Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

Name: Humphrey Njoh
Date of Birth (Age): 12/9/1969 (56)
Ethnicity/Race: African American/Black
Date of Evaluation: 3/18/2026

Education: 18
Handedness: Right
Occupation: Engineer/Medical Leave
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 spouse, as well as a review of available medical records. Mr. Humphrey Njoh is a 56-year-old, right-handed, African American/Black male referred for neuropsychological evaluation by Hassan Javanshir, MD, secondary to concern about cognitive decline.

Mr. Njoh was in his usual state of health until December 2025 when he began experiencing headaches and intermittent episodes of confusion and word finding problems. He reportedly sought medical attention a few times during this period, but neuroimaging was unremarkable. He experienced another episode of confusion and expressive language difficulties in February 2026 and presented to the ED, where he was witnessed to have a tonic-clonic seizure. He was admitted to Houston Methodist Hospital for a few days around 2/21/2206 due to a left middle cerebral artery stroke. CT head (performed during hospital stay; exact date unclear) was read to show, "2.3 cm hypodensity in the left parietal lobe which is without significant mass effect." CT angiogram of the head and neck with and without contrast shows "distal left M2 occlusion as well as focal occlusion the distal M2/proximal M3." He was discharged with recommendations to begin outpatient rehabilitation therapies. He has since participated in three sessions of speech therapy.

Mr. Njoh is currently being treated for hypertension, hyperlipidemia, and seizures, though he has not had a seizure event since the one in the ED in February 2026. His surgical history is unremarkable. Family medical history includes stroke in his mother (alive; 80s). His father passed away in his 80s. He has two siblings with no notable medical issues.

Cognitively, Mr. Njoh continues to experience trouble with verbal expression, describing that he knows what he wants to say but cannot get the words out. While he has appreciated improvements, such as regaining the ability to identify his name, date of birth, and telephone number, spontaneous communication remains challenging. He also reported slowed reading and difficulty with pronunciation. Mr. Njoh's spouse corroborated these concerns and added some minor concerns about memory, stating that he "does not think" to do certain things, such as pay bills. However, she has encouraged him to relax and recover since his recent stroke in February 2026.

Functionally, Mr. Njoh is currently on medical leave from his position as a mechanical engineer. He has recently resumed driving short distances, noting that he took a brief hiatus from driving due to confusion and concern for seizures. His wife is currently managing his medication regimen, as he previously did not have any prescriptions. She is also managing his medical care and primarily in charge of bill pay and other household chores. However, she indicated that the patient could perform these tasks.

Physically, Mr. Njoh denied any change in his movement, balance, or strength. Regarding sensory functions, he wears prescription lenses. Hearing is adequate.

Emotionally, Mr. Njoh expressed some concern about his cognitive function and return to work. He indicated that he is used to staying busy, so the last month has been challenging in some respects. Symptoms of depression were denied. Behavior suggestive of psychosis was absent.

Regarding health habits, Mr. Njoh has a good appetite. His weight is stable. He reported restful sleep. He described himself as an occasional, social drinker. He does not use nicotine or illicit substances.

Medications: amlodipine, levetiracetam, aspirin, atorvastatin, and clopidogrel.

Psychosocial History: Mr. Njoh was born and raised in Cameroon. He is multilingual, identifying Meta as his native dialect; formal schooling was in English and French. He identifies English as his primary language. He earned a bachelor's degree in mechanical engineering in Nigeria. He completed his master's degree in project management at Walden University. History of learning disorder or grade retention was denied.

Vocationally, Mr. Njoh has worked in service engineering both domestically and abroad throughout his career. He has not worked since his stroke.

Mr. Njoh is married to his spouse of 22 years. He has two children, including a 13- and 20-year-old.

In his leisure time, he enjoys exercising and playing soccer.

Behavioral Observations: Mr. Njoh arrived approximately 20 minutes late for his appointment, accompanied by his wife who drove. He was casually dressed, adequately groomed, and ambulated independently with unremarkable gait and motor behavior. Interpersonally, he was friendly, and rapport was established with ease. He was alert and oriented to person and time, though not fully oriented to place. His affect was broad and appropriate to the setting, and his thought content was logical with no behavioral indications of hallucinations or delusional thinking. Corrected vision and hearing were adequate for testing purposes.

