

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Robert Walter Jr.	GENDER:	Male
DATE OF BIRTH:	10/03/1955 (70)	HANDEDNESS:	Right
DATE OF EXAM:	03/19/2026	ETHNICITY:	Caucasian
EDUCATION:	18	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	L. Wallace, FNP-C

REASON FOR REFERRAL

Mr. Walter Jr. was referred for evaluation of cognitive functioning 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. Walter presented for an evaluation of cognitive functioning, estimating that his symptoms began approximately one to two years ago. He primarily complained of misplacing objects more frequently than usual and forgetting certain details of conversations, such as months and specific dates. Consequently, he noted that he relies on his calendar more often. He denied forgetting the names of individuals he is in regular contact with and denied experiencing any additional cognitive problems.

His wife, Mrs. Yvette Walter, declined to participate in the clinical interview but provided collateral information through behavioral rating scales. Her observations depicted a more significant and broader cognitive decline. She indicated that Mr. Walter forgets basic facts, such as the day of the week, when his last meal was eaten, or what his next meal will be. She reported that he is frequently confused about the time of day and becomes disoriented in new places. She also noted moderate difficulties with decision-making, observing that he becomes confused when situations get complicated or when plans change. Furthermore, Mrs. Walter indicated that he makes mistakes with simple tasks, such as going to the store, loses interest in media, and often cannot follow a long conversation on a single topic. Medical records corroborate these concerns, noting that he requires notes and calendars, forgets names of acquaintances, misplaces items, repeats stories, and forgets passwords. Records also indicate he is easily distracted, procrastinates, and struggles with changes or completing tasks.

Emotionally, Mr. Walter denied symptoms of anxiety or depression, and he reported having adequate energy to remain active. Conversely, his wife's rating scales indicated that he exhibits agitation, anxiety, irritability, and nighttime behaviors. Medical records align with her reports, documenting that he easily becomes agitated with his wife. Additionally, Mrs. Walter reported delusional ideation, noting that he sometimes asks if there is anyone else in the house with them at night; however, she denied observing any hallucinations. Medical records also noted recent behavioral changes, including a "mouth tick" when focused, waking up around 4 AM to flicker the lights, and leaving lights on in the home. Regarding sleep, Mr. Walter feels he sleeps soundly and adequately. However, medical records indicate he sleeps 5 to 6 hours a night, wakes up during the night, and snores. He is easily fatigued and sometimes falls asleep during the day. He

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has a history of obstructive sleep apnea (OSA) diagnosed 5 to 10 years ago but has been noncompliant with his CPAP machine for several years.

Functionally, both Mr. Walter and his wife agree that he remains independent in his basic activities of daily living. Regarding instrumental activities, he reported driving independently without getting lost, though he admitted to missing a turn occasionally. However, his wife noted he becomes confused when driving, especially in new places. Medical records document a motor vehicle accident in December 2023 where he hit a car while changing lanes. The records also state he forgets where he is while driving until he spots a recognizable landmark, takes the long way home instead of a direct route, and becomes confused when traveling. Financially, Mr. Walter feels capable but noted that his wife handles the month-to-month bills while they discuss their overall finances with an advisor. His wife reported that he can manage day-to-day purchases but requires assistance with banking and major purchases. Both agree he is independent with his medication management. He is capable of cooking but rarely does so. Medical appointments are co-managed with his wife.

MEDICAL HISTORY

Conditions: Mr. Walter's medical history is significant for hypertension, hyperlipidemia, Type 2 diabetes, obesity, hypothyroidism, obstructive sleep apnea, cataracts, erectile dysfunction, an enlarged prostate, and a history of a blood infection.

Surgeries: His surgical history includes an appendix removal, multiple toe amputations, thyroid and parathyroid removal, and a mass removal from his lower leg.

Imaging: Imaging was requested, but it was not received by the time of the completion of this report.

