Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Anthony Morah
Date of Birth (Age): 10/23/1938 (87)
Ethnicity/Race: African American/Black
Date of Evaluation: 3/17/2026

Education: Ph.D. (Education)
Handedness: Right
Occupation: Retired
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 his wife, as well as a review of available medical records. Mr. Anthony Morah is an 87-year-old, right-handed, African American/Black male referred for neuropsychological evaluation by Andrew Zhang, MD, secondary to concern about cognitive decline. MMSE was 23/30 on 1/16/2026.

Cognitively, Mr. Morah presented with concerns about short-term memory, noting that he is better at remembering information from longer ago. His wife corroborated this report, stating that he quickly forgets recent events and conversations and often engages in repetitive questioning. These issues have reportedly become apparent in the last year. Mr. Morah also described reduced attention for long conversations, stating that he loses interest and will "cut it off."

Physically, Mr. Morah has experienced decreased mobility over the last several years, noting that he had right leg weakness throughout his life related to childhood polio that has progressively worsened over time. He uses a rollator to support mobility. He has not had any recent falls. He experiences joint pain for which he has been taking gabapentin for the last year.

Regarding sensory functions, Mr. Morah has limited vision secondary to bilateral cataracts (s/p repair of right eye, though with residual visual deficits) and worsening glaucoma over the last four years. He wears prescription lenses but reports minimal benefit from use. He uses a magnifying glass to help with tasks, such as writing checks for bill pay. Hearing difficulties were denied.

Functionally, both Mr. and Mrs. Morah identify visual impairment as his primary barrier to independence. Despite this, he remains remarkably active in his daily routine. He ceased driving in 2023 following a low-speed collision with a parked vehicle (a dump truck), which resulted in no injuries. Currently residing in a senior living facility, Mr. Morah manages his finances with administrative assistance from staff and uses a magnifying glass to facilitate check-writing. He remains responsible for laundry and light housekeeping. Notably, he is independent with medication management, utilizing tactile recognition to identify his prescriptions, with

occasional oversight from his wife. He remains fully independent in all personal care tasks, while his wife continues to handle the cooking.

Emotionally, Mr. Morah describes himself as content, expressing deep appreciation for his marriage and his wife's support. However, he noted some concern about his future and obligations in Nigeria. Mrs. Morah shared that while he sometimes "shuts down" emotionally during moments of frustration, this usually stems from interpersonal friction rather than a shift in temperament. Although both denied any major personality changes or psychotic symptoms, Mrs. Morah observed that her husband often seems sad and less expressive than usual.

Regarding health habits, Mr. Morah has a good appetite and maintains a well-balanced diet. Weight is stable. While he reported restful sleep, he described vivid dreams and history of punching and kicking. He began taking donepezil a few months ago, which has reportedly helped with his nighttime behavior. His wife suspects that he is sleeping more during the daytime, appearing drowsy much of the time. Mr. Morah has never used alcohol, nicotine or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for childhood polio, hypertension, hyperlipidemia, chronic kidney disease, diabetes, and transient ischemic attack.

Surgical history is notable for bilateral cataract repair and left knee repair following patellar/tendon injury.

Psychiatric history is unremarkable.

Imaging (MRI Brain performed on 2/2/2026) was read to show, "Moderate white matter microvascular disease and mild volume loss. Chronic lacunar infarctions in the right cerebral peduncle and bilateral lentiform nuclei. No acute intracranial abnormalities."

Regarding family medical history, the patient's father passed away when the patient was 10 years old. His mother also passed away at a young age during wartime. A paternal uncle had dementia.

Medications: atorvastatin, brimonidine tartrate, clopidogrel, ciclopirox, dorzolamide, hydrochlorothiazide, latanoprost, lisinopril, terazosin, gabapentin, donepezil, and vitamins (C and D3).

