Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Kaye Walker **Referral Source:** Joan Manu, FNP-C

Date of Birth: 10/17/55 **Date of Evaluation:** 7/2/26

Reason for Referral: Ms. Walker's neurology nurse practitioner referred her for evaluation due to suspected cognitive decline. Results will elucidate her current level of cognitive, emotional, and behavioral 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 (portions)
Language
Token Test (MAE)
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Word Reading (WRAT-5)
Visuospatial/Constructional
Judgment of Line Orientation
Rey Complex Figure Test (copy)
Attention
Digit Span (WAIS-IV)
Symbol Search (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test
Motor Functions
Grip Strength
Grooved Pegboard
Mood/Behavior
Dementia Severity Rating Scale
Activities of Daily Living Scale
Neuropsychiatric Inventory – Questionnaire
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9
Generalized Anxiety Disorder Questionnaire – 7

Identifying Information:

The following information comes from a clinical interview with Ms. Walker and her daughter, as well as a review of available medical records. Ms. Walker is a 70-year-old, right-handed, divorced African American female with 18 years of education.

Presenting Problems: Ms. Walker reported having short-term memory problems. She said that she occasionally forgets people's names and details of recent events. She must increasingly rely on written lists to avoid forgetting important information. "I'm not as sharp as I once was," she said. According to her daughter, she quickly forgets information told to her and needs reminders. She often repeats herself without realizing it. She has also forgotten recipes for meals she previously made with ease, such as macaroni and cheese. Her daughter noted that Ms. Walker forgot to make sides for their Thanksgiving meal, which was highly unusual for her. These problems developed 1.5-2 years ago and have gradually worsened over time.

Ms. Walker acknowledged feeling mildly anxious. Her daughter noted that she has exhibited heightened irritability. Her appetite and weight are stable. Her sleep is adequate, though her energy level is mildly reduced, such that she takes occasional daytime naps. She denied suicidal ideation. There have been no apparent psychotic features.

She denied having any problems performing instrumental activities of daily living. In contrast, her daughter reported several areas of decline. Specifically, Ms. Walker has become lost when driving to familiar destinations on at least two occasions. Her daughter also expressed concern regarding her medication management, noting an instance when Ms. Walker could not recall that she takes medication for hypertension. Furthermore, Ms. Walker recently nearly fell victim to a financial scam in which a fraudulent caller posed as a bank employee and instructed her to transfer her funds. The transaction was successfully intercepted by a bank teller before completion. As a result of this incident, her daughter now oversees her bank accounts. Her ability to perform basic activities of daily living is otherwise reportedly unchanged from her baseline.

Medical History: She has hypertension, hyperlipidemia, prediabetes, peripheral vascular disease, and osteopenia.

Surgeries: right rotator cuff repair, left salpingo-oophorectomy, and colonoscopy.

Current medications: amlodipine, hydrochlorothiazide, atorvastatin, fluticasone propionate, levocetirizine, turmeric, and a multivitamin.

Substance use: She denied a history of nicotine and recreational drug use. However, according to medical records from Ms. Manu's office, Ms. Walker reported that she quit smoking cigarettes about 55 years ago. She consumes 2-4 alcoholic beverages weekly.

Family history: Her mother had Alzheimer's disease and cervical cancer; she died in her 70s. Her father had coronary artery disease and diabetes; he died in his 70s. She has one sister who is reportedly healthy. She had three maternal aunts with Alzheimer's disease.

Mental Health History: She denied a history of mental health diagnosis and treatment.

Educational History: Ms. Walker completed a bachelor's degree in psychology at Texas Southern University and a master's degree in business administration at Eastern University. She reported earning average grades in school. She denied a history of grade retention and specific learning disorder.

Occupational History: She worked in the pharmaceutical industry in sales and then as a regional account manager. She retired at age 65.

Social History: Ms. Walker was born in Magnolia, AR. She was married and divorced once. She has been in a committed relationship for 12 years. She has one daughter. She lives alone.

Behavioral Observations:
Ms. Walker presented as a casually dressed, well-groomed woman. Mood was pleasant and affect was broad. Speech was fluent. During the clinical interview, she had difficulty recalling autobiographical information (e.g., marital, educational, and work histories). As such, her daughter served as the primary informant. She misidentified the day of the month by one. She knew the current president but misidentified the previous one as Obama. In contrast, she knew the current year, month, and day of the week. Orientation to place, person, and situation was

intact. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions. With such support, Ms. Walker understood all test instructions adequately. She was cooperative. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

Results:

Intellectual: Ms. Walker obtained a Full Scale IQ of 88, which falls within the low average range. Across ability domains, Verbal Comprehension (98) was average and Perceptual Reasoning (81) was low average. On specific subtests, oral expression of word meanings was average. Abstract verbal reasoning was average as well. Construction of abstract block designs was low average. Visual pattern analysis was low average.

