

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Ana Alvarez Gomez	<b>GENDER:</b>	Female
<b>DATE OF BIRTH:</b>	02/24/1964 (62)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	03/18/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	16	<b>MARITAL STATUS:</b>	Married
<b>OCCUPATION:</b>	Disabled	<b>REFERRED BY:</b>	Beatriz Casas, PA-C

### **REASON FOR REFERRAL**

Ms. Alvarez Gomez was referred 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.

### **PRESENTING PROBLEMS**

Ms. Alvarez Gomez presented for the evaluation, accompanied by her daughter, Liliana Briseno. According to her daughter, the patient has a lifelong history of attention difficulties. However, approximately 10 years ago, Ms. Alvarez Gomez became increasingly distracted and began exhibiting difficulties maintaining her train of thought. Her daughter noted that the patient started to provide tangential responses and often failed to directly answer questions, a symptom that has progressively worsened over the past years, particularly in the last two.

Clear memory changes became noticeable around the summer of 2025. Her daughter reported that Ms. Alvarez Gomez experiences significant difficulties with short-term memory, such as forgetting the location of dishes in the kitchen, misplacing items, repeating stories, and forgetting conversations or events. She also demonstrates confabulation and word-finding problems. On a standardized rating scale completed by her husband and daughter, they indicated significant memory loss that interferes with everyday activities. They noted frequent confusion regarding the time of day, disorientation in novel environments, difficulty making decisions, and confusion when plans change or become complicated.

When asked about her cognitive difficulties, Ms. Alvarez Gomez acknowledged having problems with memory and word retrieval but demonstrated limited insight and tangential speech. For instance, when attempting to elaborate on her memory, she stated, "I have changes, that is why I use techniques, let's say... no fault in that type of scenario of memory. But I am thinking there is help for that." She denied forgetting dates, attempting to explain that she uses a calendar, but instead stated, "no because I use... help, sometimes one invents sometimes..."

Behaviorally, Ms. Alvarez Gomez's history is notable for prominent and worsening delusions. Her daughter described the patient's long-standing marital relationship as "chaotic," noting that the patient was historically intolerant, physically aggressive (throwing objects), and prone to calling the police on her husband. Around 2013 to 2015, she began exhibiting paranoia, falsely believing her husband was stealing money and items from her, and accusing him of sending individuals to their home in Mexico to steal. By 2018, this paranoia escalated into a belief that her husband intended to physically harm her. Currently, she continues to believe others

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(including her husband, brother, and son-in-law) are stealing from her. She actively hoards items she deems valuable—including household goods like Clorox bottles—locking them in a designated room. She frequently forgets she has secured these items and subsequently accuses her husband of theft. These delusions reportedly cause her significant anxiety.

Regarding other psychiatric symptoms, she experienced a depressive episode around 2019 following her cancer diagnosis, which subsided once her medical condition stabilized. During the clinical interview, she reported feeling anxious but was unable to directly answer questions regarding current depressive symptoms, again responding tangentially. She briefly experienced auditory hallucinations (hearing voices) approximately two years ago, but this has not recurred. Her sleep is currently reportedly adequate, though she has a history of vivid dreams around 2015/2016 in which she was "warned against her husband." Her energy is adequate. Her appetite is reportedly adequate, though her daughter noted she lacks the initiative to cook or serve food herself, relies on her husband to do so, and often requires reminders to finish eating due to distractibility.

Functionally, Ms. Alvarez Gomez remains independent for basic activities of daily living. However, she requires increasing assistance with instrumental activities. She does not clean as thoroughly as she used to. While she continues to drive, she admitted to getting lost in new places, attributing this to a lack of practice. Her daughter clarified that she frequently gets confused and anxious driving in novel areas and relies on others for transportation. Financially, she understands day-to-day purchases but requires assistance with banking and major transactions. She attempts to manage her medications independently but utilizes a confusing and ineffective system (writing on random papers), leading to confusion over whether doses were taken. Her husband now provides oversight for her medication regimen. Finally, her daughter accompanies her to all medical appointments due to the patient's difficulty explaining herself to providers.

