

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Barbara Howard	Education:	16 years
Date of birth:	11/18/1948 (77)	Handedness:	Right
Date of exam:	3/13/2026	Marital status:	Widowed
Ethnicity:	White	Occupation:	Retired

Referral source: Marianna Karpinos, M.D.

Ms. Howard's neurologist referred her for an objective assessment of cognitive decline. The results will describe her 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. She was seen with her daughter.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Howard reported experiencing multiple stroke-like episodes starting in January 2026. These have since reportedly been determined to be "amyloid spells," secondary to cerebral amyloid angiopathy, following a brain MRI on 1/6/2026. When queried about cognitive issues, she described more difficulty understanding what she is reading and following conversations. She also needs to write information down. She described a gradual onset at least a year ago. Her daughter felt that Ms. Howard has exhibited progressive decline. She noted that Ms. Howard struggles with word-finding, exhibits speech errors (especially when tired), and needs to be "pulled back" to the topic of conversations. Ms. Howard has always been scattered in conversations, overwhelmed, and easily distracted, but this has worsened significantly in the last year. Her daughter described Ms. Howard's memory as "recognition without recall." Ms. Howard often forgets details of appointments and conversations, but she can recall them when cued. Her daughter used a metaphor of Ms. Howard's thought process being a jumbled jigsaw puzzle with some missing pieces (i.e., the information is mostly there, but not completely, and it is disorganized).

Ms. Howard lives alone, but her son lives with her part-time. She does not take medications. Her family assists her with financial management, particularly setting up online bill payment. They also assist her with appointment management. She is otherwise functionally independent. She denied having issues driving, but her daughter mentioned two instances of Ms. Howard driving to the wrong location. She does not cook much, but she never enjoyed cooking. She manages rental properties, reportedly without issues.

Ms. Howard reported a positive mood, and she denied suicidal ideation. Her appetite and weight are stable. She denied sleeping difficulties. However, she has always woken up early and experienced some fatigue. Her daughter mentioned that Ms. Howard will occasionally nap during the day.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: suspected cerebral amyloid angiopathy (s/p brain MRI), transient ischemic attack, and hearing loss (treated).

Surgeries: shoulder surgery x2, oral surgery, bladder lift/hysterectomy, tonsillectomy, and cataract extraction.

Current medications: no prescription medications.

Neuroimaging: A brain MRI without contrast on 1/6/2026 reportedly showed hemosiderin staining throughout the bilateral cerebral sulci, scattered punctate foci of hemosiderin in the bilateral cerebral hemispheres, moderate chronic microvascular ischemic change, and generalized parenchymal volume loss. A CTA head/neck on 1/5/2026 was reportedly unremarkable.

Mental health: She has never been diagnosed with AD/HD, but her daughter indicated that Ms. Howard has always been scattered in conversations, overwhelmed, and easily distracted. Ms. Howard experienced these issues as a child; however, she was able to accommodate them. Her mental health history is otherwise unremarkable.

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

Family history: Her paternal grandmother exhibited progressive memory decline but was never formally diagnosed with dementia. Her mother had psoriasis and angina; she died of a heart attack at age 64. Her father had alcohol dependence, COPD, and emphysema; he died in his 70s. She has two sisters whose history includes osteoporosis and anxiety.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Howard was raised in Alabama and is monolingual in English. She was widowed in 2023 and has four children. She lives alone, but her son lives with her part-time.

She earned her bachelor's degree in mathematics. She denied a history of learning difficulties. She performed well academically.

She was primarily a homemaker. However, she used to work at a daycare, and she has managed rental properties for the past 20 years.

BEHAVIORAL OBSERVATIONS

Ms. Howard arrived on time and was accompanied by her daughter. She was appropriately dressed and groomed. She ambulated independently. Her conversational language comprehension was within normal expectations. Her conversational speech was notable for occasional word-finding difficulties. Her thought process was somewhat tangential and disorganized, requiring occasional redirection back to the topic. She was affable and humorous, presenting with a positive mood and a cheerful affect.

She was oriented to concepts other than the date (off by one day). During testing, she appeared mildly frustrated and was briefly tearful during challenging tasks. However, she persisted.

TESTS ADMINISTERED

Mini Mental Status Exam	Animal Naming Test
Standalone measure of performance validity	RBANS Line Orientation
Wide Range Achievement Test-5, Word Reading	Rey Complex Figure Copy
Wechsler Adult Intelligence Scale-IV, portions	Trail Making Test
Wechsler Memory Scale-IV, portions	D-KEFS Color-Word Interference Test
Hopkins Verbal Learning Test-Revised	Finger Tapping Test
BDAE Complex Ideational Material	Clinical Assessment of Attention Deficit
Neuropsychological Assessment Battery, Naming	Geriatric Depression Scale-Short Form
Phonemic Fluency (FAS)	Generalized Anxiety Disorder-7

RESULTS SUMMARY

This evaluation is considered a valid assessment of Ms. Howard's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores. Her MMSE was 25/30 (-1 orientation, -1 serial subtraction, -2 recall, -1 figure copy).

