



georgia
memory net

Atlanta: **Case Conference Call**

January, 2026

Case # 1 : 72 y old man engineer

Visit #1: July 2025 for a second opinion

- 2020: first symptoms of memory loss and lack of motivation and inappropriate in public spaces
- 2023: first visit to neurologist in Texas by a neurologist: more behavioral changes. Had a neuropsychological assessment and brain MRI
- As per report: focal atrophy of the right frontal and temporal lobes that is new from previous CT from 2020
- Diagnosed with Frontotemporal dementia
- Pt moved to Atlanta and came to GMN for a second opinion
- 2023: diagnosed with Multiple myeloma with AKI. Needed HD. Kidney function recovered. Did chemotherapy in remission



Case # 1 : 72 y old man engineer

GMN

Visit #1: July 2025 for a second opinion

- Memory problems for 4 years, subtle onset and progressive
- Needs help with all IADLS
- Low insight of this deficits
- Reported Normal mood
- Compulsive behaviors
- Increased apathy. Lack of routine
- No falls, no motor problems



Case # 1 :Medical History and Medications

Medical history	Medications
<ul style="list-style-type: none">• CKD 3a • MM in remission	<ul style="list-style-type: none">• Sertraline 100 mg• Memantine 20 mg/day



Case #1: Functional Assessment

Basic

Bathing:	0
Dressing:	0
Toileting:	1
Transferring:	1
Continence:	1
Feeding:	1
Total:	4/6

Instrumental

Use of phone:	0
Shopping:	0
Food preparation:	0
Housekeeping:	0
Laundry:	0
Navigation:	0
Medications:	0
Finances:	0
Total:	0/8



Case # 1: Social history

Marital Status	Socially, he recently moved from Texas with his wife to be closer to family, including a son and grandson
Years of education (Highest grade)	16 , he has a master degree in engineering
Type of work before retirement	In engineering, now retired
Current living arrangement	With his wife, they moved recently closed to a son
Smoking status	has no history on file for tobacco use.
Alcohol use Type, frequency, amount	neg
Physical Exercise Type, frequency, duration	Can walk a few blocks



Family history

- Neg family history of ADRD
- Mother is alive without memory problems at 93, father died at 52 of other causes



Case #1: Examination

Vitals	130/70 P81
General	NAD, Well-groomed, robust, collaborative, language is fluent with poor content. Not able to provide any past medical history. Partially oriented to time. No anxiety or other non-cognitive symptoms during the exam.
HEENT	No nystagmus
Heart	Normal S1 and S2 no murmurs
Lungs	Clear to auscultation
Neurological	<ul style="list-style-type: none">• Time orientation 3/5 Place orientation 5/5• Followed commands• No dysmetria (finger to nose)• Motor perseveration• Delayed recall 0/3• Regular rapid alternating movements• Heel to shin . 2+ DTRs (patellar)• Normal gait• Animal fluency in 1 minute: 7• Luria series: preserved /praxis preserved



Case #1: Labs previously done

TSH	1. IU/mL
Vitamin B12	571 pg/mL
Folate	10 ng/mL
HIV	Negative
RPR	Non-reactive
Creat	1.1



Case # 1 : Neurocognitive assessment

MONTREAL COGNITIVE ASSESSMENT (MOCA®)
Version 8.1 English

Name: Shreshth Education: IT/BSM Date of Birth: 04/11/1994
Age: 28 Sex: Male

NEUROSPATIAL/SPATIAL

Copy cube:  4/5

Draw clock (clockwise arrows):  4/5

LANGUAGE

Match:  3/3

VERBAL

Repeat three sets of words, one of 20 items is abnormal, the correct after 5 minutes.

Word	First	After 5 min	After 30 min
TABLET	✓	✓	✓
CHAIR	✓	✓	✓
TABLET	✓	✓	✓

ATTENTION

Repeat the 50-item trail in the box below. Select the 10 digits from the box below.

Trail Making Test Part A: 1 2 3 4 5 6 7 8 9 10 4/5

Trail Making Test Part B: 1 2 3 4 5 6 7 8 9 10 4/5

LANGUAGE

Repeat 100 items from the list to the left as fast as possible. The number of items correctly repeated is the score.

100-item list: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 2/3

ABSTRACT

Circle the letter in the box below that is different from the others.

Box: 1 2 3 4 5 6 7 8 9 10 4/5

RELATED SCORES

Score	Copy	Trail Making Test Part A	Trail Making Test Part B	Verbal Fluency	Animal Fluency
1-10	✓	✓	✓	✓	✓
11-20	✓	✓	✓	✓	✓
21-30	✓	✓	✓	✓	✓
31-40	✓	✓	✓	✓	✓
41-50	✓	✓	✓	✓	✓
51-60	✓	✓	✓	✓	✓
61-70	✓	✓	✓	✓	✓
71-80	✓	✓	✓	✓	✓
81-90	✓	✓	✓	✓	✓
91-100	✓	✓	✓	✓	✓

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DEMOGRAPHICS	Raw	%ile
Age	72	
Years of Education	18	
Handedness	Right	

VERBA	Raw	%ile
MoCA		
Total	18	1
Memory	9	
Executive	8	
Attention	16	
Language	5	
Visuospatial	7	
Orientation	4	

EXECUTIVE	Raw	%ile
Number Span Backward		
Number of Points	3	2
Max Digits	3	4
Trail Making Test Part B		
Time	390	1
Errors	6	

VISUOSPATIAL	Raw	%ile
Ray-O Complex Figure		
Copy	29	13
Judgement of Line Orientation (JLO)		
Correct	24	72

ATTENTION	Raw	%ile
Number Span Forward		
Number of Points	9	56
Max Digits	7	53
Trail Making Test Part A		
Time	121	1
Errors	8	

MEMORY	Raw	%ile
Ray-O Complex Figure		
Immediate	10	24
Delayed Recall	0	1
Ray AVLT		
Trial 5 Recall	1	1
Total (Trials 1-5)	6	1
Delay	0	1
Recognition Hits	14	
Recognition FP	14	
Recognition PC	50	1

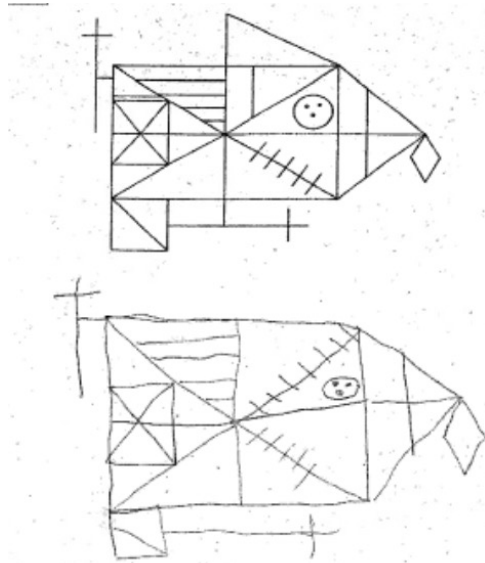
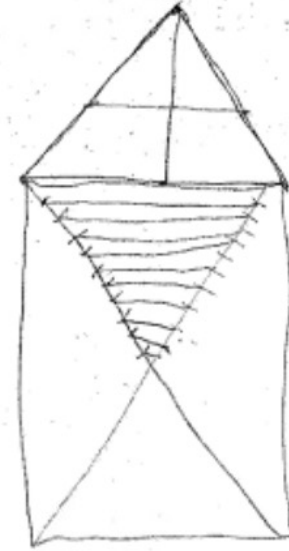
LANGUAGE	Raw	%ile
Multilingual Naming Test (MINT)		
Correct - Uncued	23	
Correct - Semantic Cue	0	
Correct - Total Score	23	1
Verbal Fluency		
Total	8	1
Animal Fluency		
Total	8	1

