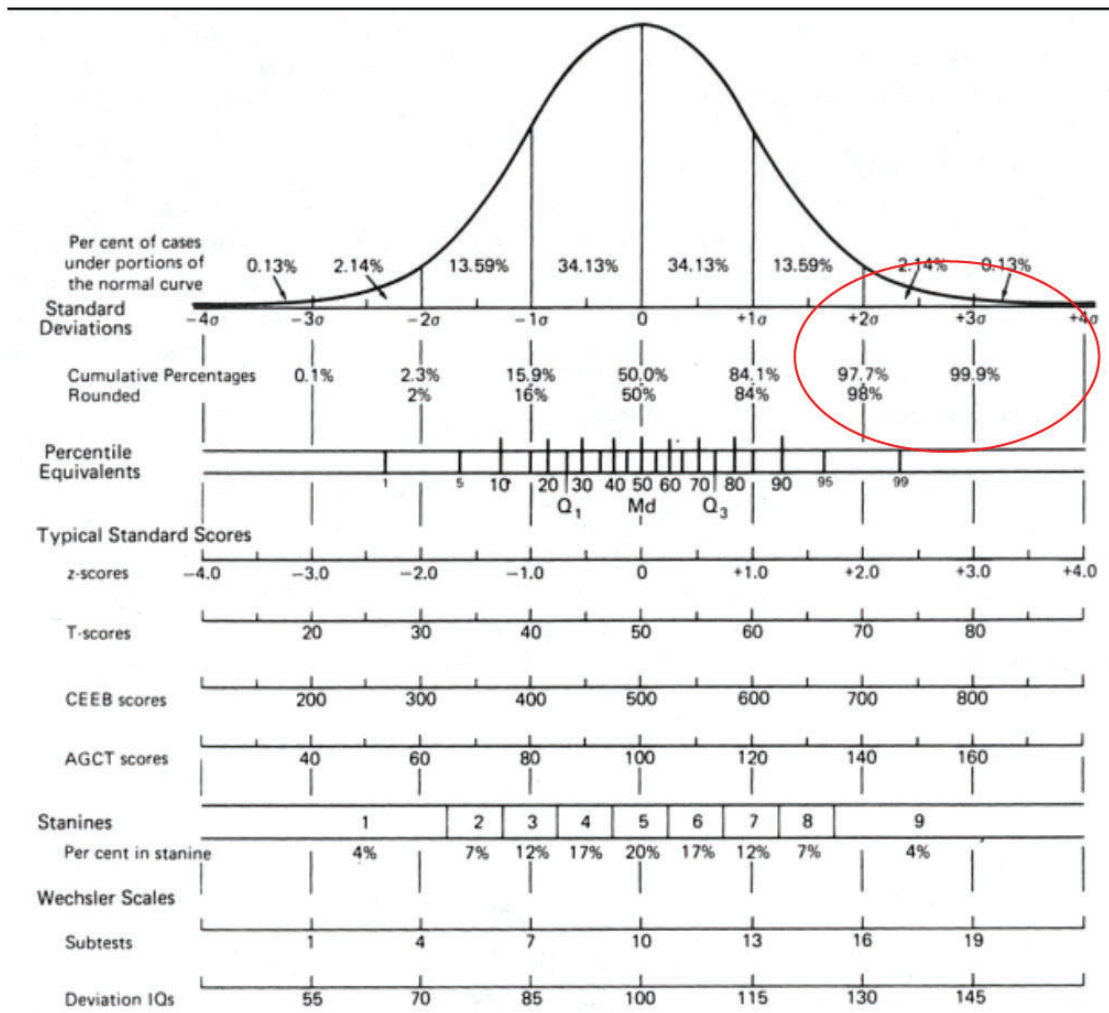


From Lezak, M.D., Howieson, D.B., Bigler, E.D. & Tranel, D.
Neuropsychological Assessment. N.Y. : Oxford University Press.

Neuropsychological Test Validity Measures

- Dr. Moberg
 - Reliable Digit Span
 - Dot Counting
 - Green's Word Memory Test
 - Rey's 15 Items
 - Test of Memory Malinger
 - Forced-choice trial of the California Verbal Learning Test 2
- Dr. Martell:
 - Validity Indicator Profile
 - Forced-choice trial of the California Verbal Learning Test 3



**“Superior” IQ
Top 10%**

From Lezak, M.D., Howieson, D.B., Bigler, E.D. & Tranel, D.
Neuropsychological Assessment. N.Y. : Oxford University Press.

Sum of Scaled Scores to Composite Score Conversion

Scale	Sum of Scaled Scores	Composite Score	Percentile Rank	Confidence Interval*
				90% or 95%
Verbal Comprehension	37	VCI 112	79	106-117
Perceptual Reasoning	47	PRI 133	99	125-138
Working Memory	30	WMI 128	97	120-133
Processing Speed	15	PSI 86	18	79-86
Full Scale	129	FSIQ 120	91	116-124

*For SEMs used to calculate confidence intervals, refer to Table 4.3 of the Technical and Interpretive Manual.

PEARSON

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Product Number 0154980900

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RESULTS BY YEAR

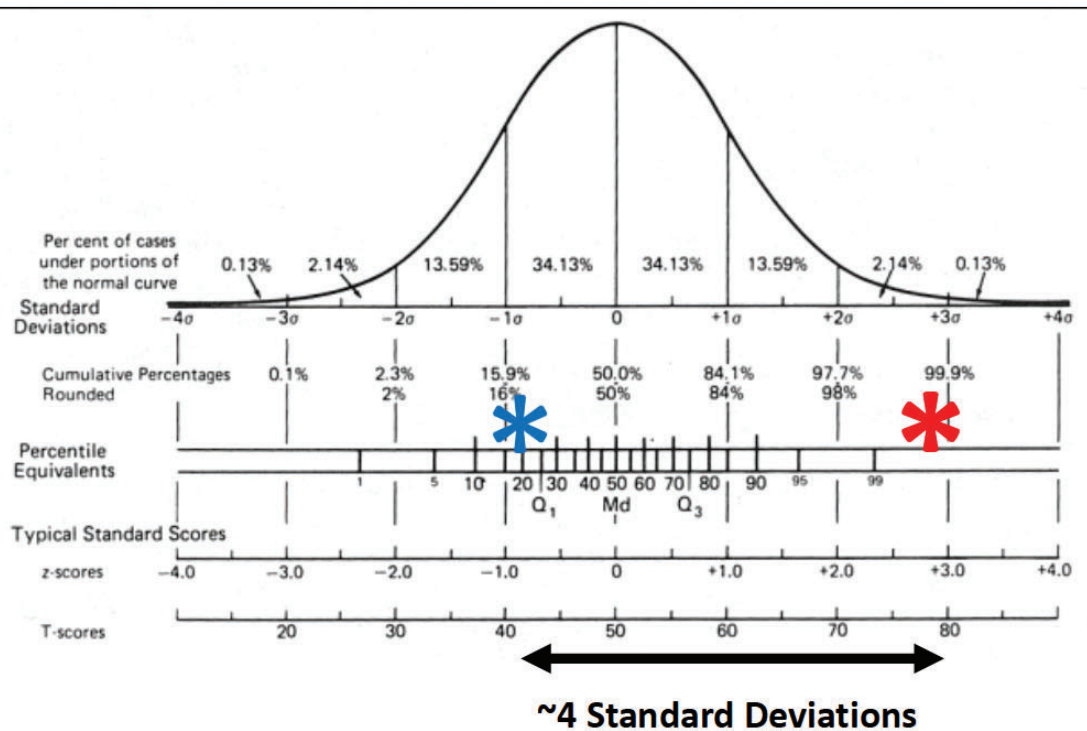
TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

1. White matter, cognition and psychotic-like experiences in UK Biobank.
Bosma MJ, Cox SR, Ziemans T, Buchanan CR, Shen X, Tucker-Drob EM, Adams MJ, Whalley HC, Lawrie SM.
Psychol Med. 2023 Apr;53(6):2370-2379. doi: 10.1017/S0033291721004244. Epub 2021 Nov 17. PMID: 37310314 [Free PMC article](#).

BACKGROUND: Psychotic-like experiences (PLEs) are risk factors for the development of psychiatric conditions like **schizophrenia**, particularly if associated with distress. As PLEs have been related to alterations in both white matter and cognition, we investigated whether c...

2. Neurocognitive subgroups among newly diagnosed patients with **schizophrenia** spectrum or bipolar disorders: A hierarchical cluster analysis.
Miskowiak KW, Kjaerstad HL, Lemvig CK, Ambrosen KS, Thorvald MS, Kessing LV, Glenthoj BY, Ebdrup BH, Fagerlund B.



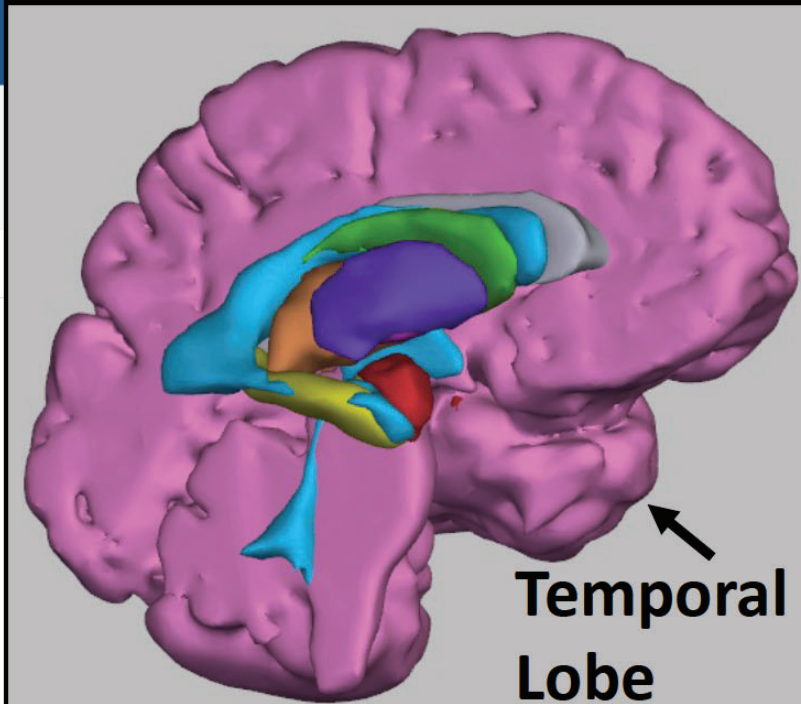
*** Perceptual (Non-Verbal) Reasoning 99th Percentile**

*** Processing Speed 18th Percentile**

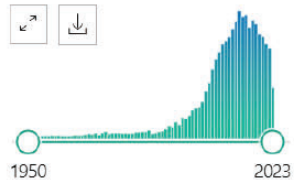
From Lezak, M.D., Howieson, D.B., Bigler, E.D. & Tranel, D.
Neuropsychological Assessment. N.Y. : Oxford University Press.

Memory and Schizophrenia

Mr. Bower's Brain MRI



Amygdala = Red Hippocampus = Yellow



- Abstract
- Free full text
- Full text

Mnemonic discrimination deficits in multidimensional schizotypy.

1 Sahakyan L, Wahlheim CN, Kwapil TR.

Cite Hippocampus. 2023 Jun 22. doi: 10.1002/hipo.23566. Online ahead of print. PMID: 37345675

Share In nondisordered adults, schizotypy predicts risk for developing schizophrenia-spectrum psychopathology. Schizophrenia is associated with disruptions in detecting subtle differences between objects, which is linked to hippocampal dysfunction. ...These deficits were ...

Impaired mnemonic discrimination in children and adolescents at risk for schizophrenia.

2 İmamoglu A, Wahlheim CN, Belger A, S Giovanello K.

Cite Schizophrenia (Heidelb). 2023 Jun 21;9(1):39. doi: 10.1038/s41537-023-00366-9. PMID: 37344455

Dr. Moberg's results show wide variation on memory testing, dependent on the type of memory being assessed. For instance, on the Wechsler Memory Scale IV and the Brief Spatial Memory test, Mr. Bowers performed in the above average to superior range.

However, he showed mild impairment on the Rey Complex Figure Test copy and recall

His performance on word recall after interference was also mildly impaired

His memory for faces, compared to his memory for words, was significantly discrepant on the Warrington Recognition Memory test (memory for words SS=14-15, memory for faces SS=7)

Recognition Memory Test

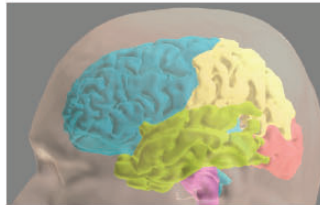
Elizabeth K. Warrington

Record Form

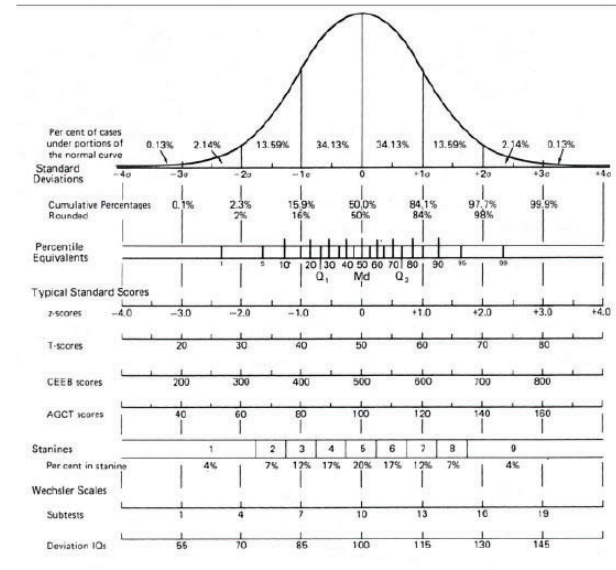
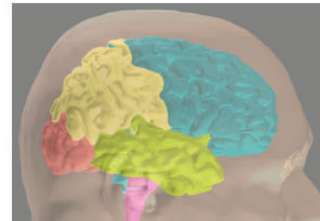
Name: RGB
 Age: 47
 Patient Number: _____
 Date: 1-11-2020

Words	Raw Score	<u>50</u>
	Percentile Score	<u>>90</u>
	Scaled Score	<u>14-15</u>
Faces	Raw Score	<u>40</u>
	Percentile Score	<u>10-25</u>
	Scaled Score	<u>7</u>
	Discrepancy	<u>10</u>
	Raw Score	<u>5</u>

Words ~ Left Temporal Lobe



Faces ~ Right Temporal Lobe



Recognition Memory Test

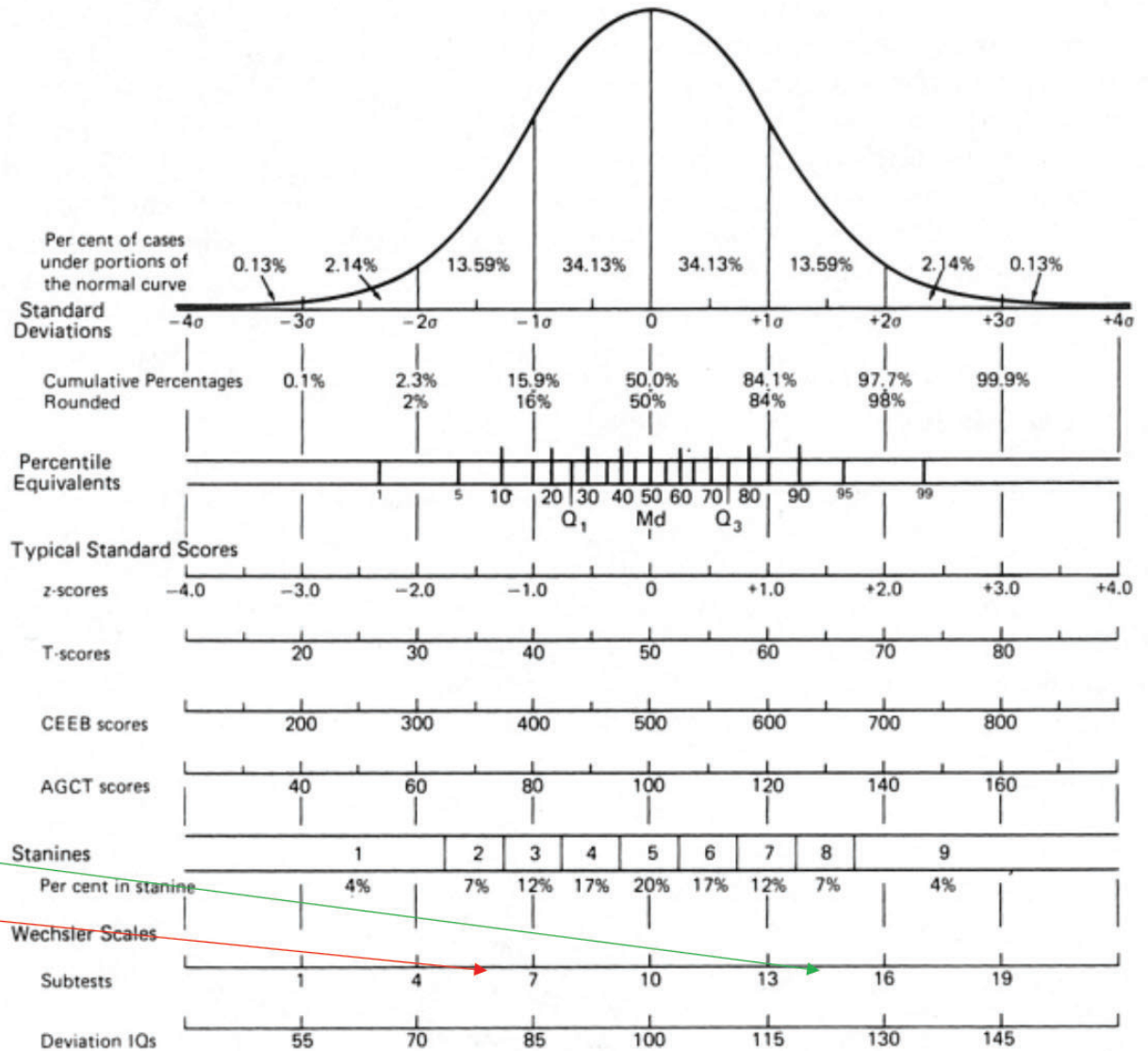
Elizabeth K. Warrington

Record Form

Name: RGB
 Age: 47
 Patient Number: —
 Date: 1-11-2020

Words
 Raw Score 50
 Percentile Score >90
 Scaled Score 14-15
2000

Faces
 Raw Score 40
 Percentile Score 10-25th
 Scaled Score 7
 Discrepancy 10
 Raw Score 5
 Percentile Score —