Current medications: His medication regimen includes Levothyroxine Sodium (175 mcg), Carvedilol (12.5 mg), Lisinopril (40 mg), Glimepiride (2 mg), Atorvastatin Calcium (20 mg), Tadalafil (20 mg), Aspirin (81 mg), Cholecalciferol/Vitamin D3 (2000 units), and Cyanocobalamin/Vitamin B12.

Substance use: Mr. Walter rarely consumes alcohol, noting occasional beverage consumption, and he denied a history of heavy alcohol use. He has never used tobacco regularly or used recreational drugs.

Family history: His family medical history is notable for bipolar disorder, diabetes, and obesity in his mother. His father had a history of Parkinson's disease and high blood pressure. During the clinical interview, he denied a history of dementia in his family.

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Mr. Walter completed 18 years of education. He holds a Master's degree in Mechanical Engineering from Texas A&M University. He denied a history of learning problems or grade retention.

OCCUPATIONAL HISTORY

Mr. Walter is currently retired. He formerly worked as a welding and quality manager and a welding engineer for a company that built steel plate structures.

SOCIAL HISTORY

Mr. Walter has been married for 43 years and has three daughters. He currently resides in Spring, Texas, with his wife.

BEHAVIORAL OBSERVATIONS

Mr. Walter Jr. presented as a casually dressed, well-groomed man. He was alert and fully oriented, except for knowing the testing location or the correct floor number (off by one). His gait was unremarkable. Vision (with glasses) and hearing appeared adequate for testing purposes. Expressive and receptive language was within normal limits. His affect was broad, and his mood appeared euthymic. Overall, Mr. Walter Jr. was cooperative and appeared to put forth his best effort throughout the evaluation. Thus, these evaluation results appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Visual Reproduction (WMS-IV)
Wide Range Achievement Test -5 (Word Reading)	Modified Wisconsin Card Sorting Test
Wechsler Adult Intelligence Scale-IV (select subtests)	Trail Making Test
Neuropsychological Assessment Battery-Naming Test	Finger Tapping Test
Verbal Fluency (FAS)	Patient Health Questionnaire (PHQ-9)
Semantic Fluency (Animal Naming)	Generalized Anxiety Disorder (GAD-7)
Line Orientation (RBANS)	Dementia Severity Rating Scale
Rey Complex Figure Test (copy)	Activities of Daily Living Scale
Rey Auditory Verbal Learning Test	Neuropsychiatric Inventory Questionnaire
Logical Memory (WMS-IV)	

TEST RESULTS

Premorbid/Intellectual: Mr. Walter Jr. was administered a word reading test that estimated his premorbid general intellectual functioning to be within the high average range. Semantic knowledge was average. His composite performance on a variety of verbal and nonverbal tests estimated his current general intellectual functioning to be within the high average range.

Attention/Concentration & Processing Speed: Overall working memory abilities were average. Specifically, on a measure of digit span recall, reversal, and sequencing, his performance was average, average, and high average, respectively. Mental arithmetic was in the low average range. Overall processing speed abilities were below average. More specifically, graphomotor speed was average. Visual scanning and symbol identification was below average.

Memory: On a 15-word list learning and memory test, he demonstrated above average immediate recall, as he recalled 4, 11, 10, 13, and 13/15 words, respectively, across five consecutive trials. After an interference list, his recall was in the average range, as he recalled 7/15 words. Following a 30-minute delay, his recall was also average, as he recalled 7/15 target words. His discrimination accuracy on a recognition format was average, as he correctly identified all of the 15 target words, and he endorsed two false positive errors.

Immediate recall of structured verbal material (stories) was average. Delayed recall was low average for absolute level of recall, but exceptionally low when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall and reproduction of a series of geometric designs was average. Following a delay, his recall was exceptionally low. His discrimination accuracy was low average as he recognized 3 out of 7 target figures on a multiple-choice display.

Language: Naming to visual confrontation was performed in the high average range. Semantic fluency was average. Lexical fluency was also average.

Visuospatial: His ability to copy a complex figure was exceptionally low. Judgment of angular line relations was within normal limits. He performed in the average range on a subtest assessing visual construction with blocks.

