Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

Neuropsychological Evaluation

Name: Dianna Riall **Referral Source:** Hassan Javanshir, MD

Date of Birth: 1/13/1972 **Date of Evaluation:** 7/17/2026

Reason for Referral: Dr. Javanshir referred Ms. Riall 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
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)
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 - Revised (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test (TMT)
Color-Word Interference Test (D-KEFS)
Motor Functions
Grip Strength Test
Grooved Pegboard Test
Mood/Behavior
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9 (PHQ-9)
Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)
Clinical Assessment of Attention Deficit –Adult (CAT-A)
Minnesota Multiphasic Personality Inventory – 2 RF (MMPI-2 RF)

Identifying Information:

The following information comes from a clinical interview with Ms. Riall and a review of available medical records. She is a 54-year-old, left-handed, married, Caucasian female with 16 years of education.

Presenting Problems: Ms. Riall reported the gradual onset of cognitive difficulties over the past year within the context of persistently elevated stress. Specifically, she indicated problems with recall of recent events and conversations, processing speed, concentration, recall of item placement, word finding, recall of intentions, name recall, prioritization, and cognitive shifting. She has trouble recalling what she has eaten and when she last washed her hair. Ms. Riall sometimes forgets where she has parked while at the grocery store. She finds that she must push herself to complete difficult tasks. Others have not voiced concerns about her cognition to her. Her work performance is good. Her husband is responsible for financial management tasks, representing no change. No problems were reported with medication dispensation, cooking, driving, or other instrumental activities of daily living.

She described feelings of dysphoria and anxiety. Ms. Riall noted that she has felt frustrated, irritable, and angry recently. She denied suicidal ideation. Significant stressors include caring for her father with Alzheimer's disease who lives with her, increased work responsibilities, her need to sell her previous home, and having a dog with chronic illness.

Sleep onset is problematic; she gets only 4-5 hours of sleep per night. Ms. Riall's energy level is reduced. She has been eating more junk food and sweets recently; she has gained 7 pounds over the past 2 months.

Medical History: Her medical history includes several febrile seizures in childhood, recurring hives (resolved), ulcerative colitis, cavernous hemangioma, migraines (1-3 per month), hypothyroidism, GERD, hiatal hernia, asthma, endometriosis, and tachycardia. She denied a history of head trauma with loss of consciousness.

Surgeries/procedures: cholecystectomy, abdominoplasty with umbilical hernia repair, left toe stabilization surgery, and exploratory laparoscopy.

Current medications/supplements: pantoprazole, levothyroxine, Wellbutrin, Ritalin, Symbicort, albuterol, melatonin, progesterone, magnesium glycinate, vitamin D, and zinc.

Substance use: She reported no current alcohol consumption, with no history of problematic use. Ms. Riall denied a history of nicotine or recreational drug use.

Family history: Her father is aged 88 years and has Alzheimer's disease. Her mother died at age 65 from esophageal cancer; she also had hypertension, GERD, hypothyroidism, diabetes, and emphysema.

Mental Health History: Ms. Riall reported that she was told that she had Attention-Deficit/Hyperactivity Disorder in elementary school. However, she indicated no clear problems with attention or behavior in childhood. She also has a history of depressive and anxiety symptoms. She is currently treated with Wellbutrin but is in the process of tapering down. Ms. Riall has participated in psychotherapy in the past.

Educational History: She obtained a BSN from The University of Texas at Arlington. She reported earning A/B level grades, with no history of learning problems.

Occupational History: She works full-time (remotely) as a clinical trials monitor for MD Anderson. She has worked as a research nurse since 2004.

Social History: Ms. Riall was born in Tulsa, Oklahoma. Her family moved around a lot. She and her 4th husband married 16 years ago. She has 1 biological child and 1 stepchild. Ms. Riall currently resides in Houston with her husband; her father lives with them.

Behavioral Observations:
Ms. Riall presented as a pleasant, casually dressed, well-groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. She presented as a good historian who was fully oriented. Conversational speech was fluent. Mood appeared euthymic and affect was broad. She performed normally on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Ms. Riall's current level of neuropsychological functioning.