Memory for Words **SS = 14-15**

Faces **SS = 7**

Wechsler Memory Scale-IV and Brief Spatial Memory test showed mild impairment in copying and recall

He missed 3/5 short term recall items on Dr. Nadkarni's administration of the MoCA

CVLT 3 was within normal limits

Benton Visual Retention Test – within normal limits but with mild clinical evidence of distortions, one design rotation and one perseveration of a design element

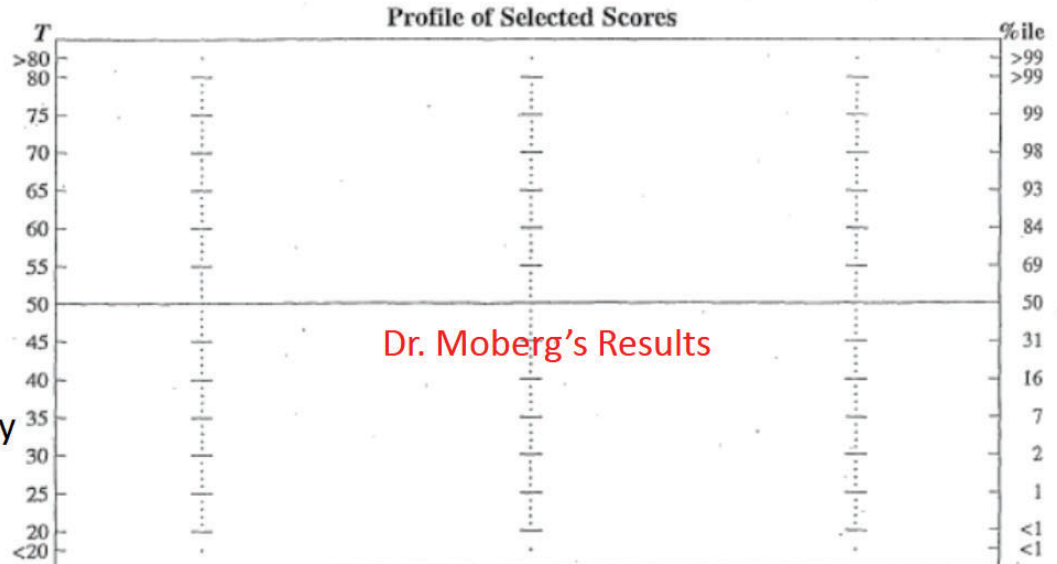
On the Warrington, his memory for words was significantly stronger than his memory for faces

Memory for word SS=14-15

Memory for faces SS=7

RCFT Key Complex Figure Test and Recognition Trial Test Booklet

Name RGB Test Date 12/17/19
 ID # _____ Birth Date 9/9/72
 Gender M Race cauc Handedness R Age 47
 Occupation IT/made Education 11
 Examiner PJM

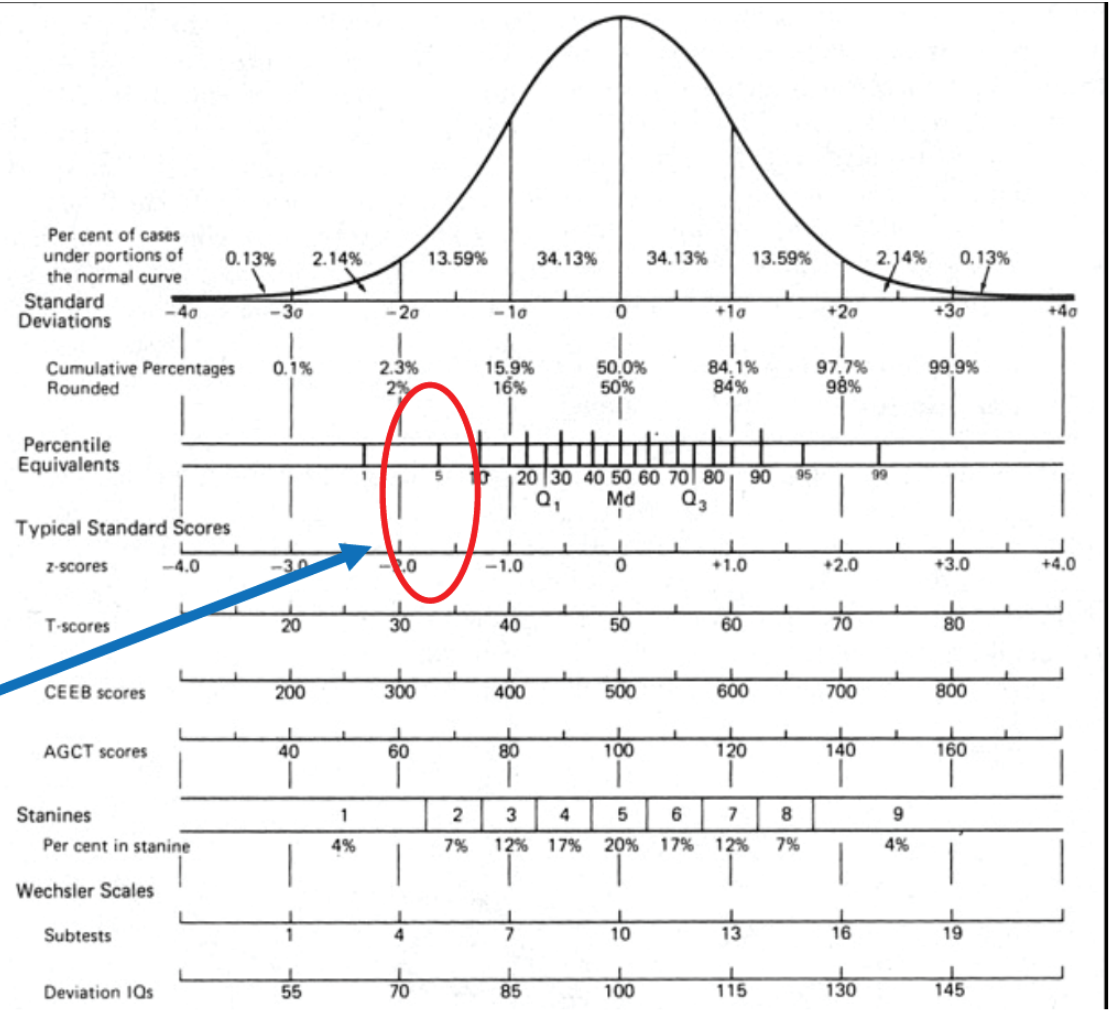
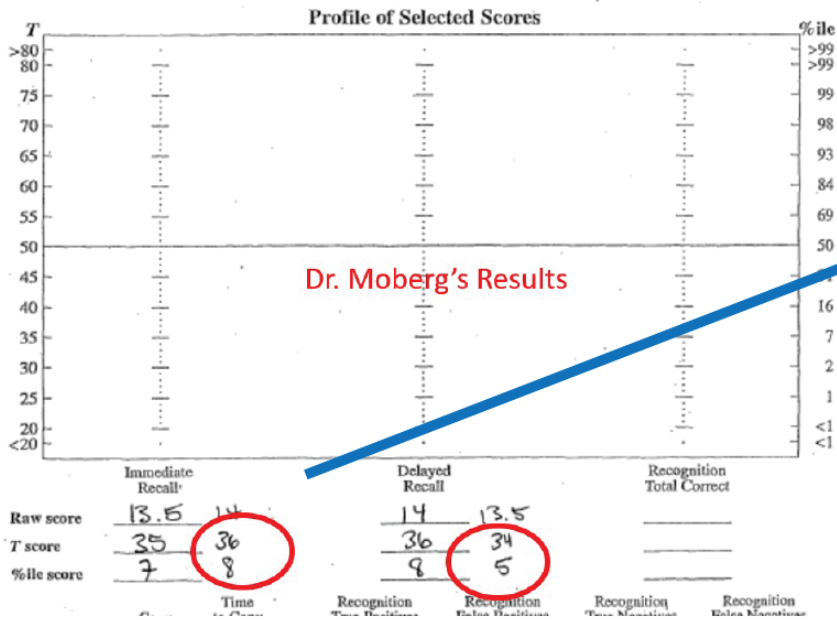


Dr. Moberg's Results

	Immediate Recall	Delayed Recall	Recognition			
Raw score	13.5	14	14	13.5		
T score	35	36	36	34		
%ile score	7	8	8	5		
	Copy	Time to Copy	Recognition True Positives	Recognition False Positives	Recognition True Negatives	Recognition False Negatives
Raw score	33					
%ile range						

RCFT Rey Complex Figure Test and Recognition Trial Test Booklet

Name: RGB Test Date: 12/17/19
 ID #: _____ Birth Date: 9/4/72
 Gender: M Race: Cauc Handedness: R Age: 47
 Occupation: Inmate Education: 11
 Examiner: PJM



Dr. Moberg



Dr. Martel



California Verbal Learning Test—Second Edition

Dean C. Delis Joel H. Kramer Edith Kaplan Beth A. Ober

Standard Form

Name: R&B ID#: _____ Examiner: PJM
 Sex: F M Race/Ethnicity: Cauc. Education (years): 11
 Handedness: R L Ambidextrous Hearing adequate? Y N Hearing aid? Y N
 First language: Eng Preferred language: Eng Effort appear adequate? Y N N
 Affect and mood: _____ Physical appearance: Kempt
 Other behaviors: _____
 Major complaints: _____
 Diagnostic history: _____
 Current medications: _____

	Year	Month	Day
Date Tested	1	12	2023
Date of Birth	9	4	75
Age at Testing	47		

Core Score Summary

Immediate Recall

Score	Raw score	Scaled score	Percentile rank
Trial 1 Correct	7	11	63
Trial 2 Correct	11	12	75
Trial 3 Correct	12	12	75
Trial 4 Correct	11	10	50
Trial 5 Correct	10	8	25
List B Correct	5	10	50

	Raw Score	Standard Score		Raw Score	Standard Score
Trial 1 Free Recall Correct	7	0	Long-Delay Free Recall Correct	7	-0.5
Trial 2 Free Recall Correct	11	1	Long-Delay Cued Recall Correct	12	0.5
Trial 3 Free Recall Correct	12	1	Free-Recall Intrusions (Immediate & Delayed, All Types)	2	0
Trial 4 Free Recall Correct	12	0.5	Cued-Recall Intrusions (All Types)	5	1.0
Trial 5 Free Recall Correct	9	-1.0	Total Intrusions (All Recall Trials, All Types)	7	0.5
Trials 1-5 Free Recall Total Correct	50	62 (T score)	Total Repetitions (All Recall Trials)	8	1.0
List B Free Recall Correct	7	1	Long-Delay Yes/No Recognition Hits	16	1.0
Short-Delay Free Recall Correct	10	0.5	Long-Delay Yes/No Recognition False-Positives	0	-1.0
Short-Delay Cued Recall Correct	10	0	Long-Delay Forced-Choice Recognition Accuracy (# hits 16 / 16) x 100	100%	Valid

California Verbal Learning Test -3 Dr. Martell

Core Score Summary

Immediate Recall

Score	Raw score	Scaled score	Percentile rank
Trial 1 Correct	7	11	63
Trial 2 Correct	11	12	75
Trial 3 Correct	12	12	75
Trial 4 Correct	11	10	50
Trial 5 Correct	10	8	25
List B Correct	5	10	50

Delayed Recall

Score	Raw score	Scaled score	Percentile rank
Short Delay Free Recall Correct	10	10	50
Short Delay Cued Recall Correct	13	11	63
Long Delay Free Recall Correct	14	13	84
Long Delay Cued Recall Correct	14	12	75

California Verbal Learning Test -3 Dr. Martell

Process Score Summary

Immediate Recall

Score	Raw score	Scaled score	Percentile rank
Trial 5 Semantic Clustering (Chance Adjusted)	3.2	12	75
Trials 1–5 Semantic Clustering (Chance Adjusted)	3.4	14	91
Trials 1–5 Serial Clustering (Chance Adjusted)	-0.2	7	16
Trials 1–5 % Recall Primacy	25	8	25
Trials 1–5 % Recall Middle	47	11	63
Trials 1–5 % Recall Recency	27	10	50
Trials 1–5 Recall Consistency	73	8	25
Trials 1–5 Learning Slope Analysis	0.6	6	9
Trials 1–2 Learning Slope Analysis	4	12	75
Trials 2–5 Learning Slope Analysis	-0.4	4	2
Trials 1–5 Recall Discriminability	2.3	12	75

VISUAL RETENTION TEST
Arthur L. Benton
RECORD FORM

NO. _____

NAME R. Bowers AGE _____ SEX _____
 PLACE OF TESTING _____ EXAMINER DAM

FIRST TESTING			
Design	Score (0 or 1)	Errors*	Number of Errors
I	1		
II	1		
III	1		
IV	1	SML, rML	2
V	0		
VI	1		
VII	0	PER PR	1
VIII	1		
IX	0	RML	1
X	0	45 Rm 1 MR	2
Number Correct Score	6	Error Score	6

*Use symbols; see Chapter 2 of manual.

ERROR CATEGORIES:

Omissions _____

Distortions _____

Perseverations 1

Rotations 1

Misplacements _____

Size Errors _____

Left Errors 4

Right Errors _____

SECOND TESTING			
Design	Score (0 or 1)	Errors*	Number of Errors
I			
II			
III			
IV			
V			
VI			
VII			
VIII			
IX			
X			
Number Correct Score		Error Score	

*Use symbols; see Chapter 2 of manual.

ERROR CATEGORIES:

Omissions _____

Distortions _____

Perseverations _____

Rotations _____

Misplacements _____

Size Errors _____

Left Errors _____

Right Errors _____

REMARKS _____

INTERPRETATION Sperry & Strass p 694 (Adjusted)
Cox = 6.66 / 1.47
EW = 4.90 / 2.42 → WNL

TABLE 11.11 BVRT Norms for Administration A: Adults Expected Number Correct Scores, by Estimated Premorbid IQ and Age*

Estimated Premorbid IQ	EXPECTED NUMBER CORRECT SCORE, BY AGE		
	15-44	45-54	55-64
110 and above	9	8	7
95-109	8	7	6
80-94	7	6	5
70-79	6	5	4
69 and below	≤5	≤4	≤3

BVRT Norms for Administration A: Adults Expected Error Scores

Estimated Premorbid IQ	EXPECTED ERROR SCORE, BY AGE			
	15-39	40-54	55-59	60-64
110 and above	1	2	3	4
105-109	2	3	4	5
95-104	3	4	5	6
90-94	4	5	6	7
80-89	5	6	7	8
70-79	6	7	8	9
69 and below	≥7	≥8	≥9	≥10

*These data are identical to those given in Sivan's 1992 test manual except for slight differences in age range: The three new age ranges for Number Correct scores at 15-49, 50-59, and 60-69; for Error scores they are 15-44, 45-59, 60-64, and 65-69.

Mr. Bowers -- Temporal Lobe Dysfunction EEG and Neuropsychological Abnormalities

EEG DIAGNOSIS: Abnormal EEG because of

1. Occasional left temporal theta more than delta slow, often in runs, more prominent and at times quasi-rhythmic in drowsiness
2. Rare right temporal delta slow
3. Rare generalized theta more than delta slow

CLINICAL INTERPRETATION: This 43 hour and 48-minute ambulatory EEG without video is suggestive of independent left more than right temporal nonspecific cerebral dysfunction. There is also evidence for mild nonspecific generalized cerebral dysfunction. No epileptiform discharges or EEG seizures were recorded.

Angela Crudele, M.D.
Attending Physician

Temporal Lobe Abnormalities and Memory Function

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RESULTS BY YEAR

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- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial
- Meta-Analysis
- Randomized Controlled Trial
- Review
- Systematic Review

1 An evolutionary conserved division-of-labor between archicortical and neocortical ripples organizes information transfer during sleep.

Cite van Schalkwijk FJ, Weber J, Hahn MA, Lendner JD, Inostroza M, Lin JJ, Helfrich RF. *Prog Neurobiol.* 2023 Jun 21:102485. doi: 10.1016/j.pneurobio.2023.102485. Online ahead of print. PMID: 37353109

Share Systems-level **memory** consolidation during sleep depends on the temporally precise interplay between cardinal sleep oscillations. ...Moreover, it remains undetermined if neocortical ripples fulfill distinct functional roles. Leveraging intracranial recordings from the human ...

