

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Rebecca Longacre

**Referral Source:** Joan Manu, FNP-C

**Date of Birth:** 2/13/1955

**Date of Evaluation:** 7/9/2026

**Reason for Referral:** Joan Manu, FNP-C referred Ms. Longacre for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

**Functions Assessed and Instruments Employed:**

**Background**

Clinical Interview

Medical History Questionnaire

**Mental Status**

Mini-Mental State Exam (MMSE)

**Intellectual**

Wechsler Adult Intelligence Scale – IV (WAIS-IV);

Block Design, Similarities, Matrix Reasoning,

Vocabulary)

**Academic**

Wide Range Achievement Test – 5 (Word

Reading)

**Language**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Complex Ideational Material (BDAE)

**Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Trail Making Test (TMT)

Modified Wisconsin Card Sorting Test (MWCST)

**Motor Functions**

Grip Strength Test

Grooved Pegboard Test

**Mood/Behavior**

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

**Identifying Information:**

The following information comes from a clinical interview with Ms. Longacre and her husband, as well as a review of available medical records. She is a 71-year-old, right-handed, Caucasian female with 15 years of education.

**Presenting Problems:** Ms. Longacre voiced no cognitive concerns. In contrast, her husband reported the gradual onset of progressive cognitive problems approximately 1.5 years ago. Specifically, she has difficulties with recall of recent events and conversations, recall of item placement, word finding, temporal orientation, orientation in new places, and decision making. She also tends to repeat herself. Ms. Longacre’s husband assists with medication management by placing her medications in her pillbox. They used to jointly manage household bills but now her husband manages them entirely. She now cooks less than in the past, reportedly without difficulty. However, records indicate that she has forgotten to turn the oven off and has forgotten to cook some items. No driving-related problems were reported. She requires reminders from her husband about appointments. She is less neat than in the past regarding grooming tasks.

She denied mood symptoms. Her husband has observed moderate agitation, along with mild apathy, disinhibition, and irritability. There appears to be no indication of hallucinations or delusions.

Ms. Longacre's sleep and energy level are good. Her appetite is normal and her weight is stable.

**Medical History:** Her medical history includes hyperlipidemia and bilateral cataracts. At age 17, she fell from a balcony and was in a coma for four days; she reportedly made a full recovery.

A brain MRI (4/27/2026) revealed, "Cystic encephalomalacia is present in the right frontal and anterior temporal lobes. Encephalomalacia of the left superior temporal gyrus is also present...Periventricular and subcortical white matter changes most consistent with microvascular disease...Ex vacuo dilation proportional to the degree of overall volume loss."

Surgeries/procedures: wisdom teeth extraction, bilateral cataract surgery, and right shoulder surgery.

Current medications/supplements: atorvastatin.

Substance use: Ms. Longacre indicated no current alcohol consumption, with no history of problematic use. She smoked cigarettes from high school until 6-7 years ago (1 pack per day). She used marijuana in the remote past.

Family history: Her father passed away at age 82; his medical history is unclear. Her mother died at age 72 from COPD complications. Family history is negative for dementia.

**Mental Health History:** Ms. Longacre has no history of mental health treatment.

**Educational History:** She completed 3 years of college at The University of Texas at Austin, where she majored in marketing. She reported earning mostly A level grades with no history of identified learning difficulties.

**Occupational History:** She is retired. Ms. Longacre and her husband owned a mortgage company; she was the head of operations.

**Social History:** She was raised in Austin, TX. She and her husband married 44 years ago. The couple has 2 children. She currently resides in Katy, TX with her husband.

**Behavioral Observations:**

Ms. Longacre presented as a pleasant, casually dressed, well-groomed woman. Hearing and vision appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. Level of insight appeared reduced. She had some difficulty providing background information during the clinical interview. Conversational speech was repetitive at times during the testing. Mood appeared somewhat anxious. Affect was broad. Ms. Longacre required occasional reminders of task instructions. She performed normally on

embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Longacre's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, Ms. Longacre obtained a score of 19/30. She was not oriented to the month (June), day of the week (off by 2 days), date (off by 4), county, specific place, or floor of the building. She recalled 0 of 3 items after a brief delay. She made errors on a serial subtraction task.

**Intellectual:** On a short form of the WAIS-IV, Ms. Longacre obtained a General Ability Index of 76, which falls within the below average range. Index scores were as follows: Verbal Comprehension – 70 (below average) and Perceptual Reasoning – 86 (low average). On specific subtests, visual pattern analysis was average. Construction of abstract block designs and expressive vocabulary were low average. In contrast, verbal abstraction was exceptionally low.