Psychosocial History: Mr. Morah was born and raised in Nigeria. While he identified Ibo as his native language, he reported that he mostly spoke English throughout his life. He denied history of learning disorder or grade repetition. He earned an undergraduate degree in fine arts in Nigeria, where he worked as a college professor for several years before moving to the United States in 1972 to complete his graduate training. He earned a master's degree in fine arts and doctoral degree in education. He and his wife lived in Maryland until 2023, where he owned and operated an insurance agency.

Mr. Morah is married to his spouse of 58 years. They have four children, including a son who is deceased. They have six grandchildren and four great-grandchildren.

In his leisure time, Mr. Morah enjoys participating in activities at his community. He takes long walks once a week.

Behavioral Observations: Mr. Morah arrived early for his appointment, accompanied by his wife. He presented as casually dressed and adequately groomed. He utilized a rollator to support ambulation, demonstrating a slow and cautious gait. Interpersonally, he was friendly, easily engaged, and maintained good eye contact.

His mental status examination revealed that he was alert and oriented to person and time, though he was not oriented to his current location. Comprehension was grossly intact, and his spontaneous speech was clear and fluent. Thought content was logical, with no behavioral indications of hallucinations or delusional thinking. Although his demeanor was cooperative, his affect was observed to be largely flat.

Regarding sensory functioning, his hearing was adequate, but he reported poor vision secondary to cataracts and glaucoma despite wearing prescription eyeglasses. To accommodate this, the testing battery was heavily modified to rely primarily on verbal measures. When necessary, visual materials were enlarged, and self-report measures—such as the mood questionnaire—were administered orally. Despite these sensory challenges, Mr. Morah understood task instructions well and worked quickly throughout the session.

Results: On embedded measures of task engagement/performance validity, the patient's performance was mixed, although consistent with a pattern seen in individuals with genuine cognitive impairment.

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	6	Low Average
	WAIS-IV DSB	4	Low Average
	WAIS-IV DSS	2	Low Average
Attention & Processing Speed	Oral Trail Making Test-1	13 seconds	Exceptionally Low
	WAIS-IV Arithmetic	8	Low Average
Language	WRAT-5 Word Reading	66 (text significantly enlarged via computer administration)	High Average
	WAIS-IV Vocabulary	43	High Average
	NAB Naming	20	Exceptionally Low
	Animal Naming	2	Exceptionally Low

Verbal Memory	CVLT-3 SF Total (2-3-3-3)	11	Exceptionally Low
CVLT-3 Short Form	Short Delay Free	2	Exceptionally Low
	Long Delay Free	0	Exceptionally Low
	Long Delay Cued	1	Exceptionally Low
	Total Repetitions	0	High Average
	Total Intrusions	6	Low Average
	Recognition Hits	6	Low Average
	False Positives	6	Exceptionally Low
	Recognition discrimination	---	Exceptionally Low
WMS-IV	Logical Memory I	12	Low Average
	Logical Memory II	0	Exceptionally Low
	Retention	---	Exceptionally Low
	Recognition	13	Low Average
Executive Functioning	FAS	28	Exceptionally Low
	Oral Trail Making Test-2	Discontinued at 123 seconds; 6 errors	---
	WAIS-IV Similarities	23	Average
	CLOX-1	5	Exceptionally Low
	CLOX-2	11	Exceptionally Low
Motor	Finger Tapping- DH	27	Below Average
	Finger Tapping- NDH	27	Low Average
Self-Report	GDS	4	Within Normal Limits

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/vocational achievement and performance indicators.

Mr. Morah's scores are within normal limits on measures of single word reading, fund of word knowledge, and verbal concept formation.

His performances are mildly reduced (low average range) on tests of auditory attention/working memory, including digit repetition and manipulation (reversal and sequencing) and mental arithmetic. Story learning is also within the low average range but with nil recall and adequate recognition. In contrast, rote list learning was exceptionally low with nil recall and minimal benefit from recognition cueing.

Mr. Morah's scores are well below expectation on tests of speeded numerical and alphanumerical sequencing (performed orally) and verbal fluency (phonemic and semantic). Fine motor speed is below average for his dominant, right hand, but low average for his non-dominant left hand.

