Patient information has been redacted for confidentiality

NEUROPSYCHOLOGICAL REPORT

Tijuana, Baja California, Mexico
April 14, 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 follow-up, New Path Clinic.

Date of consultation: April 9, 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, 69 years old, with a prior diagnosis of Parkinson's disease (PD), made in the United States in 2018. During the evaluation, the patient presents appropriate personal hygiene and grooming, and his chronological age matches his apparent age. He is alert and oriented in all four spheres: time, place, person, and situation.

He presents to the follow-up appointment feeling confused by the results, stating that he "feels the same" as before the treatment. In conversation, the patient expresses disappointment that the intervention did not seem to work and comments, "Maybe I would have had better results if the treatment hadn't taken so long to start." He is informed that outcomes can sometimes be variable, and certain improvements may go unnoticed.

The patient reports that his **sleep habits improved over the past week**. He does not perceive any changes in **speech prosody**, and **verbal fluency remains preserved**. A slight improvement is noted in his ability to rise from bed or a seated position, and he mentions **no longer experiencing freezing episodes while walking**, which he had previously reported. Other motor functions remain consistent in both intensity and frequency.

From a cognitive perspective, the patient reports **not noticing any significant changes**, although he states that **shortly after administration, he experienced a brief period of mental clarity**, which diminished after a few days.

IV. Results of Neuropsychological Screening

Test	Cognitive Domain	Cuttoff score/ max score	Pre-treatment	Post-treatment	Diference
MoCA	Global cognitive function	≥26/30	21	27	+6
INECO Frontal Screening (IFS)	Executive functions	≥25/30	20.5	20	-0.5
Frontal Assessment Battery (FAB)	Basic frontal functions	≥12/18	16	15	-1

V. Symptoms and Analysis of Results

- Slight improvement in fine motor control; tremors persist but have decreased in intensity.
- Significant improvement in memory, particularly in spontaneous recall.
- Improvement in sleep quality.
- Reports no freezing episodes during the past week.

The most significant change observed in the patient pertains to the **domain of memory**, particularly in **spontaneous recall**. In the pre-treatment evaluation, the patient was unable to recall any words spontaneously; however, in the current assessment, he was able to recall **4 out of 5 words without cues**, and the fifth word was retrieved with **categorical prompting**, representing a **clinically meaningful improvement**. His score on the **MIS subtest** increased from **7/15 to 14/15**.

In addition, **slight improvements in fine motor skills** were identified, reflected in a **reduction of tremors** in his dominant hand, which allowed for greater precision in drawings and graphic tasks.

Quantitatively, a **slight decrease in the global scores** of both the **IFS and FAB** was observed, mainly attributable to **difficulties in motor programming** during the Luria motor sequence task. Nevertheless, an improvement was noted in tasks assessing **abstract thinking and verbal inhibitory control**. These enhancements may be associated with a **reduction in difficulties accessing spontaneous language**, particularly in tasks requiring **verbal fluency**, suggesting a **clinically relevant gain in cognitive efficiency**.

At the conclusion of the follow-up consultation, the patient was informed that there was a **notable improvement in his overall cognitive functioning**, as evidenced by the **increase in his MoCA score**. It was explained that, although cognitive changes are not always as apparent as physical ones, on this occasion his performance was **one point above the clinical cutoff**, **without requiring adjustments in the visuospatial/executive section**, reinforcing the validity of the observed improvement.