Chinese Society of Comparative Pathology

中華民國比較病理學會

第 93 次比較病理學研討會

內分泌及神經內分泌系統疾病病理專題

主辦單位

Chinese Society of Comparative Pathology

中華民國比較病理學會

國立臺灣大學獸醫專業學院

中華民國 114 年 8 月 9 日(Aug. 9, 2025)

SCHEDULE

93th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 93 次比較病理學研討會

內分泌及神經內分泌系統疾病 病理討論會

時間：114 年 8 月 9 日（星期六）
地點：集思台大會議中心（台北市大安區羅斯福路四段 85 號 B1）達文西廳
電話：02-33663873

Time (時間)	Schedule (議程)		Moderator (主持)
8:50~9:20	Registration (報到)		
9:20~9:30	Opening Ceremony (致詞)		
9:30~10:30	專題演講	主講：國立台灣大學獸醫系 黃威翔教授 題目：What's Your Diagnosis? Unraveling Uncommon Neuroendocrine Tumors in Dogs and Cats	張俊梁 理事長
10:30~11:00	Coffee Break（合照）		
11:00~12:00	專題演講	主講：台北榮民總醫院病理檢驗部主任 題目：Neuroendocrine Tumors: An Overview and Update	張晏禎 秘書長
12:00~13:00	午餐 及 第十屆第八次理監事會議		
13:00~13:30	Case 619	**Shih, Chia-Wen (施洽雯), MD, MS[1]; Chen, Chu-Teh (陳朱德), MD[1]; Lu, Chang-Yun (呂長運), MD[2]** [1]Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科) [2]Department of General Surgery, Lotung Poh-Ai Hospital (羅東博愛醫院一般外科) 題目：Hepatoid carcinoma of pancreas	劉振軒 常務理事
13:30~14:00	Case 620	**Luo, I-Chi (羅怡琪), DVM, MS[1]; Tsao, Wen-Tien (曹文恬), DVM, MS[1]; Jiang, Chia-Wei (江家瑋), DVM, MS[1]; Lee, Jia-In (李佳殷), DVM, MS[2]** [1]HOPE Veterinary Pathology Diagnostic Center (霍普獸醫病理診斷中心) [2] Jong-Shing Animal Hospital (梅西動物醫療中心) 題目：Metastatic islet cell carcinoma in a dog	賴銘淙 理事
14:00~14:30	Case 621	**Chien, Yao Chun (簡耀君), DVM, MS, DCSVP[1]; Wu, Kuan-Lun (吳冠倫), DVM, MS[1]** [1]Evergreen animal hospital (長青動物醫院) 題目：Thyroid carcinoma	廖俊旺 監事

14:30~15:00	Coffee Break		
15:00~15:30	Case 622	**Chang, Pao-Tsuan (張寶鑽)[1], Leu, Fu-Jiang (呂福江)[1], Ma, Hong-Jun (馬鴻均)[1]** [1]Department of pathology, Cardinal Tien Hospital (天主教耕莘醫療財團法人耕莘醫院) 題目：Medullary Thyroid Cancer	邱慧英 常務理事
15:30~16:00	Case 623	**Huang, Yu-Ru (黃郁茹), DVM[1], Chang, Yen-Chen (張晏禎), DVM, Ph.D[1]** [1]Graduate Institute of Molecular and Comparative Pathobiology, School of Veterinary Medicine, National Taiwan University (國立台灣大學獸醫專業學院分子暨比較病理生物學研究所) 題目：Anaplastic thyroid carcinoma with rhabdoid phenotype	施洽雯 監事
16:00~16:30	General Discussion (綜合討論)		張俊梁 理事長

目　錄

Special Lecture I (專題演講 I)

What's Your Diagnosis? Unraveling Uncommon Neuroendocrine Tumors in Dogs and Cats

黃威翔 副教授

國立台灣大學獸醫專業學院

Neuroendocrine (NE) tumors in dogs and cats are often diagnostically challenging and clinically underestimated. This presentation introduces neuroendocrine tumors (NETs), a group of often overlooked neoplasms in dogs and cats, through five real-world clinical cases. By highlighting clinical presentations, pathological features, and diagnostic challenges, the talk aims to unravel the mystery of these rare tumors encountered in daily veterinary practice. Additionally, the utility and potential diagnostic value of the novel antibody INSM1 for canine and feline neuroendocrine tumors will be presented, demonstrating its promising application in veterinary pathology.

黃威翔

Wei-Hsiang Huang

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2013-2018 PhD: Institute of Veterinary Medicine, School of Veterinary Medicine, National Taiwan University, Taipei, Taiwan

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2011-2014 Anatomic Pathology Residency in Institute of Molecular and Comparative Pathobiology and National Taiwan University Veterinary Hospital, Taipei, Taiwan

Special Lecture II (專題演講 II)

Neuroendocrine Tumors: An Overview and Update

林士傑主任
台北榮民總醫院病理檢驗部

Neuroendocrine neoplasms (NEN) are heterogeneous and potentially malignant tumors arising from the neuroendocrine cell of variety of system. Although they are uncommon neoplasms, but have significantly increased in prevalence and incidence over the past recent decades, at least in part due to greater incidental detections as a result of improved awareness and advances in imaging technologies and endoscopies. NENs are generally classified as low-grade (well-differentiated) indolent neuroendocrine tumors (NETs) versus high-grade (pooly differentiated) aggressive neuroendocrine carcinomas (NECs). This morphological classification is highly relevant for prognosis and treatment choice, which are supported by genetic evidence at specific anatomic sites as well as clinical, epidemiologic, histologic, and prognostic differences. The tools available to pathologists for accurate classification include the conventional biomarkers of neuroendocrine lineage and differentiation, INSM1, synaptophysin, chromogranins, and somatostatin receptors (SSTRs), but also include transcription factors that can identify the site of origin of a metastatic lesion of unknown primary site.