2 Hemispheric contributions toward interoception and emotion recognition in left- vs right-semantic dementia.

Cite Hazelton JL, Devenney E, Ahmed R, Burrell J, Hwang Y, Piguat O, Kumfor F. *Neuropsychologia.* 2023 Jun 20:108628. doi: 10.1016/j.neuropsychologia.2023.108628. Online ahead of print. PMID: 37348648

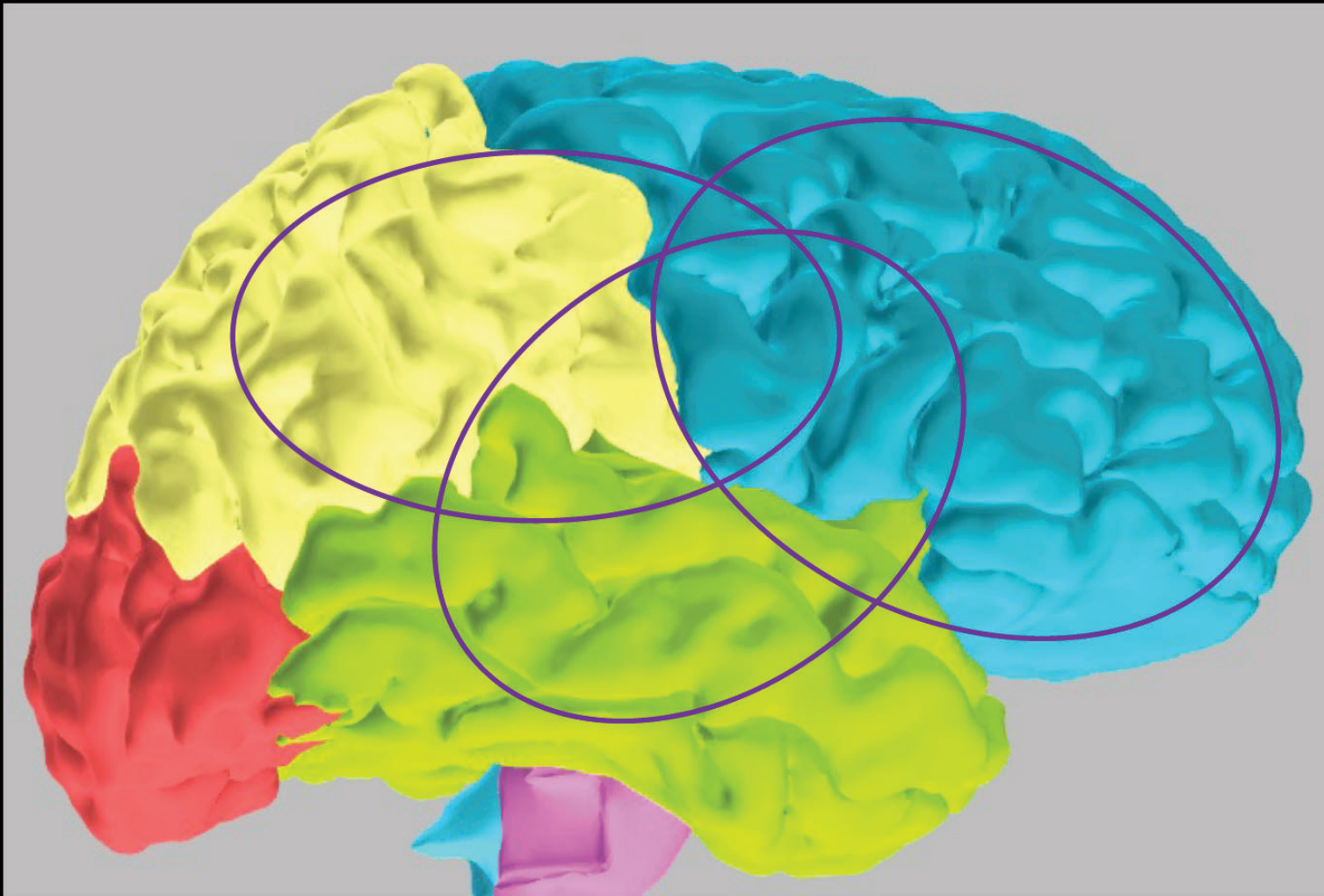
Share Semantic dementia cases with either left-dominant (i.e., left-SD) or right-dominant (i.e., right-SD) anterior **temporal lobe** atrophy experience emotion recognition difficulties, however, little is known about interoception in these syndromes. ...Interoception and emo ...

3 Cognitive tasks affect the relationship between representational pattern similarity and subsequent item **memory** in the hippocampus.

Cite Lim YL, Lang DJ, Diana RA. *Neuroimage.* 2023 Jun 20:120241. doi: 10.1016/j.neuroimage.2023.120241. Online ahead of print. PMID: 37348623

Share Episodic **memories** are records of personally experienced events, coded neurally via the hippocampus and surrounding medial **temporal lobe** cortex. ...In conclusion, we found that the relationship between pattern similarity across repeated encoding and **memory** ...

Executive Function Testing

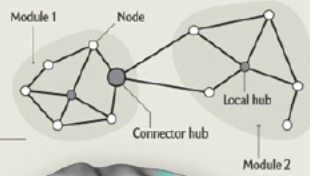


Decoding 100 Trillion Messages

The Milky Way has hundreds of billions of stars—just a fraction of the 100 trillion connections in our brains that enable us to sense, think and act. To unravel this complexity, network neuroscientists create a map, or “graph,” consisting of nodes linked by edges that fit into modules, which are tethered to one another with highly connected nodes called hubs.

From Modules to Hubs to Thoughts

Collections of nodes form modules that devote themselves to processing vision, attention and motor behaviors, among other tasks. Some of the nodes act as local hubs that link to other nodes in their own module. A node that has many linkages to a lot of modules is known as a connector hub (the type most commonly referenced in this article). Its diverse connections across the brain's modules are critical for many tasks, particularly complex behaviors.



- Brain Modules**
- Visual
 - Attention
 - Frontoparietal control
 - Somatic motor
 - Saliency
 - Default
 - Limbic

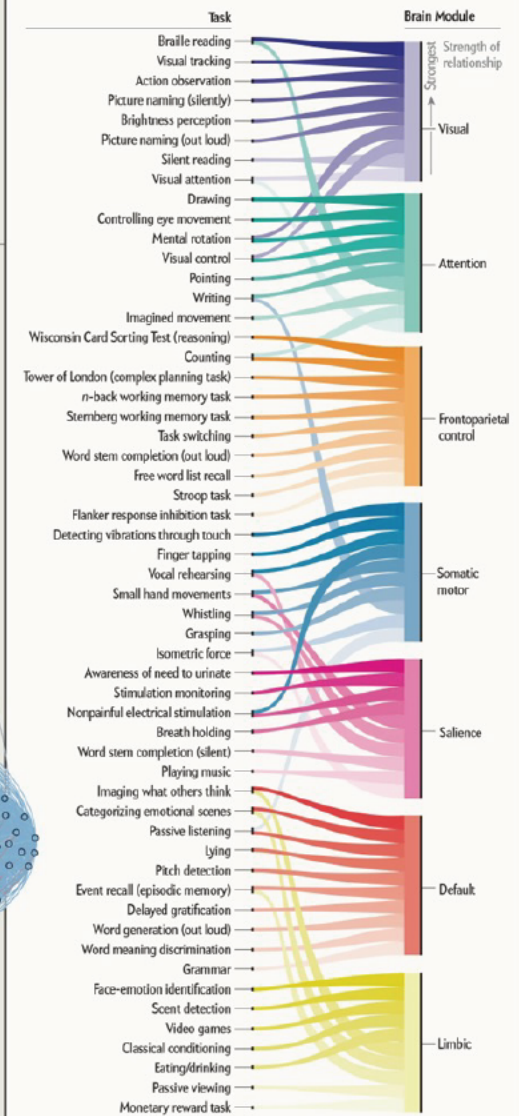
A Seven key modules, denoted by colors, spread across sometimes disconnected areas of the brain.

B Connector hubs with the strongest links to multiple other modules appear in this side view, colored to indicate the seven pivotal brain modules.

C A graph of the human brain's nodes and edges shows the strongest connector hubs represented as large circles. Each node's color represents the module it belongs to. Nodes can be visualized as repelling magnets with edges between nodes acting as springs that hold them together. Tightly connected nodes cluster together. Connector hubs occupy the center because they are well connected to all modules.

Putting It Together

Modules for vision, attention and other cognitive functions are dedicated to specific tasks, often represented here by psychological tests. The most active tasks rise to the top. The visual module, for instance, is involved with naming, reading and observing. Many tasks require multiple modules. For example, a mental rotation task recruits both the visual and the attention modules. Some modules are entrusted with more abstract tasks. The frontoparietal module engages in switching tasks or recalling lists. The default mode module attends to subjective emotional states or passive listening when a person is at rest.



Executive functioning deficits in Schizophrenia

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RESULTS BY YEAR

TEXT AVAILABILITY

Abstract

Free full text

The histamine system and cognitive function: An in vivo H3 receptor PET imaging study in healthy volunteers and patients with schizophrenia.

1

Cite Arunham A, Nour MM, Veronese M, Onwordi EC, Rabiner EA, Howes OD. J Psychopharmacol. 2023 Jun 16;2698811231177287. doi: 10.1177/02698811231177287. Online ahead of print. PMID: 37329185

Share Post-mortem evidence has found altered H3R expression in patients with psychotic disorders, which may underlie cognitive impairment associated with schizophrenia (CIAS). AIMS: We used positron emission tomography (PET) imaging to compare brain uptake of an H3R selective tr ...

Primary states of consciousness: A review of historical and contemporary developments.

2

“Frontal” Executive Function Measure



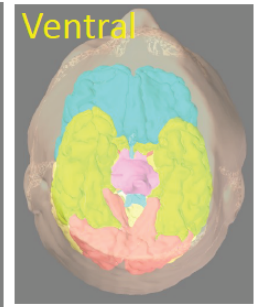
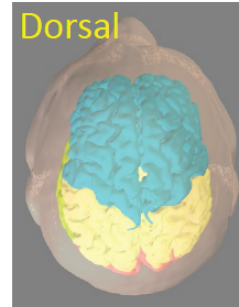
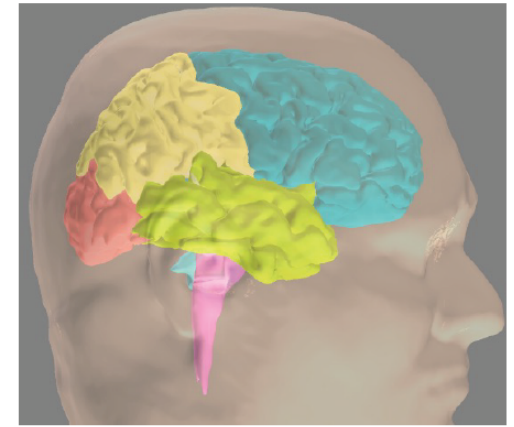
Dr. Moberg

Wisconsin Card Sorting Test™: Computer Version 4
 Research Edition
 by
 Robert K. Heaton, PhD, and PAR Staff

Client Information

Last Name: B	Test Date: 01/30/2020
First Name: R	Test Description:
Client ID:	
BirthDate: 09/04/1972	Report: (not specified)
Age: 47 years, 4 months	Cooperation: (not specified)
Gender: Male	Effort: (not specified)
Ethnicity: Caucasian (not of Hispanic Origin)	On Medication: No
Education: 11 years	Description of Medication:
Handedness: Right	
Occupation: (not specified)	

Mr. Bower's MRI
Blue = Frontal Lobe



Gyrus Rectus	1.87	2.14	1.62
Superior Frontal Gyrus	1.88	2.04	1.46
Middle Frontal Gyrus	1.90	2.20	1.36
Supplementary Motor Area	2.22	2.46	1.69
Inferior Medial Frontal Gyrus	2.32	2.86	1.63
Frontal Lobe	2.33	2.70	1.79
Olfactory Cortex	2.76	3.50	1.68
Superior Medial Frontal Gyrus	3.21	3.09	3.05

Dr. Newberg
PET Findings

925 Chestnut Street, Suite 120, Philadelphia, PA 19107

THOMAS JEFFERSON UNIVERSITY AND HOSPITALS

Dr. Moberg Summary Sheet

Test Results

WCST scores	Raw scores	Age & Education Demographically Corrected			U.S. Census Age-matched		
		Standard scores	T scores	%iles	Standard scores	T scores	%iles
Trials Administered	128						
Total Correct	81						
Total Errors	47	82	38	12%	86	41	18%
% Errors	37%	84	39	14%	87	41	19%
Perseverative Responses	25	86	41	18%	87	41	19%
% Perseverative Responses	20%	88	42	21%	88	42	21%
Perseverative Errors	21	87	41	19%	88	42	21%
% Perseverative Errors	16%	90	43	25%	90	43	25%
Nonperseverative Errors	26	78	35	7%	81	37	10%
% Nonperseverative Errors	20%	82	38	12%	82	38	12%
Conceptual Level Responses	63						
% Conceptual Level Responses	49%	82	38	12%	86	41	18%
Categories Completed	2			2 - 5%			6 - 10%
Trials to Complete 1 st Category	10			> 16%			> 16%
Failure to Maintain Set	4			2 - 5%			2 - 5%
Learning to Learn	N/A						

Mr. Bowers only completed 2 out of a possible 6 sorts on the Wisconsin Card Sorting Test



Wisconsin Card Sorting Test Frontal

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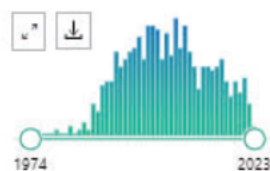
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RESULTS BY YEAR



TEXT AVAILABILITY

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- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents
- Clinical Trial
- Meta-Analysis
- Randomized Controlled Trial
- Review
- Systematic Review

1 [Effect of transcutaneous auricular vagus nerve stimulation on functional connectivity in the related brain regions of patients with depression based on the resting-state fMRI].

Cite Ma Y, Guo CL, Sun JF, Gao SS, Luo Y, Chen QY, Hong Y, Zhang L, Cao JD, Xiao X, Rong PJ, Fang JL. Zhongguo Zhen Jiu. 2023 Apr 12;43(4):367-73. doi: 10.13703/j.0255-2930.20221007-k0002. PMID: 37068810 Chinese.

Share The scores of Hamilton depression scale (HAMD), Hamilton anxiety scale (HAMA) and Wisconsin card sorting test (WCST) were observed in the normal group at baseline and the depression group before and after treatment separately. ...The brain regions with ...

2 Convergent and divergent cognitive impairment of unipolar and bipolar depression: A magnetoencephalography resting-state study.

Cite Wang H, Tian S, Yan R, Tang H, Shi J, Zhu R, Chen Y, Han Y, Chen Z, Zhou H, Zhao S, Yao Z, Lu Q. J Affect Disord. 2023 Jan 15;321:8-15. doi: 10.1016/j.jad.2022.09.126. Epub 2022 Sep 29. PMID: 36181913

Share Correlation analysis of cognitive dysfunction scores and MEG oscillation were conducted by Spearman or partial correlation analysis. RESULTS: Wisconsin Card Sorting Test showed similar cognitive impairment in patients with UD and BD. ...Compare to HC, ...

3 Neuronal Alterations in Secondary Thalamic Degeneration Due to Cerebral Infarction: A ¹¹C-Flumazenil Positron Emission Tomography Study.

Cite Yamauchi H, Kagawa S, Kusano K, Ito M, Okuyama C. Stroke. 2022 Oct;53(10):3153-3163. doi: 10.1161/STROKEAHA.122.038846. Epub 2022 Jul 6. PMID: 35862203 Free PMC article.

Share The ipsilateral-to-contralateral ratio of FMZ-BP in the thalamus was significantly correlated with the ipsilateral-to-contralateral cerebral metabolic rate of oxygen ratio in the frontal cortex and showed a significant negative correlation with the number of perseverative ...



Wisconsin Card Sorting Test Schizophrenia



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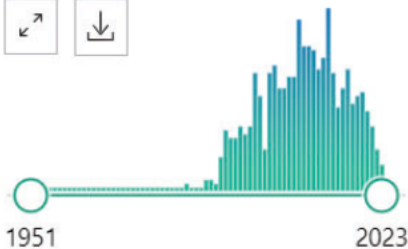
Display options

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751 results

Page 1 of 76

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

Study investigating executive function in **schizophrenia** patients and their unaffected siblings.

Cite Xu F, Xian Z.

PLoS One. 2023 Apr 26;18(4):e0285034. doi: 10.1371/journal.pone.0285034. eCollection 2023.

Share

PMID: 37099556 **Free PMC article.**

INTRODUCTION: **Schizophrenia** (SCZ) is characterized by widespread cognitive impairments, such as executive functions. ...These three groups underwent a computerized version of the **Wisconsin Card Sorting Test** (WCST), and a battery of cognitive neu ...

Anhedonia and sensitivity to punishment in **schizophrenia**, depression and opiate use disorder.

Cite Ossola P, Garrett N, Biso L, Bishara A, Marchesi C.

J Affect Disord. 2023 Jun 1;330:319-328. doi: 10.1016/j.jad.2023.02.120. Epub 2023 Mar 6.

