Inventory-2—Restructured Form

Results: On standalone and embedded measures of task engagement/performance validity, the patient's performance was mixed, including below recommended clinical cutoffs on select measures. The results are believed to serve as an underestimate of her current neuropsychological status and limited interpretation is provided.

Summary & Impressions: Ms. Lee was referred for this evaluation due to concern about cognitive decline. During the current evaluation, however, Ms. Lee's performances on standalone and embedded measures of task engagement and performance validity fell below clinical expectations. Consequently, the obtained cognitive data represent an invalid estimate of her true neuropsychological baseline, precluding the reliable attribution of her test scores to a primary neurologic etiology.

Within the context of this invalid presentation, she scored within normal limits on single word reading, basic auditory attention (digit repetition and reversal), confrontation naming, phonemic verbal fluency, verbal concept formation, speeded word reading, and story learning/memory. All other performances fell below expectation to varying degrees.

From an emotional standpoint, she endorsed minimal symptoms of depression and anxiety on self-report questionnaires. On a personality inventory, she exhibited a tendency to underreport minor faults and shortcomings that most individuals acknowledge, presenting herself in a positive light. Within this context, her responses were consistent with individuals who report a diffuse pattern of cognitive difficulties.

While an underlying neurocognitive process cannot be definitively ruled out, the lack of valid data precludes the formal identification of a neurocognitive disorder at this time. Her overall clinical presentation is highly complex, and while these vulnerabilities certainly raise the possibility of genuine cognitive decline, her current testing profile is strongly indicative of cognitive inefficiency exacerbated by suboptimal test engagement and psychological factors. Specifically, the severe nature of her objective testing deficits contrasts sharply with her preserved ability to independently manage basic and most instrumental activities of daily living.

Diagnosis: Cognitive Inefficiency, likely secondary to psychological factors and suboptimal test engagement

Recommendations:

1. **Medical & Neurological Management:** Ms. Lee is encouraged to follow up with her referring neurologist, Dr. Shah, to discuss the results of this evaluation. Given her complex medical history—including diabetes, hypertension, and hyperlipidemia—aggressive management of her cardiovascular risk factors with her primary care physician is strongly recommended. Optimizing vascular health is critical to mitigating the impact of her chronic small vessel ischemic changes.

2. **Psychotherapy & Psychoeducation:** Ms. Lee reported experiencing significant stress during the latter years of her fast-paced career in human resources, which alongside cognitive concerns, ultimately prompted her retirement. While she feels much better now and notes she is living her "best life" on her farm, she may benefit from supportive counseling to promote her overall emotional well-being. Therapy could provide a dedicated space to process her feelings regarding her subjective cognitive changes, as well as help her understand how psychological distress, stress, and emotional load can mimic or exacerbate cognitive inefficiency.

3. **Safety & Daily Functioning:** Ms. Lee successfully navigated a lengthy drive to the clinic independently, and she continues to safely manage her basic activities of daily living. She is encouraged to maintain her independence in these areas. However, because she has historically found complex forms, dates, and financial logistics to be overwhelming, it is recommended that her husband continue to manage the household bills. Continuing this established system will greatly reduce her daily cognitive burden.

4. **Compensatory Cognitive Strategies:** Ms. Lee already successfully utilizes a morning routine and a pill bag to manage her medications independently. She is encouraged to expand this use of external structure to other areas of her life. Utilizing centralized calendars, writing down important information in a dedicated notebook, and asking family members to communicate complex information in short, simple sentences will help circumvent her difficulties with information retention.

5. **Social and Behavioral Activation:** Ms. Lee noted that she currently enjoys her time on the farm. She is strongly encouraged to continue her daily walks and spending therapeutic time with her horses. Engaging in these personally meaningful and physically active routines is highly beneficial for both long-term brain health and mood optimization.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 7/7/2026.