Patient information has been redacted for confidentiality

NEUROPSYCHOLOGICAL REPORT

Tijuana, Baja California, Mexico
April 7, 2025

I. Patient Information

Name: [redacted]

Age: 69

Date of birth: [redacted]1955

Place of birth: Tucson, Arizona.

Education: 16+, Marketing.

Marital Status: Married.

Languages: English and Spanish.

Laterality: Left-handed.

Religion: Catholic

Referral motive: Neuropsychological assessment prior to initiating treatment, New Path Clinic.

II. Consultant

Name: Eduardo Castillo Riedel

Specialty: Neuropsychology

Institution: Private consultant.

Licenses to practice:

- Professional License No. 9841712
- State License No. 025541-02/19
- Master's License No. 12813745

III. Clinical Observations

A 69-year-old male patient with a prior diagnosis of Parkinson's disease (PD), made in the United States in 2018. During the evaluation, he presents with appropriate personal hygiene and grooming, and his chronological age matches his apparent age. He is alert and oriented to the four spheres: time, place, person, and situation.

On the motor level, decreased arm swing while walking is observed, along with facial hypomimia and occasional noticeable tremors in the left arm, as well as mild tremors in the right arm. Speech is functional, with preserved verbal fluency; however, prosody is altered, characterized by a monotonous tone, which is consistent with the muscular rigidity commonly associated with Parkinson's disease.

During the interview, the patient demonstrates a cooperative attitude, good disposition, and a hopeful outlook regarding his treatment, facing his difficulties with optimism. He denies regular use of medication but reports occasional use of THC-infused gummies as a strategy to promote relaxation.

Among the symptoms reported, a significant loss of the sense of smell stands out, which began approximately 20 years ago. He mentions that he can occasionally perceive some odors but estimates his current olfactory capacity to be only about 10% of what it once was. This prolonged hyposmia may have been a prodromal sign of Parkinson's disease.

Cognitively, he reports difficulties recalling names of objects and previously learned information, and occasionally has trouble finding the right word to express his thoughts. These symptoms are consistent with mild impairments in semantic memory and verbal fluency—common findings in the early to mid-stages of PD—likely related to frontostriatal circuit dysfunction.

The primary reported symptoms include:

- **Tremor in the left (dominant) arm; mild tremors in the right arm.**
- **Difficulty with verbal intonation.**
- **Impairment in semantic memory.**
- **Facial expressiveness difficulties (hypomimia).**
- **Reduced arm swing while walking, though gait is relatively preserved, with no reported freezing episodes.**
- **Significant loss of smell, with onset approximately 20 years ago.**

IV. Neuropsychological Screening

Results Montreal Cognitive Assessment

(MoCA 8.3) Score: 21/30 **Cutoff score:**

≥26

Interpretation: mild cognitive impairment.

INECO Frontal Screening Test (IFS)

Score: 20.5/30 **Cutoff score:** ≥25

Interpretation: mild executive dysfunction.

Frontal Assessment Battery (FAB)

Score: 14/18 **Cutoff score:** ≥12

Interpretation: Although the patient is able to perform motor tasks such as the Luria motor series, Go-No Go, and conflicting instructions, his performance is affected by the presence of tremors in the dominant hand and muscular rigidity, which hinder the precise execution of movements.

VI. Symptoms and Analysis of Results

- Difficulty with fine motor skills in the dominant (left) hand.
- Mild difficulty in visual and auditory-verbal working memory.
- Difficulty with spontaneous free recall.
- Mild difficulty with verbal inhibitory control.

The patient presents impairments in the areas of fine motor skills, working memory, spontaneous recall, and verbal fluency, with secondary involvement of executive functions.

On the motor level, he is able to perform tasks such as the Luria motor series, Go-No Go, and conflicting instruction exercises, although with difficulty due to tremors in his dominant hand and muscular rigidity, which affect the precision and continuity of movements.

In the cognitive domain, reduced free word recall is observed, as evidenced by a score of 7/15 on the MIS subtest. This indicates that while information is adequately encoded, there is deterioration in spontaneous retrieval—a common feature in the early to intermediate stages of Parkinson's disease.

Additionally, difficulties are identified in working memory, both auditory-verbal and visual, as well as in verbal inhibitory control. These are likely related to reduced verbal fluency, which compromises efficiency in tasks requiring cognitive flexibility and response regulation.

Taken together, these findings suggest mild to moderate involvement of the frontostriatal circuits, affecting both motor and cognitive domains—particularly executive control, recall, and fine motor coordination.