Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Ruth Leutwyler	Education:	12 years
Date of birth:	11/12/1934 (91)	Handedness:	Right
Date of exam:	7/14/2026	Marital status:	Divorced
Ethnicity:	White	Occupation:	Retired

Referral source: Beatriz Casas, PA-C

Ms. Leutwyler'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.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Leutwyler was confused about the purpose of today's appointment, even after an in-depth explanation. She stated, "I thought it was just checking my feet.", "I'm kind of confused here.", "Nobody told me.", and "I already took one of these tests." She was noted to frequently repeat herself, within seconds to minutes. She reluctantly proceeded with the interview after several explanations about today's appointment

Ms. Leutwyler endorsed "maybe a little bit" memory difficulties. When asked for examples, she described occasionally forgetting what she said. However, she was unsure of onset, and she denied being concerned by this. Per medical records, her daughter reported that Ms. Leutwyler is exhibiting memory loss including falling victim to scams, trouble managing her personal affairs, misplacing items, and repeating herself.

Ms. Leutwyler lives alone. She denied issues with medication management, but she noted that her son-in-law took over the management of her finances. She indicated that she does not drive anymore but was unable to provide more details. She denied other functional issues. She was accompanied to this appointment by a caregiver, which she acknowledged, but she referred to her as "a lady who comes to my house" and was unsure of her role.

Ms. Leutwyler reported a stable mood, and she denied suicidal ideation. She reported a stable appetite and weight. She denied sleeping difficulties and reported a stable energy level.

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

MEDICAL HISTORY

Conditions: hypertension, hyperlipidemia, and cardiac arrhythmia.

Surgeries: hip replacement.

Current medications: She stated that she only takes one medication, but she was unsure what it was. Her medical records documented amlodipine, donepezil, and epinephrine.

Neuroimaging: CT head without contrast on 10/16/2023 reportedly showed chronic small vessel ischemic changes and diffuse volume loss.

Mental health: Reportedly unremarkable.

Substance use: She consumes one beer occasionally; she was unsure of the how often. She denied nicotine and other substance use.

Family history: Positive for unspecified dementia in one sibling. Her mother's history was unremarkable; she died at 98. Her father had several stokes; he died in his 60s. She had 6 siblings who are now all deceased. Their history included unspecified dementia x1, heart disease x1, and breast cancer x2,

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Leutwyler was born in Pennsylvania, and she was raised in Switzerland from ages 4-13. She also lived in France for a time, but she had trouble providing more details about her timeline. She speaks Swiss, English, German, and French. She grew up speaking Swiss with her parents, but she also had nannies who spoke English. She was mostly educated in German. She described feeling equally comfortable speaking Swiss, German, and English.

She is divorced and has 3 children. She lives alone.

She completed high school and some higher education. She denied a history of learning difficulties.

She was primarily a homemaker.

BEHAVIORAL OBSERVATIONS

Ms. Leutwyler arrived on time and was accompanied by a caregiver. She was appropriately dressed and groomed. She ambulated independently. Her conversational language comprehension and expressive speech were unremarkable. However, her thought process was notable for memory impairment; she did recall her caregiver's name, she was mostly unable to provide historical details, and she frequently repeated herself within seconds to minutes. She presented with a somewhat irritable mood but a broad affect. She responded well to rapport building, but she was very apprehensive about engaging in the evaluation.

She was oriented to concepts other than the month ("June"), date (off by one day), and the specific location. During testing, she was defensive and irritable. She only participated briefly before declining to continue with testing.

RESULTS SUMMARY

Ms. Leutwyler's MMSE was 24/30 (-4 orientation, -1 registration, -1 recall). Her word reading was average. On the Repeatable Battery for the Assessment of Neuropsychological Status, her digit repetition, simple figure copy, and judgment of line orientation were average, her list learning and story registration were below average, and her picture naming and semantic fluency were exceptionally low. She declined to continue testing before finishing the RBANS.

CLINICAL IMPRESSIONS

Ms. Leutwyler declined to engage in cognitive testing. Nevertheless, her behavioral presentation was strongly suggestive of amnestic dementia, such as Alzheimer's disease and/or limbic-predominant age-related TDP-43 encephalopathy (given her age).

RECOMMENDATIONS

1. Direct oversight over her management of her medication, finances, and daily affairs is recommended to ensure safety and accuracy. She should also be supervised when using potentially dangerous appliances/equipment. She may require more assistance than she receives, especially since she lives alone.

2. It would be prudent for a trusted associate to accompany her to appointments and be involved in decisions concerning her welfare. Her recall should not be assumed, and she should be provided with important information in writing.

3. 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.

4. She and her loved ones may benefit from the following resources:

    a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.

    b. The Alzheimer's Association (http://www.alz.org).

    c. The Caregiver Action Network, which provides educational videos about Alzheimer's disease, life as a caregiver, and finding support (https://www.caregiveraction.org/alzheimers-videos/).

    d. The Family Caregiver Alliance (www.caregiver.org).

    e. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (https://www.amazingplacehouston.org/).

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

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