林士傑

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2009/09-2010/08 Research fellow, Department of Neuropathology, Washington University in St. Louis, U.S.A.

2011-present Attending Physician, Department of Pathology and Lab Medicine, Taipei Veterans General Hospital, Taiwan, R.O.C.

論文選錄：

1. Wu KS, Ho DM, Jou ST, Yu AL, Tran HM, Liang ML, Chen HH, Lee YY, Chen YW, Lin SC, Chang FC, Tsai ML, Liu YL, Lee HL, Hsieh KL, Huang WC, Sung SY, Chang CC, Changou CA, Liang KH, Hsieh TH, Liu YR, Chao ME, Chen W, Chu SS, Cho EC, Wong TT. Molecular-Clinical Correlation in Pediatric Medulloblastoma: A Cohort Series Study of 52 Cases in Taiwan. Cancers (Basel). 2020 Mar 11;12(3):653
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Case Diagnosis

93th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 93 次比較病理學研討會暨會員大會

生殖系統疾病 病理討論會

民國 114 年 8 月 9 日

（閱片網址：http://140.120.114.107/slidecenter.php?id=556 ）

Case No.	Presenter	Slide No.	Diagnosis
Case 619	施洽雯	LP22-14522	Hepatoid carcinoma of pancreas http://140.120.114.107/ivp_slide_view.php?id=2473
Case 620	羅怡琪	25-2186	Metastatic islet cell carcinoma http://140.120.114.107/ivp_slide_view.php?id=2472
Case 621	簡耀君	EG25-174	Thyroid carcinoma http://140.120.114.107/ivp_slide_view.php?id=2474
Case 622	張寶鑽	553673-1B	Medullary Thyroid Cancer http://140.120.114.107/ivp_slide_view.php?id=2471
Case 623	黃郁茹	NTU24-1658A	Anaplastic thyroid carcinoma with rhabdoid phenotype http://140.120.114.107/ivp_slide_view.php?id=2470

Case Number: 619

Slide Number: LP2214522

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2473

A 49-year-old male who had an episode of acute pancreatitis in September, 2021 and pancreatic tumor was identified by abdominal ultrasonography. The CT scan showed a 4.2 x 2.9 cm enhanced mass in the pancreatic tail. After closely follow for more than one year, the patient was referred to the Department of General Surgery for further management. Partial pancreatectomy was performed. The specimen submitted consisted of partial pancreas measuring 12.5 x 6.8 x 4.7 cm with a tumor measuring 3.8 x 3.7 x 2.5 cm. Histopathologically, the tumor was composed of proliferated polygonal tumor cells with abundant eosinophilic cytoplasm and round nuclei containing open chromatin and prominent, single or multiple nucleoli. The tumor cells arranged in sheets and trabecular and perisinusoidal architecture. The mass also contained numerous capillaries with a hepatic sinusoidal arrangement. Immunohistochemical stain was performed and confirm the diagnosis of primary pancreatic hepatoid carcinoma.

Hepatoid carcinoma (HC) is an extra-hepatic neoplasm that shares the morphological and immunohistochemical features of hepatocellular carcinoma (HCC). HC is an extremely rare neoplasm. The first case of HC reported by Ishikura in 1985 was a gastric neoplasm with these characteristics. The most common location of HC is the stomach, followed by the ovaries. HC of the pancreas is an extremely rare and poorly characterized malignancy. Hruban et al. reported the first primary pancreatic HC (PHC) case in 1987. There are approximately 50 cases of PHC reported in the literatures. PHC may be “pure” or part of a tumor of mixed histologic type. The median age of patients with resected pure PHC was 59 years (range 32–83). PHC is more prevalent in males (81%). PHC is most commonly asymptomatic. The pancreatic tail is the most common location of PHC. Immunohistochemical studies play an important role in making a definitive diagnosis. PHC also shares immunohistochemical characteristics with HCC. Surgical resection is the preferred alternative for disease-free survival. The 5-year disease specific survival rate of pure PHC was 77.3%

施洽雯

Chia-wen Shih

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學歷：

1975-1981 Chung-Shan Medical University.

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論文選錄：

1. Chiang MF, Tseng TK, Shih CW, Yang TH, Wu SY. Clinical and contrast-enhanced image features in the prediction model for the detection of small hepatocellular carcinomas. J Cancer. 2020 Oct 18;11(24):7166-7175. doi: 10.7150/jca.47245. PMID: 33193879; PMCID: PMC7646160.
2. Tsai, Yu-Hsiang, Chia-Wen Shih, and Ching-Wen Chiang. "Nasal Glomus Tumor Presenting as Epistaxis-Case Report." 台灣耳鼻喉頭頸外科雜誌 55.4 (2020): 214-217. airiti Library. Web. 13 Nov. 2023. doi:10.6286/jtohns.202012_55(4).214

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CASE HISTORY:

Signalment: 49-year-old male

Clinical History:

A 49-year-old male who had history of CVA in July, 2020 and regular follow up at Neurology OPD. He also had past history of hypertensive cardiovascular disease and degenerated valvular heart disease of the mitral valve. He had an episode of acute pancreatitis in September, 2021 and pancreatic tumor was identified by abdominal ultrasonography. The CT scan showed a 4.2 x 2.9 cm enhanced mass in the pancreatic tail. After closely follow for more than one year, the patient was referred to the Department of General Surgery for further management. Then partial pancreatectomy was performed. The specimen was sent to the Department of Pathology for pathologic diagnosis. The specimen submitted consisted of partial pancreas measuring 12.5 x 6.8 x 4.7 cm with a tumor measuring 3.8 x 3.7 x 2.5 cm. The tumor was soft elastic in consistency and grayish-brown in color with focal hemorrhage.

