

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Saul Palacios	<b>GENDER:</b>	Male
<b>DATE OF BIRTH:</b>	09/14/1956 (69)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	03/17/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	7	<b>MARITAL STATUS:</b>	Married
<b>OCCUPATION:</b>	Maintenance	<b>REFERRED BY:</b>	Leslie Juarez, PA-C

### **REASON FOR REFERRAL**

Mr. Palacios was referred for evaluation due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

### **PRESENTING PROBLEMS**

Mr. Palacios presented with complaints of memory difficulties that he estimates began approximately three years ago. He reported that his symptoms have not worsened over time and have remained relatively stable, though his family has noticed some of his cognitive difficulties. According to his medical records, he has a history of gradually worsening memory loss, with short-term memory being worse than long-term memory. During the clinical interview, he described forgetting intentions or why he entered an apartment while at work, though he typically remembers after a few seconds or minutes. He also admitted to misplacing objects, forgetting conversations, dates, and appointments, and experiencing word-finding problems. Additionally, he endorsed experiencing a slower processing speed.

Emotionally, Mr. Palacios reported feeling stressed at times, which leads to anxiety. He attributed this primarily to feeling uncomfortable at work due to conflicts with a new manager, noting that despite having been employed there for 14 years, she is the first person to raise issues with him. He admitted to occasionally feeling sad but denied any suicidal ideation. Regarding sleep, he reported that he is currently sleeping well and that past sleep difficulties have since improved. He mentioned dreaming heavily every night, which sometimes prevents him from sleeping thoroughly, but he rarely experiences nightmares (approximately one to three times per year). His energy and appetite levels are adequate.

Functionally, Mr. Palacios remains independent across his basic activities of daily living. Regarding instrumental activities, he continues to drive, manage his finances, and attend medical appointments independently. He generally manages his own medications without issue, though he noted that he occasionally forgets to take them, but this does not happen often.

### **MEDICAL HISTORY**

Conditions: Hypertension, hyperlipidemia, diabetes mellitus, GERD, benign prostatic hyperplasia (BPH), hepatitis B, seasonal allergies, arthritis, and cataracts.

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Surgeries: Spine surgery, eye surgery (left cataract removal with intraocular lens placement on 01/13/2025), EGD transoral biopsy (06/20/2023), septoplasty/submucous resection (07/20/2023), and a screening colonoscopy (2021).

Imaging: A CT Brain without contrast (12/29/2025) showed prominent ventricles, sulci, and cisternal spaces consistent with involuntional changes. It also revealed patchy areas of periventricular and subcortical white matter hypoattenuation, likely representing chronic microvascular ischemic changes. Atherosclerotic intracranial vascular calcifications were noted, but there was no evidence of acute infarction, hemorrhage, or mass effect.

Current medications: Atorvastatin (10 mg), Losartan (100 mg), Metformin ER (500 mg), Pantoprazole (40 mg), Tamsulosin (0.4 mg), Lansoprazole, and Famotidine. He also utilizes a blood glucose monitor.

Substance use: He has never smoked or used nicotine. He rarely consumes alcoholic beverages, noting he may have a drink once a year or sometimes not at all. He denies any history of illicit drug use.

Family history: His family history is notable for dementia in his sister, though he did not know the age of onset of her symptoms.

### **MENTAL HEALTH HISTORY**

Mr. Palacios denies any history of psychological therapy, counseling, psychiatric hospitalizations, or suicidal ideation.

### **EDUCATIONAL HISTORY**

Mr. Palacios completed seven years of education in El Salvador. He denied a history of learning problems or grade retention. He is mostly a monolingual Spanish speaker, but can speak some phrases in English.

### **OCCUPATIONAL HISTORY**

He reported that he is formally retired but has returned to work full-time in maintenance work at an apartment complex.

### **SOCIAL HISTORY**

Mr. Palacios was born and raised in El Salvador and immigrated to the United States in 1979. He has been married twice; he was divorced once and has been married to his current wife for 25 years. He has four children from his current union (three daughters and one son) and three children from his previous marriage (two daughters and one son). He and his wife reside in Houston, Texas. One of their daughters and their son currently live with the couple.