Executive Functioning: Verbal abstract reasoning was high average. Speed of visual-graphomotor tracking for a simple (numerical order) sequence was below average and error-free. Set-shifting abilities were in the below average range; he made one error. On a complex trial-and-error learning task requiring the utilization of feedback to generate problem-solving strategies, his overall performance was within the below average range as he was only able to complete three out of six categories. He made 19 out of 48 possible errors, and only 1 of the errors was perseverative, which is in the average range.

Motor: The patient is right-hand dominant. Fine motor dexterity was in the exceptionally low range bilaterally.

Emotional/Behavioral Functioning: He denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

SUMMARY

Mr. Walter Jr. is a 70-year-old, right-handed Caucasian male with 18 years of education (Master's degree) who was referred for a neuropsychological evaluation by L. Wallace, FNP-C, due to suspected cognitive decline. He reported symptoms including misplacing objects, forgetting details of conversations, and increased reliance on his calendar, estimating the onset at one to two years ago. His wife corroborated these concerns and reported broader issues, including disorientation in new places, decision-making difficulties, repetition, and confusion when plans change. During the evaluation, Mr. Walter was alert, cooperative, and appeared to put forth his best effort throughout the testing session. Therefore, the results of this evaluation are considered a valid representation of his current neuropsychological functioning.

Regarding his cognitive strengths, Mr. Walter demonstrated preserved premorbid and current general intellectual functioning, obtaining high average scores. He exhibited intact abilities across several domains, including average to high average scores on measures of working memory, semantic knowledge, and verbal abstract reasoning. His language skills remain a relative strength, characterized by a high average score in confrontation naming and average scores in both semantic and lexical fluency. Notably, his immediate encoding and learning of structured verbal material (stories), unstructured verbal material (word list), and visual information (geometric designs) were all within the average to high average score ranges. He also demonstrated relatively intact long-term retention for unstructured verbal information, scoring in the average range for delayed recall and recognition of a word list. Basic visuospatial skills, such as judgment of angular line relations and block construction, were also average to within normal limits.

In contrast to these strengths, specific and significant deficits were observed, primarily in the domains of processing speed, executive functioning, visuospatial construction, and delayed visual memory. Overall processing speed and visual scanning were below average scores. Executive dysfunction was apparent, characterized by below average scores in visual-graphomotor tracking, set-shifting abilities, and performance on a complex trial-and-error learning task. This suggests significant difficulties with cognitive flexibility, divided attention, and novel problem-solving. Furthermore, while his immediate memory was largely intact, he demonstrated an exceptionally low score for the delayed retention of visual material (geometric designs), as well as an exceptionally low score when his delayed story recall was indexed against his immediate recall performance. His visuospatial construction abilities were severely impacted, evidenced by an exceptionally low score on a complex figure copy task. Bilateral fine motor dexterity was also in the exceptionally low score range.

Emotionally, Mr. Walter denied significant symptoms of depression or anxiety on standardized self-report inventories and appeared euthymic during the clinical interview. However, collateral information from his wife presents a contrasting clinical picture. She reported observing agitation, anxiety, irritability, and notable nighttime behaviors. Furthermore, she endorsed the presence of delusional ideation, noting that he sometimes questions if they are alone in the house at night. These behavioral and emotional changes are occurring in the context of untreated obstructive sleep apnea (OSA); he is noncompliant with his CPAP machine, wakes up during the night, and experiences daytime fatigue.

Functionally, Mr. Walter remains independent in basic activities of daily living and medication management. However, his instrumental activities of daily living are showing signs of compromise. While he continues to drive, his wife reports that he becomes confused, particularly in new places. Medical records indicate a tendency to get lost until he sees a recognizable landmark and takes circuitous routes home. Additionally, while he can manage day-to-day purchases, his wife noted that he requires her assistance with banking and major purchases, and they co-manage his medical appointments.