MOOD	Raw	%ile
PHQ-8		
Score	7	
GAD-7		
Score	9	



Neuropsych Testing Results

Rey-O Immediate

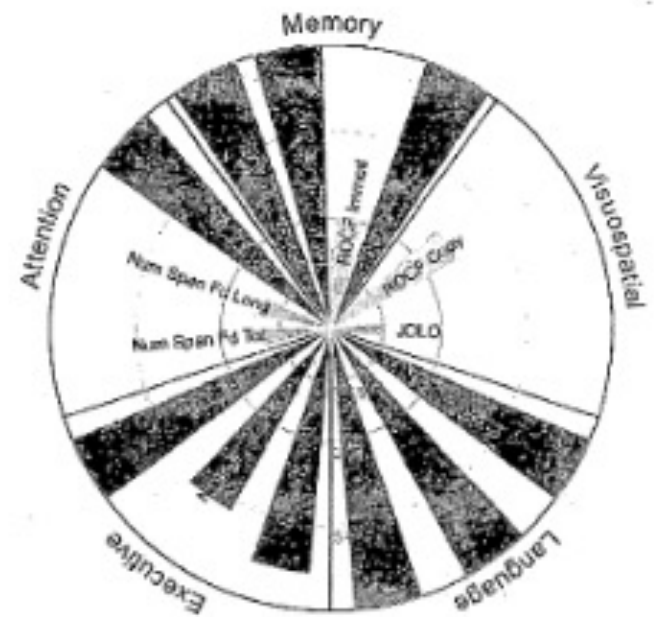
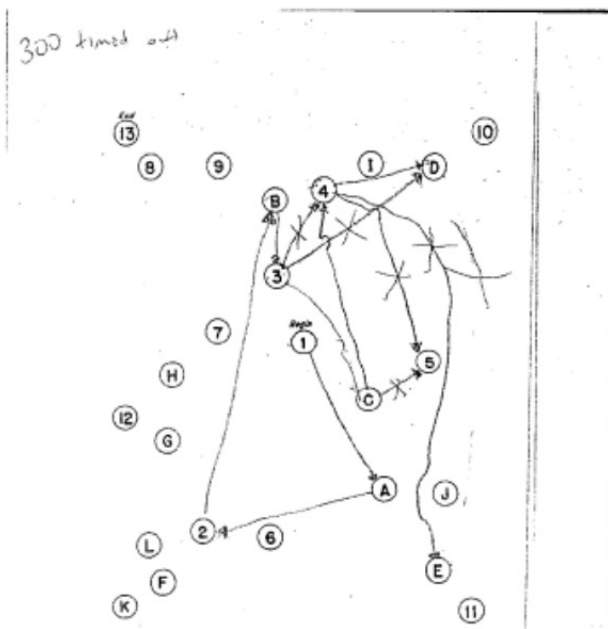