## **MEDICAL HISTORY**

Conditions: Her medical history is significant for metastatic adenocarcinoma of the lung (diagnosed in 2020), status post chemotherapy, a presumed stable left medial cranial fossa meningioma, and recurrent left-sided temporal headaches associated with photophobia, phonophobia, and nausea. She has also experienced swelling in the periorbital region of her right eye.

Surgeries: Cesarean section.

Imaging: An MRI of the brain dated June 23, 2025, revealed no acute intracranial findings or metastatic findings, but showed a presumed stable meningioma in the left middle cranial fossa and scattered white matter changes.

Current medications: Tagrisso (osimertinib) 80 mg, duloxetine 20 mg, acetaminophen-butalbital 50-325 mg, cyclobenzaprine HCl 5 mg, sumatriptan succinate 25 mg, zolpidem tartrate 5 mg, and vitamins.

Substance use: She occasionally consumes alcoholic beverages. She has never used nicotine or recreational drugs, though she was exposed to secondhand smoke for years from her siblings.

Family history: Her family history is notable for Alzheimer's disease in her father, Parkinson's disease and high blood pressure in her mother, and acute respiratory distress syndrome in a sibling.

### **MENTAL HEALTH HISTORY**

Ms. Alvarez Gomez has a history of psychological counseling. Between 2000 and 2005, she saw a therapist in Mexico and was diagnosed with "cyclical depression," characterized by depressive episodes during the winter months. Approximately 12 years ago, she was prescribed benzodiazepines; her daughter recalled an incident where the patient took too many pills, became temporarily confused, and could not recognize her husband. She denied any history of psychiatric hospitalizations or suicidal ideation.

### **EDUCATIONAL HISTORY**

Ms. Alvarez Gomez completed 16 years of formal education. She earned the equivalent of a bachelor's degree in Industrial Relations in Mexico. She also completed a Certified Nursing Assistant (CNA) certification in the United States. She denied any history of learning problems or grade retention. While she previously comprehended and spoke conversational English, she currently struggles to speak English and primarily communicates in Spanish.

### **OCCUPATIONAL HISTORY**

She is currently disabled, having filed for disability benefits in 2019 following her lung cancer diagnosis. Previously, she worked as a daycare worker, a CNA, an assistant for school buses, and in catering.

### **SOCIAL HISTORY**

Ms. Alvarez Gomez was born and raised in Mexico. She began traveling between Mexico and the United States in 1980 to learn English and moved to the U.S. permanently in 2007. She has been married since 1992 and has one daughter. She currently divides her time between the U.S. and Mexico, though she spends the majority of her time in Mexico.

### **BEHAVIORAL OBSERVATIONS**

Ms. Alvarez Gomez presented as a well-groomed woman. She was alert and oriented to the month, year, time, and her age, but she was not oriented to the exact day. Her gait was unassisted and unremarkable, and her gross motor functioning appeared normal. Vision and hearing appeared adequate for testing purposes.

During the clinical interview, Ms. Alvarez Gomez demonstrated difficulty recalling personal information and comprehending questions, frequently requiring elaboration. Her expressive language was notable for tangentiality, and her responses occasionally lacked logical coherence. She struggled to provide direct "yes" or "no" answers; for instance, when asked about her mood, she responded tangentially rather than answering directly. When asked about changes in her appetite, she stated, "It is possible that yes, but I have not done that analysis, I think I am going up, so, everything is good with regards to that." She demonstrated similar word-finding and

coherence difficulties when attempting to elaborate on her memory, stating, "I have changes, that is why I use techniques, let's say... no fault in that type of scenario of memory. But I am thinking there is help for that." Furthermore, when asked if she forgets dates, she denied it and attempted to explain her use of a calendar by stating, "No because I use... help, sometimes one invents sometimes..."

