Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Arturo Zepeda	Education:	12 years
Date of birth:	1/31/1957 (69)	Handedness:	Right
Date of exam:	7/17/2026	Marital status:	Married
Ethnicity:	Hispanic/Latino	Occupation:	Retired

Referral source: Melanie Roberts-Boyd, APRN, FNP

Mr. Zepeda's neurology provider referred him to assess for objective evidence of cognitive decline. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

When asked about cognitive issues. Mr. Zepeda reported experiencing forgetfulness. When asked for examples, he related an instance of forgetting an event he was throwing at his restaurant, but this occurred 40 years ago. He also described forgetting intentions, forgetting his grandchildren's' names, and occasional instances of brief disorientation while driving. His wife has also told him that he repeats himself. He reported that this has been a problem for decades, but it seems to be happening more frequently recently.

Mr. Zepeda's wife took over the management of their finances a few years ago, reportedly due to concerns about him forgetting. He is otherwise functionally independently. He occasionally forgets to take his medications, and he has had brief instances of disorientation while driving, lasting seconds.

Mr. Zepeda reported a positive mood, and he denied suicidal ideation. His appetite is reduced, but his weight is stable. He denied sleeping difficulties and his energy level is stable. He stays active managing his property.

When asked about hallucinations, Mr. Zepeda described occasional and brief instances of seeing something pass in his peripheral vision, but he denied well-formed visual hallucinations. The following symptoms were denied: sensory changes, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: hypertension, prediabetes, chronic kidney disease stage III, and sleep apnea (PAP compliant).

Surgeries: right ankle surgery, appendectomy, and hernia repair x2.

Current medications: carvedilol, nifedipine, olmesartan/hydrochlorothiazide, and tamsulosin.

Neuroimaging: CT head without contrast on 6/2/2026 reportedly showed mild age-appropriate atrophy and minimal microangiopathic white matter changes.

Mental health: He described feelings of sadness and depression as a child, due to his learning difficulties. He also experienced these feelings about 10 years ago. However, he has never received mental health treatment.

Substance use: He denied alcohol, nicotine, and other substance use. He denied a history of substance dependence.

Family history: Positive for unspecified dementia in his mother, who died at 90. Her history was otherwise unremarkable. His father died of a stroke at age 75. He has 9 siblings, one of whom are deceased. Their history includes diabetes in 3 siblings.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Mr. Zepeda was raised in Texas. He speaks English and Spanish. He grew up speaking Spanish, and he learned English in elementary school. He has been married for 44 years and has 3 sons. He lives with his wife.

He completed high school and 2 years of college credits. However, he stated that he was passed in college, despite his academic performance, because he was a football player. He was held back in the 1st grade due to not speaking English, and he was also held back in the 3rd or 4th grade. He described a history of undiagnosed dyslexia, described as trouble transposing numbers, trouble spelling, and trouble reading. His grades were poor, and he largely taught himself to how to read and write after graduating high school.

He worked as a Metro bus driver until his retirement at age 57.

BEHAVIORAL OBSERVATIONS

Mr. Zepeda arrived on time and was unaccompanied. He was appropriately dressed and groomed. He ambulated independently. His conversational language comprehension and expressive speech were unremarkable. His thought process was normal; however, he occasionally had trouble providing details. He was affable, presenting with a positive mood and a broad affect, with brief tearfulness when discussing his education history.

He was fully oriented. During testing, he occasionally required simplification of test instructions.

TESTS ADMINISTERED

Standalone measure of performance validity
Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation
Rey Complex Figure Copy
Color Trails Test
D-KEFS Design Fluency Test
Finger Tapping Test
Geriatric Depression Scale-Short Form
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

RESULTS SUMMARY

This evaluation is considered a valid assessment of Mr. Zepeda's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral fine motor dexterity was below average.

Academic: Word reading was below average.

Attention & Processing Speed: Digit span was average; repetition was average, reversal was average, and sequencing was average. Processing speed was average for digit/symbol transcription and low average for symbol identification.

Executive Functioning: Speeded number/color set-shifting was high average with no errors. Unique design generation involving a switching component was high average, and total design accuracy was average. Visual abstract reasoning was high average (age-adjusted only was average).

Language: Fund of vocabulary was average (age-adjusted only was low average). Object naming was average. Phonemic verbal fluency was average. Semantic verbal fluency was average.

Visuospatial: Judgment of line orientation was within normal expectations. The construction of block designs was average. Complex visuospatial reproduction was within normal expectations.

Learning & Memory: Word list learning was average, and delayed recall was below average. Recognition of list words was low average. Narrative acquisition was average, and delayed recall was average. Recognition of story elements was within normal expectations. Figure acquisition was average, and delayed recall was average. He identified 4/7 figures on a recognition format (within normal expectations).

Mood/Behavior: He endorsed normal levels of depressive and anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Mr. Zepeda's attention/working memory, processing speed, executive functioning, language, and visuospatial skills were normal. His word list recall fell slightly below expectations, but his memory was otherwise normal; this did not represent a notable pattern of cognitive dysfunction and is potentially attributable to normal variability. His word reading was below average, consistent with his history of a probable learning disorder. His mood was stable.

In summary, Mr. Zepeda's cognitive performance was normal, especially when considering his history of a probable learning disorder. An acquired cognitive disorder diagnosis is not warranted. His report of more recent cognitive symptoms is most attributable to normal age-related changes.

DIAGNOSTIC IMPRESSIONS

Acquired Cognitive Disorder Ruled Out

Specific Learning Disorder, with Impairment in Reading, Written Expression, and Mathematics, Per History

RECOMMENDATIONS

1. Lifestyle factors, including optimal sleep, physical activity, mental stimulation, social engagement, and a healthy diet, are crucial for preserving cognition.

    a. He is encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.

    b. His local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: https://cp4.harriscountytx.gov/Community-Centers/Community-Center/bayland-community-center.

    c. Learning a new skill or hobby would be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., https://www.coursera.org/).

    d. BrainHQ provides scientifically robust brain training exercises and games (www.brainhq.com).

    e. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
        - Switching out fats for extra virgin olive oil.
        - Eating more fruits and vegetables.
        - Eating less meat and more fish.
        - Eating beans, nuts, seeds, and olives.
        - Cutting out sugary beverages and processed foods.
        - Eating fruit instead of high sugar desserts.

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

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

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