240 seconds

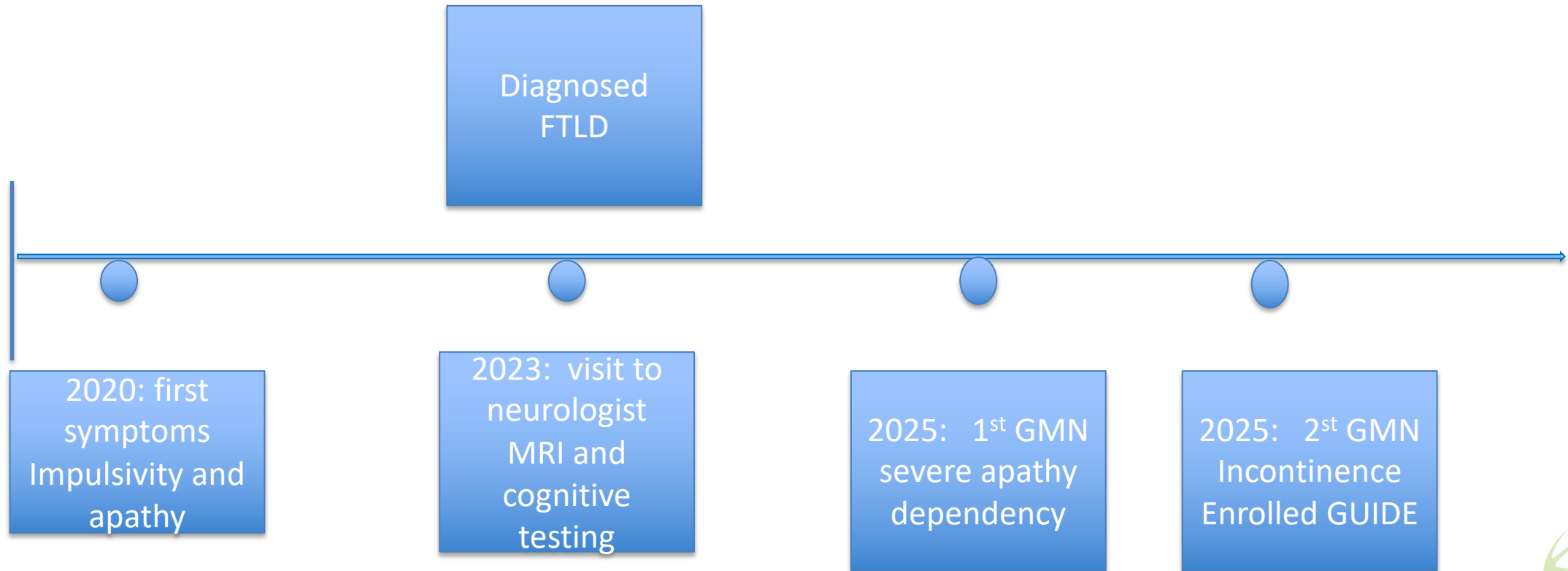
Rey-O Delayed Recall

Shopping - Need Jack Strap
Greby accepting Recall from Treasors Petraits

Neuropsych Testing Results



Case # 1 : timeline

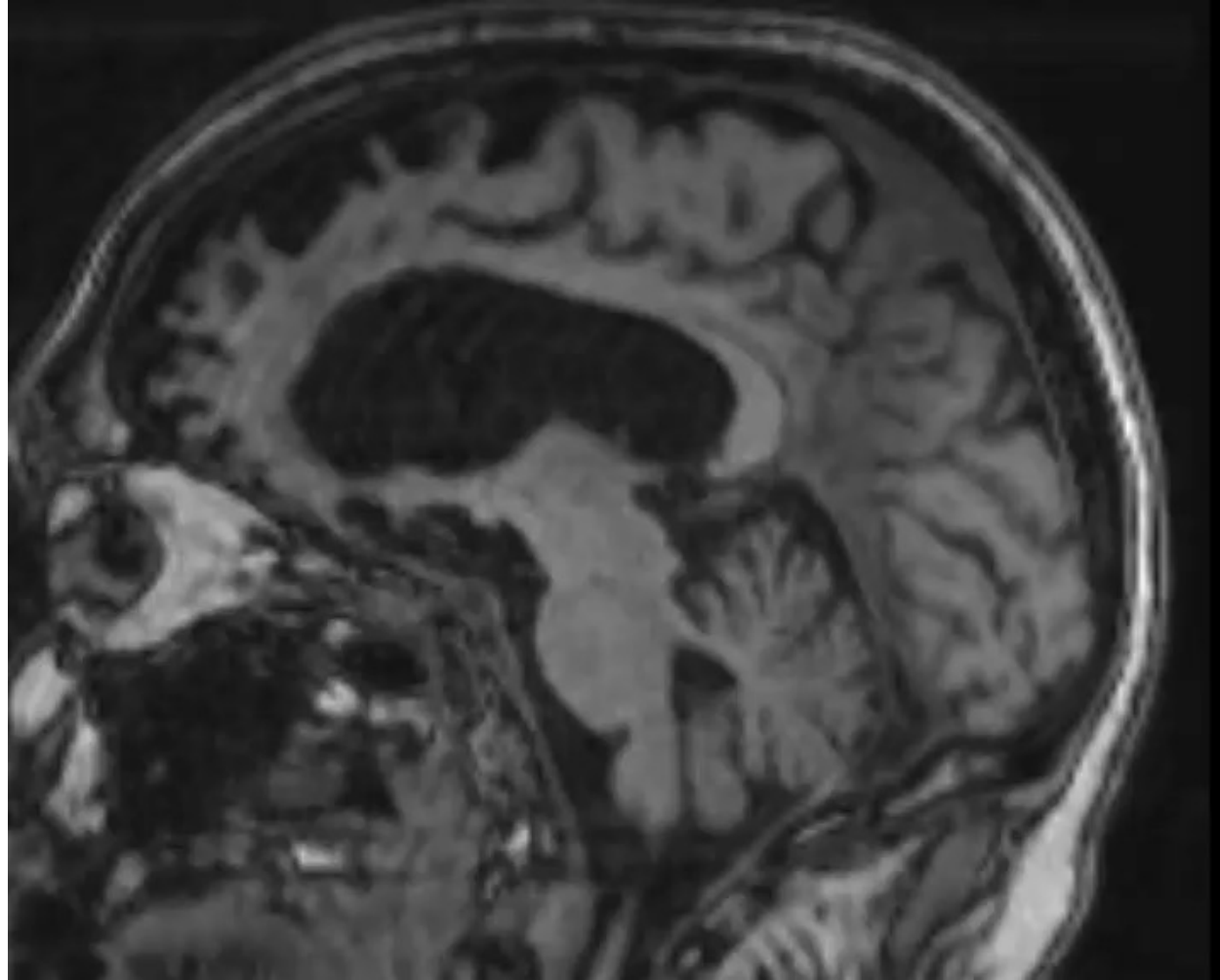


Case # 1: Possible Diagnosis

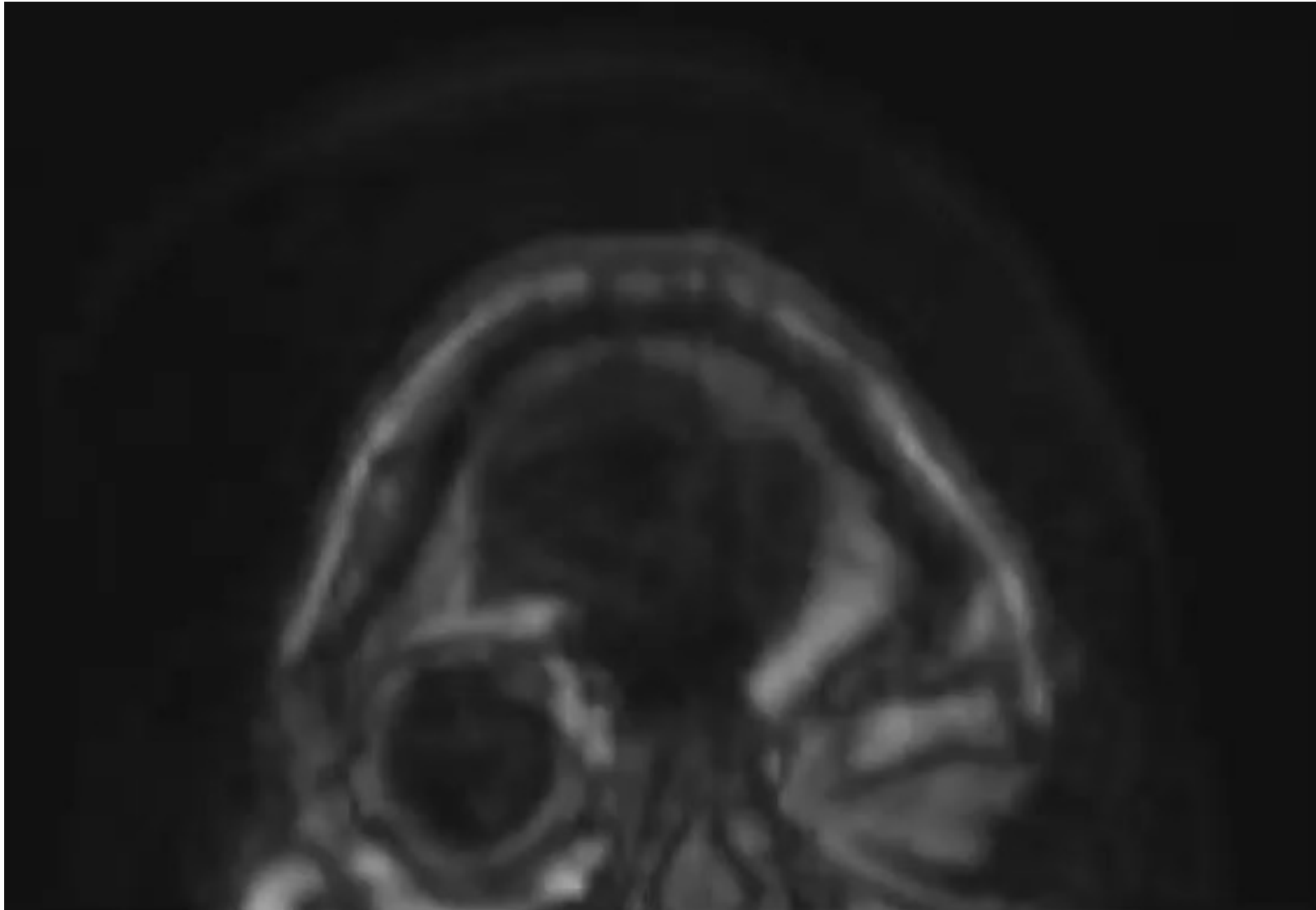
- Dementia
- Staging based on functional assessment is mod to severe
- Severe non-cognitive symptoms: apathy, impulsivity
- Clinically: frontotemporal dementia vs frontal presentation of Alzheimer's Disease
- Plan: repeat MRI . Blood biomarkers for AD, if neg highly suggestive of FTLD