Share

Adult Form

Speech-sounds Perception Test

Name Robert Bowen Date 5/22/23 Examiner DPM Score 6 ew

Directions: Underline the syllable which you hear.



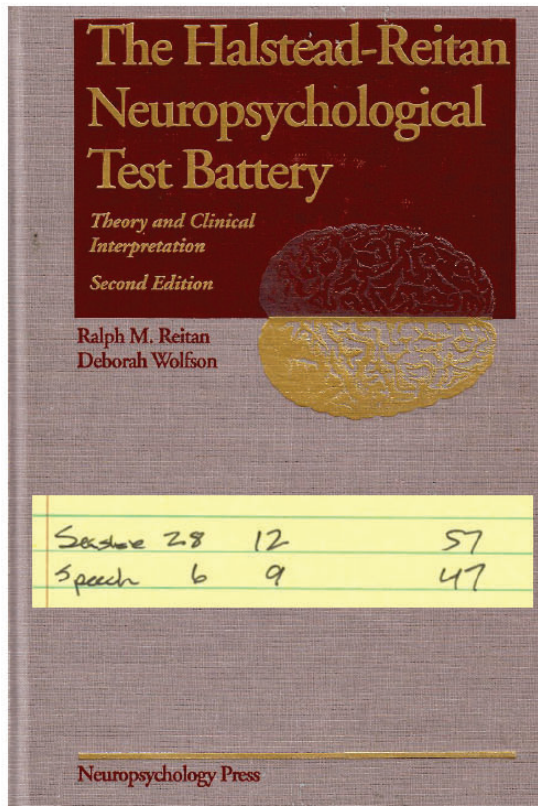
352 Chapter VII

Speech Sounds Perception Test

Table 7-1. Rules for computing the General Neuropsychological Deficit Scale score.

Level of Performance

Variable	0	1	2	3
1. Verbal IQ	90+	82-89	73-81	≤72
2. Performance IQ	90+	82-89	73-81	≤72
3. Impairment Index	0-.2	.3-.4	.5-.7	.8-1.0
4. Category Test	0-25	26-45	46-64	65+
5. TPT — Total Time	0'-9.0'	9.1'-15.0'	15.1'-25.0'	25.1'+
6. TPT — Memory	8-10	7	4-6	0-3
7. TPT — Localization	7-10	6	3-5	0-2
8. Seashore Rhythm Test (# correct)	28-30	25-27	20-24	0-19
9. Speech-sounds Perception Test (errors)	0-6	7-10	11-15	16+
10. Finger Tapping — Dominant Hand	55+	50-54	41-49	0-40
11. Finger Tapping — Non-dominant Hand	49+	45-48	37-44	0-36
12. Trail Making Test — Part A	0"-26"	27"-39"	40"-51"	52"+
13. Trail Making Test — Part B	0"-65"	66"-85"	86"-120"	121"+
14. Tactile Form Recognition — Total Time	0"-16"	17"-23"	24"-33"	34"+
15. Bilateral Tactile Stimulation — Total errors	0	1	2-3	4+
16. Bilateral Auditory Stimulation — Total errors	0	1	2	3+
17. Bilateral Visual Stimulation — Total errors	0	1	2-3	4+
18. Tactile Finger Recognition — Both hands (errors)	0-2	3-4	5-8	9+
19. Finger-tip Number Writing — Both hands (errors)	0-3	4-6	7-11	12+



Dr. Martell testing

Dr. Martell: Delis-Kaplan Executive Function System



Score Report

Name: Robert Bowers
Test Date: 5/22/2023

Trail Making Test

	Raw Score	Scaled Score
Primary Measure: Completion Times		
Condition 1: Visual Scanning	16	13
Condition 2: Number Sequencing	24	13
Condition 3: Letter Sequencing	17	15
Condition 4: Number-Letter Switching	48	13
Condition 5: Motor Speed	18	12
	Sum of Scaled Scores	Composite Scaled Score
Primary Combined Measure: Completion Times		
Combined Number + Letter Sequencing	28	15
	Scaled Score Difference	Contrast Scaled Score*
Primary Contrast Measures: Completion Times		
Switching vs Visual Scanning	0	10
Switching vs Number Sequencing	0	10
Switching vs Letter Sequencing	-2	8
Switching vs Combined Number + Letter Sequencing	-2	8
Switching vs Motor Speed	1	11

*A low or high contrast scaled score may reflect different cognitive problems; see examiner's manual.



Score Report

Name: Robert Bowers
Test Date: 5/22/2023

Verbal Fluency Test: Standard Form

	Raw Score	Scaled Score
Primary Measures		
Letter Fluency: Total Correct	33	9
Category Fluency: Total	44	12
Category Switching: Total Correct	17	15
Category Switching: Total Switching	16	14
	Scaled Score Difference	Contrast Scaled Score*
Primary Contrast Measures		
Letter Fluency vs. Category Fluency	-3	7
Category Switching vs. Category Fluency	3	13

*A low or a high contrast scaled score may reflect different cognitive problems; see examiner's manual.

	Letter Fluency Raw Score	Category Fluency Raw Score	Category Switching Raw Score	Total Raw Score	Scaled Score
Optional Measures: Conditions 1-3 Combined					
First Interval: Total Correct	13	15	7	35	10
Second Interval: Total Correct	9	10	5	24	11
Third Interval: Total Correct	8	10	2	20	12
Fourth Interval: Total Correct	3	9	3	15	10
Set-Loss Errors	0	0	0	0	13
Repetition Errors	1	0	0	1	12
Total Responses (Correct + Incorrect)*	34	44	16	94	-

*Note: Some Repetition Errors are coded also as Set-Loss Errors, each double-coded error counts as only one response for the Total Responses Measure.

Dr. Rogers D-KEFS Proverbs test

D-KEFS Proverb Test: Summary of Scores

	Primary Measures	
Total Achievement Score: Free Inquiry	20 Total Raw Score	→ 9 Scaled Score
Total Achievement Score: Multiple Choice	24 Total Raw Score	→ 14 Cumulative Percentile Rank
Optional Measures: Free Inquiry		
Common Proverb Achievement Score: Free Inquiry Items 1-5	16 Total Raw Score	→ 10 Scaled Score
Uncommon Proverb Achievement Score: Free Inquiry Items 6-8	4 Total Raw Score	→ 8 Scaled Score
Accuracy Only Score	10 Total Raw Score	→ 9 Scaled Score
Abstraction Only Score	10 Total Raw Score	→ 7 Scaled Score

SCORING AND RECORDING FORM FOR THE BOOKLET CATEGORY TEST

Nick A. DeFilippis, Ph.D. and Elizabeth McCampbell, Ph.D.

Name R. Bowers Age _____ Sex _____

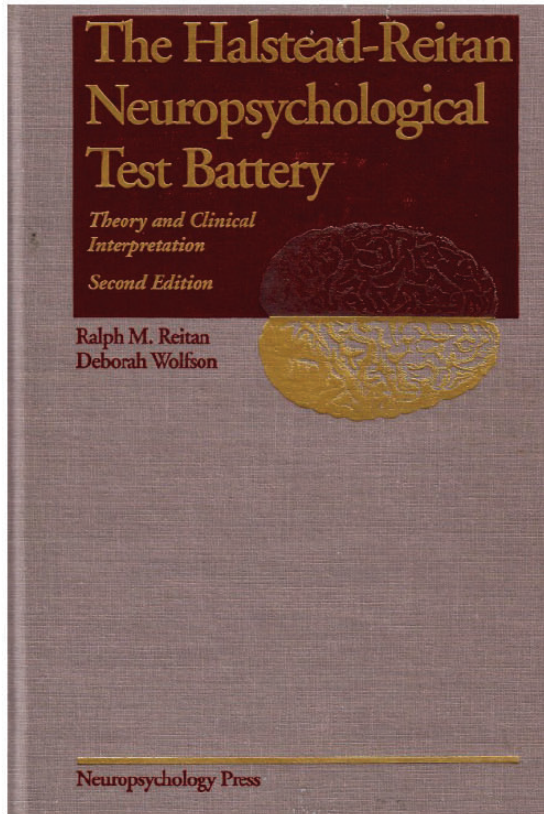
Education _____ Occupation _____ Premorbid Intellectual Level _____

Total No. Errors Subtests I-VII 0+1+6+1+10+11+1 = 36

Directions: Place an 'X' in the square which coincides with the subjects' choice for each item. The shaded square indicates the correct category for each item. In order to obtain a subject's total error score for the completed test, simply count the number of X's which have been placed in non-shaded squares.

SUBTEST I SUBTEST II SUBTEST II SUBTEST II SUBTEST III

Dr. Martell testing



<u>Bowers H-R</u>			Heenan p. 122
	<u>Raw</u>	<u>SS</u>	<u>T</u>
<u>Cats</u>	36	10	56

Category Test Executive Function Task

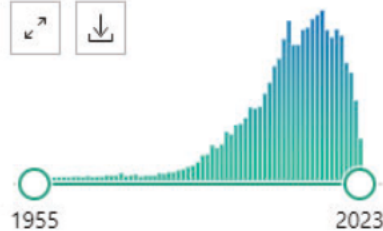
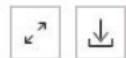
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6,847 results

 << < Page of 685 > >>

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

- 1 [Synaptic Terminal Density Early in the Course of **Schizophrenia**: an in vivo UCB-J Positron Emission Tomographic Imaging Study of Synaptic Vesicle Glycoprotein 2A \(SV2A\).](#)

Cite
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Onwordi EC, Whitehurst T, Shatalina E, Mansur A, Arumuham A, Osugo M, Marques TR, Jauhar S, Gupta S, Mehrotra R, Rabiner EA, Gunn RN, Natesan S, Howes OD.

Biol Psychiatry. 2023 Jun 15:S0006-3223(23)01353-7. doi: 10.1016/j.biopsych.2023.05.022. Online ahead of print.

PMID: 37330164

BACKGROUND: The synaptic hypothesis is an influential theory of the pathoaetiology of **schizophrenia**. Supporting this, there is lower uptake of the synaptic terminal density marker UCB-J in patients with chronic **schizophrenia** compared to controls. ...CONCLUSIONS: The ...

- 2 [Chromatic fusion: generative multimodal neuroimaging data fusion provides multi-informed insights into **schizophrenia**.](#)

Cite
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Geenjaar EPT, Lewis NL, Fedorov A, Wu L, Ford JM, Preda A, Plis SM, Calhoun VD.

medRxiv. 2023 May 26:2023.05.18.23290184. doi: 10.1101/2023.05.18.23290184. Preprint.

PMID: 37292973 [Free PMC article.](#)

Motor Function and Frontal Lobe Integrity

Dr. Moberg

Name: RGB Date: 1-11-2020 (PT)

MOTOR FUNCTIONING

Finger Tapping Test

Dominant (R)	Non-dominant (L)
56	50
56	47
50	47
49	45
49	44
49	43
50	
Mean: 49.4	Mean: 45.2
T-Score: 45	T-Score: 49

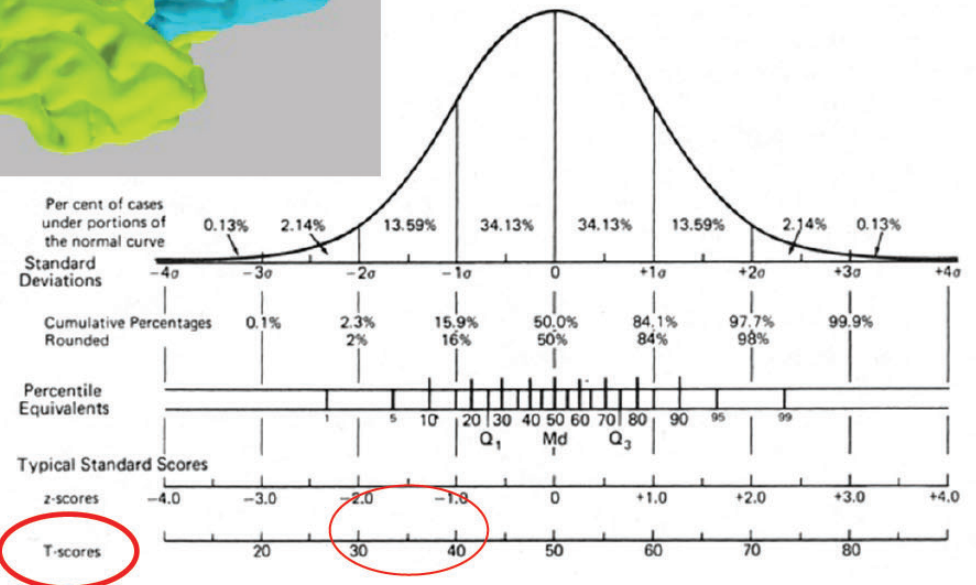
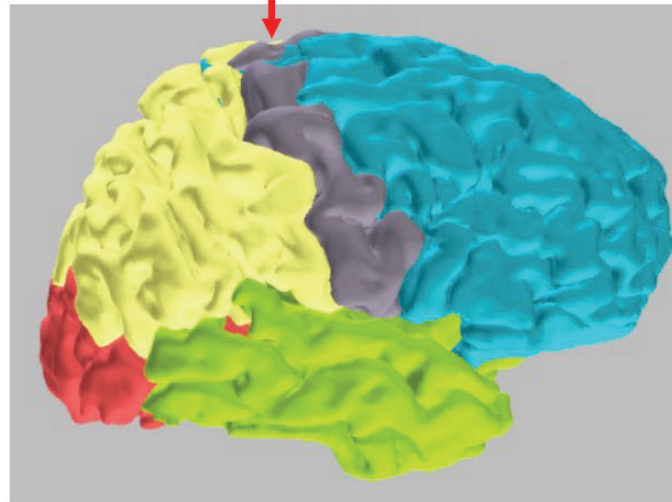
Grooved Pegboard Test

Dominant (R)	Non-Dominant (L)
Time: 1'18" Drops: 11	Time: 1'23" Drops: 1
T-Score: 41	T-Score: 40

Grip Strength Test

Dominant (R)	Non-Dominant (L)
Trial 1: 36	Trial 1: 37
Trial 2: 40	Trial 2: 34
Mean: 38	Mean: 35.5
T-Score: 37	T-Score: 37

Frontal Lobe Motor Cortex Mr. Bower's MRI



Dominant Hand Should be ~10% Faster/Stronger

<-->
> 2 S.D. Difference

> Schizophr Res. 2018 Oct;200:92-96. doi: 10.1016/j.schres.2017.06.047. Epub 2017 Jun 30.

Psychomotor assessment as a tool to differentiate schizophrenia from other psychotic disorders

S Janssens¹, H Moens², V Coppens³, F Vandendriessche², W Hulstijn⁴, B Sabbe³, M Morrens³

Affiliations + expand

PMID: 28673755 DOI: 10.1016/j.schres.2017.06.047

Abstract

Goal: The aim of this study is to assess to what extent psychomotor assessment can aid the clinician in differentiating between schizophrenia and other psychotic disorders.

Methods: Enrolled subjects were recent in remission patients (n=304), who all met DSM-IV (APA, 2013) criteria for either schizophrenia (Sz; n=117), schizoaffective disorder (SaD; n=36), psychotic disorder not otherwise specified (P-NOS) (n=86), substance/medication-induced psychotic disorder (SIPD; n=33) or major depressive disorder with psychotic features (MDD-p; n=32). The patients were submitted to a psychomotor test battery.

Results: Patients with schizophrenia generally perform worse on most tests. Using cluster analysis a combination of three tests, namely the sensory integration subscale of the Neurological Evaluation Scale (NES), a Figure Copying Task (FCT) and the finger tapping test (FTT), came out to be useful to clinically differentiate between schizophrenia and substance-induced psychotic disorder (SIPD) or psychosis not otherwise specified (P-NOS). When comparing schizophrenia only to a group of patients with SIPD, the differentiation potential becomes even greater with a 76.1% chance to correctly diagnose patients with schizophrenia and 75% chance for patients with SIPD.

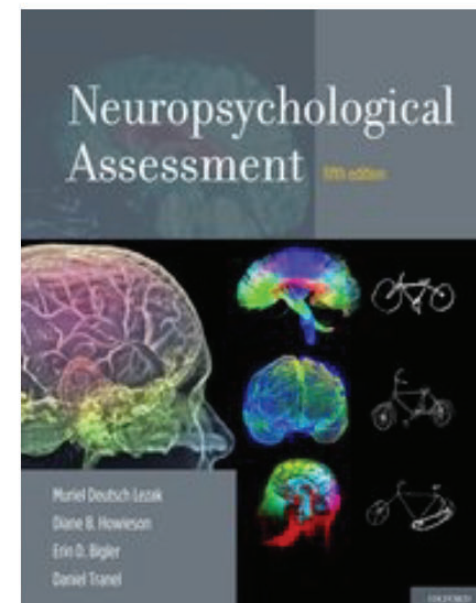
Conclusion: A combination of NES, FCT and FTT shows promising results as a clinical tool in daily practice to differentiate schizophrenia from other psychotic disorders. Future prospective studies to confirm these results are necessary.

Clinical Trial > Brain Dev. 2009 Jan;31(1):52-7. doi: 10.1016/j.braindev.2008.07.003. Epub 2008 Aug 23.