### **BEHAVIORAL OBSERVATIONS**

Mr. Palacios presented as a casually dressed, well-groomed man. He was alert and fully oriented, except for incorrectly stating the year (he said 1926). His gait was unremarkable. Vision (with glasses) and hearing appeared adequate for testing purposes. Expressive and receptive language was within normal limits. He only needed simplified test instructions during one test. His affect

was broad, and his mood appeared euthymic. Overall, Mr. Palacios was cooperative and seemed to put forth his best effort throughout the evaluation. Thus, the results from this evaluation appear to provide an accurate representation of his 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	Brief Test of Attention
Semantic Fluency (Animales)	Rey Complex Figure Test
Lexical Fluency (PMR)	Finger Tapping Test
Line Orientation (RBANS)	Escala De Aculturación Bidimensional
Golden Stroop	Escala De Dominancia Bilingüe
Symbol Digit Modality Test (Motor)	Patient Health Questionnaire (PHQ-9) (Spanish)
WHO-UCLA Auditory Verbal Learning Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Trail Making Test	

### 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 El Salvador, level of acculturation, and level of educational attainment) was taken into consideration in interpreting his 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 Mr. Palacios' neurocognitive functioning are summarized below.

**Cultural and Linguistic Background:** To objectively formalize Mr. Palacios' linguistic and cultural profile, he was administered measures of acculturation and language dominance. On the Escala de Aculturación Bidimensional, his performance indicated a high level of involvement and identification with Hispanic culture, alongside a low level of acculturation to mainstream American culture. Furthermore, results from the Escala de Dominancia Bilingüe objectively confirmed his strong dominance in the Spanish language and limited English proficiency. Consistent with these findings, as well as his history of completing his formal education in El Salvador, all neuropsychological testing was administered in Spanish. His cultural and linguistic background were carefully taken into consideration when selecting appropriate normative data and interpreting his neurocognitive performance.

**Attention/Processing Speed:** On a test of sustained attention, his performance was in the above average range. Graphomotor speed was high average. Speeded word reading and speeded color naming abilities were in the high average range.

**Language:** Visual object naming was in the exceptionally low range. Lexical fluency was in the exceptionally high range. In contrast, semantic fluency was below average.

**Visuospatial/Constructional:** His ability to copy a complex figure was average. Visuospatial judgment was below average to exceptionally low. In contrast, his freehand and copy conditions of the clock drawing test were within normal limits.

**Learning and Memory:** Immediate recall of unstructured verbal material (15-word list) was in the average range after five consecutive trials (5, 7, 8, 11, and 11 words, respectively). Immediate recall of the original list, following a distracter list, was low average (6/15 words recalled). After a 20-minute delay, his recall was low average (7/15 words recalled). Delayed word recognition was average as he recalled 14/15 target words, and he only endorsed one false positive error.

Immediate recall of structured verbal material (stories) was in the average range. Delayed recall of the same material was also average. On a discrimination task, his performance was in the average range.

Short (3 minute) delayed incidental recall of a complex geometric design was exceptionally low. In contrast, long (30 minute) delayed incidental recall of the same design was in the average range.

**Executive Functions:** Visual speeded sequencing of numbers was average. His performance on a set-shifting task was exceptionally low; notably, the task was discontinued because he claimed he did not know the alphabet sequence after the letter "E". His performance on a task of color-word interference was high average.

**Motor Abilities:** The patient is right hand dominant. Fine motor dexterity was below average for his dominant hand and low average for his non-dominant hand.

**Emotional/Behavioral Functioning:** Mr. Palacios denied significant symptoms of depression and anxiety on two separate self-report inventories of mood.

## **SUMMARY**

Mr. Palacios is a 69-year-old, right-handed Hispanic male with seven years of formal education (completed in El Salvador) who was referred for a neuropsychological evaluation by Leslie Juarez, PA-C due to suspected cognitive decline. He presented with complaints of memory difficulties that he estimates began approximately three years ago. Specifically, he described problems with short-term memory, misplacing objects, forgetting intentions and appointments, and experiencing word-finding difficulties, as well as a subjective decline in processing speed. His medical history is notable for numerous vascular risk factors, including hypertension, hyperlipidemia, and diabetes mellitus. Additionally, a recent CT scan of the brain (December 2025) revealed chronic microvascular ischemic changes.