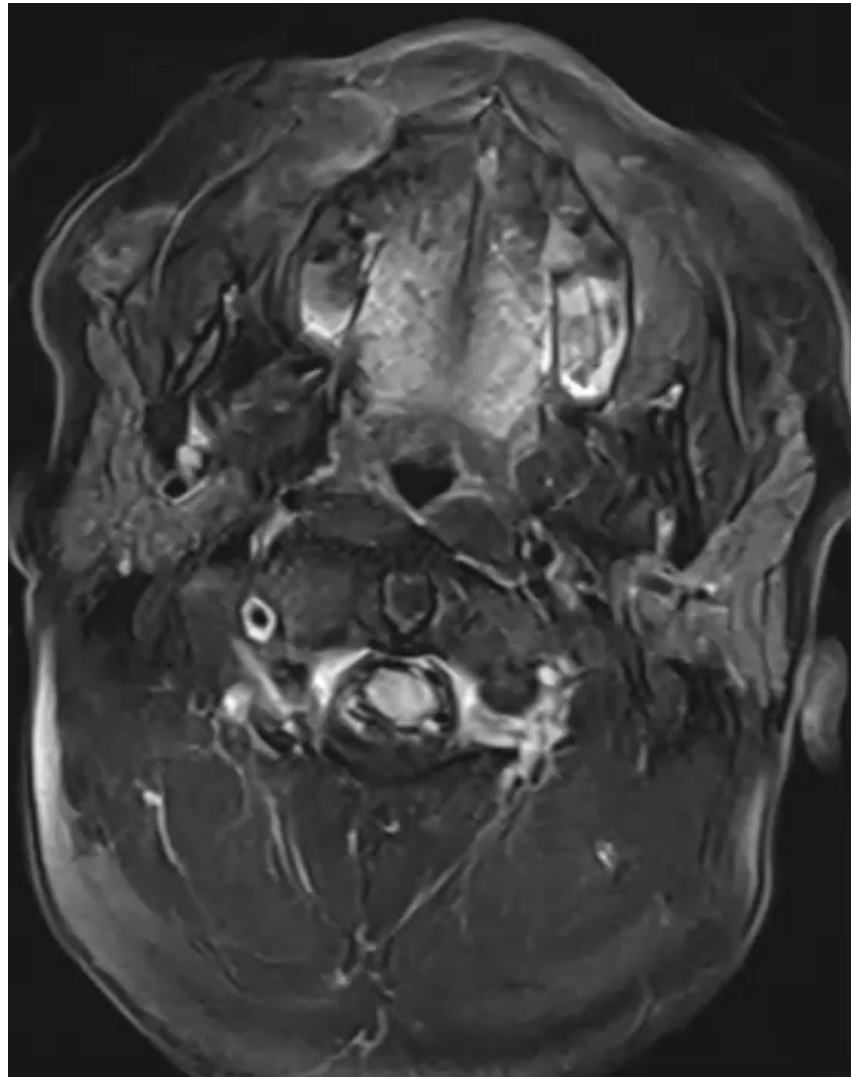
Case # 1: MRI Sagittal view



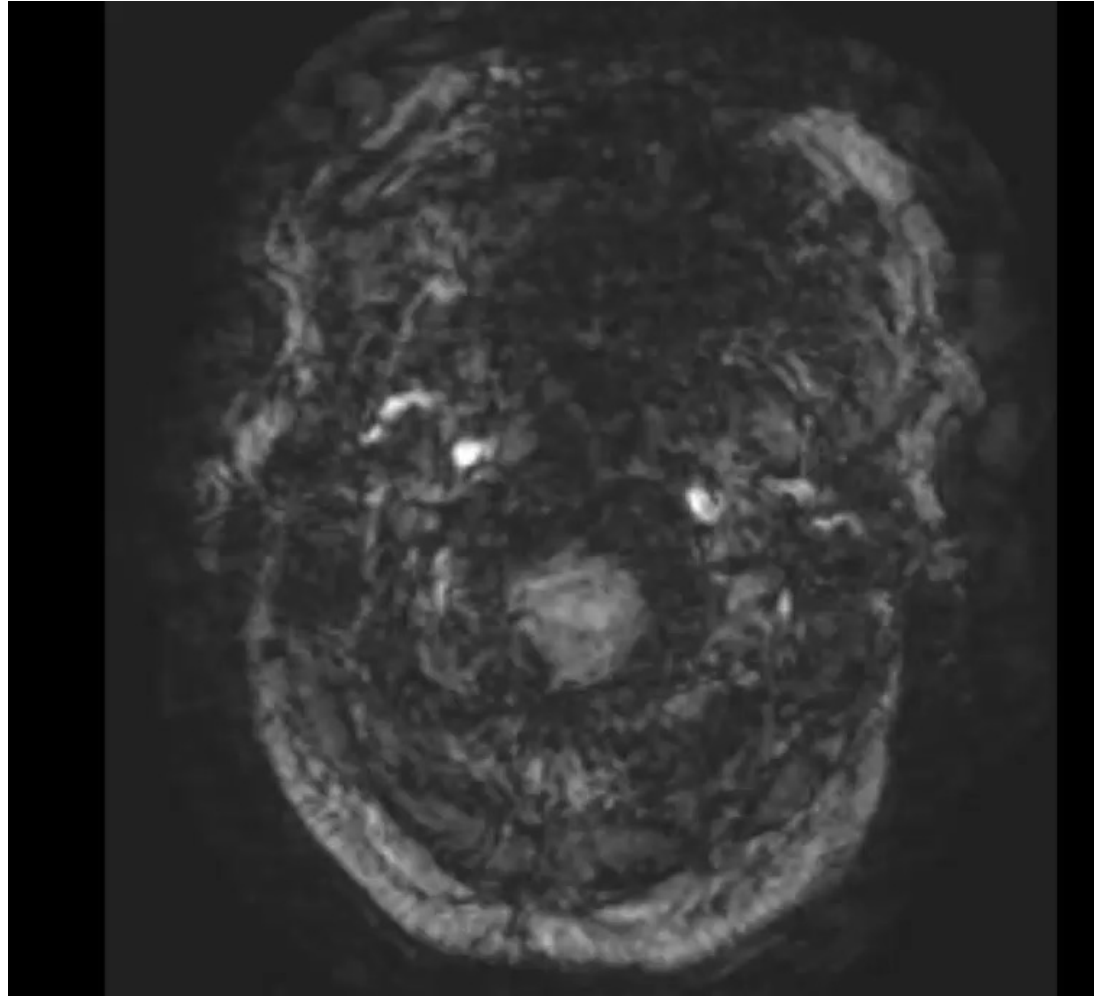
Case # 1. Coronal Cuts



Case # 1: MRI Axial view



Case # 1. SWI



Case # 1: follow up

Test Name	In Range	Out Of Range	Reference Range
QUEST AD DETECT PTAU217, PLASMA		0.18 N	< OR = 0.15 pg/mL
Plasma p-tau217 levels are consistent with current mild cognitive impairment and symptomatic Alzheimer's disease when compared to patients with other neurodegenerative disorders and show strong correlation with amyloid PET and tau PET.			
Lancet Neurol 2021; 20:739-752			
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			

Pet CT Amyloid Brain

Order: 328006874

Impression

1. The scan is positive, indicating moderate to frequent neuritic plaques.
2. Right more than left frontotemporal cerebral atrophy, compatible with known FTD. Please note that assessment of amyloid plaques in these regions is limited, especially on the right side, due to significant volume loss.
2. Global SUVr and Centiloid values as above.

MIM Neuro- Analysis:
Centiloid Value: 28.35
Global SUVr: 1.14

Note: Neuraceq is indicated for Positron Emission Tomography (PET) imaging of the brain to estimate beta neuritic plaque density in adult patients with cognitive impairment who are being evaluated for Alzheimer's Disease (AD) and other causes of cognitive decline.

A negative Neuraceq scan indicates sparse to no neuritic plaques and is inconsistent with a neuropathological diagnosis of AD at the time of image acquisition; a negative scan result reduces the likelihood that the patient's cognitive impairment is due to AD.

A positive Neuraceq scan indicates moderate to frequent amyloid neuritic plaques; neuropathological examination has shown this amount of amyloid neuritic plaque is present in patients with AD, but may also be present in patients with other types of neurological conditions as well as older people with normal cognition.

Neuraceq is an adjunct to other diagnostic evaluations.



Case # 1: follow up in GUIDE program 4 months after

- Clinical progression with more apathy and dependency
