

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Consuelo Prindezis	<b>GENDER:</b>	Female
<b>DATE OF BIRTH:</b>	06/27/1949 (76)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	03/18/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	2	<b>MARITAL STATUS:</b>	Widowed
<b>OCCUPATION:</b>	Retired	<b>REFERRED BY:</b>	Angelica Miller, FNP-C

### **REASON FOR REFERRAL**

Ms. Prindezis 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. Prindezis presented with complaints of cognitive changes, which her daughter, Michelle, noted began approximately two years ago without significant progression. Ms. Prindezis reported forgetting where utensils are located in the kitchen while cooking, forgetting conversations, and misplacing objects. She also described losing her train of thought, experiencing word-finding problems, and having difficulties learning and retaining new information. Additionally, she noted fluctuations in her processing speed, feeling more easily distracted, being less efficient at multitasking, and leaving projects incomplete. Her daughter corroborated these concerns, noting that the patient forgets conversations and misplaces objects more than usual, forgets her train of thought (which leads to visible frustration), demonstrates a slower processing speed, is more easily distracted, and is less efficient at multitasking.

Emotionally, Ms. Prindezis reported feelings of "always worrying," though she considers this a normal feeling for her. Her daughter agreed that the patient has always been a "worrier." Ms. Prindezis endorsed feeling sad and down, accompanied by increased tearfulness, and her daughter noted she seems sadder than usual. Sleep, energy, and appetite were reported as good or adequate. She denied experiencing hallucinations or delusions.

Functionally, Ms. Prindezis remains independent for basic activities of daily living. Regarding instrumental activities, she continues to drive but admitted to forgetting how to navigate to previously familiar places; consequently, she restricts her driving to short distances and familiar locations. She denied getting lost, and her daughter has not noticed problems with her driving. Ms. Prindezis manages her finances independently, though her son provides some oversight and makes necessary phone calls. She also manages her medications and medical appointments independently. When cooking, she reported forgetting her recipes and needing to rely on notes, a change corroborated by her daughter.

### **MEDICAL HISTORY**

Conditions: Ms. Prindezis's medical history is significant for hypertension, hypercholesterolemia, coronary artery disease (CAD), a gallbladder attack, migraines, obesity,

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osteopenia, pre-diabetes, status post non-ST elevation myocardial infarction (NSTEMI), and a tortuous aorta. She also has a pork and peanut-derived allergy.

Surgeries: Surgical history includes a cardiac stent, inguinal hernia repair, total hysterectomy, tubal ligation, tonsil excision, colonoscopies with polyp excision, and a laparoscopic cholecystectomy.

Imaging: A CT of the brain without contrast performed on October 27, 2025, revealed no mass, midline shift, acute infarct, or intracranial hemorrhage. However, the appearance of the white matter suggests chronic microvascular disease, and punctate calcification was noted in the bilateral basal ganglia. Ventricle volume was normal.

Current medications: Aspirin 81 mg, Atorvastatin 20 mg, Cholecalciferol (Vitamin D-3) 5000 UT, Diclofenac Sodium 1% gel, Isosorbide Mononitrate CR 30 mg, Losartan Potassium 25 mg, Methylcobalamin, Metoprolol Tartrate 25 mg, and Nitroglycerin 0.4 mg PRN. Her family also noted she is on a blood thinner.

Substance use: She reports that she has never smoked, never consumed alcohol, and never used recreational drugs.

Family history: Her family history is notable for cancer and hypertension in her mother, and diabetes mellitus in her father. Her sister had diabetes mellitus and hypertension, and her brother had Alzheimer's disease with an onset in his 70s.

### **MENTAL HEALTH HISTORY**

Ms. Prindezis's medical chart notes a history of mild major depression dating to April 2023. During the clinical interview, she was unsure if she had a history of depression; however, her daughter noted that she reported feeling depressed several years ago following the passing of her husband. She has never taken psychiatric medications, never participated in psychological counseling, and has never had a psychiatric hospitalization. There is no history of suicidal ideation.

### **EDUCATIONAL HISTORY**

Ms. Prindezis completed the second grade in Mexico and knows how to read and write in Spanish. She denied a history of learning problems or grade retention. She speaks conversational English, but her primary language is Spanish.

### **OCCUPATIONAL HISTORY**

Ms. Prindezis is retired. She previously worked at a hospital in various capacities, including as a nursing assistant, supply clerk, medical coder, and anesthesiologist technician.

### **SOCIAL HISTORY**

Ms. Prindezis was born and raised in Mexico and immigrated to the United States in the early 1970s. She is widowed and currently lives alone, though her son lives next door to her. She has one son and two daughters. She was accompanied to the current evaluation by her daughter, Michelle.