Predicting executive function task scores with the Rey-Osterrieth Complex Figure

Tatsuya Ogino¹, Kiyoko Watanabe, Kousuke Nakano, Yoko Kado, Teruko Morooka, Akihito Takeuchi, Makio Oka, Satoshi Sanada, Yoko Ohtuska

Complex Figure as a measure of Executive Function (Implications for Fronto-Temporal Lobe Integrity)



Academic Achievement

Dr. Martell

WR WRAT™ 5

WR WIDE RANGE™

Blue Record Form

Name Robert Bowers Gender _____

Grade _____ Examiner DAM

Norms Used: Age | Grade: Fall (Aug.–Nov.) Winter (Dec.–Feb.) Spring (Mar.–Jul.)

Date of Test	Year	Month	Day
	23	5	22
Date of Birth			
Age			

Score Summary

Subtest/Composite	Raw Score	Standard Score	Confidence Interval <input type="checkbox"/> 90% <input type="checkbox"/> 95%	Percentile Rank	Grade Equivalent	Other		
						GSV	NCE	Stanine
Word Reading	68	WR 117	-	87	712.9			
Spelling	48 38	88	113	81	80 712.9			
Math Computation	51	112	-	79	712.9			
Sentence Comprehension	49	SC 120	-	91	712.9			
Reading Composite	237	120	-	91				

Standard Score Profile

Dr. Moberg -- Word read and pronunciation above average on WTAR standard score = 117

Dr. Moberg -- 2019/2020 Testing

Test 8 Writing Fluency

Basal: Item 1
Time Limit: 7 minutes



If not using a stopwatch, record the start and end times in the box below.

Score 1, 0

Time: 7 0 0
min. sec.

21 Number Correct (0-40)

End Time: min. sec.
Start Time: min. sec.
Time: min. sec.

Test 8 Writing Fluency Scoring Table

Encircle row for the Number Correct.

Number Correct	AE (Est)*	GE (Est)*
0	<5-6	<K.0
1	5-9	1.0
2	6-0	1.2
3	6-3	1.4
4	6-7	1.6
5	6-10	1.8
6	7-2	2.1
7	7-5	2.3
8	7-9	2.5
9	8-0	2.6
10	8-4	3.0
11	8-8	3.3
12	9-0	3.6
13	9-4	3.9
14	9-8	4.2
15	10-0	4.6
16	10-4	4.9
17	10-9	5.3
18	11-2	5.7
19	11-7	6.1
20	12-1	6.6
<u>21</u>	<u>12-7</u>	<u>7.1</u>
22	13-2	7.7
23	13-9	8.4
24	14-7	9.2
25	15-7	10.1
26	17-0	11.4
27	>20	12.9
28	>20	13.0
>28	>20	>18.0



Test 6 Math Fluency

Basal: Item 1
Time Limit: 3 minutes



If not using a stopwatch, record the start and end times in the box below.

Score 1, 0

Time: 3 0 0
min. sec.

94 Number Correct (0-160)

End Time: min. sec.
Start Time: min. sec.
Time: min. sec.

Test 6 Math Fluency Scoring Table

Encircle row for the Number Correct.

Number Correct	AE (Est)*	GE (Est)*
0	<5-6	<K.2
1	5-6	K.2
2	5-7	K.3
3	5-8	K.3
4	5-9	K.4
5	5-10	K.5
6	5-10	K.5
7	5-11	K.6
8	6-0	K.7
9	6-1	K.7
10	6-2	K.8
11	6-3	K.9
12	6-4	L.0
13	6-5	L.0
14	6-6	L.1
15	6-6	L.2
16	6-7	L.2
17	6-8	L.3
18	6-9	L.4
19	6-10	L.4
20	6-11	L.5
21	7-0	L.6
22	7-1	L.7
23	7-1	L.7
24	7-2	L.8
95	7-3	L.0

Number Correct	AE (Est)*	GE (Est)*
75	11-6	6.1
76	11-7	6.2
77	11-8	6.3
78	11-9	6.4
79	11-10	6.5
80	12-0	6.6
81	12-1	6.7
82	12-2	6.8
83	12-3	6.9
84	12-5	7.0
85	12-6	7.1
86	12-7	7.2
87	12-9	7.3
88	12-10	7.4
89	13-0	7.6
90	13-1	7.7
91	13-2	7.8
92	13-4	7.9
93	13-5	8.0
<u>94</u>	<u>13-7</u>	<u>8.2</u>
95	13-9	8.3
96	13-10	8.4
97	14-0	8.5
98	14-1	8.7
99	14-3	8.8
100	14-5	8.0



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Tests of Achievement

STANDARD AND EXTENDED BATTERIES - FORM A

TEST RECORD

IDENTIFYING INFORMATION

Last Name: RGB First Name: _____
 Sex: M F ID: _____
 Date of Birth: 9 / 4 / 1972
 School/Organization: _____
 Teacher/Department: _____
 Adult Education (Years Completed): 11
 Subjects/Occupation: Truck Driver
 Date of Testing: 01 / 11 / 2020

Additional Information

Does the subject have glasses?
 Yes No
 Were they used during testing?
 Yes No
 Does the subject have a hearing aid?
 Yes No
 Was it used during testing?
 Yes No
 Other Information: _____

AE and GE are estimates of the precise values provided by the software scoring program when time is exactly 7 minutes.

Mr. Bower's has a GED

Meta-Analysis > Psychol Med. 2020 Sep;50(12):1949-1965. doi: 10.1017/S0033291720002354.
Epub 2020 Jul 20.

Academic achievement and schizophrenia: a systematic meta-analysis

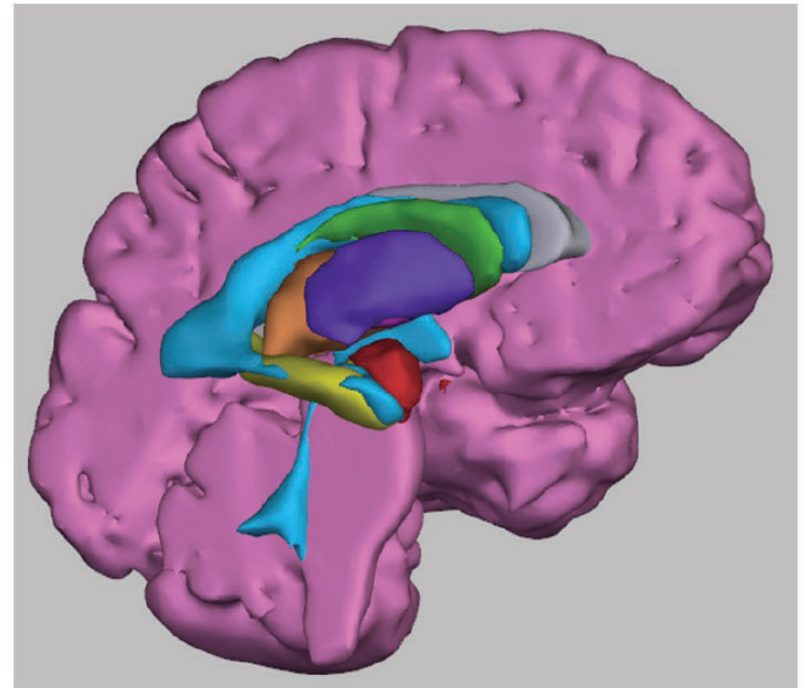
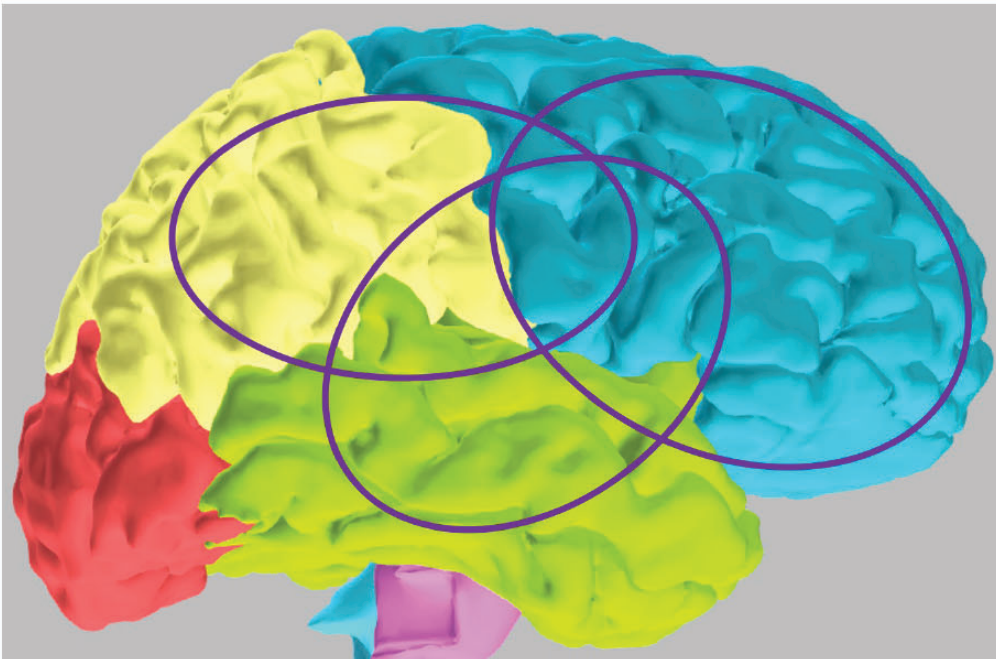
Hannah Dickson¹, Emily P Hedges^{1 2}, Shin Y Ma¹, Alexis E Cullen², James H MacCabe²,
Matthew J Kempton², Johnny Downs³, Kristin R Laurens^{2 4 5}

Results: Meta-analyses, comprising data of over four million individuals, found that: (1) by age 16 years, those who later developed schizophrenia had poorer general academic (Cohen's $d = -0.29$, $p \leq 0.0001$) and mathematics achievement ($d = -0.23$, $p = 0.01$) than those who did not; (2) individuals with schizophrenia were less likely to enter higher education (odds ratio = 0.49, $p \leq 0.0001$); and, (3) youth reporting psychotic-like experiences and youth with a family history of schizophrenia had lower general academic achievement ($d = -0.54$, $p \leq 0.0001$; $d = -0.39$, $p \leq 0.0001$, respectively). Meta-regression analyses determined no effect modifiers.

Discussion: Despite significant heterogeneity across studies, various routinely collected indices of academic achievement can identify premorbid cognitive dysfunction among individuals who are vulnerable for schizophrenia, potentially aiding the early identification of risk in the population.

Keywords: Academic attainment; adolescence; childhood; cognition; psychosis; scholastic achievement.

The Brain and Social Cognition



Dr. Martell's ACS Results

Social Perception Score Summary

Score	Raw Score	Scaled Score	Percentile Rank
Social Perception	37	11	63
SP Affect Naming	19	11	63
SP Prosody	8	3	1
SP Pairs	23	8	25

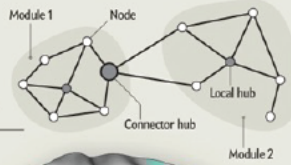
Severe impairment in matching emotion-laden speech to a person's affective state

Decoding 100 Trillion Messages

The Milky Way has hundreds of billions of stars—just a fraction of the 100 trillion connections in our brains that enable us to sense, think and act. To unravel this complexity, network neuroscientists create a map, or “graph,” consisting of nodes linked by edges that fit into modules, which are tethered to one another with highly connected nodes called hubs.

From Modules to Hubs to Thoughts

Collections of nodes form modules that devote themselves to processing vision, attention and motor behaviors, among other tasks (A). Some of the nodes act as local hubs that link to other nodes in their own module. A node that has many linkages to a lot of modules is known as a connector hub (the type most commonly referenced in this article) (B). Its diverse connections across the brain’s modules are critical for many tasks, particularly complex behaviors (C).



Putting It Together

Modules for vision, attention and other cognitive functions are dedicated to specific tasks, often represented here by psychological tests. The most active tasks rise to the top. The visual module, for instance, is involved with naming, reading and observing. Many tasks require multiple modules. For example, a mental rotation task recruits both the visual and the attention modules. Some modules are entrusted with more abstract tasks. The frontoparietal module engages in switching tasks or recalling lists. The default module attends to subjective emotional states or passive listening when a person is at rest.

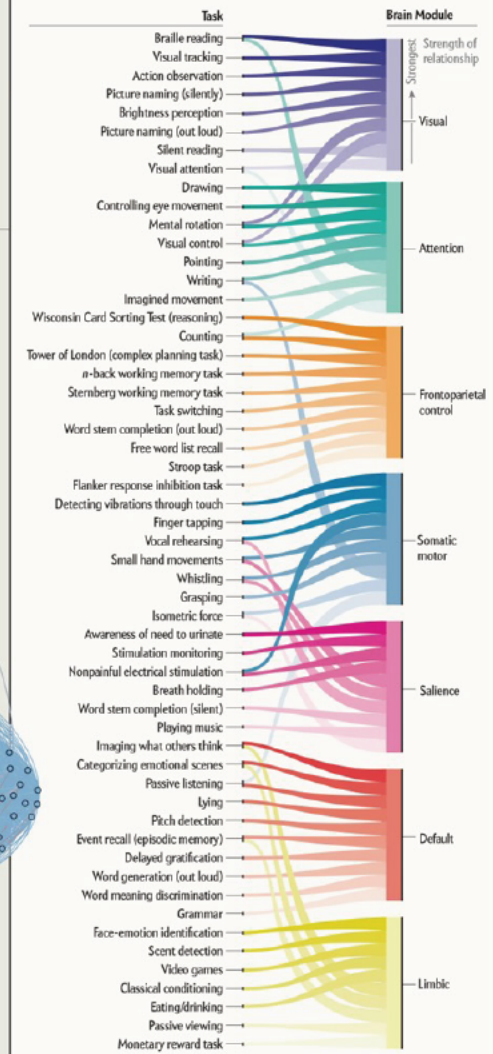
Brain Modules

- Visual
- Attention
- Frontoparietal control
- Somatic motor
- Saliency
- Default
- Limbic

A Seven key modules, denoted by colors, spread across sometimes disconnected areas of the brain.

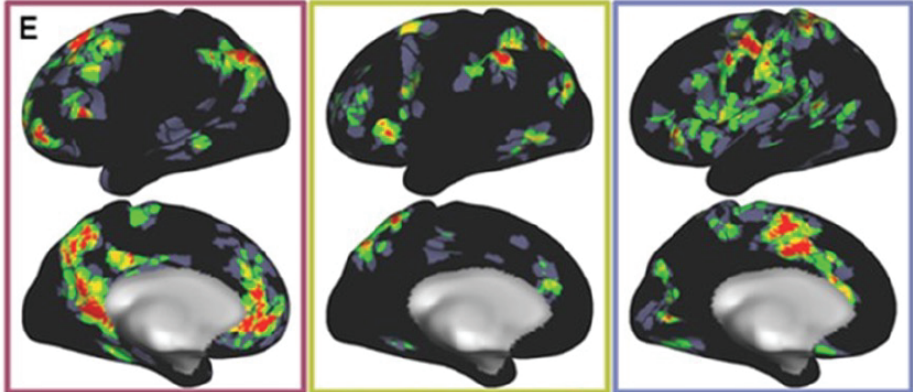
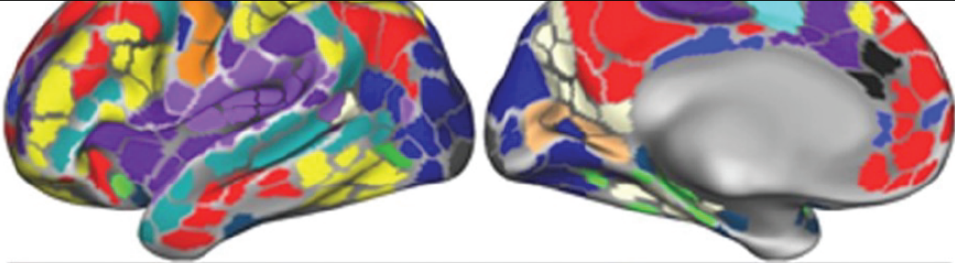
B Connector hubs with the strongest links to multiple other modules appear in this side view, colored to indicate the seven pivotal brain modules.

C A graph of the human brain’s nodes and edges shows the strongest connector hubs represented as large circles. Each node’s color represents the module it belongs to. Nodes can be visualized as repelling magnets with edges between nodes acting as springs that hold them together. Tightly connected nodes cluster together. Connector hubs occupy the center because they are well connected to all modules.



