Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Renee Young
Date of Birth (Age): 5/11/1964 (62)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 7/13/2026

Education: 18
Handedness: Right
Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and review of available medical records. Ms. Renee Young is a 62-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Hassan Javanshir, MD, secondary to concern about cognitive decline.

Cognitively, Ms. Young presented with concerns about word retrieval, including difficulty recalling simple words like “squash” and the names of actors. She also reported short-term memory lapses, such as forgetting she had seen a movie until reaching the end of it. She questions whether these issues are pathological or related to caregiver fatigue and constant distraction. She requested this evaluation to establish a baseline for her future care planning.

Functionally, Ms. Young denied any change in how well she can perform instrumental activities of daily living or personal care functions. She is the full-time caregiver for her mother-in-law with advanced dementia, and she independently manages cooking, household chores, and finances. She still drives but limits it to familiar locations due to getting confused by building and road changes; her husband now does most of the driving, especially given recent vision concerns (as noted below).

Physically, Ms. Young experiences back and hip pain stemming from her physical caregiving duties. She has not suffered any recent falls. She has a right retina problem causing wavy and magnified vision, for which she is seeing a specialist. She wears glasses. She has slightly reduced high-frequency hearing, though does not require hearing aids.

Emotionally, she described feeling isolated, lonely, and resentful due to her heavy caregiving responsibilities. She has good support from friends but struggles to find time for self-care, occasionally “sneaking out” for breakfast meetings. She also noted financial strain, which is a source of stress. Suicidal ideation was denied. Behavior suggestive of psychosis was absent.

Regarding health habits, Ms. Young has a good appetite and maintains a well-balanced diet. She sleeps poorly, averaging about 5 hours per night due to monitoring her mother-in-law. She reportedly relies upon caffeine to boost her daytime energy, but limits consumption to avoid being awake all night. She occasionally consumes alcohol socially. She has never used nicotine. She takes CBD oil under her tongue as needed for joint inflammation.

Medical & Psychiatric History: Medical history is remarkable for hyperlipidemia and basal cell carcinoma (s/p Mohs procedure; 2010 and 2015). Surgical history is notable for cesarean section.

Psychiatric history is remarkable for a brief trial of Zoloft for grief 15 to 20 years ago following her aunt's death, which she discontinued due to an adverse side effect (anxiety).

Family medical history is notable for hypertension in her mother. Her father passed away from lung cancer at age 79. Her paternal grandmother had Alzheimer's disease, and her maternal grandmother developed dementia at age 97. Her sister, who is one year younger, was diagnosed with early Alzheimer's disease a few years ago. Another sister has diabetes and asthma.

Medications: azelastine.

Psychosocial History: Ms. Young was born and raised in Chicago. English is her primary language, but she is fluent in American Sign Language and has functional knowledge of Spanish. She denied a history of learning disorder or grade retention, noting she earned straight As. She holds a bachelor's degree in business and recently completed a master's degree in technical communications.

Vocationally, Ms. Young worked in a corporate office doing internal marketing and writing. She has been the primary caregiver to her mother-in-law for the last 4 years.

Ms. Young is married to her spouse of 37 years. She has a daughter and a son.

Behavioral Observations: Ms. Young presented to the appointment unaccompanied. She was casually dressed and well-groomed. She ambulated independently, with an appropriate gait and normal general motor behavior. Interpersonally, Ms. Young was friendly and easily engaged. Comprehension was grossly intact, and she followed directions as given. Spontaneous speech was clear, fluent, and goal directed. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. She was alert and fully oriented to person, place, and time. She exhibited appropriate eye contact. Vision and hearing were adequate for the purposes of testing. Affect was full and appropriate to the setting. Rapport was established easily. With regard to test-taking style, Ms. Young was easily engaged. She understood task instructions as provided and worked at a consistent pace. She was fully cooperative and completed all activities asked of her.

Results: Ms. Young scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

Domain	Test Name	Raw Score	Descriptor
Auditory Attention	WAIS-IV DSF	10	Average
	WAIS-IV DSB	9	Average
	WAIS-IV DSS	8	Average
Visual Attention & Processing Speed	WAIS-IV Coding	64	Average
	WAIS-IV Symbol Search	27	Average
	Trail Making Test- A	46 seconds	Below Average
	D-KEFS Color-Word Color Naming	22 seconds	Above Average
	D-KEFS Color-Word Word Reading	21 seconds; 1 error	High Average
Language	WRAT-5 Word Reading	67	High Average
	NAB Naming	31	Average
	Animal Naming	23	Average
Verbal Memory	CVLT-3 Total (10-11-15-15-16)	67	Exceptionally High
CVLT-3	Short Delay Free	13	Above Average
	Short Delay Cued	15	Exceptionally High
	Long Delay Free	15	Above Average
	Long Delay Cued	15	Above Average
	Total Repetitions	4	Average
	Total Intrusions	0	Above Average
	Recognition Hits	16	Above Average
	False Positives	3	Average
	Recognition discrimination	---	Average
WMS-IV	Logical Memory I	23	Average
	Logical Memory II	24	Average
	Retention	---	Above Average
	Recognition	23	Within Normal Limits
Visual Memory	Visual Reproduction I	39	High Average
WMS-IV	Visual Reproduction II	24	Average
	Retention	---	Average
	Recognition	6	Within Normal Limits
Visuospatial	WAIS-IV Matrix Reasoning	20	High Average
	Benton JLO	24	Average
	RCFT Copy	33	Within Normal Limits
Executive Functioning	FAS	45	Average
	Trail Making Test- B	69 seconds	Average