In a testing of the limits procedure, spontaneous clock draw was assessed to determine his approach to producing a clock. While he exhibited a methodical approach, the resulting figure was void of details. When presented with a clock drawing demonstration, he mimicked the approach, but the resulting figure was marked by imprecision, likely due to visual impairment. Confrontation naming was also attempted, and his score was exceptionally low (20 of 31 correct); this may have been partially related to visual impairment and language learning history.

From an emotional standpoint, he denied clinically elevated symptoms of depression but endorsed some worry at interview.

Summary: Due to Mr. Morah's significant visual impairment, neuropsychological testing was largely restricted to verbal measures. His resulting cognitive profile demonstrates a clear preservation of oral word reading (provided with enlarged text), fund of word knowledge, and verbal abstract reasoning. However, these strengths are contrasted by marked reductions in auditory attention, working memory, and verbal fluency. Notably, his acquisition of new verbal information is significantly impaired, characterized by rapid forgetting and variable benefit from recognition cueing. Functionally, while his visual deficits necessitated driving cessation, his reliance on staff to organize his bills likely reflects his underlying cognitive decline. He does, however, retain the ability to physically write his own checks using a magnifying glass, and he manages his own medications.

Considering subjective reports of memory decline coupled with objective test findings, Mr. Morah's profile is concerning for mild dementia. Given multiple vascular risk factors and recent neuroimaging findings, the etiology of this cognitive decline is likely related to vascular disease, though a concurrent Alzheimer's disease process cannot be entirely excluded. Additional neurological workup may be beneficial.

Diagnosis: Suspected Mild Vascular Dementia, Without Behavioral Disturbance

Recommendations:

1. **Medical & Neurological Follow-Up:**
    - **Vascular Risk Management:** Strict management of Mr. Morah's cardiovascular and cerebrovascular risk factors (hypertension, hyperlipidemia, diabetes) is critical to prevent further vascular insults to the brain and potentially slow cognitive decline.
    - **Medication Review:** Mr. Morah and his wife should discuss his current medication regimen with his prescribing physician, specifically noting his daytime drowsiness, to determine if the timing or dosage of any medications (such as donepezil or gabapentin) needs adjustment.

2. **Safety & Functional Independence:**
    - **Medication Management:** While Mr. Morah currently relies on tactile recognition to manage his medications independently, this strategy poses a high safety risk given his progressive short-term memory deficits and severe visual impairment. It is highly recommended that Mrs. Morah or the facility staff assume full responsibility for organizing, dispensing, and supervising his daily medications.

- **Financial Management:** Mr. Morah should continue to receive administrative assistance from facility staff or his family to organize his bills. If not already established, the family should consider formalizing a Financial Power of Attorney to ensure his finances are protected as his memory declines.
- **Driving:** Mr. Morah has appropriately ceased driving following a motor vehicle accident; this restriction should remain permanent due to his visual and cognitive impairments.

3. **Physical & Sensory Support:**
   - **Fall Prevention & Mobility:** Given his history of childhood polio, progressively worsening leg weakness, and reliance on a rollator, a referral to Physical Therapy for gait and balance training is recommended to minimize fall risk.
   - **Low-Vision Rehabilitation:** Continued follow-up with his ophthalmologist is necessary to manage his glaucoma. Furthermore, a referral to a low-vision specialist or occupational therapist may provide him with adaptive equipment (e.g., audio-based devices, enhanced magnifiers) to safely support his daily activities.

4. **Psychosocial & Caregiver Support:**
   - **Cognitive & Social Engagement:** Mr. Morah should be encouraged to continue his weekly walks and participation in community activities at his senior living facility to provide cognitive stimulation and support his mood.
   - **Caregiver Support:** Mrs. Morah may benefit from psychoeducation regarding mild dementia and caregiver support resources. The Alzheimer's Association (www.alz.org) is a recommended resource, as they provide a wealth of resources about various dementia types (e.g., dementia due to vascular and Alzheimer's disease).
   - **Mood Monitoring:** While Mr. Morah denied clinical depression, his family and care team should monitor his mood.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 3/18/2026.