In summary, Mr. Walter's neuropsychological profile is characterized by preserved high average intellect, intact language, and intact immediate memory encoding, juxtaposed against pronounced deficits in processing speed, executive functioning, complex visuospatial

construction, and delayed memory retention. This pattern of cognitive decline is consistent with a Mild Vascular Cognitive Impairment. While he is experiencing functional changes, such as needing assistance with complex finances and employing compensatory strategies to navigate while driving, he continues to maintain independence in his basic activities of daily living, cooking, and medication management. The etiology of his cognitive decline is likely multifactorial. His extensive vascular risk factors, including hypertension, hyperlipidemia, Type 2 diabetes, and obesity, combined with his history of severe, untreated obstructive sleep apnea, strongly suggest a vascular and hypoxic contribution to his presentation. The observed deficits in executive function, processing speed, and complex figure copy frequently align with Mild Vascular Cognitive Impairment. Furthermore, his untreated sleep apnea and resulting sleep deprivation are likely exacerbating his cognitive inefficiencies and newly emerging behavioral symptoms.

IMPRESSION Mild Vascular Cognitive Impairment

RECOMMENDATIONS

1. Given the likely vascular contribution to his cognitive profile, strict management of his vascular risk factors is critical to prevent further decline. It is recommended that Mr. Walter continue to follow up closely with his primary care physician and neurologist to monitor his hypertension, hyperlipidemia, and Type 2 diabetes.
2. Mr. Walter has a history of severe obstructive sleep apnea (OSA) and has been noncompliant with his CPAP machine for several years. His untreated OSA and resulting sleep deprivation are likely significantly exacerbating his daytime fatigue, cognitive inefficiencies, and behavioral changes. It is imperative that he complete the recently ordered sleep study and follow all treatment recommendations from the sleep medicine department to improve his cognitive baseline.
3. Mr. Walter continues to drive. Medical records and collateral reports indicate he forgets where he is while driving until he spots a landmark, takes circuitous routes, and becomes confused in new places. Given his notable deficits in processing speed, visuospatial construction, and executive functioning, he should limit his driving strictly to familiar, short distances and daytime hours. He should avoid driving in complex, high-traffic, or adverse-weather conditions, and his wife should continue to monitor his driving safety closely.
4. While Mr. Walter feels capable of managing finances, his wife noted he requires assistance with banking and major purchases. Because testing revealed significant deficits in complex problem-solving and executive organization, his wife should continue to oversee all major financial, legal, and medical decisions. If they have not already done so, the family should review their Medical Power of Attorney and financial planning documents to ensure future care preferences are firmly established.
5. Mr. Walter currently manages his complex medication regimen independently. To ensure safety and prevent future errors as his cognitive profile evolves, it is recommended that he utilize a pill organizer or an automated dispenser. Periodic oversight by his wife during medication administration may also be beneficial as a preventative measure.

6. Mrs. Walter reported new behavioral changes, including agitation, waking up at 4 AM to flicker lights, and occasional delusional ideation regarding others being in the house. They should continue to monitor these symptoms and report them to his neurologist, as well as follow up regarding the "mouth tick" observed when he is focused.
7. Because Mr. Walter's memory retention remains a relative strength while his executive organization and processing speed are more vulnerable, he will likely benefit from structured external aids:
 - Maintain a centralized calendar for all medical and social appointments to compensate for forgetting scheduled events and dates.
 - Use checklists for complex or multi-step household routines to bypass executive sequencing deficits.
 - Minimize distractions in the environment when he is trying to complete a task, as he is easily distracted.
8. To promote neuroplasticity and maximize his cognitive reserve, Mr. Walter is encouraged to engage in mentally stimulating activities that require problem-solving or word-finding, such as crossword puzzles, Sudoku, or strategic board games. Additionally, given his vascular risk factors and elevated BMI, engaging in regular, physician-approved cardiovascular exercise will benefit both his brain health and his sleep apnea.
9. A follow-up neuropsychological evaluation is recommended in 12 to 18 months to monitor his cognitive status, evaluate the impact of his CPAP compliance (once re-established), and ensure his profile remains stable rather than progressive.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 03/19/2026

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).