While his receptive comprehension was generally adequate, it did not appear fully intact, and he exhibited notable expressive language difficulties. His spontaneous speech was halting, effortful, and characterized by prominent word-finding issues. Regarding his test-taking style, he worked slowly and often required the repetition and clarification of instructions. His expressive deficits

were clearly evident during testing; for instance, on a story memory task, he recalled the text in a rote, single-word fashion. Despite experiencing apparent cognitive fatigue as the evaluation progressed, he remained cooperative and exhibited good task persistence throughout the session

Results: On standalone and embedded measures of task engagement/performance validity, the patient's performance was mixed. Given observations of good task engagement, the results are believed to serve as a valid estimate of his current neurocognitive status.

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	5	Exceptionally Low
	WAIS-IV DSB	4	Below Average
	WAIS-IV DSS	2	Exceptionally Low
Visual Attention & Processing Speed	WAIS-IV Coding	21	Exceptionally Low
	WAIS-IV Symbol Search	12	Below Average
	Trail Making Test- A	87 seconds	Exceptionally Low
Language	WRAT-5 Word Reading	49	Low Average
	WAIS-IV Vocabulary	17	Below Average
	MAE Sentence Repetition	6	Exceptionally Low
	NAB Naming	15	Exceptionally Low
	Animal Naming	8	Exceptionally Low
Verbal Memory	HVLT-R Total (2-5-6)	13	Exceptionally Low
HVLT-R	HVLT-R Delayed Recall	3	Exceptionally Low
	HVLT-R % Retained	50%	Exceptionally Low
	Recognition Hits	11	---
	False Positives	4	---
	Recognition discrimination	---	Exceptionally Low
WMS-IV	Logical Memory I	7	Exceptionally Low
	Logical Memory II	5	Exceptionally Low
	Retention	---	Average
	Recognition	16	Below Average to Exceptionally Low
Visual Memory			
WMS-IV	Visual Reproduction I	21	Below Average
	Visual Reproduction II	6	Below Average
	Retention	---	Average
	Recognition	4	Low Average

Visuospatial	WAIS-IV Matrix Reasoning	8	Low Average
Executive Functioning	FAS	10	Exceptionally Low
	Trail Making Test- B	Discontinued at 300 seconds; 1 error	---
	WAIS-IV Similarities	14	Below Average
	M-WCST Categories Completed	1	Exceptionally Low
	M-WCST Perseverative Errors	11	Below Average
	CLOX-1	11	Within Normal Limits
Motor	Grooved Pegboard- DH	96 seconds	Low Average
	Grooved Pegboard- NDH	115 seconds	Below Average
Self-Report	PHQ-9	3	Within Normal Limits
	GAD-7	1	Within Normal Limits

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

Mr. Njoh exhibited his best performances on tests of single word reading, visuospatial reasoning/pattern completion, and spontaneous clock draw.

All other performances fell below expectation, including scores on measures of auditory attention/working memory, visual attention/processing speed, and executive functioning.

Language performances were also reduced, including fund of word knowledge, sentence repetition, confrontation naming, and verbal fluency (semantic and phonemic).

Acquisition and retrieval of unstructured verbal information was exceptionally low with poor recognition of target vs. non-target information. Story learning and memory was similarly reduced but with adequate retention of learned information; however, recognition of story details was poor. He exhibited a similar pattern on a visual learning and memory task, where overall learning and recall were below average, but with adequate retention and recognition.

Fine motor speed/dexterity in his dominant, right-hand was low average and below average in his non-dominant, left hand.

From an emotional standpoint, Mr. Njoh denied clinically elevated symptoms of anxiety or depression.

Summary: Mr. Njoh's neurocognitive profile indicates a global cognitive decline. While his comprehension was sufficient to engage in testing, his frequent need for the repetition and clarification of instructions raises clinical suspicion for a mild, co-occurring receptive aphasia. His expressive language was slow and effortful, which is consistent with the concerns reported during his clinical interview. Objective testing confirmed an expressive aphasia and highlighted these receptive vulnerabilities, which together likely interfered with his performance across other cognitive domains; however, his performance on measures that were less language-dependent was also impaired.

Functionally, Mr. Njoh denied any major changes in his ability to care for himself, though he noted that his wife is currently supporting new routines, such as medication management. He reported a brief cessation of driving due to his recent medical issues but has since resumed this activity under optimal, low-risk conditions (e.g., short distances, close to home). Over the past month, his wife has assumed responsibility for most instrumental activities of daily living (IADLs), including paying bills and managing household chores.