Importance of Brain Networks

Importance of Brain Networks



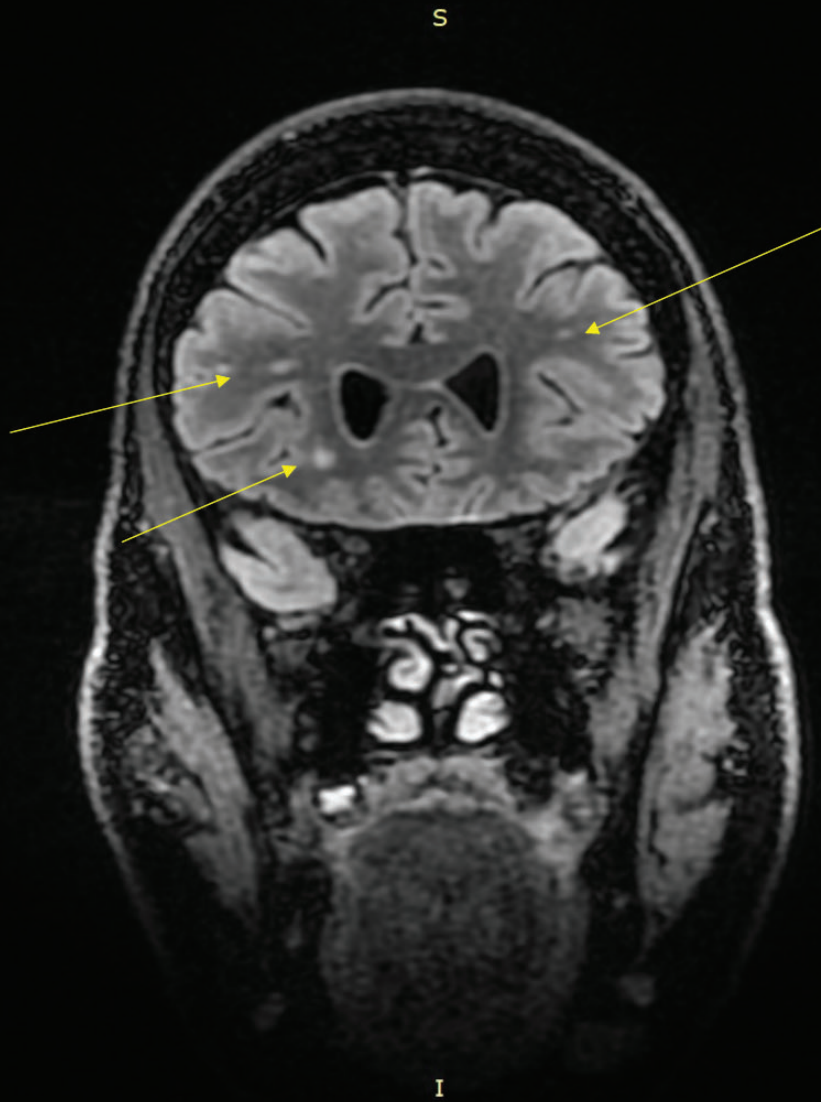
Conclusions

- Mr. Bowers performance on the testing performed by Dr. Moberg and Dr. Martell was valid
- Consistent with other people diagnosed with Schizophrenia, Mr. Bowers has meaningful variability and discrepant scores across all the testing
- These valid and objective neuropsychological test results are consistent with brain abnormalities seen in Schizophrenia
- The findings on the neuropsychological testing are what would be expected given the objective EEG brain abnormalities indicating nonspecific cerebrocortical as well as bilateral temporal lobe dysfunction combined with the neuroimaging findings.

Im: 95/324
Se: 4

BOWERS ROBERT D
840141863
9/4/1972 M
UPMC HEALTH SYS PRESBY
49431
MR BRAIN WITH AND WITHOUT CONTRAST
COR T2 FLAIR Cube comp

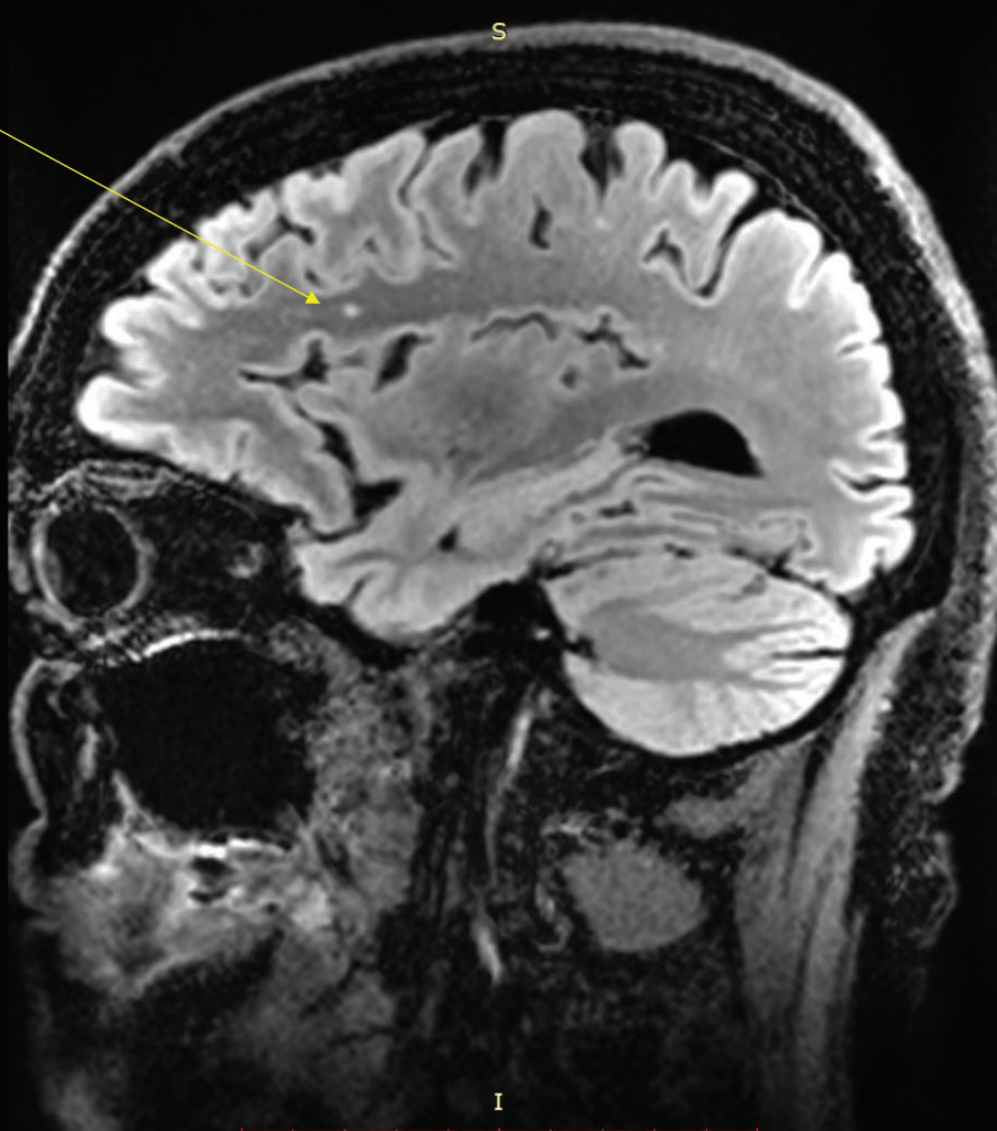
**White Matter
Hyperintensities**



WL: 612 WW: 1194 [D]
T: 1.2mm L: -60.2mm*

FS: 3
TR: 6202.0 TE: 99.4
1/3/2022 3:18:51 PM

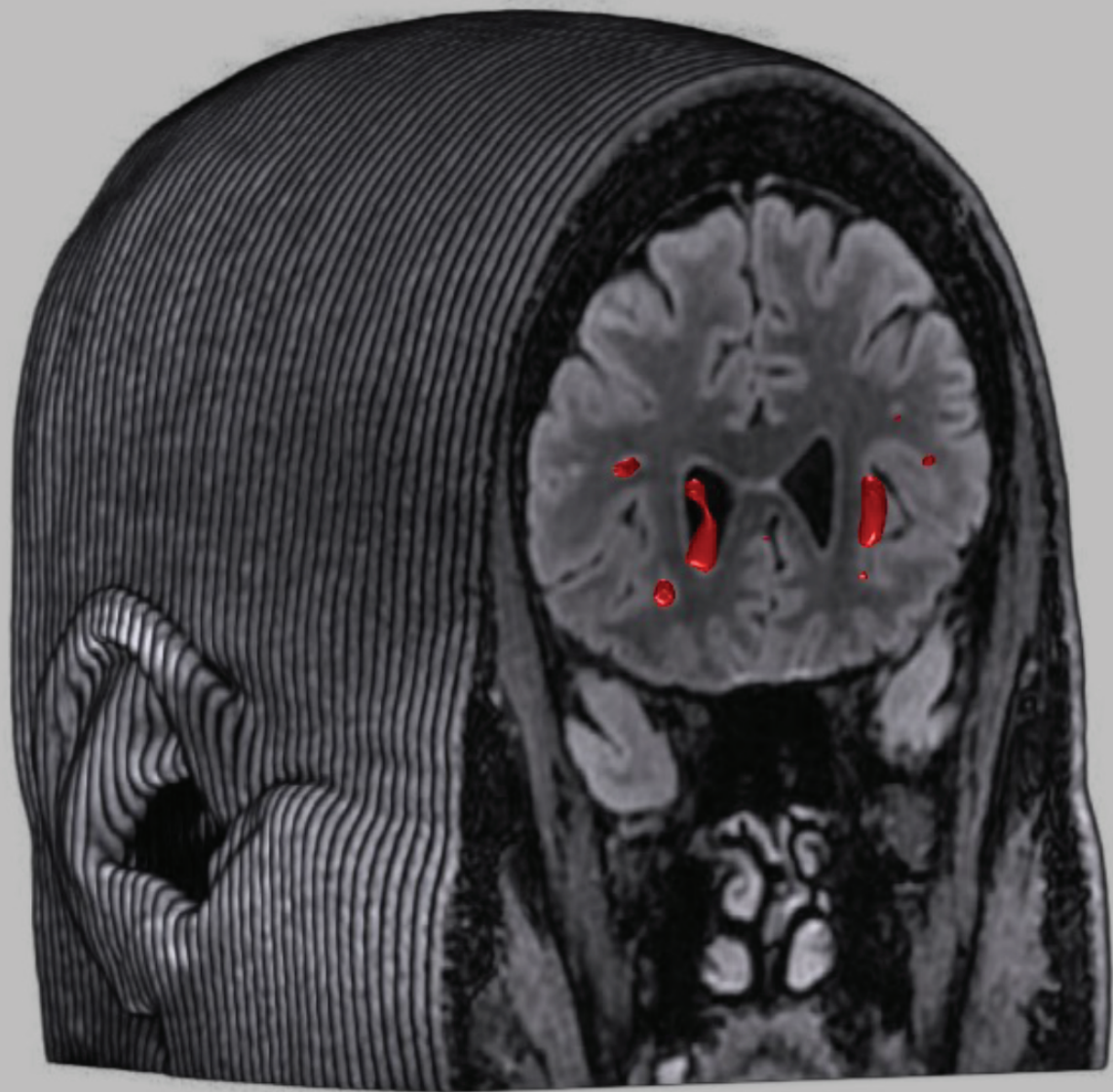
Im: 24/65
Se: 451



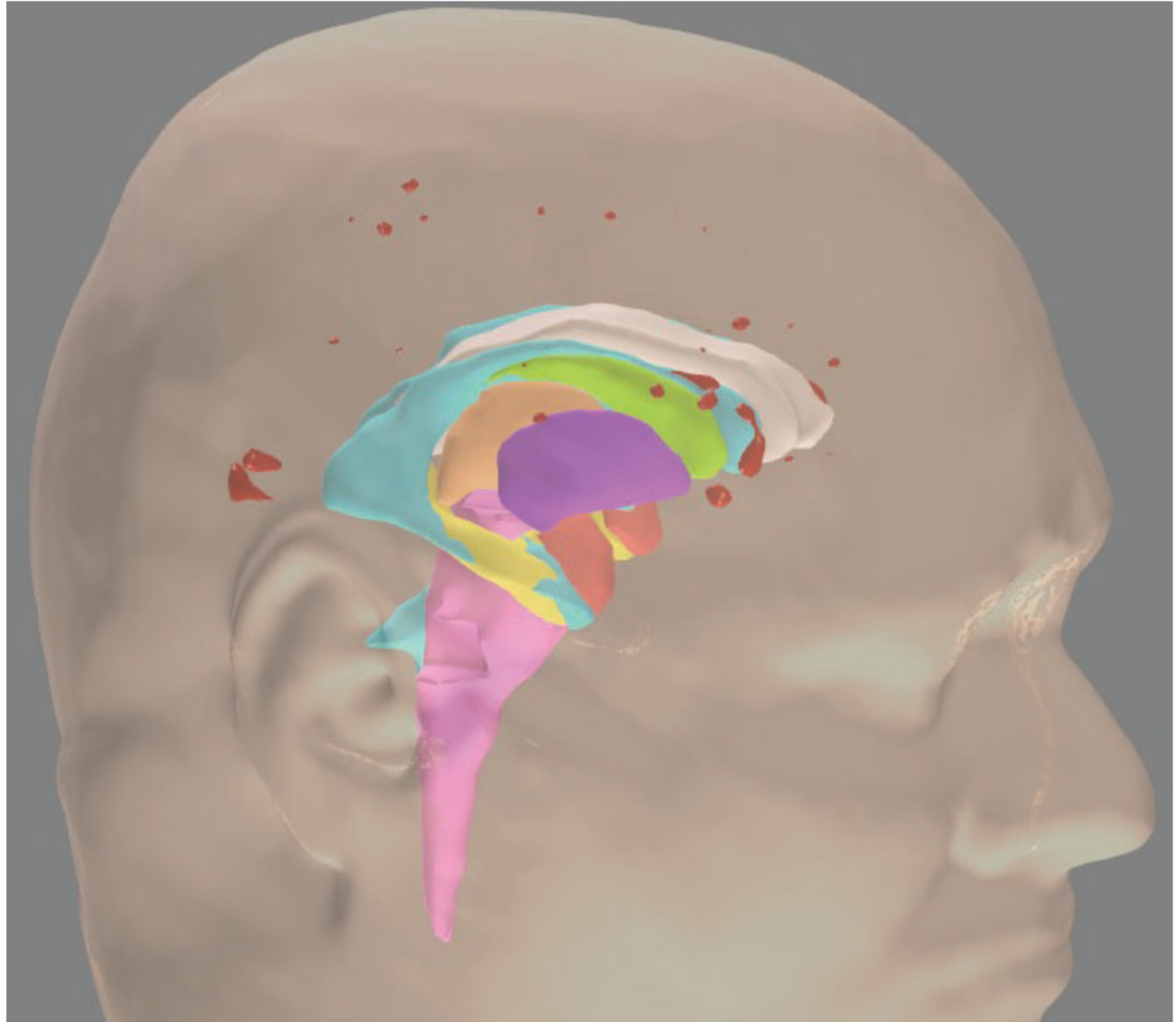
BOWERS ROBERT D
840141863
9/4/1972 M
UPMC HEALTH SYS PRESBY
49431
MR BRAIN WITH AND WITHOUT CONTRAST
SAG CUBE REFORMAT 3MM

