

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Mohamed Sidi-Ali-Cherif

Referral Source: Tony Zhang, MD

Date of Birth: 8/17/1944

Date of Evaluation: 3/9/2026

Reason for Referral: Dr. Zhang referred Mr. Sidi-Ali-Cherif for neuropsychological re-evaluation due to a history of mild dementia. Results will elucidate his current level of functioning to inform diagnostic decision-making and update treatment planning.

Functions Assessed and Instruments Employed:

Background

Clinical Interview

Medical History Questionnaire

Mental Status

Mini-Mental State Exam (MMSE)

Intellectual

Wechsler Adult Intelligence Scale – IV (WAIS-IV);

Block Design, Similarities, Matrix Reasoning,

Vocabulary)

Academic

Wide Range Achievement Test – 5 (Word

Reading)

Language

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Visuospatial/Constructional

Judgment of Line Orientation

Rey Complex Figure Test (copy)

Attention/Working Memory

Digit Span (WAIS-IV)

Processing Speed

Symbol Search (WAIS-IV)

Coding (WAIS-IV)

Learning and Memory

Hopkins Verbal Learning Test – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

Executive Functions

Color Trails Test (CTT)

Modified Wisconsin Card Sorting Test (MWCST)

Motor Functions

Grip Strength Test

Grooved Pegboard Test

Mood/Behavior

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Mr. Sidi-Ali-Cherif and a review of available medical records. His son did not participate in the clinical interview but completed collateral informant questionnaires. Mr. Sidi-Ali-Cherif is an 81-year-old, right-handed, divorced, Caucasian male with 16 years of education.

He underwent previous evaluation on 1/4/2024 at the request of Nicolas Nammour, MD. Results included impairments in verbal memory, visual memory, executive functioning, aspects of language, and bilateral motor skills. A mild dementia was indicated; Alzheimer’s disease appeared to be the most likely etiology. Mild depressive symptoms were also noted. Please see previous records for additional information.

Interim History:

Mr. Sidi-Ali-Cherif attributed his cognitive difficulties to a housefire several years ago. He stated that his cognitive functioning has improved over time, such that he has no current cognitive

concerns. When evaluated on 1/4/2024, however, Mr. Sidi-Ali-Cherif reported problems with processing speed, recall of item placement, name recall, and word finding. At that time, his son had described a 5-year history of progressive cognitive problems. Currently, his son indicated problems with recall of recent events and conversations, temporal orientation, orientation in new places, and decision making.

Mr. Sidi-Ali-Cherif requires assistance from his son and daughter with financial management tasks. He indicated no problems with medication dispensation, cooking, or driving. His son indicated that he requires some assistance with telephone usage. He is reportedly less neat than in the past regarding grooming tasks.

He described feelings of dysphoria due to loneliness. Mr. Sidi-Ali-Cherif denied suicidal ideation. His son has observed mild depressive symptoms, disinhibition, and irritability. His son also noted delusions that others seek to steal from him or harm him. There appears to be no current indication of hallucinations.

His sleep is generally adequate, although he noted vivid and sometimes stressful dreams. He has no known history of acting out his dreams. Mr. Sidi-Ali-Cherif's energy level is good. He walks for exercise. His appetite is normal, and his weight is stable.

His medical history includes hypertension, hyperlipidemia, diabetes, and right knee pain. He required neurosurgical intervention due to head trauma from a fall as a toddler. Per Mr. Sidi-Ali-Cherif's report, he was hospitalized for 9 months. He indicated no persistent sequelae associated with this brain injury.

Brain MRI and EEG studies conducted in 2024 were reportedly unremarkable. A repeat brain MRI (7/2025) indicated chronic microvascular ischemic changes. A PET scan (date unspecified) revealed "diffuse cortical hypometabolism most pronounced in bilateral temporal and posterior parietal lobes consistent with Alzheimer's disease." Mr. Sidi-Ali-Cherif obtained an APOE e3/e4 genotype (date unspecified).

His surgical history includes left knee replacement, coronary stent placement, colon polypectomy, and laminectomy.

Family medical history includes Alzheimer's disease in his brother, an unspecified dementia in his sister, and diabetes in his mother and brother.

He has no history of mental health treatment.

Level of alcohol consumption reportedly consists of up to 2-3 glasses of wine per week. He denied a history of nicotine or recreational drug use.

His current medications and supplements include atorvastatin, metformin, ezetimibe, memantine, and omeprazole.

Mr. Sidi-Ali-Cherif was born and raised in Algeria. He learned Arabic and French concurrently, followed by Spanish. He began to learn English when he relocated to the United States at approximately age 35; he took formal English classes for 2 years.

He obtained a bachelor's degree in engineering at a university in Paris. Mr. Sidi-Ali-Cherif reported having been an above average student, with no history of identified learning problems. He is a retired engineer. He also played professional soccer in France in the remote past.

Mr. Sidi-Ali-Cherif is twice divorced, with 5 children. He lives alone in Richmond, TX. His son lives 3-4 minutes away.