## BEHAVIORAL OBSERVATIONS

Ms. Prindezis presented as a casually dressed, well-groomed woman. She was alert and fully oriented, except for knowing her accurate age (off by one). Her gait was unremarkable. Vision and hearing appeared adequate for testing purposes. Expressive and receptive language was within normal limits, except that she required simplified test instructions on two tasks. Her speed of processing appeared substantially slow, and she also needed occasional reminders. Her affect was broad, and her mood appeared euthymic during the clinical interview. However, she became tearful during a memory task when she was unable to recall the information. Overall, Ms. Prindezis was cooperative and seemed to put forth her best effort throughout the evaluation. Thus, these evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

## TESTS ADMINISTERED

Clinical Interview	Color Trail Making Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Dementia Rating Scale -2 <sup>nd</sup> edition (Spanish) (select subtests)
NEUROPSI Atencion y Memoria (select subtests)	Finger Tapping Test
Line Orientation	Geriatric Depression Scale - SF (Spanish)
Ponton-Satz Boston Naming Test	Generalized Anxiety Disorder (GAD-7) (Spanish)

## 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, 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. Prindezis's neurocognitive functioning are summarized below.

**Attention/Processing Speed:** Immediate recall of an orally presented number sequence in forward and reverse order was within normal limits. Immediate recall of visually presented stimuli in forward order was nil and exceptionally low, but within expectations for reverse order. Overall processing speed abilities were below average. A task that assesses graphomotor speed was below average. A task that assesses visual symbol identification and discrimination was low average. A serial addition task was nil, but within expectations given her level of education. Speeded visual detection of symbols was within normal limits. Auditory digit perception was within normal limits.

**Language:** Semantic fluency was within normal limits. Lexical fluency was also within expectations. Visual object naming was low average.

**Visuospatial/Constructional:** Her copy of a geometric design was below expectations. A task that assesses visuospatial judgment was average. Visuoconstructional abilities on a clock drawing task were mixed. On command, her spatial layout was adequate; she successfully drew the clock contour and placed all numbers in their correct positions. However, on the copy

condition, she exhibited a constructional omission by failing to draw the outer circle encompassing the numbers, despite explicit instructions to reproduce the model exactly.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was within normal limits (3, 5, and 4/12 words after three consecutive trials). After a 20-minute delay, she recalled 1 word, which is within normal limits. She recalled 1 word with the aid of cues, which is below expectations. She recognized 9/12 target words, which is within normal limits, but endorsed four false-positive errors, which is abnormal.

Immediate recall of structured verbal material (stories) was below expectation. Delayed recall of the same material was nil and below expectations.

Immediate recall of a set of faces was within normal limits. Delayed recall was within normal limits.

Recall of a figure copied earlier on was nil and exceptionally low.

**Executive Functions:** A task that assesses visual speeded sequencing of numbers was exceptionally low; she only made one error. A task that assesses set-shifting abilities was exceptionally low, and the task was discontinued as she ran out of the allotted time; she made one error. Her performance on a task of conceptualization was below average. Her performance on tasks of initiation and perseveration was exceptionally low. A visual fluency task was within expectations for total designs produced (though she only made two); however, she made several set loss and repetition errors. Executive functioning and planning on a clock drawing task were marked by mild difficulties. During the free-hand command condition, she successfully included the two hands of the clock but failed to accurately represent the requested time, setting the hands to 11:05 rather than 11:10. This type of error suggests a mild stimulus-bound response or difficulty with the abstract planning required to place the minute hand on the "2".

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

**Mood/Behavioral Functioning:** Ms. Prindezis denied significant symptoms of anxiety on a self-report inventory. She, however, endorsed mild symptoms of depression on an additional inventory.

## **SUMMARY**

Ms. Consuelo Prindezis is a 76-year-old, right-handed Hispanic woman with a second-grade education who was referred for a neuropsychological evaluation by Angelica Miller, FNP-C, due to progressive memory loss and cognitive problems. The patient's primary language is Spanish, and she was evaluated in her native language by a bilingual neuropsychologist and technician, with her cultural background and educational attainment appropriately considered during test interpretation.

Regarding her cognitive strengths, Ms. Prindezis demonstrated intact basic attention, average visuospatial judgment, and preserved language abilities across fluency and naming tasks. Simple learning and memory were largely intact, as evidenced by normal immediate and delayed recall

for both unstructured verbal material (word lists) and visual stimuli (faces). Speeded visual detection and auditory digit perception were also preserved, and her inability to perform serial addition was consistent with her educational background.

