



Sex/Age : Unknown/0 Year(s)

Date Received: Apr 03 2025

Indication

Whole Exome Sequencing on the Illumina Novaseq 6000 NGS Platofrm

## Clinical Indication:

A 0.0 Year(s) old baby with gender - (not specified) born to parents with unknown consanguinity was referred for genetic evaluation. No clinical symptoms / phenotypes were mentioned.

Plausible cause was not identified.

Variant Interpretation & Clinical correlation:

A Heterozygous variant NM\_001009944.3:c.7531G>A, [ NP\_001009944.3:p.Ala2511Thr] in PKD1[MIM\*601313] gene was identified by Whole Exome Proband-Only analysis. The Heterozygous variations in the PKD1 gene are known to cause Autosomal dominant POLYCYSTIC KIDNEY DISEASE 1 WITH OR WITHOUT POLYCYSTIC LIVER DISEASE [MIM#173900]. This variant is not present in publicly available databases like ['1000 Genomes', 'Genome Aggregation Database Exome (gnomAD\_exome)', 'Genome Aggregation Database Genome (gnomAD\_genome)', 'Inhouse exome database']. This variant is present in [['Exome Variant Server', '0.0']].

Variant Evidence	G	ene Impact	
Chromosome: Position:	R	e <mark>fS</mark> eq Gnese 110, NC	CBI
		Gene:	Transcript:
		chr16:2106263	chr16:2106263
Allele DP %			





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Heterozygo us			
		Effect:	Protein:
Genotype: Heterozygous		'POLYCYSTIC KIDNEY DISEASE 1	
phred quality score:		WITH OR WITHOUT POLYCYSTIC LIVER DISEASE'	
		Exon:	Coding:

Based on the evidence, this variant Heterozygous is classified as likely to be 'POLYCYSTIC KIDNEY DISEASE 1 WITH OR WITHOUT POLYCYSTIC LIVER DISEASE' variant

## **OMIM Phenotype**

'POLYCYSTIC KIDNEY DISEASE 1 WITH OR WITHOUT POLYCYSTIC LIVER DISEASE'

Recommendations			
Genetic counselling is advised. For as	sistance in l	locating nearby genetic counseling services,	





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please contact the laboratory [Ph.No. -----]., Validation of the variant detected by Sanger sequencing is recommended., Targeted mutation analysis in the parents is recommended to document possible de novo status of the variant detected in the proband., Please note that the classification of variants may change over time if additional information becomes available.

Methodology	/:
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To be filled by organization based on the test methodology.

## Limitations/Disclaimer:

Absence of a plausible explanation for the reported phenotype by exome sequencing does not exclude a genetic basis of the patient's condition. Some types of genetic abnormalities, such as copy number changes, variants in non-coding regions, large insertions or deletions etc. may not be detectable in this exome analysis test. It is possible that the genomic region where a disease causing mutation exists in the proband was not captured in the current test and therefore was not detected. Additionally, it is possible that a particular genetic abnormality may not be recognized as the underlying cause of the genetic disorder due to incomplete scientific knowledge about the function of all genes in the human genome and the impact of variants in those genes. Only variants in genes associated with the medical condition, or thought to be clinically relevant potentially for the probands medical condition, are reported here.

Intronic and untranslated region variants are not assessed using this method., The classification of variants may change over time., Although all precautions have been taken during the test, the currently available data indicate that the chances of technical error are 2-3%., For any further questions please contact the laboratory [Ph.No. ------].

Variant Classification as per ACMG guidelines:

Name	Description	





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Variant	A change in a gene. This could be disease causing (pathogenic) or not disease causing (benign).
Pathogenic	A disease causing variation in a gene which can explain the patients symptoms has been detected. This usually means that a suspected disorder for which testing had been requested has been confirmed.

## References:

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Database Information:



•	Unkno		ar(s)				
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Gargano, Maria A Nucleic Acids Re https://doi.org/10 Bruford, Elspeth 8, 2020, pp. 754a Orphanet. https:/	esearch, .1093/na A., et al. –758. l	vol. 52, r ar/gkad10 Guidelir attps://do	no. D1, 2024, pp 005. nes for Human G pi.org/10.1038/s4	ene Nomenclatui	re. Nature		
Appendix 1: Sar	nple Da	ta and S	itatistics				
Appendix 2: Cov	verage S	Summary					
Mean Depth		Percen	tage target base	e p <mark>airs</mark> covered			
Appendix 3: Coverage of Analyzed Genes (Percentage of coding region covered)							
Gene	Region Covere		Gene	Region Covered	Gene		Region Covered





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1000 Genomes	Indigen	gnomAD_exo me	gnom_genom e	inhousedb	GME