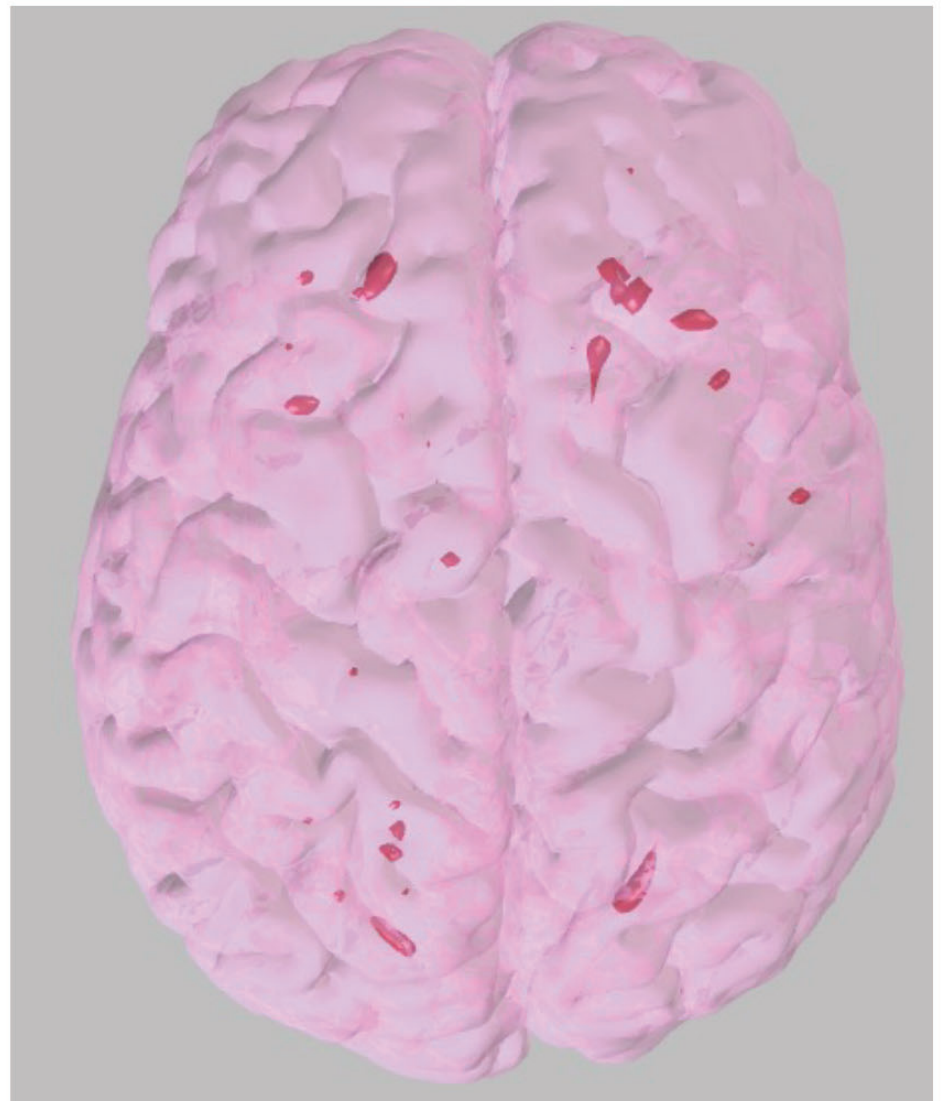
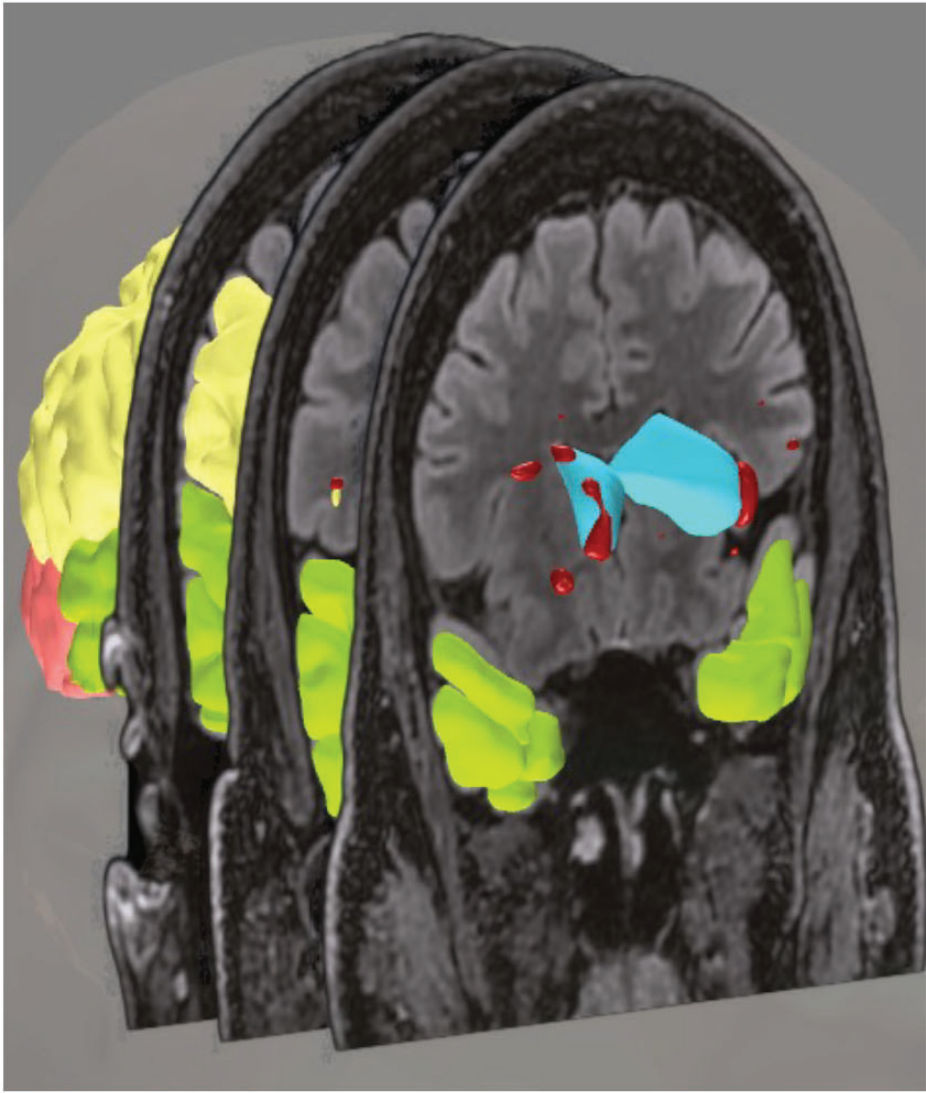
WL: 481 WW: 942 [D]
T: 3.0mm L: 26.3mm*

FS: 3
TR: 6202.0 TE: 99.4
1/3/2022 3:18:52 PM



**Red = White Matter
Hyperintensity**





Im: 1/1
Se: 91

NeuroQuant[®] Morphometry

General Morphometry Report

Patient Information

Patient: BOWERS, ROBERT
Patient ID: 840141863
Sex: M
Age: 49
Referring Physician: NONASSIGNED,
PHYSICIAN

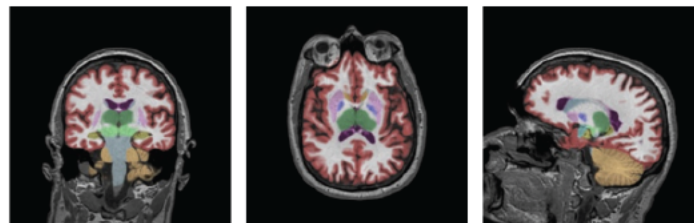
Report Information

Scan Date: 2022-01-03
Scan Accession: 102136820
Report Date: 2022-01-03
Software Version: 3.1.0

Site Information

UPMC
-
-
-

Brain Structure Visualization



Brain Structure Volumes

Brain Structure	LH Volume (cm ³)	LH Volume (% of ICV)	RH Volume (cm ³)	RH Volume (% of ICV)	Asymmetry Index (%) [*]
Intracranial Volume (ICV) (cm ³) 1636.22					
Forebrain Parenchyma	561.67	34.33	565.64	34.57	-0.70
Cortical Gray Matter	261.79	16.00	269.68	16.48	-2.97
Superior Lateral Ventricles	13.49	0.82	12.75	0.78	5.66
Inferior Lateral Ventricles	0.69	0.04	0.93	0.06	-28.71
Hippocampi	5.03	0.31	4.52	0.28	10.65
Amygdalae	1.97	0.12	2.09	0.13	-5.95
Caudates	3.02	0.18	2.69	0.16	11.50
Putamens	5.66	0.35	5.18	0.32	8.87
Pallidums	0.58	0.04	0.55	0.03	4.26
Thalamus	8.04	0.49	8.49	0.52	-5.50
Cerebellum	73.57	4.50	74.71	4.57	-1.53

^{*}The Asymmetry Index is defined as the percentage difference between left and right volumes divided by their mean.

BOWERS ROBERT D
840141863
9/4/1972 M
UPMC HEALTH SYS PRESBY
49431
MR BRAIN WITH AND WITHOUT CONTRAST
NQGeneralReportSC

WL: 128 WW: 256 [D]

1/3/2022 3:15:37 PM

Brain Structure Volumes

Intracranial Volume (ICV) (cm ³)		1636.32			
Brain Structure	LH Volume (cm ³)	LH Volume (% of ICV)	RH Volume (cm ³)	RH Volume (% of ICV)	Asymmetry Index (%) [*]
Forebrain Parenchyma	561.67	34.33	565.64	34.57	-0.70
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Thalamus	8.04	0.49	8.49	0.52	-5.50
Cerebellum	73.57	4.50	74.71	4.57	-1.53



^{*}The Asymmetry Index is defined as the percentage difference between left and right volumes divided by their mean.

Im: 214/400
Se: 5

S

BOWERS ROBERT D
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MR BRAIN WITH AND WITHOUT CONTRAST
COR FSPGR BRAVO

R

L



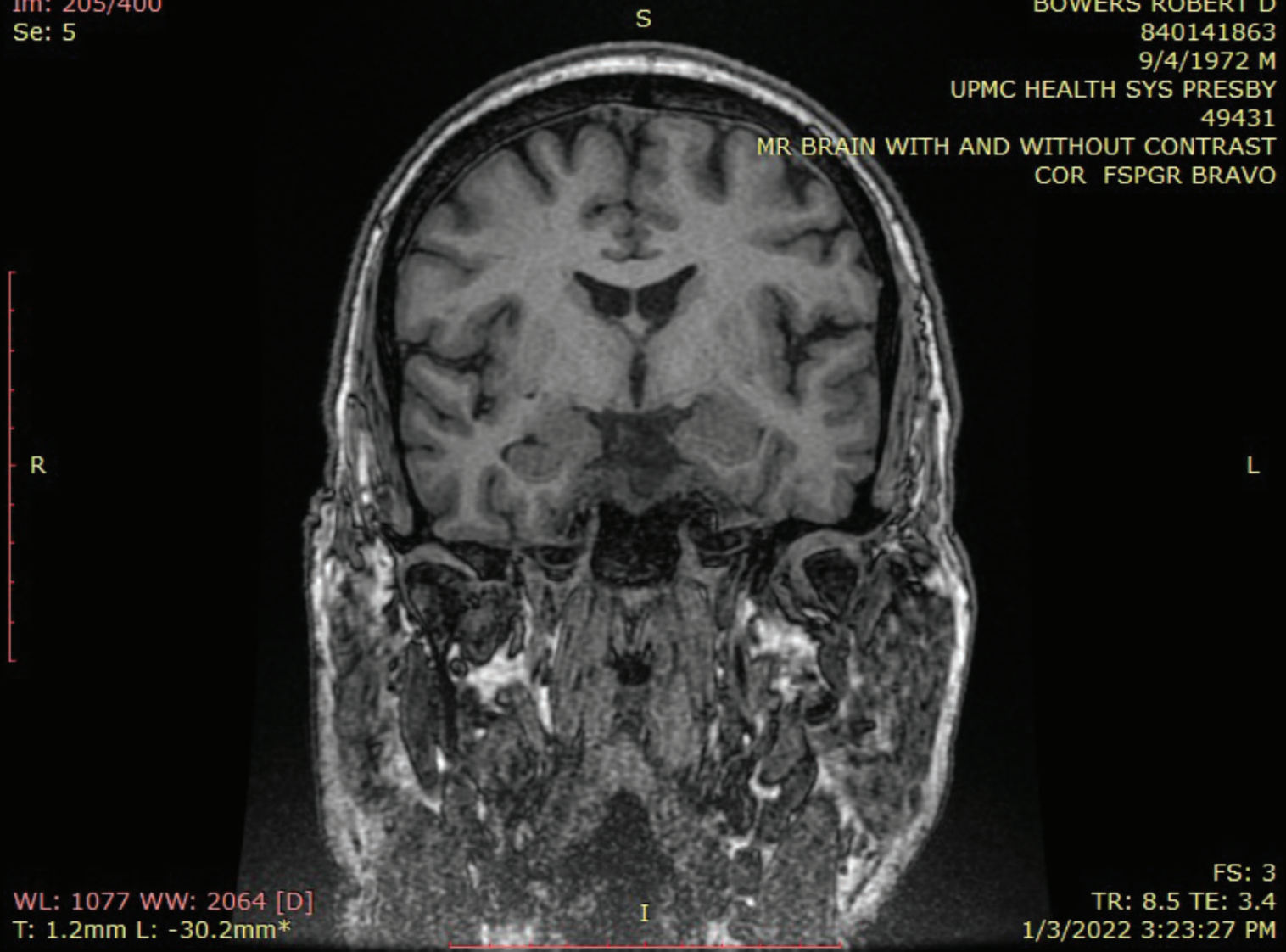
WL: 1060 WW: 2030 [D]
T: 1.2mm L: -35.5mm*

I

FS: 3
TR: 8.5 TE: 3.4
1/3/2022 3:23:27 PM

Im: 205/400
Se: 5

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MR BRAIN WITH AND WITHOUT CONTRAST
COR FSPGR BRAVO

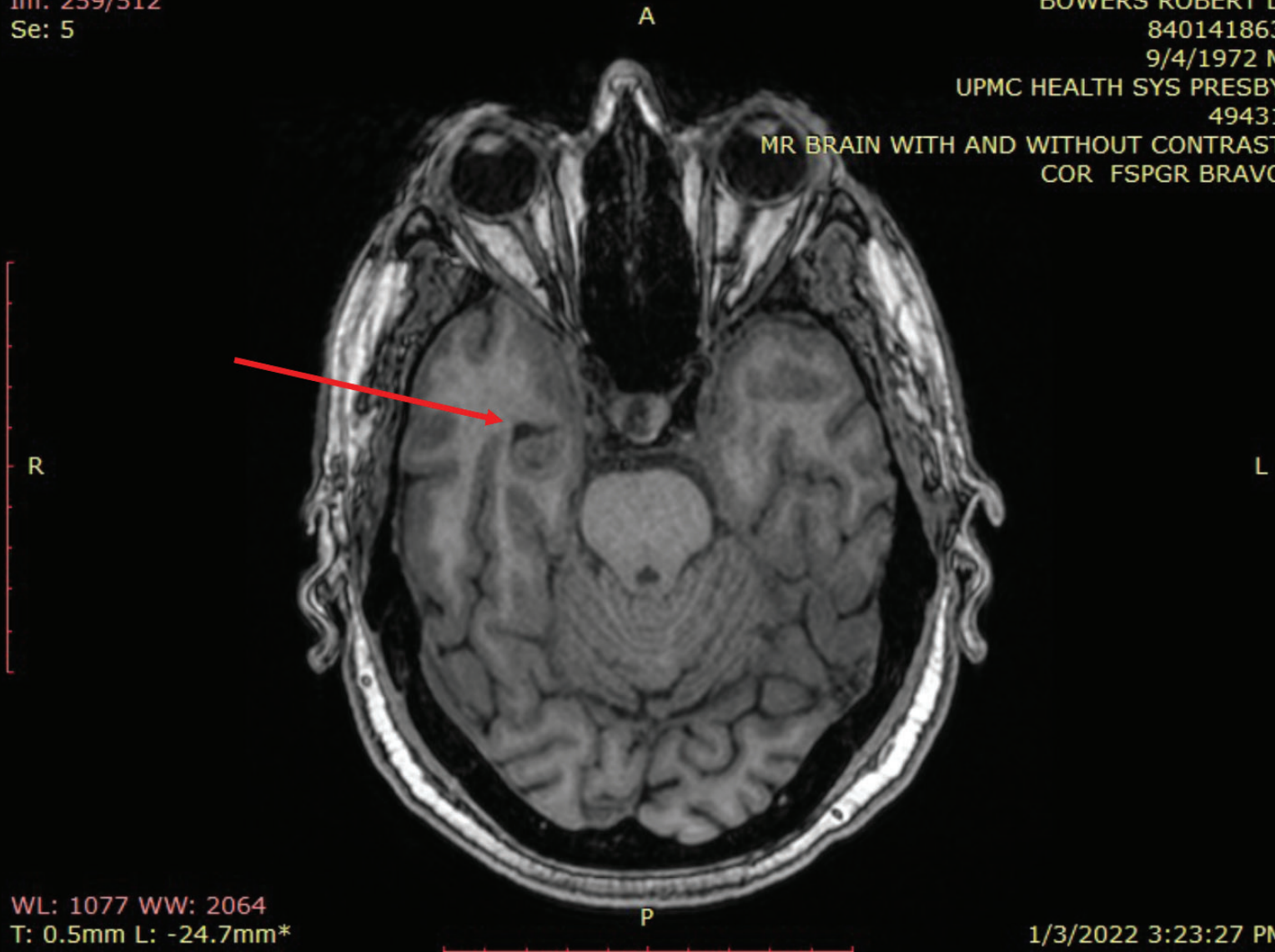


WL: 1077 WW: 2064 [D]
T: 1.2mm L: -30.2mm*

FS: 3
TR: 8.5 TE: 3.4
1/3/2022 3:23:27 PM

Im: 259/512
Se: 5

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9/4/1972 M
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MR BRAIN WITH AND WITHOUT CONTRAST
COR FSPGR BRAVO