Sensory/Motor: Bilateral finger tapping speed was exceptionally low. She reported numbness during this task.

Academic: Word reading was high average.

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

Executive Functioning: Speeded number/letter set-shifting was below average with no errors. Verbal response inhibition was below average for speed but high average for accuracy. She committed 3 errors before combined response inhibition/set-shifting was discontinued due to time; she constantly needed to remind herself of the rules during this task. Visual abstract reasoning was average.

Language: Object naming was exceptionally low (19/31 words; 9 additional correct with cues). Phonemic verbal fluency was below average. Semantic verbal fluency was exceptionally low. She accurately answered 11/12 yes/no paired items on an auditory comprehension measure (low average).

Visuospatial: Judgment of line orientation was below average. The construction of block designs was average. Complex visuospatial reproduction was largely incomplete and grossly distorted after 3 minutes (exceptionally low).

Learning & Memory: Word list learning was exceptionally low (3, 4, and 5 words), and delayed recall was below average (3/12 words). Recognition of list words was low average (10 hits, 2 false positives). Narrative registration was below average, but delayed recall was average. Recognition of story elements was within normal expectations. Figure registration was below average, and delayed recall was exceptionally low. She identified 4/7 figures on a recognition format (within normal expectations).

Mood/Behavior: She endorsed a normal level of depressive symptoms and a mild level of anxiety symptoms on self-report questionnaires. On a standardized inventory of AD/HD

symptomology, she endorsed mild childhood inattention and significant adult inattention. However, her overall risk of childhood and adult AD/HD symptoms was unremarkable.

CLINICAL IMPRESSIONS

Ms. Howard exhibited markedly diminished motor speed, mental flexibility, object naming, semantic verbal fluency, complex visuospatial reproduction, word list learning, and figure recall. She exhibited mildly diminished attention/working memory, transcription speed, set-shifting, response inhibition speed, phonemic verbal fluency, word list recall, narrative registration, and figure registration. Her other assessed cognitive skills were relatively preserved. She endorsed mild anxiety symptoms. She has premorbid attentional difficulties. However, on a standardized AD/HD inventory, her responses were not consistent with a diagnosis of AD/HD.

In summary, Ms. Howard's cognitive profile was characterized by notable declines in executive functioning, as well as in aspects of language and memory. However, her memory profile was more indicative of executive dysfunction than frank amnesia. She also exhibited deficits in attention/working memory and mildly reduced processing speed. The report of symptoms and current results warrant a mild dementia diagnosis, and chronic cerebrovascular disease, including suspected cerebral amyloid angiopathy, is the primary etiology of consideration.

DIAGNOSTIC IMPRESSIONS

Vascular Dementia, Mild Severity

RECOMMENDATIONS

1. Ongoing direct oversight over her management of her medications, finances, and daily affairs is recommended to ensure safety and accuracy.
2. Given the evidence of executive functioning deficits, her driving safety is a potential concern. Recommended driving precautions include limiting driving to familiar areas and favorable conditions (i.e., daytime in clear weather) and avoiding distractions (e.g., using a cell phone while driving). More information can be obtained from a formal driving evaluation, which is available through Strowmatt Rehabilitation Services (<https://www.driverrehabservices.com/>) or the Texas Department of Public Safety.
3. Ongoing mood monitoring by her providers is recommended.
4. Documentation, such as a durable power of attorney and an advanced care plan, should be in order and up to date.
5. Lifestyle factors, including optimal sleep, physical activity, mental stimulation, and a healthy diet, are crucial for preserving cognition.
 - a. She should be provided education and resources regarding aspects of good sleep hygiene, such as <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>.
 - b. She is encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.
 - c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings:

<https://cp4.harriscountytexas.gov/Community-Centers/Community-Center/bayland-community-center>.

- d. 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/>).
 - 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-fat-and-sugar desserts.
6. She and her family may benefit from the following resources:
- a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.
 - b. The Family Caregiver Alliance (www.caregiver.org).
 - c. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (<https://www.amazingplacehouston.org/>).
7. Neuropsychological re-evaluation can be considered in one year to document potential interim changes and to update treatment recommendations.

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

Jesse Passler

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Board Certified, American Board of Clinical Neuropsychology