- New urinary incontinence, now on diapers
- More compulsive behavior and more depressive symptoms
- Basic ADL 3/6



Case # 1: 4 months after initial assessment

FAST scale	6 E	
Phq 9	9/27	
GAD	18/21	
Promis	16	
NPI Q	Severity: 15/36	Distress: 26/30
Zarit for caregiver stress	64/88	



Case # 1:Management

- Respite service
- Interventions to decrease caregiver stress
- Meeting with extended family
- Coordination of care
- Increased sertraline to 150
- Consider trial of donepezil
- Support group for the family
- Referral to adult





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Atlanta MAC: Case 2

Antoine R. Trammell, MD, MPH

64-year-old Male

- 5-year history of short-term memory loss
 - Recent information
 - Names
 - Misplaces valuable objects (debit card)
- No antecedent illness, physiological, or psychosocial stress
- Progressive decline
- Lives in a shelter - brought to clinic by a case worker



Past Medical History & Medications

Medical History from Chart

Alcohol dependence

Hypertension

Cervical radiculopathy

Depressive disorder

Psychiatric evaluation – Piedmont ED (9/2/24)

Diagnosis: neurocognitive disorder

Medications

Lisinopril 10mg

No current medications - weight loss

Duloxetine 20mg

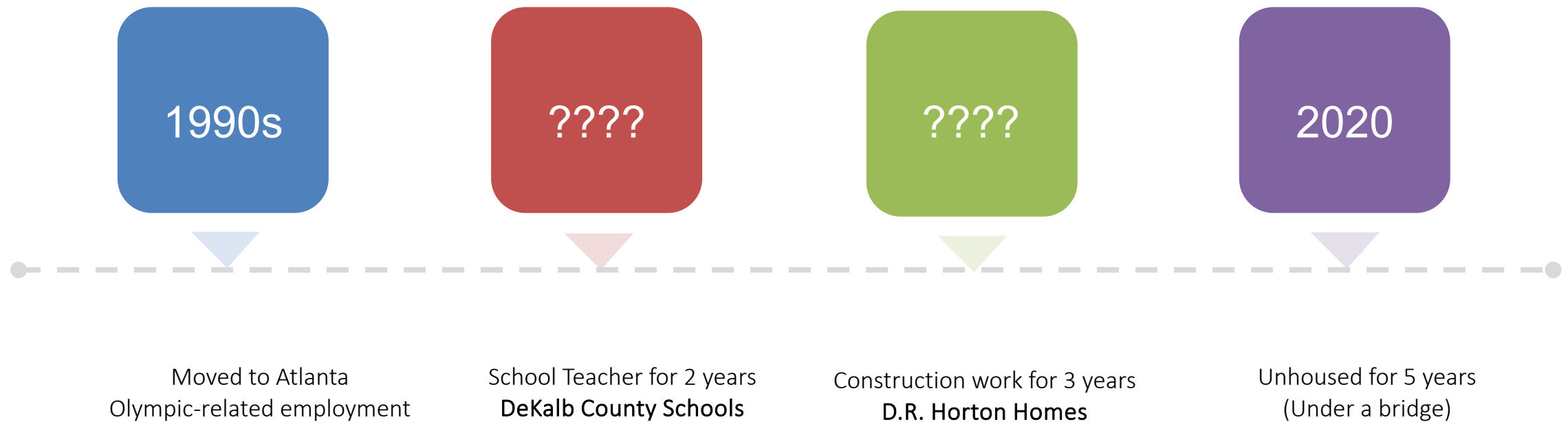


Premorbid History

- Formative years: Boston suburb
- Education: graduated Northeastern University (Boston)
- Head trauma: remote motor vehicle collision



Social Decline



Family & Social Histories

Family History

- Uncertain for ADRD
- *Has a sister but lost contact with family*

Social History

- Former heavy alcohol use
Unable to quantify years
- 1 pack cigarettes/day x 3 -4 years
- Denies other drugs



Additional History

- Birth/childhood: denies pesticide exposure
 - Lead paint uncertain
- Potential grandiosity
 - Ex-wife was the CEO of multinational company
 - Briefly lived in Eastern Europe for work
 - Ex-wife was an Olympic athlete



Chemistry and Complete Count Count

Sodium	144 mEq/L
Potassium	3.9 mEq/L
Chloride	109 mEq/L
Creatine	0.8 mg/dL
Blood Urea Nitrogen	13 mg/dL
CO2	24 mEq/L
ALT	10 (L) mg/dL
AST	19 mg/dL
Albumin	3.8 g/dL
Collected 2/26/25	