WL: 1077 WW: 2064
T: 0.5mm L: -24.7mm*

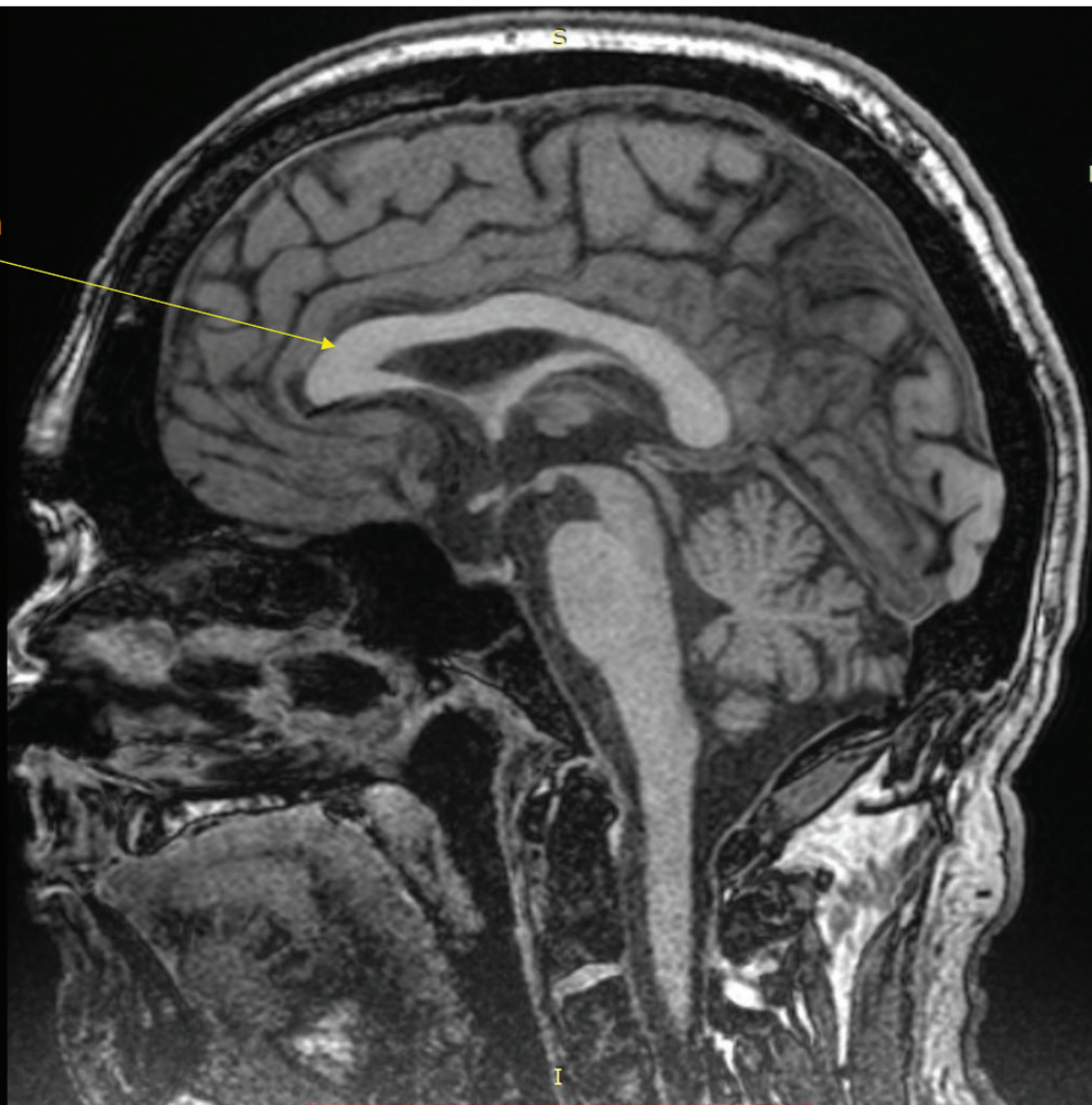
1/3/2022 3:23:27 PM

Im: 101/197
Se: 550

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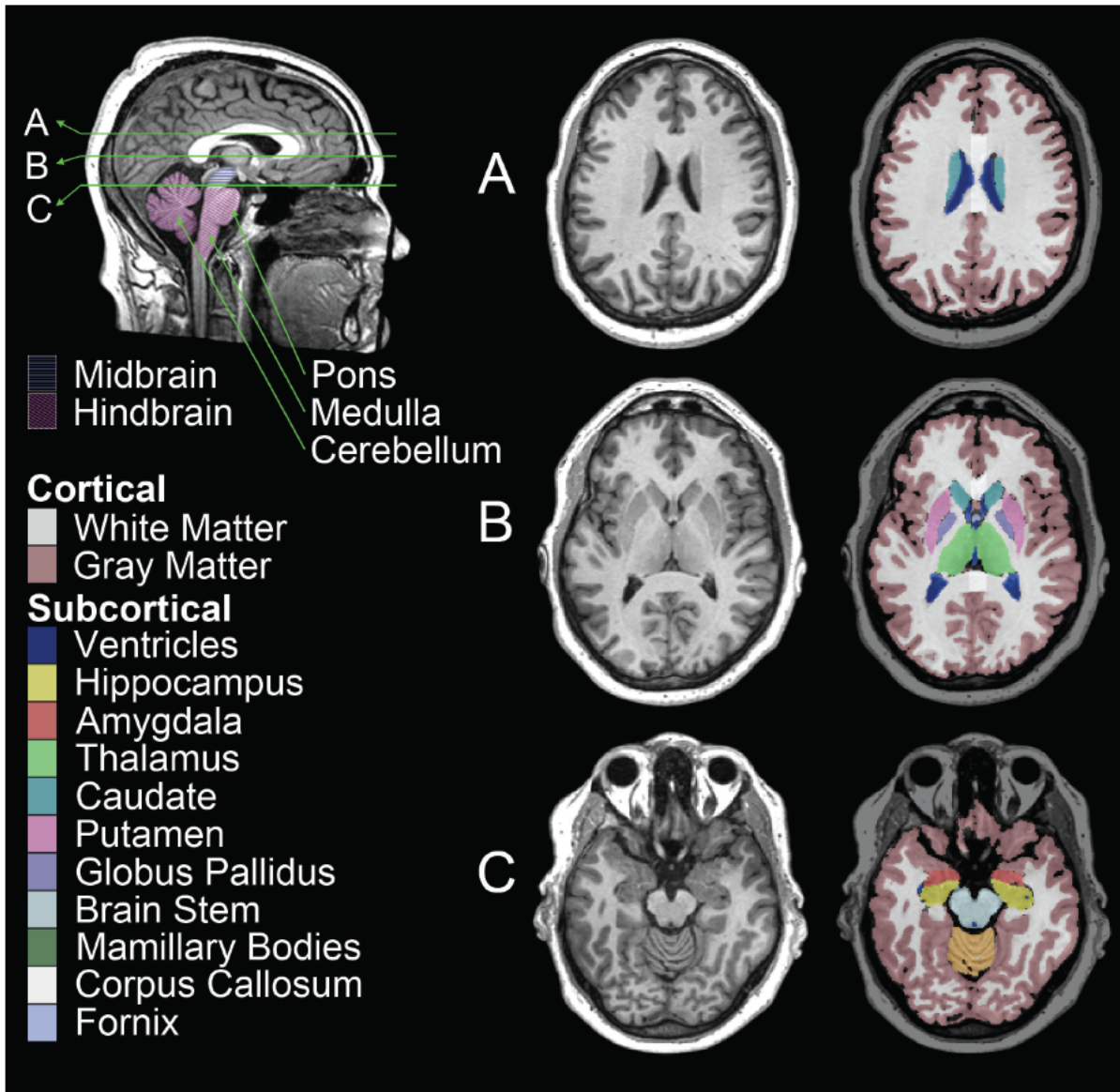
MR BRAIN WITH AND WITHOUT CONTRAST
SAG FSPGR BRAVO RFMT 1.0

Corpus Callosum



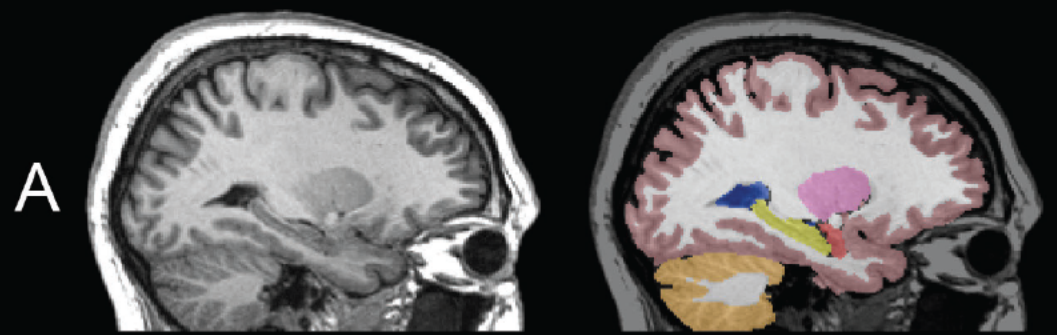
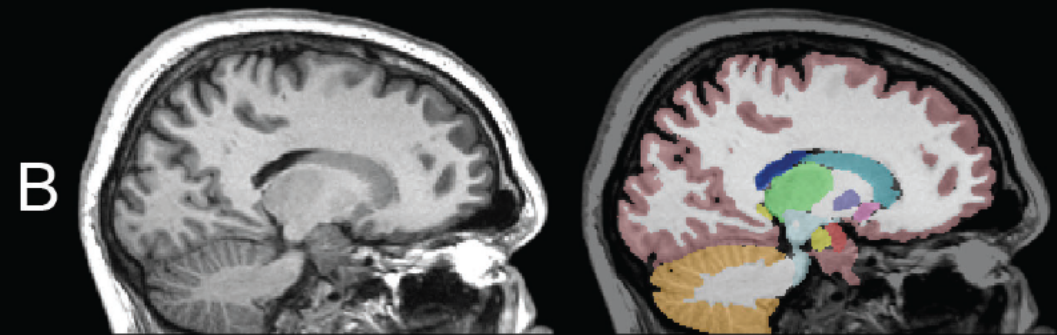
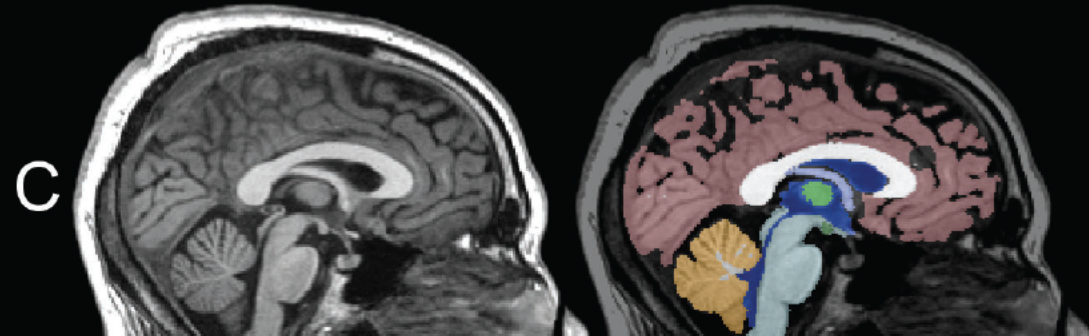
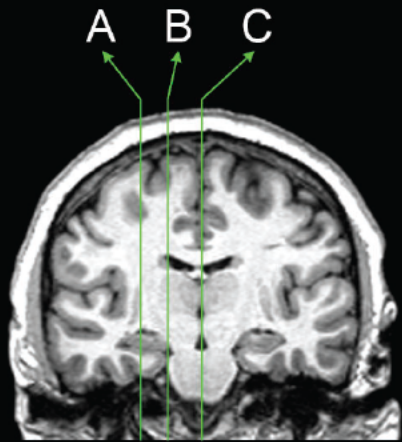
WL: 865 WW: 1712 [D]
T: 1.0mm L: -3.0mm*

FS: 3
TR: 8.5 TE: 3.4
1/3/2022 3:23:27 PM



Normal Anatomy

(from Lezak, M.D., Howieson, D. B., Bigler, E.D. & Tranel, D. 2012. *Neuropsychological Assessment*. N.Y.: Oxford University Press

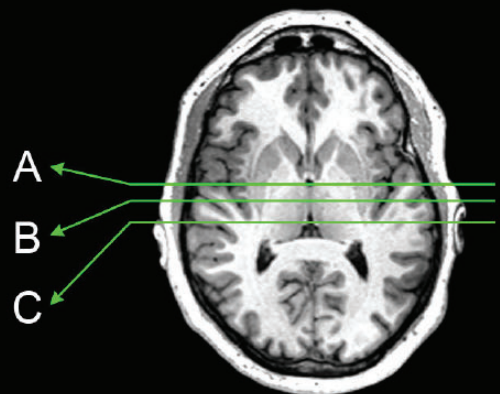


Cortical

- White Matter
- Gray Matter

Subcortical

- Ventricles
- Hippocampus
- Amygdala
- Thalamus
- Caudate
- Putamen
- Globus Pallidus
- Brain Stem
- Mamillary Bodies
- Corpus Callosum
- Fornix

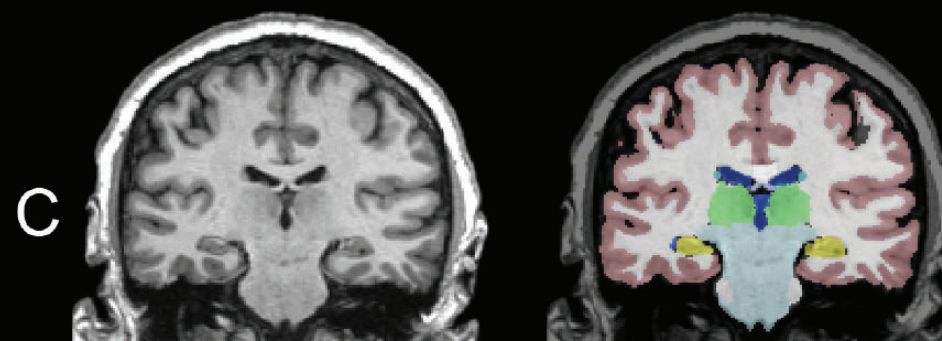
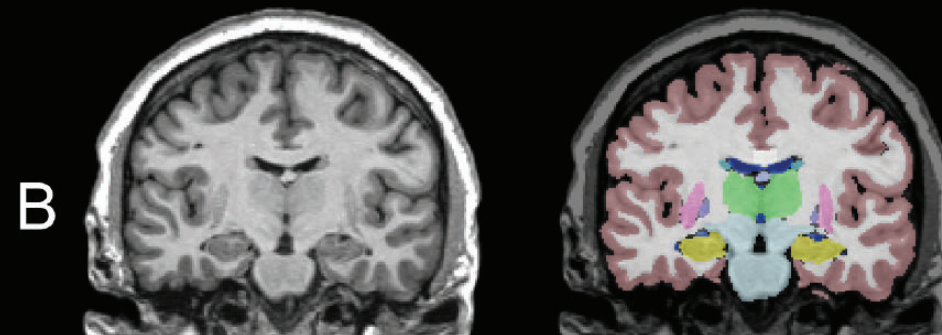
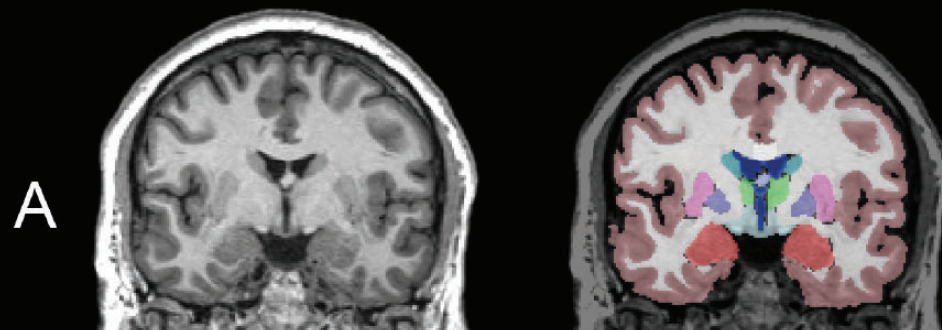


Cortical

- White Matter
- Gray Matter

Subcortical

- Ventricles
- Hippocampus
- Amygdala
- Thalamus
- Caudate
- Putamen
- Globus Pallidus
- Brain Stem
- Mamillary Bodies
- Corpus Callosum
- Fornix



Im: 75/182
Se: 551

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9/4/1972 M
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MR BRAIN WITH AND WITHOUT CONTRAST
AX FSPGR BRAVO RFMT 1.0

R

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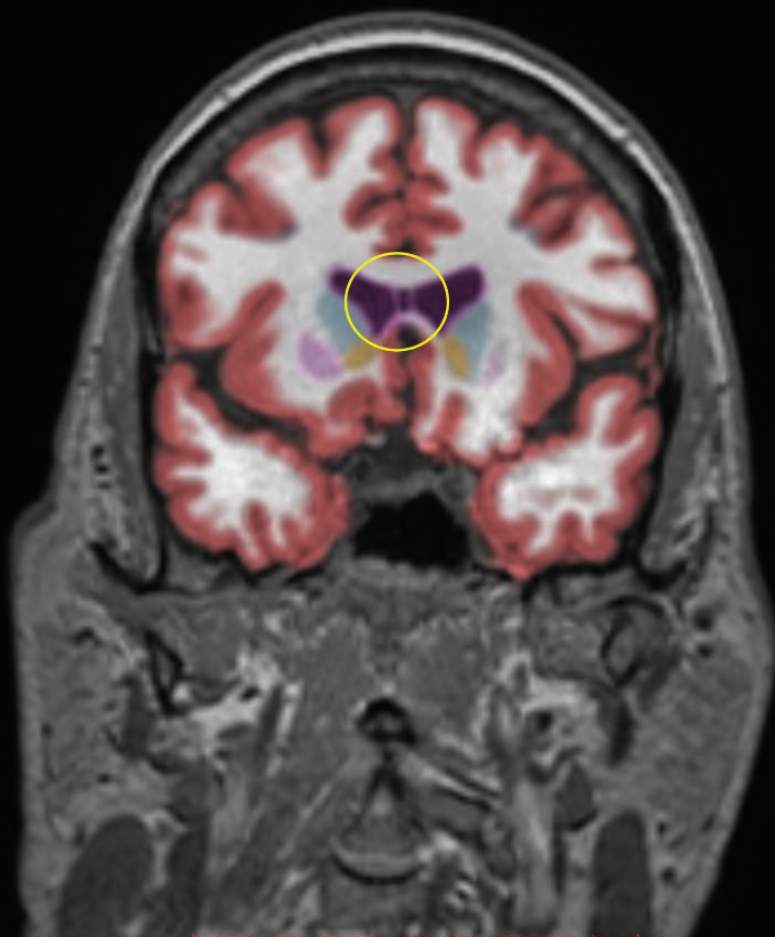


WL: 865 WW: 1712 [D]
T: 1.0mm L: 15.5mm*

FS: 3
TR: 8.5 TE: 3.4
1/3/2022 3:23:27 PM

Im: 100/256
Se: 52

BOWERS ROBERT D
840141863
9/4/1972 M
UPMC HEALTH SYS PRESBY
49431
MR BRAIN WITH AND WITHOUT CONTRAST
NQSegCorSC



WL: 128 WW: 256 [D]

1/3/2022 3:15:37 PM