Clinical Pathology:

BUN: 13 mg/dL (6-20 mg/dL), Creatinine: 0.8 mg/dL (0.6-1.3 mg/dL), Glucose: 99 mg/dL (70-100 mg/dL), Na: 140 mmol/L (135-145 mmol/L), K: 4.1 mmol/L (3.5-5.1 mmol/L), RBC: 4.64 $x10^6$/uL (4.6-6.2$x10^6$/uL), Hb: 14.2 gm/dL (14.0-18.0 gm/dL), Hct: 42.4 % (40-54%), Plt: 22.7 $x10^4$/dL (15-40 $x10^4$/dL), WBC: 7.0 $x10^3$/uL (4.5$x10^3$- 11.0x 10^3/uL). D-Bil: 0.32 mg/dL (0.00-0.30 my/dL), T-Bil: 0.95 mg/dL (<1.2 mg/dL), AST: 23 U/L (5-40 U/L), ALT: 34 U/L (5-40 U/L). Amylase: 57 U/L (28-100 U/L), Lipase: 24 U/L (13-60 U/L), AFP 3.6 ng/mL (<7 ng/mL), CEA: 0.92 ng/mL (<5.0 ng/mL), CA125: 9.15 U/mL (<35 U/mL).

CASE RESULT:

Histopathologic Findings:

On microscopic examination, the tumor is composed of proliferated polygonal tumor cells with abundant eosinophilic cytoplasm and round nuclei containing open chromatin and prominent, single or multiple nucleoli. The tumor cells arranged in sheets and trabecular and perisinusoidal architecture. The mass also contained numerous capillaries with a hepatic sinusoidal arrangement. Focal necrosis and hemorrhage were noted.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were positive for hepatocyte, arginase 1, CD34, BSEP, glypican 3, glutamine synthetase, and negative for Bcl 10, Dog 1, chromogranin A, synaptophysin and CD56.

Differential diagnosis:

1. Neuroendocrine tumor.
2. Acinar cell carcinoma
3. Metastatic hepatocellular carcinoma
4. Hepatoid carcinoma

Diagnosis: Hepatoid carcinoma of pancreas

Comments:

Hepatoid carcinoma (HC) is an extra-hepatic neoplasm that shares the morphological and immunohistochemical features of hepatocellular carcinoma (HCC) and is frequently associated with elevated serum alpha-fetoprotein (AFP) levels. HC is an extremely rare neoplasm. The first case of HC reported by Ishikura in 1985 was a gastric neoplasm with these characteristics. HC has been reported in multiple organs including stomach, esophagus, ovary, urinary tract, lung, gallbladder, colon, ampulla of Vater, uterus, fallopian tubes, adrenal gland, and thymus. The most common location of HC is the stomach, followed by the ovaries.

HC of the pancreas is an extremely rare and poorly characterized malignancy. Hruban et al. reported the first primary pancreatic HC (PHC) case in 1987. There are approximately 50 cases of PHC reported in the literatures. PHC is presently classified by the World Health Organization as a histologic variant of pancreatic ductal adenocarcinoma (PDAC) and is arbitrarily defined as pancreatic carcinoma with at least 50% hepatoid differentiation by morphologic and immunohistochemical assessment. PHC may be “pure” or part of a tumor of mixed histologic type, including elements of PDAC, acinar cell carcinoma (ACC), neuroendocrine neoplasm, islet cell glucagonoma, or serous cystadenoma. Mattiolo et al. suggest that PHC should be considered a new variant of solid pseudopapillary neoplasms (SPN) rather than solely as a possible variant of PDAC. When PHC forms part of a mixed tumor with ACC, neuroendocrine carcinoma, or PDAC, it frequently has a poor prognosis as it tends to behave similarly to its mixed component and may require systemic chemotherapy. Pure PHC is extremely rare, with few cases having been reported to date in the English literature. Because of the rarity of pure PHC, its clinical features including the incidence, behavior, and prognosis remain unclear. The authors suggested that at least some cases of PHC can be considered a distinct tumor entity rather than a variant of PDAC. Based mainly on the genetic findings, the authors advocated that PHC with CTNNB1 exon 3 mutations and loss of heterozygosity on chromosome 21 should be considered a new variant of pancreatic SPN. As regards the pure

HCC-like features, it has been differentially defined, including HC, hepatoid adenocarcinoma, ectopic HCC, hepatoid variant of pancreatic cancer, primary HCC of the pancreas or a pancreatic tumor with hepatoid differentiation.

The pathogenesis of PHC is not yet completely understood, although some hypotheses have been proposed. Some researchers have reported that the pancreas and liver all originate from the same area of primitive embryonic foregut in direct continuation with the yolk sac. It is possible that pancreatic cells retain the potential to differentiate into hepatic cells. It has also been reported that the pancreas contains hepatocyte multipotent cells that have the ability for use in liver reconstruction therapy in adult mice. Therefore, it can be hypothesized that genes associated with hepatocyte differentiation are suppressed by pancreatic stem cells, which can be activated in a particular environment. There is also the ectopic liver tissue theory, in which HC may originate from ectopic pancreatic liver tissue. The pathogenesis of PHC remains to be elucidated.