During formal testing, Ms. Alvarez Gomez was easily distracted and required multiple redirections to remain on task. She also needed simplified test instructions for some measures, as well as occasional reminders of the instructions as tasks progressed. Despite these cognitive and language difficulties, her mood was pleasant, and she was fully cooperative. She seemed to put forth her best effort throughout the evaluation. Thus, the results appear to provide an accurate representation of her current level of neuropsychological functioning.

### TESTS ADMINISTERED

Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Logical Memory I and II (WMS-IV Spanish)
Ponton-Satz Boston Naming Test	Rey Complex Figure Test
Semantic Fluency (Animales)	Modified Wisconsin Card Sorting Test
Lexical Fluency (PMR)	Finger Tapping Test
Multilingual Aphasia Examination – Spanish (select subtest)	Escala De Aculturación Bidimensional
Line Orientation (RBANS)	Escala De Dominancia Bilingüe
Golden Stroop	Patient Health Questionnaire (PHQ-9) (Spanish)
WHO-UCLA Auditory Verbal Learning Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Trail Making Test	Activities of Daily Living Scale
	Neuropsychiatric Inventory Questionnaire
	Dementia Severity Rating Scale

### TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Mexico, level of acculturation and level of educational attainment) was taken into consideration in interpreting her performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Ms. Alvarez Gomez's neurocognitive functioning are summarized below.

**Cultural and Linguistic Background:** On measures assessing her cultural and linguistic profile, Ms. Alvarez Gomez demonstrated a distinct pattern. Results from a measure of bilingual dominance indicated that she is overwhelmingly Spanish-dominant, reflecting significantly greater current proficiency, usage, and preference for the Spanish language compared to English. Interestingly, on a self-report measure of bidimensional acculturation, she endorsed a bicultural orientation. She reported moderate to high levels of engagement with both Hispanic and Anglo-American cultural practices, though she endorsed a slightly stronger affiliation with Hispanic cultural domains. These linguistic and cultural factors were carefully considered when interpreting her performance on the current neuropsychological battery.

**Effort:** Her performance on two stand-alone and one embedded measures of performance validity was within the valid range across all measures.

**Attention/Processing Speed:** Overall working memory abilities were low average. On a measure of digit span recall, reversal, and sequencing, her performance was low average, low average, and average, respectively. Mental arithmetic skills were low average. Overall processing speed abilities were in the low average range. More specifically, graphomotor speed was low average. Visual scanning and symbol identification was also low average. Speeded word reading was low average and speeded color naming abilities were in the average range.

**Language:** Visual object naming was in the exceptionally low range. Lexical fluency was in the exceptionally low range as well. Semantic fluency was low average. On subtests from the Multilingual Aphasia Examination, Ms. Alvarez Gomez's basic auditory comprehension for words and phrases was within the average range. She also performed in the average range on a sentence repetition task. In stark contrast, her performance on the Token Test, a measure assessing the comprehension of increasingly complex, multi-step auditory commands, was exceptionally low.

**Visuospatial/Constructional:** Her ability to copy a complex figure was high average. Visuoconstructional abilities with blocks were low average. Visuospatial judgment was average. Regarding visuoconstructional abilities on a clock drawing task, Ms. Alvarez Gomez accurately drew the clock face and correctly spaced and placed the numbers in both the spontaneous drawing and copy conditions.

**Learning and Memory:** Immediate recall of unstructured verbal material (15-word list) was in the below average range after five consecutive trials (3, 5, 11, 8, and 9 words, respectively). Immediate recall of the original list, following a distracter list, was exceptionally low (4/15 words recalled). After a 20-minute delay, her recall was exceptionally low (3/15 words recalled). Delayed word recognition was below average, as she recalled 13/15 target words, and she also endorsed 2 false-positive errors.

