Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Ida Young **Referral Source:** Hassan Javanshir, MD

Date of Birth: 3/24/1947 **Date of Evaluation:** 7/2/2026

Reason for Referral: Dr. Javanshir referred Ms. Young for neuropsychological re-evaluation due to a history of mild cognitive impairment. Results will elucidate her current level of functioning to inform diagnostic decision-making and update 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)
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
Line Orientation (RBANS)
Rey Complex Figure Test (copy)
Attention/Working Memory
Digit Span (WAIS-IV)
Processing Speed
Symbol Search (WAIS-IV)
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)
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. Young and her friend (Evelyn Arriaga), along with a review of available medical records. She is a 79-year-old, right-handed, widowed, Caucasian female with 13 years of education.

She underwent previous evaluation on 8/8/2023. Findings were consistent with mild cognitive impairment (amnestic multiple domain type) due to impairments in verbal memory and auditory comprehension. Please see previous records for additional information.

Interim History:

When asked about her memory functioning over time, Ms. Young stated, “It’s changed but I can’t put my finger on it.” Ms. Arriaga reported a significant interim decline in cognition. Specifically, she noted current problems with recall of recent events and conversations, recall of item placement, word finding, and temporal orientation. She also repeats questions within a few minutes. She has forgotten where she has stored cash in her house. Ms. Arriaga reported that Ms. Young arranged for trees to be cut down on her property for $1,800. However, Ms. Young later

told her that the cost was $18,000, wrote out a check for that amount, and did not accept it when Ms. Arriaga told her the correct fee was $1,800. Fortunately, she agreed to check with the contractor, and he confirmed the correct amount of $1,800. Her regular bills are set to autopay. Ms. Young has had no reported problems with medication dispensation or cooking. She limits her driving to familiar destinations; no driving-related problems were reported. Ms. Arriaga indicated that she has missed appointments due to forgetting.

Ms. Young reported no mood symptoms. However, Ms. Arriaga has observed dysphoria, anxiety, apathy, disinhibition, irritability, and frustration when she forgets things. On a couple of occasions, Ms. Young has awakened Ms. Arriaga in the middle of the night saying that someone was trying to get into the house. Ms. Arriaga checked but did not find any evidence of this.

She sleeps well with mirtazapine. Her energy level is good. Ms. Young's appetite is normal and her weight is stable.

Her medical history includes hyperlipidemia, heart disease, atrial fibrillation, cervical cancer, and meningitis (2004) without residua. Ms. Young has had no interim surgeries.

She reported rare alcohol consumption. Ms. Young denied a history of nicotine or recreational drug use.

Her current medications include mirtazapine, tizanidine, atorvastatin, donepezil, and aspirin.

Ms. Young's social history is unchanged. She and Ms. Arriaga continue to live together in Porter, TX.

Behavioral Observations:

Ms. Young presented as a pleasant, casually dressed, well-groomed woman. Occasional hearing difficulties were noted but did not appear to interfere with the testing process. Vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. She had some difficulty providing background information during the clinical interview. Level of insight appeared reduced. Conversational speech was fluent. Mood appeared euthymic and affect was broad. Ms. Young often forgot task instructions, requiring reminders. Clarification and simplification of task instructions were also needed. She performed adequately on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Young's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Ms. Young obtained a score of 22/30. She was not oriented to the day of the week (off by 2 days), date (off by 1), or specific place. She recalled 1 of 3 items after a brief delay. She made errors on tasks involving phrase repetition, execution of a 3-stage command, and copy of the intersecting pentagons.

Intellectual: On a short form of the WAIS-IV, Ms. Young obtained the following Index scores: Perceptual Reasoning – 94 (average) and Processing Speed – 89 (low average). On specific subtests, visual pattern analysis, verbal abstraction, and construction of abstract block designs were average.

Academic: Oral word reading was average.

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

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

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

Processing Speed: Speed of visuoperceptual scanning and discrimination was low average, with 3 errors. Transcription of symbols according to a key was average and error-free.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below average for total word recall across three trials (3, 4, and 6 words, respectively). After a 20-minute delay, Ms. Young recalled 1 word from the list (exceptionally low). Delayed word recognition was also exceptionally low (11 hits, 5 false positives).

Immediate recall of structured verbal material (stories) was average. Delayed recall was below average for absolute level of recall and exceptionally low when indexed against immediate recall performance. Delayed recognition was below average.

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

Executive Functions: Speed of visual-graphomotor tracking was low average for both simple (numerical order) and complex (alternating number-letter) sequences. Speed of rote color naming and word reading was low average and average, respectively. Response inhibition was below average for speed but average for accuracy. Ms. Young's ability to alternate between response inhibition and release (cognitive flexibility) was below average for speed and exceptionally low for accuracy. 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 average bilaterally. Fine motor dexterity (placing pegs into holes) was also average bilaterally.

Mood/Behavior: Ms. Young's self-report of depressive symptoms (PHQ-9) was within normal limits. She endorsed no anxiety symptoms on the GAD-7.

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

As compared to her previous evaluation (8/8/2023), Ms. Young demonstrated a broad pattern of declines, including encoding of visual information and unstructured verbal material (rote list learning), retrieval of structured verbal information (stories), complex visual-graphomotor tracking, cognitive flexibility, visual pattern analysis, verbal abstraction, attention and working memory, speeded visuoperceptual scanning and discrimination, phonemic fluency, semantic fluency, and auditory comprehension.

No interim improvements were identified.

Ms. Young did not endorse significant mood symptoms. However, Ms. Arriaga has observed depressive and anxiety symptoms.

In sum, the present findings indicate significant interim declines in verbal memory, visual memory, attention and working memory, and aspects of executive functioning and language skills. These results are accompanied by impaired performance of some instrumental activities of daily living. Unfortunately, Ms. Young's test pattern and presentation are consistent with mild dementia. Alzheimer's disease appears to be the most likely etiology.

Recommendations:
1. No driving-related problems were reported. However, her impairments in visual memory, auditory comprehension, and aspects of executive functioning raise concern about her driving safety. She should use caution in driving and should continue to limit it to short distances and familiar locations under favorable conditions. Additionally, Ms. Young should keep a mobile phone with her as a precaution in the event that she becomes lost or needs assistance. 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).

2. Consideration of pharmacological treatment of the depressive and anxiety symptoms reported by Ms. Arriaga is recommended, along with regular monitoring of her mood functioning over time.

3. Given Ms. Young's impairments in memory and executive functioning, oversight for medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for cooking and for the operation of potentially dangerous household appliances should also 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. Young 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. She should use compensatory strategies to help manage her cognitive problems, including written lists, calendars, electronic reminder systems, and smartphone apps.

6. Ms. Young 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. Young and her family may benefit from information and resources available through the Alzheimer's Association (www.alz.org/texas or 713-314-1314).

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: 7/3/2026

****Billing note: Technician (Natalia Ponton, 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).*