Results revealed notable cognitive strengths, particularly in attention, processing speed, and memory consolidation. Mr. Palacios demonstrated robust sustained attention, graphomotor speed, and speeded reading and color naming. His memory retention was largely preserved, with intact word list learning, story recall, and recognition of visual and verbal information.

Furthermore, he exhibited exceptionally high lexical fluency, intact color-word interference, average visual sequencing, and preserved basic visuoconstructional skills.

Conversely, specific cognitive vulnerabilities emerged. Exceptionally low visual object naming and below average semantic fluency align directly with his reported word-finding difficulties. Executive set-shifting was exceptionally low. Visuospatial judgment also fell below expectations. While memory storage was intact, mild retrieval inefficiencies were evident on post-distracter and delayed free recall tasks. Finally, bilateral fine motor dexterity was low.

Emotionally, Mr. Palacios denied significant symptoms of depression and anxiety on standardized self-report inventories of mood. During the clinical interview, he reported experiencing occasional stress and anxiety, which he attributed primarily to interpersonal conflicts and feeling uncomfortable with a new manager at his workplace. He noted that his sleep and appetite are currently adequate.

Functionally, Mr. Palacios remains highly independent for his basic activities of daily living. He continues to work full-time in maintenance for an apartment complex. Regarding instrumental activities, he independently manages his finances, drives without issue, and attends his medical appointments. He generally manages his own medications independently, although he admitted to occasionally forgetting to take them.

In summary, Mr. Palacios' cognitive profile is characterized by preserved attention, processing speed, and memory consolidation, juxtaposed with specific, circumscribed deficits in confrontational naming, semantic fluency, visuospatial judgment, and mild memory retrieval inefficiencies. This pattern of relatively intact memory storage but compromised language retrieval and visuospatial processing occurs in the context of significant, chronic vascular risk factors (hypertension, hyperlipidemia, diabetes) and neuroimaging evidence of chronic microvascular ischemic changes. Given that he remains functionally independent in his daily life and continues to work full-time, his current presentation does not meet the criteria for major neurocognitive disorder (dementia) and is most consistent with Mild Vascular Cognitive Impairment.

**IMPRESSION**            Mild Vascular Cognitive Impairment – Multiple Domain Type

## **RECOMMENDATIONS**

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Palacios and his family; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

1. Strict management of vascular risk factors is critical. It is strongly recommended that Mr. Palacios continue his regular healthcare maintenance with his primary care physician (Dr. Mier Y Teran) and his neurology provider (Leslie Juarez, PA-C). Rigorous monitoring and management of his blood pressure, glycemic control, and cholesterol levels are essential.

2. While Mr. Palacios is largely independent with his daily activities, he admitted to occasionally forgetting his medications. To ensure medical safety and compliance, he should utilize a daily pill organizer or an automated pill dispenser. Occasional oversight or reminders from his wife are also encouraged to prevent missed doses.
3. Because Mr. Palacios experiences mild vulnerabilities in information retrieval, forgetting intentions, and misplacing objects, he will likely benefit from the following structured external aids:
  - Designated Locations: Keep important everyday items (e.g., keys, wallet, phone, glasses) in a specific, designated spot in the home.
  - Immediate Documentation: Write down important information, appointments, or immediate intentions on a notepad or smartphone as soon as they occur.
  - Centralized Calendar: Maintain a single, centralized calendar in a highly visible area of the home for all work schedules, medical appointments, and family events.
4. As advised during his neurology consultation, Mr. Palacios should exercise caution while driving and ensure he keeps his mobile phone with him at all times.
5. To promote neuroplasticity and cognitive reserve, Mr. Palacios is highly encouraged to stay mentally and socially active. Given his reported word-finding difficulties, he should regularly engage in language-based and problem-solving exercises in Spanish. Specific recommended activities include:
  - Crosswords and word searches
  - Reading
  - Small puzzles
  - Board games, card games, or Bingo
  - Creative hobbies such as drawing/painting, listening to music, or making jewelry/knitting
6. Maintaining a routine of safe, regular physical exercise (e.g., daily walking) is highly recommended to support overall cardiovascular and brain health.
7. Mr. Palacios reported experiencing stress and anxiety related to interpersonal conflicts at work. He is encouraged to utilize stress management techniques, such as deep breathing or mindfulness. If the workplace stress becomes overwhelming, exploring Employee Assistance Programs (EAP) or speaking with a counselor for supportive therapy may help him develop healthy coping strategies.
8. A follow-up neuropsychological evaluation is recommended in 12 to 18 months to monitor his cognitive status and evaluate the trajectory of his symptoms. Furthermore, he should notify his clinic immediately if he experiences any new or progressive neurological symptoms.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 03/17/2026