The median age of patients with resected pure PHC was 59 years (range 32–83). PHC is more prevalent in males (81%). The size of tumors ranges from 1 cm to 12 cm, with a median size of 6 cm. PHC is most commonly asymptomatic or presents as abdominal back pain. The pancreatic tail is the most common location of PHC, in contrast, approximately 75% of all pancreatic carcinomas occurred in the head or neck of the pancreas. Clinically, the patients who had resectable pure PHC in the body or tail of the pancreas were less symptomatic than those with tumors located in the head of the pancreas. About 50% of the patients who had resectable pure PHC in the body or tail of the pancreas had no symptoms at the time of medical examination. Conversely, 75% of the patients with resectable pure PHC in the head of the pancreas had some symptoms.

The diagnosis of pure PHC based solely on preoperative imaging studies is difficult due to the non-specific radiologic features of this tumor. In fact, none of the patients who underwent preoperative imaging studies such as CT received a precise diagnosis because of the radiographic characteristics with various vascular patterns in tumor enhancement. Therefore, preoperative imaging studies alone are insufficient to accurately diagnose pure PHC.

Histopathologically, PHC exhibits morphological features similar to those of HCC, including large polygonal cells with an abundant eosinophilic or clear cytoplasm and centrally located round vesicular nuclei, as well as prominent nucleoli, in a sheet-like or trabecular or perisinusoidal pattern, occasionally featuring bile production and/or bile canaliculi formation. The presence of bile production is a more conclusive finding and is strong evidence of hepatocyte lineage differentiation.

An estimated 10–20% of the tumor cells contained vesicular lipids. Focal numerous large, eosinophilic globules resembling alpha-1 antitrypsin were seen within the tumor. PHC can be divided into four histological subtypes: HC with pure HCC-like morphology, HC with neuroendocrine differentiation, and HC with acinar or glandular differentiation. The subtype with pure HCC-like morphology is the most common, accounting for approximately 62% of cases. About 38 % of PHCs show mixed forms with other histological findings.

Immunohistochemical studies play an important role in making a definitive diagnosis. PHC also shares immunohistochemical characteristics with HCC, such as AFP, Hep Par1, glypican-3,

arginase-1, anti-albumin, anti-α-1-antitrypisine, anti-low molecular weight cytokeratin, anti-epithelial membrane antigen antibodies and CD10.

Hep Par1 seems to be the most sensitive marker for PHC. Immunohistochemical markers of neuroendocrine differentiation (synaptophysin, CD56 and chromogranin-A) and of acinar differentiation (trypsin and BCL10) were negative.

Due to the limited quantity of PHC cases reports in the literature, and PHC without specific performance in CT and MRI images, from the images, it can not be distinguished whether this is a primary pancreatic tumor or metastatic HCC.

Although there is currently no consensus on the radiologic features of PHC, several case reports briefly mentioned the imaging features of the tumor. On CT, the tumor is typically exophytic, well-delineated, and hypoattenuating, with hyperenhancement during the arterial phase and washout during the portal venous phase. On MRI, the signal intensity of the tumor on T2-weighted imaging is usually heterogeneous, and diffusion-weighted imaging may reveal diffusion restriction.

During the diagnosis of primary PHC, metastatic HCC from the liver to the pancreas needs to be taken into consideration. Furthermore, other primary pancreatic tumors with an eosinophilic cytoplasm, such as neuroendocrine tumors, ACC and SPN should be distinguished. These can be distinguished by their own histological characteristics and immunohistochemistry. Cytokeratin 19 positivity plays an important role in differentiating HC from HCC. Of these diagnoses, distinguishing ACC from PHC could be challenging since it can closely mimic HC. Reports indicate that ACC can show positive staining for specific hepatocellular markers such as Glypican3, AFP, HepPar1. HC of the pancreas with acinar differentiation should be tested with arginase-1 to exclude acinar cell carcinoma of the pancreas. Hence, it is considered that arginase-1 seems to be a promising marker which can be used to discriminate poorly differentiated HCC from ACC. In addition, pancreatic neuroendocrine tumors are negative for glypican-3. SPNs are often positive for glypican-3. BCL10, initially identified as a recurrent t (1;14) (p22; q32) translocation in mucosa-associated lymphoid tissue B-cell lymphoma, is immunohistochemically positive in some solid tumors, including ACC. In a study analyzing 126 pancreatic tumor samples, BCL10 was expressed in 14 of 17 ACCs (82%). BCL10 could be a useful marker for identifying acinar cell differentiation.

Due to no unified standards available for treatment and according to recommendations from previous reports. Owing to its aggressive nature and tendency for early liver metastasis, PHC warrants surgical resection, if possible. For localized disease, either surgery alone or surgery combined with adjuvant therapy was reported. The effect of adjuvant therapy after surgery resection, advocated because of the metastatic potential of the tumor. An early detection is also crucial. A pervious study reported a case in which the oral multitarget tyrosine kinase inhibitor, sorafenib, with the function of promoting apoptosis and anti-angiogenesis, was used in the treatment of metastatic PHC. Serum AFP levels have been found to be elevated in the majority of cases of PHC (41%). Thus, AFP can be used to evaluate the integrity of surgical resection and response to therapies. Serum CEA, which was elevated in 28.21% of cases, is a less sensitive. diagnostic marker for PHC.