Mr. Njoh meets the criteria for Mild Vascular Cognitive Impairment secondary to a recent left MCA stroke. Given the recency of his stroke and his estimated premorbid baseline, there is a strong potential for spontaneous recovery, particularly with his ongoing participation in speech therapy. Generally, individuals can continue to make notable cognitive and functional gains for up to a year following a stroke. A repeat neuropsychological evaluation is recommended in 6 to 12 months to monitor his cognitive trajectory over time.

Diagnosis: Mild Vascular Cognitive Impairment secondary to recent left MCA stroke, complicated by acute expressive and receptive aphasia

Recommendations:

1. **Rehabilitation and Therapeutic Services**
    - **Speech-Language Pathology (SLP):** Given Mr. Njoh's expressive aphasia, it is highly recommended that he continues his active participation in outpatient speech therapy. Therapy should focus on compensatory communication strategies and expressive language rehabilitation.
    - **Occupational Therapy (OT):** Occupational therapy may be considered to assist in developing strategies for executive functioning deficits (e.g., planning, organization) to facilitate his eventual return to more complex household and vocational tasks.

2. **Safety and Activities of Daily Living (ADLs)**
    - **Driving Precautions:** While Mr. Njoh has resumed driving short distances, his exceptionally low processing speed, visual attention scores, and recent history of a tonic-clonic seizure in February 2026 warrant extreme caution. It is imperative that he consults with his neurologist to ensure he is medically cleared to drive, as standard guidelines typically require a mandatory seizure-free period following such an event. Furthermore, it is strongly advised that he strictly limit driving to short, familiar routes during daylight hours and under optimal weather conditions. To ensure his and others' safety, a formal

driving evaluation is highly recommended. This can be scheduled through Strowmatt Rehabilitation Services at 713-722-0667.

- **IADL Support & Oversight:** Mr. Njoh's spouse should continue to provide oversight for complex instrumental activities of daily living (IADLs), particularly medication management and financial affairs, to prevent errors. However, to promote independence, Mr. Njoh should be encouraged to participate in these tasks alongside her using external aids (e.g., weekly pill organizers, automated bill pay, checklists).

3. **Cognitive Compensatory Strategies**
   - **Communication:** Family and friends should allow Mr. Njoh ample time to express his thoughts without interrupting, as his expressive language is slow and effortful. Receptive language is a strength, but keeping instructions brief and checking for understanding will reduce his cognitive fatigue.
   - **Optimizing Cognition:** To mitigate his attention and processing speed vulnerabilities, Mr. Njoh should focus on one task at a time and avoid multitasking. Minimizing background distractions (e.g., turning off the television or radio) while completing important tasks, such as reading or managing schedules, will improve his cognitive efficiency.
   - **Use of External Aids:** He is encouraged to rely heavily on compensatory tools to reduce the burden on his working memory and executive functioning. This includes using smartphone alarms, daily planners, and step-by-step checklists for daily routines.

4. **Vocational Planning**: Mr. Njoh is currently on medical leave from his role as a mechanical engineer. Given the cognitive demands of engineering, a premature return to work could cause significant frustration. He should remain on leave while prioritizing his acute rehabilitation. When he and his medical team feel he is ready to return, he will likely benefit from a gradual, phased return-to-work plan with accommodations (e.g., reduced hours, extra time for tasks, and written rather than verbal reports).

5. **Medical and Psychosocial Well-being**
   - **Secondary Stroke Prevention:** Strict adherence to his prescribed medical regimen (including antihypertensives, statins, and antiplatelet medications) under the guidance of his neurologist and primary care physician is critical to reduce the risk of future cerebrovascular events.
   - **Psychosocial Support:** Mr. Njoh is accustomed to a busy, active lifestyle and has noted the challenges of his current medical leave. He should continue to engage in physical exercise and recreational activities (like soccer, as safely cleared by his physician) to support his mood and neuroplasticity.
   - **Support Groups:** Mr. Njoh and his wife would benefit from connecting with stroke-specific support networks, such as the American Stroke Association (www.stroke.org), to navigate the unique challenges of recovery and connect with other younger stroke survivors.

6. **Neuropsychological Re-evaluation:** As the brain continues to heal, many stroke survivors make notable gains over the first year. A repeat neuropsychological evaluation is recommended in 6 to 12 months to objectively measure his recovery, update his treatment plan, and provide updated vocational guidance.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Darci R. Morgan, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 3/19/2026.