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).

## RECOMENDACIONES PARA EL PACIENTE

Estimado Sr. Palacios, basándome en su evaluación, le ofrezco las siguientes recomendaciones para apoyar su memoria y proteger la salud de su cerebro en su vida diaria:

1. **Cuide su salud física:** Siga visitando regularmente a su médico principal (Dr. Mier Y Terán) y a su asistente médico de neurología (Leslie Juárez, PA-C). Es muy importante mantener bajo control su presión arterial, el azúcar en la sangre y el colesterol, ya que cuidar su corazón y sus venas es la mejor manera de cuidar su cerebro.
2. **Organice sus medicamentos:** Como nos comentó que a veces se le olvida tomar sus medicinas, le recomiendo usar un pastillero organizador con los días de la semana. También es muy buena idea que su esposa le ayude a recordar sus horarios para asegurarse de que no le falte ninguna dosis.
3. **Use estrategias para ayudar a su memoria:** Para evitar perder cosas o que se le olvide lo que iba a hacer, pruebe estos sencillos consejos:
  - **Un lugar para cada cosa:** Acostúmbrese a dejar siempre sus llaves, su cartera, su teléfono y sus lentes exactamente en el mismo lugar al llegar a casa.
  - **Anótelos de inmediato:** Tenga siempre a la mano una libreta pequeña o use su teléfono para anotar información importante o recados en el mismo momento en que los piensa.
  - **Calendario familiar:** Ponga un calendario grande en un lugar visible de la casa (como el refrigerador) para anotar todas sus citas médicas, su horario de trabajo y los eventos familiares.
4. **Precauciones al manejar:** Tal como le indicó su equipo de neurología, tenga precaución al manejar y asegúrese de llevar siempre consigo su teléfono celular por cualquier emergencia.
5. **Mantenga su mente activa:** Para ayudar a su memoria y que le sea más fácil encontrar las palabras al hablar, es excelente hacer actividades divertidas que pongan a trabajar su cerebro en español. Le recomendamos lo siguiente:
  - Hacer crucigramas y sopa de letras (busca palabras).
  - Leer libros, el periódico o revistas.
  - Armar rompecabezas (de menos de 25 piezas para empezar).
  - Jugar juegos de mesa, juegos de cartas, bingo o lotería con su familia.
  - Hacer pasatiempos creativos como dibujar, pintar, escuchar música o hacer manualidades (como trabajar con joyería).
6. **Haga ejercicio físico:** Trate de mantenerse activo de forma segura, como salir a caminar todos los días. El ejercicio es excelente para mandar oxígeno a su cerebro y mantenerlo sano.

7. **Manejo del estrés en el trabajo:** Como nos comentó que últimamente se siente estresado y ansioso por conflictos con su nueva supervisora en el trabajo, intente practicar técnicas de relajación, como respirar profundo. Si siente que el estrés es demasiado, podría ser muy útil hablar con un consejero para aprender formas saludables de lidiar con esa tensión en el trabajo.
8. **Próxima cita:** Le recomendamos volver a hacer esta evaluación de memoria en unos 12 a 18 meses para ver cómo sigue. Por favor, comuníquese con su clínica de inmediato si nota que sus síntomas neurológicos empeoran o si siente algo nuevo.