Previous reports have described that PHC usually has an aggressive clinical course and an extremely poor prognosis. Pure PHC was associated with better disease-specific survival than the other subtypes. The 5-year disease specific survival rate of pure PHC was 77.3%, whereas that of PHC with neuroendocrine differentiation was 37.5% and that of PHC with true glandular differentiation or acinar cell differentiation was 0%. Well-differentiated PHC survived for more than 12 months after surgery. Contrarily, the poorly differentiated PHC had a short survival time of 2 months after surgery. Long-term follow-up is recommended due to the high recurrence rate. Recurrence after surgery was about 20% and the liver is the site of recurrence. According to limited reports, after 3 years, 50% of adult patients who are initially diagnosed usually succumb to the disease. Survival outcomes mainly depend upon the extent of the disease and the completeness of resection, with greater survival rates after resection and adjuvant chemotherapy.

In conclusion, PHC is very rare, and it is more easily diagnosed by morphological and immunohistochemical staining of the tissue specimens. Hep Par1 seems to be the most sensitive marker for PHC. Surgical resection is the preferred alternative for disease-free survival. PHC is a more aggressive tumor, prompt consideration of this diagnosis in the differential diagnosis is crucial for both patient care and clinical management.

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Case Number: 620

Slide Number: 25-2586

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2472

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霍普獸醫病理診斷中心 2020.5~迄今

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CASE HISTORY:

Signalment: A 9-year-old, Fsp, Shih Tzu, dog

One month ago, the patient was suspected of experiencing fainting or seizures. Hypoglycemia was noted. During seizure episodes, the patient became panting, lay down, and appeared very thirsty. In the most severe episodes, whining, urinary incontinence, and defecation were observed. Heart failure as ruled out by echocardiogram.

Under the ultrasound, no obvious pancreatic abnormalities (the view beneath the stomach was obstructed by food) are found. Abdominal laparoscopic biopsy of the liver and suspected mesentery lymph node was performed and submitted for pathological examination.

Gross Findings:

The biopsied tissues from Lt. liver lobe and the suspected mesentery lymph node were received. All tissues were sent for histopathological examination.

CASE RESULT:

Histopathological Findings:

In both the liver and the mesenteric mass, the parenchyma is effaced by large numbers of abnormally proliferating neoplastic cells. These neoplastic cells form multiple lobular structures and are separated by thin fibrous stroma. Within each lobule, the tumor cells are arranged in a nested pattern. The cells are cuboidal to polygonal in shape, with indistinct cell borders. The cytoplasm is pale to lightly eosinophilic and contains abundant granular material. The nuclei are round, with indistinct nucleoli and stippled to hazy chromatin. Mild to moderate anisocytosis is present, and mitotic figures are rarely observed. Marked fibrosis is noted surrounding the mesenteric mass.

Under the IHC staining, the neoplastic cells showed strong nuclear immunoreactive for INSM1(insulinoma associated protein 1).

Pathological Diagnosis:

Metastatic islet cell carcinoma (malignant insulinoma), liver and mesentery mass

Differential diagnosis:

1. Neuroendocrine carcinoma
2. Hepatocellular carcinoma

3. Cholangiocarcinoma

Discussion:

Beta cells are insulin-secreting cells in the pancreas, and beta cell tumors are the most common type of pancreatic tumor. Beta cell (insulin-secreting) tumors include insulinomas, and malignant insulinomas, so called islet cell adenomas and islet cell carcinomas. Approximately 90% of beta cell tumors in dogs are carcinomas, while adenomas are less commonly observed. These tumors are typically functional, causing variable degrees of hypoglycemia.

Beta cell tumors most commonly affect dogs between five and twelve years of age, with no apparent sex predilection. Although various breeds can be affected, large-breed dogs are overrepresented, frequently in German Shepherds, Labrador Retrievers, and Boxers.

When these tumors are functional, the tumors secrete excessive amounts of insulin, resulting in persistent or episodic hypoglycemia. The clinical signs primarily reflect the effects of hypoglycemia on the nervous system and other organs. Initial signs may include weakness following exercise, generalized muscle twitching and weakness, ataxia, mental confusion, and changes in temperament. As the disease progresses, tonic-clonic seizures may develop and increase in both frequency and severity. Any possible diseases causing hypoglycemia should be put in the differential diagnosis, such as hepatic dysfunction, adenohypophyseal and/or adrenal cortical insufficiency, renal glycosuria, extrapancreatic neoplasms (that produce insulin-like growth factors), functional hypoglycemia, exogenous insulin administration, and others.

Grossly and histologically, insulinomas typically appear as single, small nodules (0.5–3 cm in diameter), usually visible from the serosal surface of the pancreas. They are most commonly found in the left or right pancreatic limb rather than the pancreatic body. In contrast, malignant insulinomas are generally larger, multilobulated, and demonstrate local tissue and lymphatic invasion. Metastases are frequently observed, with common sites including regional lymph nodes, liver, mesentery, and omentum.

Insulinomas usually grow slowly and can be cured with complete surgical excision. Dogs that undergo resection of pancreatic insulinomas without gross evidence of metastasis typically have a normoglycemic, disease-free interval of approximately 14 months. In contrast, dogs with metastatic disease often have a much shorter disease-free interval, averaging around 1 month. Survival times range from 1 to 18 months in dogs with distant metastases (stage 3) at the time of initial surgery, and from 2 to 36 months in those with no distant metastasis or only lymph node involvement.

In the present case, although the submitted specimen was not taken from the pancreas, based on the clinical information, histopathological findings, and immunohistochemical results, a definitive diagnosis of malignant insulinoma was made. Furthermore, the specimen represents a metastatic lesion, which highlights the fact that insulinomas in dogs are often malignant and tend to have already metastasized at the time of diagnosis, even when the primary tumor is still very small or undetectable via radiographic imaging.