Language: Auditory comprehension of commands varying in syntactic complexity was average. In contrast, visual object naming was exceptionally low. Controlled oral verbal fluency was low average to phonemic criteria and below average to semantic criteria. Oral word reading was average.

Visuospatial/Constructional: Judgment of angular line relations was average. Her copy of a complex geometric design fell within normal limits.

Attention: Immediate recall of orally presented number sequences was average in forward and numerical order, and low average in reverse order. Speed of visuoperceptual scanning and discrimination was low average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was low average for total word recall across three trials (6, 6, and 8 words, respectively). After a 25-minute delay, she was able to recall 4 words from the list, which is below average in relation to her level of immediate recall (50% savings). Delayed word recognition was low average (9 hits, zero false positives).

Immediate recall of structured verbal material (stories) was average. Delayed (30-minute) recall of the same material was exceptionally low, however. Delayed recognition of story elements was exceptionally low as well.

Immediate recall of geometric figures was average. In contrast, delayed (30-minute) recall of the same figures was below average. Delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was average for a simple (numerical order) sequence and a complex (alternating number-letter) sequence. She completed both sequences without error. Response inhibition was average for both speed and accuracy. In contrast, her ability to alternate between response inhibition and release (cognitive flexibility) was exceptionally low for speed and below average for accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was low average for the ability to establish set and below average for shifting set.

Motor: Grip strength was low average bilaterally. Fine motor dexterity (placing pegs into holes) was exceptionally low in the right hand and below average in the left hand.

Mood/Behavior: Ms. Walker's self-report of depressive symptoms fell within normal limits. Her self-report of anxiety symptoms also fell within normal limits.

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

Ms. Walker's neuropsychological evaluation revealed moderate to severe impairments in object naming, memory for story material, and cognitive flexibility. Mild impairments were evident in temporal orientation, delayed recall of a word list and figural material, ability to shift set, and fine motor dexterity (bilaterally). Her performance fell within the low average range on measures of verbal fluency, visual reasoning skills, processing speed, rote verbal learning, recognition memory for a word list and figural material, and the ability to establish set, suggesting slight declines. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions.

In contrast, she demonstrated relatively well-preserved word reading, expressive vocabulary, abstract verbal reasoning, visuospatial/constructional skills, complex sequencing, response inhibition, and grip strength (bilaterally). Orientation to person, place, and situation was intact.

Her self-report of depressive and anxiety symptoms fell within normal limits. However, her daughter noted that she has exhibited heightened irritability.

Ms. Walker's history and current test data reveal multiple cognitive impairments that represent a significant decline from her estimated premorbid level, which correlate with difficulty performing several instrumental activities of daily living independently. A diagnosis of mild dementia is warranted. Impairments in object naming, delayed recall of verbal and figural material, aspects of executive functioning, and fine motor dexterity are the most salient aspects of her profile. She demonstrated minimal insight into the presence and extent of her cognitive impairment. Unfortunately, Alzheimer's disease appears to be the most likely etiology.

Recommendations:
1. Ms. Walker appears to be a good candidate for ongoing pharmacologic treatment of her mild dementia.

2. Regular physical exercise is recommended for its beneficial effects on brain health, cognitive maintenance, and overall wellness.

3. Continued oversight of her medications and finances would be prudent. The probable progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs. Her family members may wish to begin considering in-home healthcare services or assisted living options for the future.

4. Important information should be communicated only in the presence of a family member or trusted associate. Her comprehension and retention of information should not be assumed in any

conversation or other communication. A family member or trusted associate should accompany her to all doctor visits and other important meetings. She would benefit from assistance with complex decision-making. Information should be presented to her in written form when possible so that she may refer to it later.

5. Her impairments in processing speed, visual memory, and aspects of executive functioning, as well as instances of becoming lost when driving, raise serious concerns about her driving safety. At a minimum, we would recommend that she limit her driving to short distances and familiar destinations under favorable conditions. She should keep a cell phone with her at all times in case she becomes lost or needs assistance. Cessation of driving would be the safest course of action. Further details may be obtained through a driving evaluation. One is available from Strowmatt Rehabilitation Services (713-722-0667).

6. It will be important for the patient to have opportunities to socialize with others and sufficient stimulation. She may also enjoy nostalgia-oriented materials for recreational purposes (e.g., old movies and music). Although she will probably have difficulty following new movies and programs, she may enjoy listening to or viewing those with which she is already familiar.

7. The Alzheimer's Association (https://alz.org/texas) provides useful information and resources for AD patients and their family members. Her family members may benefit from enrollment in a support group for caregivers of persons with dementia.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 7/5/26.