In contrast, she exhibited prominent vulnerabilities in executive functioning, processing speed, visuospatial construction, and complex memory. Overall processing and graphomotor speeds were below average. Executive dysfunction was marked by exceptionally low performance in sequencing, set-shifting, initiation, and perseveration, alongside impaired conceptualization and mild planning errors (e.g., a stimulus-bound response on clock drawing). Visuoconstructional deficits were evident in poor geometric copying and omission errors. Furthermore, while simple memory was preserved, she struggled with complex material, demonstrating severely impaired recall for structured stories and complex figures, as well as a vulnerability to interference (elevated false-positive errors). Finally, bilateral fine motor dexterity was below average.

Emotionally, Ms. Prindezis denied significant symptoms of anxiety on a self-report inventory but endorsed mild symptoms of depression on a separate measure. This is consistent with her clinical presentation of increased tearfulness, her report of feeling sad and down, and her medical history, which notes a previous diagnosis of depression.

Functionally, Ms. Prindezis remains independent for basic activities of daily living. Regarding instrumental activities of daily living, she continues to manage her medications independently and handles her finances, though her son provides some oversight and assistance with phone calls for the latter. While she continues to drive, she reported forgetting how to navigate to previously familiar places and now restricts her driving to short distances and familiar locations. She also experiences new difficulties with cooking, frequently forgetting her recipes and needing to rely on written notes.

In summary, Ms. Prindezis's cognitive profile is characterized by prominent deficits in executive functioning, processing speed, visuospatial construction, and complex memory, contrasted by preserved basic attention, language, and simple memory retention. This pattern of executive and processing speed vulnerabilities reflects a classic subcortical profile, consistent with her significant cardiovascular risk factors (NSTEMI, CAD, hypertension) and the chronic microvascular disease noted on her recent CT scan. Emotionally, her reported sadness and tearfulness are consistent with a mild depressive disorder. Functionally, while she remains independent in basic self-care, her cognitive difficulties now impact complex instrumental activities, such as navigating while driving and following recipes. Given her continued overall independence and use of compensatory strategies, her presentation warrants a diagnosis of Mild Vascular Cognitive Impairment rather than a major neurocognitive disorder.

**IMPRESSION**            Mild Vascular Cognitive Impairment  
                                  Adjustment Disorder with Depressed Mood

## **RECOMMENDATIONS**

1. Given the vascular etiology of her cognitive changes, her history of coronary artery disease, and the chronic microvascular disease noted on her recent CT scan, strict management of her vascular risk factors is critical to prevent further decline. She should

continue close follow-up with her primary care provider to monitor her blood pressure, cholesterol, and pre-diabetes.

2. Although she currently manages her medications independently, her executive functioning deficits and complex medication regimen increase her risk for errors. It is recommended that a family member (such as her son, who lives next door) provide routine oversight. Utilizing a weekly pill organizer filled by a family member can help ensure continued safety and adherence.
3. Because Ms. Prindezis reported forgetting how to navigate to previously familiar places, and testing revealed significant vulnerabilities in processing speed and visuospatial construction, she is at a higher risk for getting lost or overwhelmed in traffic. She should continue to strictly limit her driving to familiar, short distances and daytime hours. She should avoid driving in heavy traffic, adverse weather, or on highways. If her navigational difficulties worsen, she should cease driving entirely.
4. Her memory retention is relatively preserved, but her executive organization and planning are impaired. She will benefit from structured external aids:
  - Cooking: Continue to rely on written notes and step-by-step recipes to bypass her executive sequencing deficits.
  - Appointments: Maintain a centralized calendar for all medical and social appointments to compensate for forgetfulness.
  - Information: Write down important information immediately during conversations to manage working memory lapses.
5. While she manages her finances with some oversight from her son, her family should continue to monitor her accounts for any significant errors. Given the presence of cognitive impairment, Ms. Prindezis and her family should review her Medical Power of Attorney and financial planning documents to ensure her future care preferences are documented while she is still capable of participating in these decisions.
6. Ms. Prindezis endorsed symptoms of sadness, tearfulness, and chronic worrying. She may benefit from a referral to a Spanish-speaking counselor for supportive therapy. Alternatively, discussing her emotional symptoms with her primary care provider to explore pharmacological options may help alleviate her distress and improve her overall quality of life.
7. She is encouraged to stay physically, mentally, and socially active. Engaging in mentally stimulating activities in her native Spanish (such as reading, word searches, or puzzles) and maintaining regular social contact with her children will help promote neuroplasticity and stave off isolation.
8. A follow-up neuropsychological evaluation is recommended in 12 to 18 months to monitor her cognitive status, track any progression of symptoms, and update her care plan as needed.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 03/18/2026

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).