Immediate recall of structured verbal material (stories) was in the average range. Delayed recall of the same material was exceptionally low as she only recalled one detail out of two stories. On a discrimination task, her performance was in the below average range.

Short (3 minute) delayed incidental recall of a complex geometric design was nil and exceptionally low. Long (30 minute) delayed incidental recall of the same design was also nil and exceptionally low.

**Executive Functions:** Visual speeded sequencing of numbers was average and error-free. On a clock drawing task, her executive planning and rule-following abilities were intact, as she accurately set the hands to the designated time in both the spontaneous and copy conditions. Her performance on a complex sequencing task was exceptionally low as she ran out of the allotted time and made three errors. Her performance on color-word interference was below average. Verbal abstract reasoning was in the average range. On a complex trial-and-error learning task requiring the utilization of feedback to generate problem-solving strategies, her overall

performance was within the below average range as she was only able to complete two out of six categories. She made 36 out of 48 possible errors, which is exceptionally low, and 22 of the errors were perseverative, which is in the below average range.

**Motor Abilities:** The patient is right hand dominant. Fine motor dexterity was below average bilaterally.

**Emotional/Behavioral Functioning:** Ms. Alvarez Gomez denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

## SUMMARY

Ms. Ana Alvarez Gomez is a 62-year-old, right-handed Hispanic female with 16 years of education who was referred for a neuropsychological evaluation by Beatriz Casas, PA-C, due to suspected cognitive decline and memory loss. During the clinical interview, she demonstrated difficulty recalling personal information, tangential speech, and required simplified instructions and redirection. Despite these challenges, she was cooperative, and results from multiple performance validity measures indicated valid and interpretable test data.

Regarding intact performances and strengths, Ms. Alvarez Gomez demonstrated preserved basic attention, processing speed, and simple language storage. Specifically, she performed in the average range on measures of digit span sequencing, speeded color naming, basic auditory comprehension for words and phrases, and sentence repetition. Her visuospatial skills were a notable strength; she performed in the high average range when copying a complex geometric figure and in the average range for visuospatial judgment. Her executive planning and rule-following for a clock drawing and setting task were intact. Furthermore, she demonstrated average immediate recall for structured verbal material (stories), average verbal abstract reasoning, and average visual speeded sequencing of numbers.

In contrast, significant deficits were observed across multiple cognitive domains, with performances falling primarily in the below average and exceptionally low ranges. Language functioning was severely compromised, characterized by exceptionally low visual object naming, exceptionally low lexical fluency, and an exceptionally low ability to comprehend complex, multi-step auditory commands. Memory functioning was also severely impaired; while she could immediately recall structured stories, her immediate recall of a 15-word list was below average. After a delay, she exhibited a rapid rate of forgetting, with exceptionally low delayed recall for unstructured words, stories, and complex geometric designs, alongside below average word recognition marred by false-positive errors. Prominent executive dysfunction was also evident. She demonstrated below average to exceptionally low performance on a complex sequencing task (running out of time with multiple errors), cognitive inhibition, concept formation, and problem solving. Bilateral fine motor dexterity was also below average.

Regarding emotional and behavioral functioning, Ms. Alvarez Gomez denied significant symptoms of depression or anxiety on formal self-report inventories. However, collateral information and clinical observations revealed prominent psychiatric and behavioral changes. She exhibits significant tangentiality and declining logical coherence in her speech. Furthermore, her history is notable for worsening paranoia and delusions, specifically the persistent, false

belief that family members are stealing from her. This has led to hoarding behaviors, locking up household items, and associated feelings of anxiety and distress.

Functionally, Ms. Alvarez Gomez remains independent for basic activities of daily living but demonstrates a clear decline in instrumental activities of daily living. While she continues to drive, she becomes confused and gets lost in novel locations, relying increasingly on others for transportation. She requires assistance with banking and major financial decisions. Her medication management system is confusing and disorganized, necessitating oversight from her husband to prevent errors. Additionally, her communication difficulties require her daughter to accompany her to all medical appointments.