**Academic:** Oral word reading was average.

**Language:** Comprehension of questions and short stories was low average. In contrast, visual object naming was exceptionally low. Controlled oral verbal fluency was below average to phonemic criteria and exceptionally low to semantic criteria.

**Visuospatial/Constructional:** Judgment of angular line relations was average. Ms. Longacre's copy of a complex geometric design was low average.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was average for forward order and reverse order and was low average for numerical sequencing.

**Processing Speed:** Transcription of symbols according to a key was low average.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (1, 3, and 4 words, respectively). After a 20-minute delay, Ms. Longacre did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (10 hits, 9 false positives).

Immediate recall of structured verbal material (stories) was exceptionally low. Ms. Longacre did not recall any story details upon delayed retesting (exceptionally low). Delayed recognition was low average.

Immediate recall of geometric figures was exceptionally low. She recalled no figural details upon delayed retesting (exceptionally low). Delayed figural recognition was low average.

**Executive Functions:** Speed of visual-graphomotor tracking was below average for a simple (numerical order) sequence and exceptionally low for a complex (alternating number-letter) sequence. Several errors were noted on the complex sequencing task. A novel card sorting test

requiring rule learning and strategy modification in response to feedback was exceptionally low for the ability to establish response set and below average for the ability to shift response set.

**Motor Functions:** Grip strength was low average for the dominant (right) hand and average for the nondominant hand. Fine motor dexterity (placing pegs into holes) was below average for the dominant hand but average for the nondominant hand.

**Mood/Behavior:** Ms. Longacre endorsed no depressive symptoms on the PHQ-9. Her self-report of anxiety symptoms (GAD-7) was within normal limits.

**Impression:** Dementia of the Alzheimer's Type, Mild Severity

Impairments were documented in acquisition and consolidation of visual material as well as structured (stories) and unstructured (rote list learning) verbal material. Additional impairments were identified in visual-graphomotor tracking, novel problem solving, verbal abstraction, confrontation naming, phonemic fluency, and semantic fluency.

Ms. Longacre's performance was within normal limits across tasks assessing processing speed, attention and working memory, construction of abstract block designs, visual pattern analysis, visuospatial judgment, complex visuoconstruction, expressive vocabulary, oral word reading, auditory comprehension, bilateral grip strength, and bilateral fine motor dexterity.

Ms. Longacre did not endorse mood dysfunction. Her husband has observed moderate agitation, along with mild apathy, disinhibition, and irritability.

In sum, the present findings reveal impairments in verbal memory, visual memory, executive functioning, and aspects of expressive language. A clear decline from her estimated level of premorbid functioning is indicated in these areas, with evidence for both cortical and subcortical dysfunction. These results are accompanied by impaired performance of some instrumental activities of daily living. She functions independently for all physical self-care tasks. Overall, Ms. Longacre's history, presentation, and test findings are consistent with a mild dementia, most likely attributable to an Alzheimer's disease etiology.

**Recommendations:**

1. Ms. Longacre appears to be a good candidate for pharmacological treatment of her mild dementia.

2. No driving-related problems were reported. However, her impairments in visual memory and executive functioning raise concern about her driving safety. Cessation of driving would be the safest course of action. Further details may be obtained through a formal driving evaluation, which could be obtained at Strowmatt Rehabilitation Services (713-722-0667 or [www.driverrehabservices.com](http://www.driverrehabservices.com)).

3. Regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for cooking and for the operation of potentially dangerous household appliances should be provided to help ensure her safety. The probably progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs.

4. Ms. Longacre would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance her chances of successful task completion. Multi-tasking should be avoided when possible.

5. Her mood and behavioral functioning should be monitored over time to determine whether pharmacological treatment becomes warranted.

6. She should be accompanied by a family member or trusted associate to all medical appointments given her cognitive impairments. Her retention of information should not be assumed. The provision of information in written form may be helpful so that she may refer to it later. She would benefit from assistance with complex decision-making. She may lack the capacity to make rational, informed decisions about her personal affairs due to her cognitive impairments.

7. Ms. Longacre and her family may benefit from information and resources available through the Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas) or 713-314-1314).

Thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 7/10/2026

*\*\*\*Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 2; 90791 x 1).*