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Case Number: 621

Slide Number: EG25-174

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2474

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CASE HISTORY:

Signalment: A 12-year-old neutered male Maine Coon cat

The cat was referred for evaluation of a suspected gastric mass identified on abdominal ultrasound. On physical examination, a subcutaneous nodule was noted in the right cervical region. Computed tomography (CT) revealed the neck nodule to originate from the thyroid gland, while the stomach was unremarkable.

Gross Findings:

The specimen is received in formalin in two parts. The first part labeled "right thyroid gland" consists of a 1.5 x 1.2 x 1 cm encapsulated nodule. The cut surface is white. The second part labeled "right retropharyngeal lymph node" consists of a 0.6 x 0.4 x 0.3 cm mottled nodule.

CASE RESULT:

Histopathological Findings:

Thyroid gland, right: Replacing and expanding the thyroid gland is a well-delineated, encapsulated, densely cellular tumor consisting of small cuboidal cells arranged into papillary projections on delicate fibrovascular stalks, with occasional solid areas and small follicles. Nuclei are round with stippled chromatin and inconspicuous nucleoli. There is a small amount of eosinophilic granular cytoplasm. Anisocytosis and anisokaryosis are minimal. Mitotic figures are rare, ranging from 0 to 1 per 40x HPF (7 per 2.37 mm^2). Infrequent finely eosinophilic secretions are noted within the neoplastic lumina. Focally, the tumor breaches the outer fibrous capsule along with presence of lymphatic emboli. The outer surface is rimmed by a mild perivascular lymphoplasmacytic infiltrate. No evidence of parathyroid tissue is contained within the sections examined.

Lymph node, right retropharyngeal: The subcapsular sinus and cortex are obliterated by metastatic carcinoma as described above.

Ancillary Tests:

Immunohistochemistry: The neoplastic cells demonstrate strong immunoreactivity for TTF-1. The Ki-67 proliferative index is approximately 14%. Immunohistochemical stains for parathyroid hormone, thyroglobulin, and calcitonin are inconclusive due to a lack of immunoreactivity in internal controls, precluding definitive interpretation.

Pathological Diagnosis:

1. Thyroid gland, right, extracapsular thyroidectomy: Thyroid carcinoma, papillary type.
2. Lymph node, right retropharyngeal, lymphadenectomy: Thyroid carcinoma, metastatic (1/1).

Differential diagnosis:

1. Thyroid adenomatous hyperplasia
2. Thyroid adenoma
3. Parathyroid adenoma
4. Parathyroid carcinoma

Discussion:

Thyroid neoplasia presents a study in contrasts when comparing the domestic cat and human. In feline medicine, the overwhelming clinical presentation is that of hyperthyroidism, the most common endocrinopathy affecting older cats. This condition, also known as thyrotoxicosis, is caused by the excessive production and secretion of thyroid hormones, primarily thyroxine (T4) and triiodothyronine (T3), from an enlarged gland. The underlying pathology in over 97% of cases is a benign, functional tumor, classified as adenomatous hyperplasia or a follicular adenoma. Malignant thyroid carcinoma (TC) is a rare cause of this syndrome, accounting for only 1-3% of hyperthyroid cases. Consequently, the veterinary diagnostic and therapeutic paradigm is centered on identifying and managing a metabolic disease.

In human medicine, the clinical perspective is inverted. While thyroid nodules are exceedingly common, the principal concern is not hyperfunction—which is rare—but the potential for malignancy. Thyroid cancer is the most prevalent endocrine malignancy in humans, and its incidence has been rising steadily. Although the majority of thyroid nodules are benign, approximately 5-15% are cancerous, necessitating a diagnostic approach focused on oncologic risk stratification. This fundamental divergence in clinical prevalence and presentation has shaped distinct research and management pathways in veterinary and human medicine. For cats, the focus has been on controlling thyrotoxicosis, with carcinoma often viewed as an infrequent and late-stage complication. For humans, the focus has been on the early detection and molecular characterization of cancer to guide surgical intervention and avoid overtreatment of benign disease.

The definitive diagnosis of feline TC relies on histopathologic examination. Less rigidly defined than the human WHO system but generally recognizing several subtypes based on architectural patterns, the histologic classification system for feline TC includes follicular carcinoma, papillary carcinoma, compact (solid) carcinoma, and mixed carcinoma. In human medicine, the 2022 WHO classification of thyroid tumors introduced updated criteria that offer a standardized and more refined diagnostic approach. The major revisions included modifications of the general terminology, the introduction of new entities, adoption of a grading system, and other changes specific to different tumor categories.

In conclusion, TC is an uncommon endocrine tumor in cats, reported in approximately 1–3% of those with hyperthyroidism. Non-hypersecretory (NHS) thyroid carcinoma is exceedingly rare, with only a few cases documented in the literature to date. In NHS cases, surgical intervention may play a more prominent therapeutic role; for example, reported survival times include 831 days following thyroidectomy alone and 428 days following thyroidectomy combined with high-dose radioiodine therapy. When considering both hypersecretory and non-hypersecretory forms, the overall median survival time is approximately 1 to 2 years.

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Case Number: 622

Slide Number: 553673-1B

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2471

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CASE RESULT:

CASE HISTORY

Clinical History:

This 84-year-old female noticed right thyroid nodule since 13 years ago and kept OPD follow-up. She denied local symptoms such as dysphagia, hoarseness. On 113-06-12 PET revealed suspicious right thyroid tumor. So she was admitted and arranged right total thyroidectomy. Frozen section showed right thyroid cancer then total thyroidectomy was performed. She had smooth postoperative course without complication and under regular OPD Follow up.
She had known underlying medical history of right MRM for invasive ductal carcinoma on 97-5-15 followed by adjuvant chemotherapy with FEC x 6 cycles. Then chest wall local recurrence occurred, palliative chemotherapy with Taxol + Herceptin were given.