Results:
Intellectual: On a short form of the WAIS-IV, she obtained a General Ability Index of 94, which falls within the average range. Index scores were as follows: Verbal Comprehension – 95 (average) and Perceptual Reasoning – 94 (average). On specific subtests, verbal abstraction, expressive vocabulary, and visual pattern analysis were average. Construction of abstract block designs was low average.

Academic: Oral word reading was average.

Language: Visual object naming was average. Controlled oral verbal fluency was average to phonemic criteria and high average to semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was average. In contrast, Ms. Riall's copy of a complex geometric design was exceptionally low and notable for distortion of figural elements.

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

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

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (7, 11, and 11 words, respectively). After a 20-minute delay, Ms. Riall recalled all 12 words from the list, which was high average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was error-free (high average).

Immediate recall of structured verbal material (stories) was high average. Delayed recall was high average for absolute level of recall and average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was average for both absolute level of recall and when indexed against immediate recall performance. Delayed figural recognition was within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was average for both simple (numerical order) and complex (alternating number-letter) sequences. Speed of rote color naming and word reading was average. Response inhibition was high average for speed and average for accuracy. Ms. Riall's ability to alternate between response inhibition and release (cognitive flexibility) was high average for both speed and accuracy.

Motor Functions: Grip strength was below average for the dominant (left) hand and low 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. Of note, Ms. Riall reported mixed dominance (she writes and eats with her left hand).

Mood/Behavior: Ms. Riall's self-report of depressive symptoms (PHQ-9) was within the severe range, as was her self-report of anxiety symptoms (GAD-7). On the CAT-A, her retrospective ratings of her childhood behavior indicated significant difficulties with attention and impulsivity. Her self-ratings of current functioning also revealed problems with attention and impulsivity.

On the MMPI-2 RF, individuals with similar validity scale configurations endorse an unusual number of somatic and cognitive symptoms, suggesting an over-reporting response style in these areas. Those with similar substantive scale elevations usually present with clinically significant depressive and anxiety symptoms. They also typically present with an emphasis on somatic complaints, including gastrointestinal problems, head pain, vague neurological symptoms, and cognitive issues. They are often vulnerable to developing physical symptoms in response to stress.

Impression: Cognitive Impairment Ruled Out
Major Depressive Disorder, Recurrent, Moderate Severity, With Anxious Distress

An isolated low score was documented on a task involving complex visuoconstruction.

Ms. Riall demonstrated relative strengths in processing speed, semantic fluency, and cognitive flexibility (high average). Her performance was within normal limits across tasks assessing attention and working memory, construction of abstract block designs, visual pattern analysis, visuospatial judgment, expressive vocabulary, verbal abstraction, oral word reading, confrontation naming, phonemic fluency, memory for structured (stories) and unstructured (rote list learning) verbal material, visual memory, visual-graphomotor tracking, response inhibition, bilateral grip strength, and bilateral fine motor dexterity.

Ms. Riall endorsed clinically significant depressive and anxiety symptoms. Vulnerability to the development of somatic symptoms in response to stress was also suggested.

In sum, the present findings indicate an isolated low score in complex visuoconstruction, which is not considered clinically significant. Ms. Riall's neuropsychological performance was within normal limits across all other tasks administered in this comprehensive test battery. Importantly, she showed intact abilities to encode, consolidate, and retrieve both verbal and visual

information. Thus, these results offer no current indication of cerebral dysfunction impacting cognition. The cognitive inefficiencies she reported in her daily life are likely associated with factors including her mood symptoms and sleep disturbance.

Recommendations:

1. Consideration of adjustment to Ms. Riall's pharmacological regimen is recommended given her significant depressive and anxiety symptoms. Her mood functioning should continue to be monitored regularly over time.

2. Participation in psychotherapy is recommended as another modality to treat her mood symptoms and sleep disturbance.

3. Sleep onset is problematic. Thus, consultation regarding possible pharmacological management is recommended.

4. Participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

5. The present data will serve as a baseline to which findings from any future evaluations may be compared.

Dr. Javanshir, 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: 7/19/2026

****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 3).*