	D-KEFS Color-Word Inhibition Time	47 seconds	Above Average
	D-KEFS Color-Word Inhibition Errors	0	High Average
	D-KEFS Color-Word Inhibition/Switching Time	60 seconds	High Average
	D-KEFS Color-Word Inhibition/Switching Errors	1	High Average
	WAIS-IV Similarities	28	Average
	M-WCST Categories Completed	6	Average
	M-WCST Perseverative Errors	0	High Average
Motor	Grooved Pegboard- DH	70 seconds	Average
	Grooved Pegboard-NDH	82 seconds	Average
Self-Report	BDI-II	18	Mild symptoms of depression
	GAD-7	6	Mild symptoms of anxiety

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the high average to average range based upon reported academic and vocational achievement, as well as performance indicators.

Ms. Young's cognitive test findings were broadly within expected limits, as most performances fell within the average to high average range. Specifically, her scores across tasks of auditory attention/digit manipulation, visual attention and processing speed, language, visuospatial reasoning, and fine motor dexterity fell within expectation.

Executive functioning was a notable strength, with average to above average performances on measures of verbal concept formation, cognitive flexibility, response inhibition, and novel problem solving.

Ms. Young demonstrated exceptionally strong learning and memory abilities. Acquisition of unstructured verbal information (word list) was exceptionally high with solid retention of information after a delay (above average). Memory for structured verbal information (stories) and visual designs was similarly robust, with immediate and delayed recall falling in the average to high average ranges.

From an emotional standpoint, she reported mild symptoms of depression and anxiety. During the clinical interview, she highlighted significant psychosocial stressors, describing herself as isolated and experiencing "caregiver fatigue." She acts as the primary caregiver for her mother-in-law, who requires 24/7 supervision due to dementia, while also assisting her mother in caring

for a sister with advanced Alzheimer's disease. This dynamic has resulted in a chronic lack of sleep, averaging about five hours of disrupted sleep per night.

Summary: Ms. Young's neurocognitive profile reveals multiple cognitive strengths. She performed within the average to above average range across all tested domains, including attention, processing speed, language, visuospatial reasoning, fine motor speed/dexterity, and executive functioning. She exhibited relative strength in learning and memory, where select performances were within the exceptionally high range. There is no objective evidence of cognitive decline. Rather, Ms. Young's perceived cognitive difficulties (e.g., word-finding pauses and brief short-term memory lapses) appear heavily influenced by significant psychosocial stressors and caregiver burnout. The cognitive, emotional, and physical load required to provide 24/7 care, coupled with ongoing sleep deprivation, likely depletes her daily cognitive reserves, mimicking the symptoms of cognitive decline.

Diagnosis: Cognitive Impairment Ruled Out
Adjustment Disorder With Mixed Anxiety and Depressed Mood

Recommendations

- **Psychotherapy & Psychoeducation:** Individual counseling is highly recommended to address Ms. Young's feelings of loneliness, isolation, and caregiver fatigue. It is important to understand that high levels of stress, anxiety, and sleep deprivation can heavily drain a person's mental energy and attention. This emotional load can mimic cognitive decline and is likely contributing to the everyday forgetfulness she has been experiencing. Therapy could provide a supportive space to process the stress of her current living situation. Psychologytoday.com is a recommended resource to locate a therapist, where in-person and telehealth options are often available.

- **Vision:** She should attend her scheduled appointment with a retina specialist to address visual concerns and magnification discrepancies observed in the right eye, which have impacted her driving comfort.

- **Sleep Hygiene:** Given her ongoing sleep deprivation due to monitoring her mother-in-law at night and other barriers to good sleep, Ms. Young may benefit from prioritizing healthy sleep habits to promote restful sleep. Finding alternative overnight monitoring solutions for her mother-in-law may be necessary to ensure Ms. Young gets adequate rest.

- **Caregiver Support:** Ms. Young is encouraged to explore respite care resources to alleviate her full-time caregiving burden. Support groups are a great source of information and emotional support for families dealing with dementia. The Alzheimer's Association (www.alz.org) or 713-314-1313 is a recommended resource.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 7/14/2026.