Gross Findings:

The specimen submitted consisted of a piece of thyroid tissue measuring 5 x 3.5 x 2.6 cm in size and 24 gm in weight. Grossly, the specimen showed one single circumscribed, gray-tan mass without encapsulation (not capsulated). The remaining non-neoplastic thyroid tissue showed unremarkable changes.

CASE RESULT

Microscopic description:

Microscopically, sections of the tumor showed pictures of medullary carcinoma of thyroid, composed of round, plasmacytoid, polygonal or spindle cells in nests, cords or follicles; often mixtures of these cells. Round nuclei with finely stippled to coarsely clumped chromatin and indistinct nucleoli, occasional nuclear pseudoinclusions are also noted. Stroma has amyloid deposits from calcitonin, prominent vascularity with glomeruloid configuration or long cords of vessels, coarse calcifications, and occasional psammoma-like bodies.

Immunohistochemical stains

Calcitonin: (+)
CEA: (+)
TTF1: (+)
Thyroglobulin: (-)
Chromogranin: (+)

Congo red stain: (+)
MIB-1 (Ki-67) index: increased proliferative index

Differential diagnosis:

1. Medullary thyroid carcinoma
2. Solid variant of papillary carcinoma
3. Poorly differentiated thyroid carcinoma

Diagnosis description:

Thyroid, total thyroidectomy --- Medullary carcinoma, (tumor size: 4 x 3 x 2.5 cm in size), Staging: (pT2NX)

Discussion:

MTC is a malignant neuroendocrine tumor derived from calcitonin producing para-follicular C-cells of the thyroid. It accounts for about 2% of thyroid cancers and 4–5% of thyroid-related deaths. Average age is 45-55 years and female predominance. 25% are hereditary (Etiology: MEN2 syndrome) and 75% are sporadic (Etiology: Unknown). Hereditary medullary thyroid carcinoma occurs in younger patients with multifocal and bilateral tumors and part of MEN2A or MEN2B syndromes which are caused by germ line RET mutations. Pathogenesis associated with Activating RET mutations → MAPK and PI3K pathway activation → cell proliferation and survival. And RET-wild type MTCs may involve RAS mutations, CDKN2C alterations, mTOR pathway activation.
Clinical features often presents as a solitary thyroid nodule. May invade local regions and cause symptoms such as dysphagia, hoarseness. Lymph node metastasis is found in 50–75%, distant metastasis in 10–15%. Serum calcitonin and CEA are key biomarkers. Hormonal symptoms: flushing, diarrhea (from calcitonin, serotonin, etc.). It may associated with paraneoplastic syndromes such as Cushing syndrome.

Grossly with size varies from <1 mm to entire thyroid lobe and occasional features may have fibrosis or hemorrhage. Microcarcinoma defined as ≤10 mm and ≤5 mm generally lack hypercalcitoninaemia. Sporadic MTC usually are unilateral and well-circumscribed. Hereditary MTC usually is bilateral and multi-centric features. Cell morphology is plasmacytoid, spindle-shaped, giant cells, or clear cells. Polygonal cells with granular cytoplasm and round nuclei. Nucleoli may be inconspicuous. Mitoses are rare and nuclear atypia variable. Microscopically Pseudoinclusions, Calcification, psammoma bodies, and osseous metaplasia occasionally present. Amyloid deposition is found in 50–90% (Congo red+). Stromal hyalinization and fibrous septa are often prominent. Electron microscopy: Shows dense-core neurosecretory granules and calcitonin-positive granules. Calcitonin is a major component of amyloid. Medullary carcinoma, follicular pattern may show tumor cells in follicular structures and may mimic follicular thyroid neoplasms. Medullary carcinoma, papillary pattern may show tumor cells around fibrovascular cores with amyloid and may mimic papillary thyroid carcinoma (PTC). Medullary carcinoma, spindle cell pattern showed spindle cells

in fascicles, can mimic sarcomas or mesenchymal tumors. Clear cell pattern showed polygonal cells with clear cytoplasm, can mimic metastases (Renal Cell Carcinoma). Medullary carcinoma with oncocytic pattern showed abundant granular eosinophilic cytoplasm due to mitochondria. Medullary carcinoma with small cell pattern showed sheets of cells with round to ovoid nuclei and scanty cytoplasm. Immunoprofile revealed as Calcitonin (+), CEA (+), Chromogranin (+), Synaptophysin (+), INSM-1 (+), Congo red stain (+), TTF1 (+), Thyroglobulin (-). Differential diagnosis MTC as Solid nests Overlapping feature with medullary classic, Medullary thyroid carcinoma Immunoprofile (TGB- Calcitonin+) and Solid variant of papillary carcinoma Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Follicles Overlapping feature with medullary classic, Follicular variant of papillary carcinoma Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Papillae Overlapping feature with medullary classic, Papillary thyroid carcinoma classic Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Spindle cells Overlapping feature with medullary classic, Papillary carcinoma with spindle cell metaplasia Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Clear cells Overlapping feature with medullary classic, Papillary thyroid carcinoma with clear cells Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Oncocytes Overlapping feature with medullary classic, Oncocytic Hurthle cell carcinoma Immunoprofile (TGB+ Calcitonin-). Differential diagnosis MTC as Small cell Overlapping feature with medullary classic, Metastatic neuroendocrine carcinoma Immunoprofile (TGB+ Calcitonin-) (Neuroendocrine markers+). Grading Scheme for MTC (WHO Table 3.07) High grade MTC defined as any of mitotic count ≥ 5/2 mm^2, ki-67 index ≥5%, tumor necrosis: present and low grade defined as all of mitotic count < 5/2 mm^2,ki-67 index < 5%, no tumor necrosis. Staging of MTC according to collage of American pathologist by pT category

pT0: No evidence of primary tumor

pT1a: Tumor less than or equal to 1 cm in greatest dimension, limited to the thyroid.

