Patient information has been redacted for confidentiality

NEUROPSYCHOLOGICAL REPORT

Tijuana, Baja California, Mexico
April 14, 2025

I. Patient Information

Name: [redacted]

Age: 52

Date of birth: [redacted]1973

Place of birth: San Antonio, TX.

Education: 16+, Military ranger, explosive specialist and police officer.

Marital Status: 4 times divorced.

Languages: English.

Laterality: Semi-ambidextrious with right-hand preference.

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

Date of consultation: April 8, 2025.

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

Male patient, 52 years old, whose chronological age corresponds with his apparent age. He presents with adequate personal hygiene and preserved grooming. During the interview, he is alert, conscious, and oriented in all four spheres: time, place, person, and situation.

On the motor level, severe tremors are observed in the upper body, including the neck, eyelids, perioral region, and dominant arm, along with limited arm swing during gait. He reports a prior diagnosis of Parkinson's disease (PD). The patient maintained a cooperative attitude throughout the evaluation.

From a language standpoint, there is significant interference from tremors affecting speech fluency and prosody. During brief periods when tremors subside, expressive language and prosodic modulation are adequate. However, when tremors are active, dysarthria and spasms in facial and cervical muscles are evident, compromising verbal continuity.

His mood appears optimistic regarding treatment. He reports no prior use of psychoactive substances, and while open to non-invasive interventions, he expresses resistance to deep brain stimulation (DBS) or any surgical procedure.

Thought processes are logical, coherent, and well-organized. He denies hallucinations, delusional ideas, or symptoms of anxiety or depression. Despite his history of military service, there are no signs of post-traumatic stress disorder (PTSD).

Cognitively, the patient demonstrates a preserved profile, with no apparent impairments in attention, memory, judgment, abstract thinking, or insight.

IV. Neuropsychological Screening

Results Montreal Cognitive Assessment

(MoCA 8.3) Score: 28/30 **Cutoff score:** ≥26

Interpretation: normal cognitive function. MIS=12/15.

INECO Frontal Screening Test (IFS)

Score: 26/30 **Cutoff score:** ≥25

Interpretation: normal executive function. Mild signs of distractibility.

Frontal Assessment Battery (FAB)

Score: 18/18 **Cutoff score:** ≥12

Interpretation: normal basic frontal functioning.

V. Symptoms and Analysis of Results

- Expressive language intermittently affected by motor interference (dysarthria and spasms), though content remains coherent and organized during periods of greater motor stability.
- Severe tremors in the upper body, including the neck, eyelids, perioral region, and dominant arm.
- Reduced arm swing during gait.
- Cognitive and executive functions are preserved.

Marital History

The patient reports having been married [redacted]

Occupational History

The patient completed high school at age 15 and began his career at 21 as a police officer in Colorado, a role he held for approximately two and a half years. Feeling stagnant in that position, he enlisted in the military, where he specialized in explosive ordnance disposal (EOD). In late 1998, he was stationed in Alaska, where he continued his service. He describes his military career as highly demanding and anxiety-provoking, with frequent exposure to high-risk environments.

In 2000, he began experiencing severe tinnitus, so intense that he could hear the ringing louder than a concert. This marked a significant change in his auditory health. For several years, he alternated between police work and military service, working up to 40 hours per week in each. He later worked as a traffic officer until 2003 and was rehired in 2004 to continue working as an explosives technician.

In March 2008, he was involved in a critical incident during an armed operation against a suspect [redacted] indicates that he received psychological support at the time and was able to process the trauma appropriately.

From 2013 to 2021, he served in the Alaska State Militia, where he attained the rank of Captain (O3) and worked as a company commander in covert operations.

Integration of Results

This is a 52-year-old male patient with a confirmed diagnosis of Parkinson's disease (PD) and a history of high-risk military service, including prolonged exposure to extreme environments and explosive detonations. He presents with an advanced motor profile, featuring severe tremors in the upper body, including the neck, eyelids, perioral region, and dominant arm, along with reduced arm swing during gait and spasms in the cervical and facial muscles, which intermittently interfere with speech fluency and prosody.

Despite these motor symptoms, current neuropsychological findings reflect a globally preserved cognitive profile. The patient obtained a score of 28/30 on the MoCA, with no clinically relevant deficits in attention, memory, language, executive functioning, orientation, or abstraction. He also scored 26/30 on the INECO Frontal Screening (IFS), demonstrating intact verbal fluency, working memory, cognitive flexibility, and inhibitory control. Additionally, he achieved a perfect score of 18/18 on the Frontal Assessment Battery (FAB), indicating preserved basic frontal lobe functioning.

Throughout the clinical interview, the patient presented as cooperative, and although his expressive language was intermittently impaired by motor symptoms, he maintained coherent and well-organized thought content during periods of improved motor control. He denies psychotic symptoms, mood disturbances, or PTSD-related complaints, despite his significant history of traumatic exposure. His mood remains stable, and he shows interest in non-invasive treatment options, although he expresses clear resistance to surgical interventions, particularly deep brain stimulation (DBS).

The clinical history and assessment findings are consistent with an atypical presentation of PD involving marked motor impairment with preserved cognitive functioning, as previously documented by the U.S. medical team who evaluated him in 2023. A differential hypothesis includes possible subcortical or medial structural damage secondary to chronic exposure to high-intensity detonations, which may account for the early onset of severe tinnitus and the progression of motor symptoms without cortical compromise.

In conclusion, the patient demonstrates cognitive functioning within normal limits, with preserved insight, judgment, attention, memory, and thought organization. Given the progressive nature of Parkinson's disease, continued neurological and neuropsychological monitoring is strongly recommended to detect potential future changes and guide appropriate therapeutic adjustments.