Behavioral Observations:

Mr. Sidi-Ali-Cherif presented as a pleasant, casually dressed, adequately groomed gentleman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. Level of insight appeared diminished. Conversational speech was somewhat repetitive and marked by an accent. Mood appeared euthymic and affect was broad. He frequently forgot task instructions, requiring repetitions. There were no indications of performance invalidity. Thus, the present results are believed to provide an accurate representation of Mr. Sidi-Ali-Cherif's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Mr. Sidi-Ali-Cherif obtained a score of 16/30. He was not oriented to the year, month, date, county, specific place, or floor of the building. He recalled 0 of 3 items after a brief delay. He made errors on tasks involving serial subtraction, backward spelling, phrase repetition, execution of a 3-stage command, and execution of a written command.

Intellectual: On a short form of the WAIS-IV, Mr. Sidi-Ali-Cherif obtained a General Ability Index of 86, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 87 (low average); Perceptual Reasoning – 88 (low average); and Processing Speed – 59 (exceptionally low). On specific subtests, construction of abstract block designs, visual pattern analysis, and expressive vocabulary were average. Verbal abstraction was low average.

Academic: Oral word reading was average.

Language: Visual object naming was exceptionally low. Controlled oral verbal fluency was average to phonemic criteria but exceptionally low to semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was average. In contrast, his copy of a complex geometric design was exceptionally low, with misplacement, omission, and distortion of figural elements.

Attention/Working Memory: Immediate recall of orally presented number sequences was below average for forward order, average for reverse order, and exceptionally low for numerical sequencing.

Processing Speed: Speed of visuoperceptual scanning and discrimination was exceptionally low. Transcription of symbols according to a key was below average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (1, 3, and 5 words, respectively). After a 20-minute delay, Mr. Sidi-Ali-Cherif did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (5 hits, 8 false positives).

Immediate recall of structured verbal material (stories) was low average. Delayed recall was low average for both absolute level of recall and when indexed against immediate recall performance. Delayed recognition was below average.

Immediate recall of geometric figures was below average. Mr. Sidi-Ali-Cherif did not recall any figural details upon delayed retesting (exceptionally low). Delayed figural recognition was also exceptionally low.

Executive Functions: Speed of visual-graphomotor tracking was exceptionally low and marked by several errors on both simple (numerical order) and complex (alternating number-color) sequences. A novel card sorting test requiring rule learning and strategy modification in response to feedback was below average for the ability to establish response set but average for the ability to shift response set.

Motor Functions: Grip strength was below average bilaterally. Fine motor dexterity (placing pegs into holes) was exceptionally low bilaterally.

Mood/Behavior: Mr. Sidi-Ali-Cherif's self-report of depressive symptoms (PHQ-9) was within the mild range, as was his self-report of anxiety symptoms (GAD-7).

Impression: Dementia of the Alzheimer's Type, Mild Severity, with Behavioral Disturbance

As compared to his 1/4/2024 evaluation, declines were noted in visual pattern analysis, processing speed, semantic fluency, confrontation naming, complex visuoconstruction, acquisition and consolidation of visual material, recognition of structured verbal information (stories), and bilateral fine motor dexterity. In contrast, an isolated interim improvement was documented in acquisition of structured verbal material.

Mr. Sidi-Ali-Cherif endorsed mild depressive and anxiety symptoms. His son has observed mild depressive symptoms, disinhibition, and irritability. He also noted delusions that others seek to steal from him or harm him.

In sum, the present findings indicate declines in processing speed, aspects of visuospatial and language skills, visual memory, and bilateral fine motor dexterity. At present, the most salient aspects of Mr. Sidi-Ali-Cherif's test profile are impairments in verbal memory, visual memory, executive functioning, processing speed, attention and working memory, aspects of language, and bilateral motor skills. Despite the interim declines noted above, according to the reports of both Mr. Sidi-Ali-Cherif and his son, his performance of instrumental activities of daily living has remained stable. As such, he continues to meet criteria for a dementia of mild severity. Consistent with the previous assessment, Alzheimer's disease appears to be the most likely etiology. Mr. Sidi-Ali-Cherif's mood symptoms may contribute to his cognitive impairments but are insufficient to fully explain them.

Recommendations:

1. Mr. Sidi-Ali-Cherif's prominent impairments in processing speed, visual memory, and executive functioning raise concern about his driving safety. Thus, cessation of driving is recommended.
2. Pharmacological treatment of his depressive and anxiety symptoms is recommended, along with regular monitoring of his mood functioning over time.
3. Given his prominent impairments in memory and executive functioning, oversight for medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for cooking and for the operation of potentially dangerous household appliances should also be provided to help ensure his safety. The progressive nature of his dementia implies a need to plan in terms of his living situation and future health care needs.
4. Mr. Sidi-Ali-Cherif would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance his chances of successful task completion. Multi-tasking should be avoided when possible.
5. He should use compensatory strategies to help manage his cognitive problems, including written lists, calendars, electronic reminder systems, and smartphone apps.
6. Mr. Sidi-Ali-Cherif and his family may benefit from information and resources available through the Alzheimer's Association (www.alz.org/texas or 713-314-1314).

Dr. Zhang, thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

Lynne C. Davis

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 3/15/2026

****Billing note: Technician (Solanch Giron, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 2; 90791 x 1)*