White Blood Cell	7.2 K/mcL
Hemoglobin	12.1 g/dL (L)
Hematocrit	37.6 % (L)
Platelet	276 K/mcL
Mean Corpuscular Volume	95 fL
Red Cell Distribution Width	14.6 %
Collected 2/26/25	



Metabolic & Infectious Studies

TSH	0.96 (uIU/mL)
Vitamin B12	331 pg/mL
Folate (serum)	15.2 ng/mL
RPR	Non-reactive
HIV	Negative

Collected 12/10/25



Pertinent Physical Findings

Vitals	129/77 Pulse 80 Respiratory rate 18
General	No distress, disheveled
HEENT	Nystagmus: vertical, horizontal
Cardiovascular	
Respiratory	Unremarkable
Abdomen	
Musculoskeletal	5/5 strength x 4
Neurological	Alert & Oriented x 4 2+ patellar reflexes Regular rapid alternative movements Luria: preserved Gait: ataxic Romberg positive



Functional Assessment

Activities of Daily Living

Basic	Instrumental
Bathing: 1	Use of phone: 1
Dressing: 1	Shopping: 0
Toileting: 1	Food preparation: 0
Transferring: 1	Housekeeping: 0
Continence: 1	Laundry: 0
Feeding: 1	Navigation: 0
	Medications: 0
	Finances: 0
Total: 6/6	Total: 1/8
Functional Assessment Questionnaire	20
QDRS-derived CDR	Global: 1, SOB: 5.5



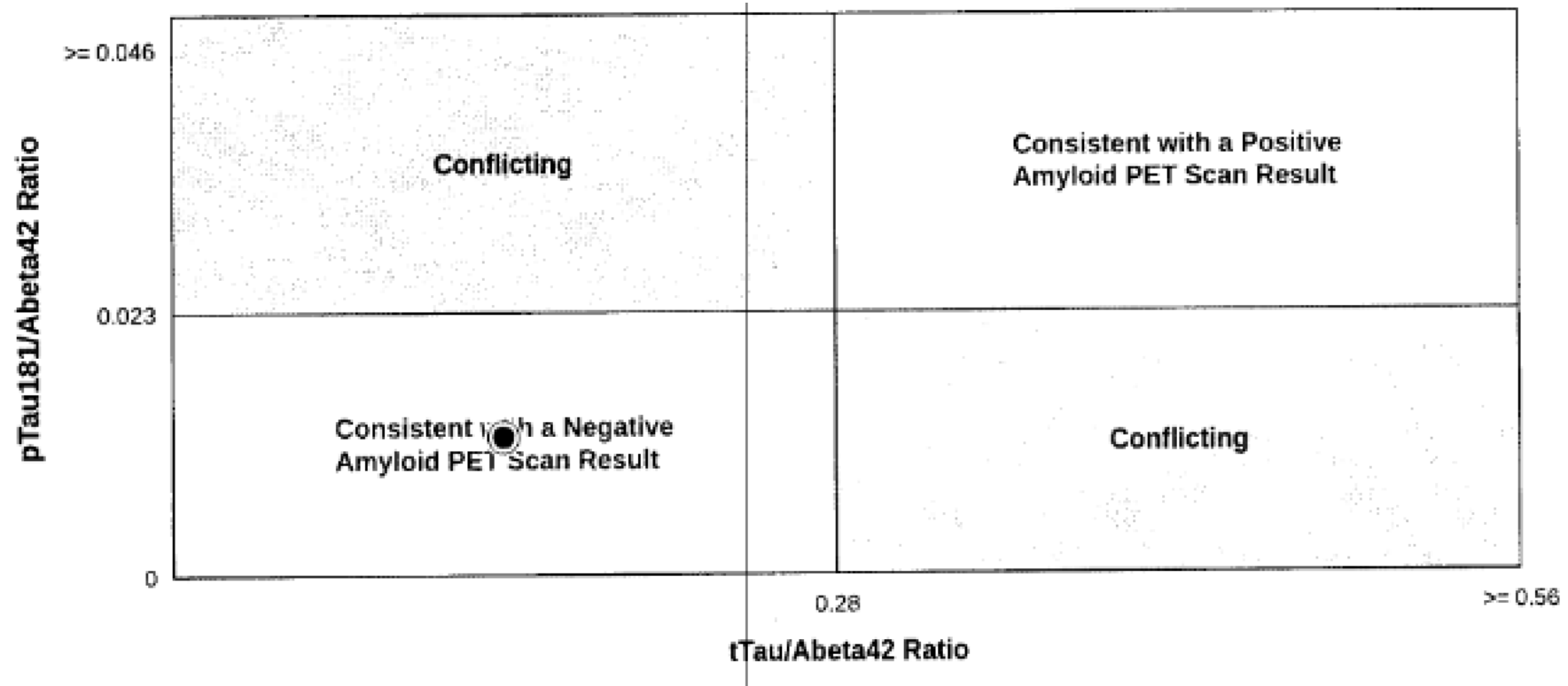
Cerebrospinal Fluid Results

β -Amyloid (1-42)	921 pg/mL
T-tau	133 pg/mL
P-tau	11 pg/mL
T-tau/A β 42 ratio	0.14 (Reference range < 0.28)
P-tau/A β 42 ratio	0.012 (Reference range < 0.023)
Interpretation	Negative

Collected 12/10/25
Roche Electrochemiluminescence Immunoassay (ECLIA)



CSF Biomarker Interpretation



Montreal Cognitive Assessment

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME: _____ Education: _____ Date of birth: _____
 Sex: _____ DATE: _____

VISUOSPATIAL / EXECUTIV

Copy cube (3 points)

Draw CLOCK (Ten past eleven) (3 points)

POINTS: 3/5

NAMING

3/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED	No point
1st trial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2nd trial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

ATTENTION

1st trial: 10 digit/ sec. Subject has to repeat them in the forward order. 2 1 8 5 4

2nd trial: Subject has to repeat them in the backward order. 7 4 2

Read list of letters. The subject must tap with his hand at each letter. No points if 2 errors. FBACMNAAJKLBFAKDEAAAJAMOFAA 1/1

Serial 7 subtraction starting at 100. 93 86 79 72 65 3/3

4 or 5 correct subtractions = 3 PTS, 2 or 3 correct = 2 PTS, 1 correct = 1 PT, 0 correct = 0 PT

LANGUAGE

Know that John is the one to help today.