In summary, Ms. Alvarez Gomez's cognitive profile is characterized by a severe and widespread neurocognitive decline featuring a prominent amnesic syndrome (rapid forgetting and poor consolidation of verbal and visual information), significant language impairment (anomia, reduced lexical fluency, and complex comprehension deficits), and profound executive dysfunction (poor cognitive flexibility, complex sequencing, and perseveration). This cognitive profile, combined with her declining independence in instrumental activities of daily living and the emergence of prominent behavioral and psychiatric symptoms (delusions of theft, hoarding, paranoia, and tangentiality), represents a significant departure from her baseline functioning. Behaviorally and cognitively, this presentation is highly consistent with a diagnosis of Mild Dementia, likely due to early-onset Alzheimer's disease. The diagnosis is strongly supported by her classic cortical dementia profile (failure of memory storage with relatively preserved visuospatial construction and basic attention), behavioral manifestations (delusions of theft/paranoia to explain memory failures), and a significant family history of Alzheimer's disease in her father. Her presentation is complex and likely multifactorial; the systemic burden and neurotoxic effects of her prior chemotherapy for lung cancer, as well as the presence of a left middle cranial fossa meningioma, have likely lowered her overall neurological resilience and cognitive reserve, potentially accelerating the clinical onset and exacerbating her left-hemisphere specific deficits (e.g., severe language and verbal memory impairments).

**IMPRESSION**            Mild Dementia – Possibly due to Alzheimer's Disease with Psychotic Disturbance, Behavioral Disturbance, and Anxiety

## **RECOMMENDATIONS**

1. Ms. Alvarez Gomez should return to her referring neurology provider, Beatriz Casas, PA-C, to review these results. Discussion of starting dementia-specific medications (such as an acetylcholinesterase inhibitor) may be warranted to help temporarily slow the progression of cognitive symptoms.
2. Given her prominent delusions (beliefs that family members are stealing from her) and hoarding behaviors, a psychiatric consultation is strongly recommended. Targeted pharmacological management may help alleviate her paranoia, reduce her anxiety, and decrease caregiver distress.
3. Ms. Alvarez Gomez should no longer manage her own medications independently. Her current system is disorganized and poses a safety risk. Her husband or daughter must take over full responsibility for setting up and administering her daily medications (including

her complex regimen of Tagrisso, duloxetine, and other prescriptions). A locked automated pill dispenser may also be beneficial if she attempts to take medications outside of scheduled times.

4. Given her significant executive and visuospatial deficits on testing, as well as her reports of becoming confused and lost while driving, Ms. Alvarez Gomez should stop driving immediately. Continuing to operate a vehicle poses a significant safety risk to herself and others. She will need to rely on her husband, daughter, or alternative services for transportation moving forward.
5. Because she is demonstrating a decline in her ability to handle complex finances and decision-making, the family should formally establish or update a Financial and Medical Power of Attorney. This will ensure her husband and daughter have the legal ability to manage her affairs and medical care moving forward.
6. When Ms. Alvarez Gomez expresses paranoid beliefs or accuses family members of stealing, caregivers should avoid arguing or trying to use logic to convince her otherwise, as this will only increase her anxiety. Instead, they should validate her feelings (e.g., "I see you are worried about your things") and gently redirect her attention to a different, calming activity.
7. Caring for a loved one with progressive memory loss and behavioral changes is highly stressful. Her husband and daughter are strongly encouraged to seek support through local organizations, such as the Alzheimer's Association ([www.alz.org](http://www.alz.org)), which offers education, resources, and support groups specifically for families navigating dementia and delusions.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 03/19/2026

Billing note: Technician, Solanch, performed face-to-face neuropsychological testing for 4 hours (96138 x1; 96139 x7). I interviewed the patient via telehealth services, reviewed medical records, integrated all information, and composed the report in its entirety for a total of 4 hours (96132 x1; 96133 x3).