Subjective (S):  
  
Chief Complaint (CC): The primary issue as stated by the patient, L.V.G., is difficulty with speech, specifically characterized by challenges in recalling words during communication tasks such as naming nouns that start with the letter 'S.' The patient does not report any current cognitive disabilities but expresses struggles with communication and speech.  
  
History of Present Illness (HPI): L.V.G., an 81-year-old female, is presenting with difficulties in speech, specifically word-finding issues. The onset of these symptoms is unknown, but she has engaged in speech therapy in January of the previous year, which was described as unhelpful. The therapy focused on improving anomia through worksheets, yet the patient noted no improvement. She does not currently attend speech therapy and has not found prior interventions effective. During interactions, she experiences more difficulty with certain word retrieval tasks like items beginning with a specific letter and lists that increase in abstractness or complexity. The issue worsens as the day progresses, affecting communication efficacy in the evenings.  
  
History:  
- Medical history: Not explicitly detailed, but it is noted that the patient has multiple doctors and "health issues."  
- Surgical history: Not mentioned.  
- Family history: Not mentioned.  
- Social history: The patient resides in Nebraska and participates in activities like playing bridge online and watercolor painting, indicating a level of independence and engagement in personally fulfilling activities. No information on substances, sexuality, or psychosocial concerns is provided, suggesting no current relevant issues in these areas.   
  
Review of Systems (ROS):  
- General: No reports of weight loss or decreased appetite.  
- Neurological: Reports of difficulty with speech and word retrieval.  
- Cognitive: The patient denies significant cognitive impairments beyond communication challenges.  
- Psychiatric: Adjusts well to tests and exhibits an understanding of her language difficulties; shows insight into her condition with awareness of primary progressive aphasia (PPA) symptoms.  
- Musculoskeletal: No musculoskeletal complaints reported.  
  
Current Medications, Allergies: Not discussed in detail; however, the patient mentions she manages multiple medications independently, indicating no significant medication-related issues.  
  
The patient appears motivated to engage in activities to potentially improve her communication abilities, as seen through her willingness to learn and adapt new technologies for assistance. Her insight into her own limitations and adaptations (such as communicating with strangers using devices when her speech is less clear) reflects a proactive approach to her condition.  
Objective (O):  
  
Vital Signs:  
- Not provided during the session.  
  
Physical Exam Findings:  
- Not conducted during the virtual session.  
  
Laboratory Data:  
- No laboratory data discussed or provided in the conversation.  
  
Imaging Results:  
- No imaging results discussed or made available from the conversation.  
  
Other Diagnostic Data:  
- Speech and language evaluation via various tasks:  
 - Task performance in recalling words and answering questions demonstrated verbal recall issues and difficulty with sequencing and communication tasks.  
 - A discrepancy observed in the number recitation task where the patient was able to follow along but occasionally confused the sequence or missed elements.  
 - Naming Task: The patient displayed difficulties in word retrieval for nouns starting with a specific letter but managed better when naming animals, fruits, states, foods, and various categories.  
 - Direction following task: Successfully performed physical tasks such as touching her nose and blinking twice.  
 - The patient's cognitive awareness of temporal orientation was partly challenged, evident in errors concerning the current year reported as 2024 instead of 2023.  
 - Recollection and recall tasks expose mild memory retention challenges, observed in interval-based word recall.  
 - Picture description task: The patient was able to provide a highly detailed description, suggesting intact visual memory and narrative skills.  
  
Recognition and Review of the Documentation of Other Clinicians:  
- A previous speech therapist had provided worksheets for anomia, which were not beneficial per the patient's statements. The speech therapy a year prior did not yield successful results, highlighting the need for further personalized assessment and intervention strategies.  
- The conversation also hinted at a previous diagnosis of primary progressive aphasia (PPA), aligning with patient statements about sometimes saying no when she means yes, a symptom associated with PPA.   
  
The session indicates existing communication challenges predominantly affecting verbal expression and memory recall, which may benefit from speech therapy re-assessment and potential adaptation of newer communication facilitation technologies.  
Assessment and Plan (A/P):  
  
\*\*Assessment:\*\*  
  
\*\*Problem 1: Speech and Language Deficit (likely Primary Progressive Aphasia - PPA)\*\*  
- The primary issue is a language disorder characterized by difficulty with word retrieval (anomia), evident when the patient struggles to generate nouns starting with specific letters or remember verbal sequences given by the clinician. These symptoms align with characteristics of primary progressive aphasia (PPA), a neurological syndrome characterized by gradual deterioration of language capabilities.  
- The patient demonstrates awareness and insight into her communication difficulties. Despite previously unhelpful speech therapy, she continues to engage in constructive activities for cognitive stimulation, such as playing bridge and painting.  
- Differential Diagnosis:  
 - \*\*PPA\*\*: Most likely, given the described symptom pattern and patient history. PPA's symptom of sometimes saying the opposite of what you mean (e.g., yes for no) was noted.  
 - \*\*Mild Cognitive Impairment\*\*: Considered but less likely given cognitive tasks performance consistency.  
 - \*\*Aphasia due to other neurological conditions\*\*: Considered but less likely without additional evidence of other neurological impairments or sudden onset related to a cerebrovascular event.  
  
\*\*Plan for Speech and Language Deficit/PPA:\*\*  
1. \*\*Speech Therapy Referral\*\*: Re-evaluation by a speech-language pathologist to tailor a specific intervention program. The goal is to explore alternative strategies to manage aphasia symptoms proactively.  
 - Focus on strategies for improving word retrieval and communication through practical and assistive approaches.  
  
2. \*\*Cognitive and Speech Stimulation Activities\*\*: Encourage continued engagement in stimulating activities like playing bridge and painting. Highlight activities that incorporate verbal expression and memory tasks.  
  
3. \*\*Technological Assistance and Training\*\*:  
 - Implementation of adaptive technology training using voice-activated systems like Alexa to support communication and personal management tasks. Encourage the use of this technology for setting reminders, finding recipes, or simple dialogue tasks that could improve verbal interaction capability.  
 - Training should focus on helping the patient leverage the device to perform tasks requiring verbal communication, thereby practicing speech in a structured, supportive environment.  
  
4. \*\*Monitor and Educate\*\*:   
 - Educate the patient and her caregivers about PPA to facilitate understanding of its progression and encouraging adaptive communication techniques.  
 - Regular monitoring of language capabilities and adjustment of strategies as necessary, based on any progression or change in symptoms.  
  
5. \*\*Follow-up Appointments\*\*: Schedule follow-up evaluations to measure progress and reassess therapy effectiveness. Adjust therapeutic interventions as needed based on continued patient input and test performance.  
  
6. \*\*Consider Neuropsychological Assessment\*\*:  
 - Exploring comprehensive assessment could provide additional insights into cognitive domains impacted and further confirm the PPA diagnosis, if not previously confirmed, thus aiding in managing the condition.