The cat always hid under the couch when dogs were in the room. 3/2

Fluency / Name maximum number of words in one minute that begin with the letter F. 12 (N ≥ 11 words) 1/1

ABSTRACTION

Relationship between e.g. banana - orange = fruit / train - bicycle = watch - ruler 2/2

DELAYED RECALL

	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUEDE recall only
Has to recall words WITH NO CUE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Optional Category cue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Optional Multiple choice cue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

5/5

ORIENTATION

Date Month Year Day Place City 2/6

© Z.Nearedline MD Version 7.0 www.mocatest.org Normal ≤ 26 / 30

Administered by: _____

TOTAL 19 / 30

Add 1 point if ≤ 12 yr edu



Cognitive Testing Results

DEMOGRAPHICS	
Age	64
Years of Education	16
Handedness	Left

OVERALL	Raw	%ile
MoCA		
Total	19	1
Memory	0	
Executive	12	
Attention	18	
Language	6	
Visuospatial	6	
Orientation	2	

EXECUTIVE	Raw	%ile
Number Span Backward		
Number of Points	8	61
Max Digits	5	43
Trail Making Test Part B		
Time	62	60
Errors	0	

VISUOSPATIAL	Raw	%ile
Rey-O Complex Figure		
Copy	32.5	50
Judgement of Line Orientation (JOLO)		
Correct	24	56

ATTENTION	Raw	%ile
Number Span Forward		
Number of Points	11	86
Max Digits	8	81
Trail Making Test Part A		
Time	41	12
Errors	0	

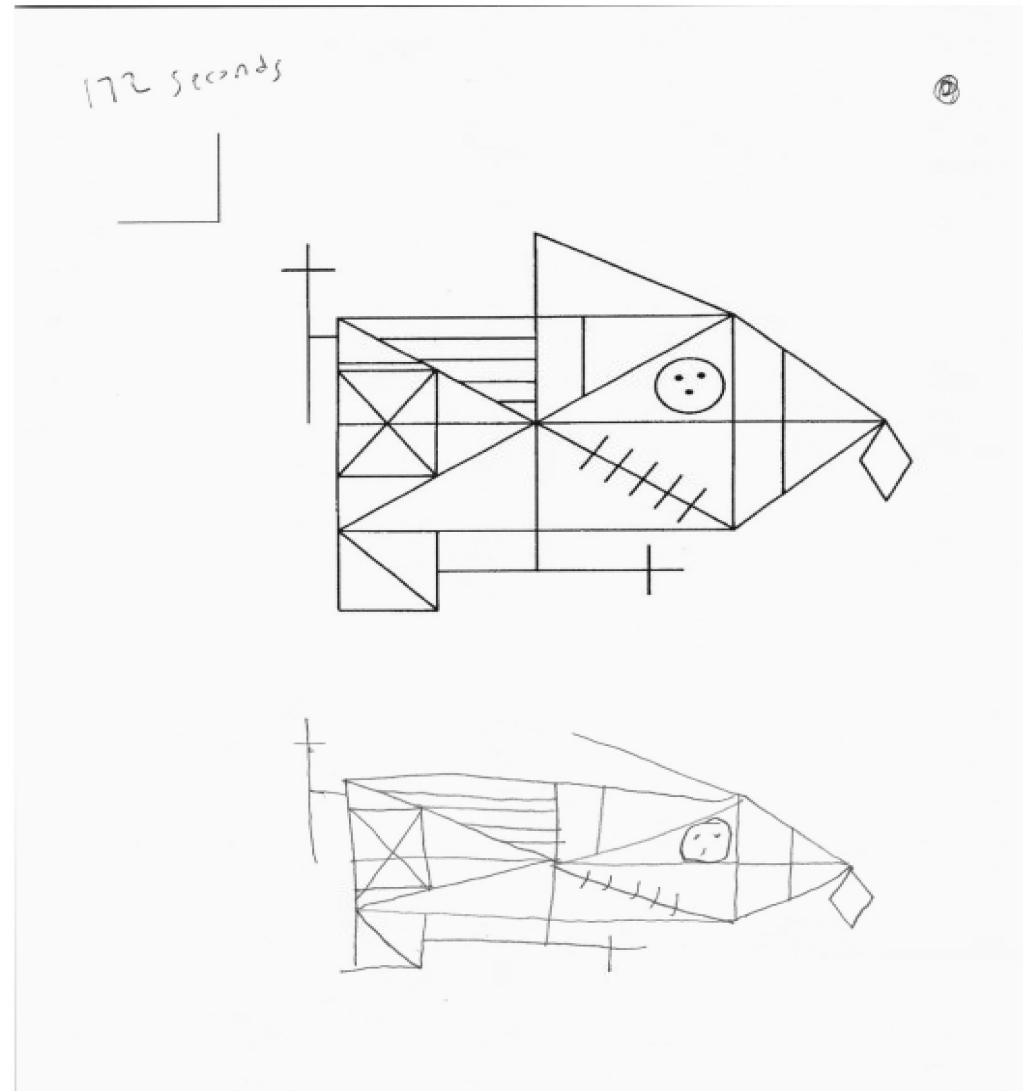
MEMORY	Raw	%ile
Rey-O Complex Figure		
Immediate	4.5	1
Delayed Recall	2.5	1
Rey AVLT		
Trial 5 Recall	6	3
Total (Trials 1-5)	25	1
Delay	0	1
Recognition Hits	1	
Recognition FP	0	
Recognition PC	53	1

LANGUAGE	Raw	%ile
Multilingual Naming Test (MINT)		
Correct - Uncued	30	
Correct - Semantic Cue	0	
Correct - Total Score	30	37
Verbal Fluency		
Total	27	45
Animal Fluency		
Total	11	2

MOOD	Raw	%ile
PHQ-8		
Score	8	
GAD-7		
Score	0	



Rey O Complex Figure



Axial T2 FLAIR



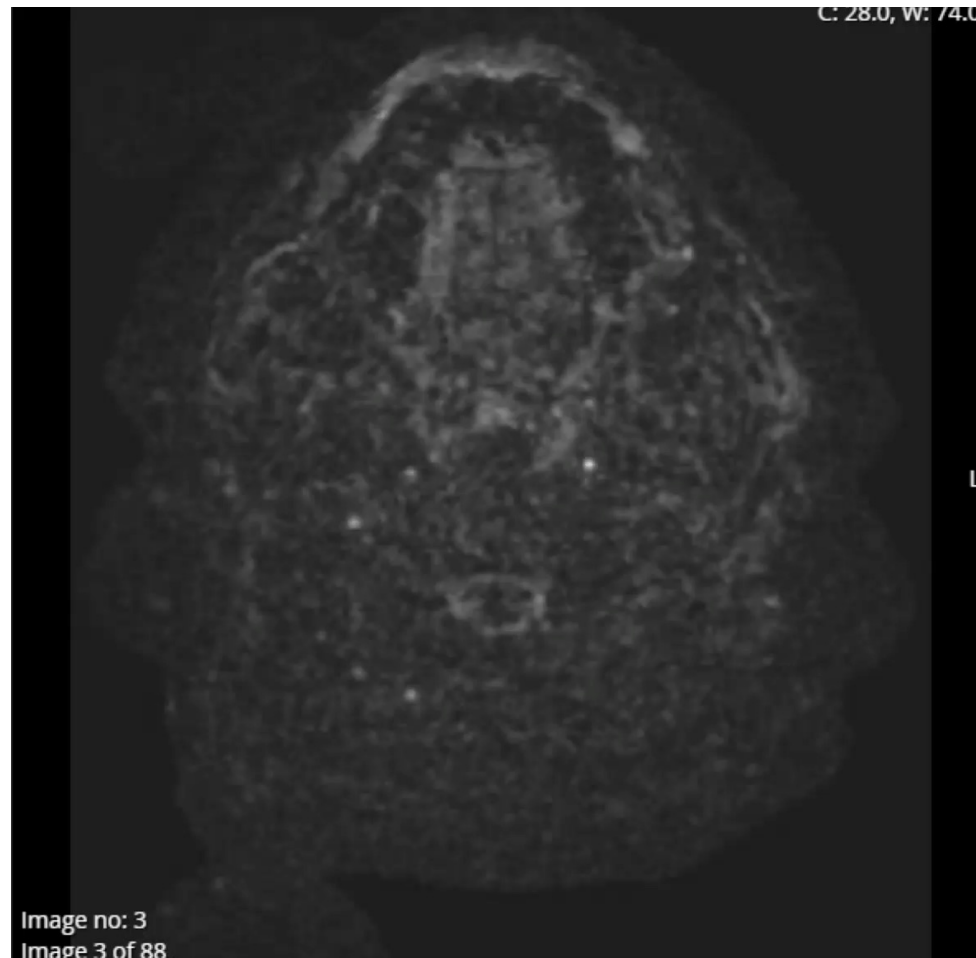
T1 Coronal



T1 Sagittal



Axial SWI



Axial T2

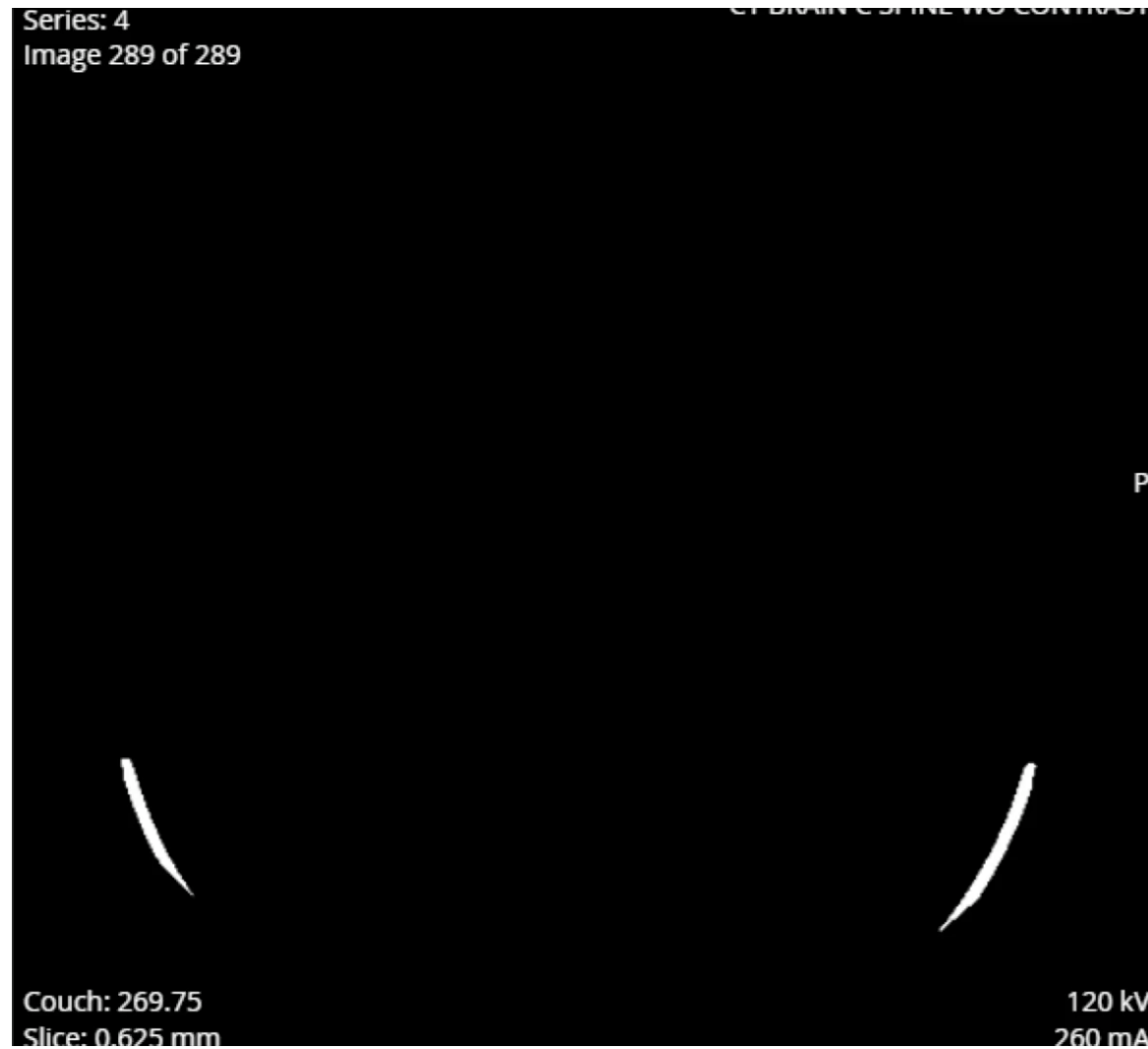


MRI Brain Report

- Diffuse parenchymal volume loss
- MTA = 2 bilaterally
- ERiCA = 1 bilaterally
- Right frontal calvarium T2 lesion
 - *Hyperintense mildly expansile measuring 1.5 x 1.7 cm*
 - *Unchanged since CT head 2/26/25*



CT Brain Axial Thin – Brain Window



CT Brain & Cervical Spine Report

- Indication: ataxia, head trauma (alcohol-related)
- No acute intracranial abnormality or calvarial/skull base fracture
- No obvious parenchymal atrophy
- Focal frontal bone lucency – possible arachnoid granulation



Late Mild Cognitive Impairment to Early Dementia

- Cognitive (began late in 5th decade) & functional deficits
- No evidence of neurodegeneration (AD) per spinal fluid
- Differential diagnoses: cognitive impairment, functional loss, social decline

Chronic alcohol use
(Alcoholic cerebellar degeneration)

- Prior CT head for unsteady gait
- No speech changes
- No vision changes

Vascular pathology (prior hypertension)

- Balance & cognitive changes
- Minimal white matter hyperintensities

Psychotic disorder

- Pronounced social decline
- Potential grandiose statements

Mood disorder

- Moderate depressive symptoms (PHQ-8 = 8)

Secondary gain

- Did alcohol use lead to unstable employment?
- Currently living in a shelter
- Difficult to obtain collateral information
- *Is Rey-O performance unusual?*



Recommendations

- Maintain sobriety
- Repeat psychiatric evaluation once housing is stable
- Collateral information - mental health disorder: try to identify family (case worker?)
- Avoid cholinesterase inhibitor (ataxia, weight loss)