pT1b: Tumor greater than 1 cm but less than or equal to 2 cm in greatest dimension, limited to the thyroid

pT2: Tumor greater than 2 cm but less than or equal to 4 cm in greatest dimension, limited to thyroid

pT3a: Tumor greater than 4 cm in greatest dimension limited to the thyroid

pT3b: Tumor of any size with gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, thyrohyoid or omohyoid muscles)

pT4a: Moderately advanced disease; tumor of any size with gross extrathyroidal extension into the nearby tissues of the neck, including subcutaneous soft tissue, larynx, trachea, esophagus, or recurrent laryngeal nerve

pT4b: Very advanced disease; tumor of any size with extension toward the spine or into nearby large blood vessels, gross extrathyroidal extension invading the prevertebral fascia, or encasing the carotid artery or mediastinal vessels

pN Category

pN0a: One or more cytologically or histologically confirmed benign lymph nodes

pN1a: Metastasis to level VI or VII (pre-tracheal, para-tracheal, or pre-laryngeal or upper mediastinal) lymph nodes. This can be unilateral or bilateral disease.

pN1b: Metastasis to unilateral, bilateral, or contralateral lateral neck lymph nodes (levels I, II, III, IV, or V) or retropharyngeal lymph nodes

pM Category

pM1: Distant metastasis

Treatment of MTC is total thyroidectomy with central and lateral node dissection. No role for post-operative iodine 131 therapy or chemotherapy. Radiation therapy may decrease local recurrence in high risk patients. Prognosis varies by tumor size, age, sex (worse in males), extra-thyroid extension, distant metastasis (most commonly liver, lungs, bones, adrenals), serum calcitonin and CEA levels. 5-year survival: 75–96% and 10-year survival: 64–91%. Depends on stage and early detection. Molecular prognosis by RET mutations (especially in exons 15 and 16, like p.M918T) is worse prognosis. RET codon 634 mutations is poor outcomes in MEN2A. High-grade RET mutations correlate with Higher disease stage, recurrence, shorter survival, RET-negative tumors may have RAS mutations (HRAS > KRAS > NRAS). Our case had postoperative course without complication. Under stable condition with the arrangement of OPD Follow up.

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Case Number: 623

Slide Number: NTU24-1658A

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2470

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CASE HISTORY

Signalment:
8-year-old castrated male French Bulldog

Clinical History:
The mass located at the right cranial neck was noted since March 2024. Fine needle aspiration (FNA) was performed after two months, and the cytology result revealed that the mass was suspected to be originated from the thyroid gland. After three months, the value of total T4 increased from 1.8 to 2.4 but the diameter of the mass remained approximately 2.3 to 2.4 cm. The X-ray and computer tomography examinations were performed another 2 months later, and no metastasis was noted. At the same time, the excision surgery was performed to remove the mass in the right cranial neck, the retropharyngeal lymph node, and the left thyroid gland.

CASE RESULT

Gross Findings:
The mass at the right cranial neck appeared dark red and was flat in shape with rough surface and fragile consistency. The cut surface was mottled dark red and beige.

Histopathologic Findings:
Under the low power field, the neoplasm is poorly demarcated and unencapsulated, and comprises two cell populations arranged in sheets and supported by variable amounts of fibrovascular stroma. The majority is small and round to polygonal neoplastic cells, which have indistinct cellular borders and scant eosinophilic cytoplasm. Their nuclei are round, oval, or elongated, and hyperchromatic or occasionally with stippled chromatin. Mild anisocytosis and anisokaryosis are noted, and the mitotic count is rare to absent. As for the other type of neoplastic cells, they are usually individualized and randomly scattered among the previously mentioned neoplastic cells. They are large and pleomorphic, and have abundant eosinophilic granular cytoplasm, distinct cellular border, and 1-2 oval or bizarre vesicular nuclei, and 1-2 prominent nucleoli. Marked anisocytosis and anisokaryosis are noted, and mitosis is also rare to absent. Both neoplastic cells are found invading the adjacent skeletal muscles and fibrous tissue.

Morphological diagnosis:
Thyroid carcinoma, ectopic mass at the right cranial neck

Differential Diagnosis:

1. Anaplastic thyroid carcinoma with rhabdoid phenotype
2. Rhabdoid tumor of thyroid gland
3. Rhabdomyosarcoma
4. Thyroid lymphoma

Immunohistochemistry (IHC) staining:

For IHC staining, antibodies against CD3, cytokeratin, vimentin, desmin, and thyroid transcription factor 1 (TTF-1) were used. Both neoplastic cells are diffusely negative for CD3, cytokeratin, and vimentin. However, the small neoplastic cells are partially nuclear-positive for TTF-1, accounting for 20-30% of small neoplastic cells, while all large neoplastic cells remain negative. As for desmin staining, the large neoplastic cells are diffusely positive and 70-80% of small neoplastic cells are positive.

Final Diagnosis:

Anaplastic thyroid carcinoma with rhabdoid phenotype, ectopic thyroid gland at the right cranial neck

Discussion:

Ectopic thyroid tissue is common in dogs and found in approximately 50% of adult dogs during necropsy examination[2]. Thyroid primordial cells formed the ectopic tissue during embryonic development, which is usually located at the lingual and sublingual area, cranial mediastinum, or heart base. Additionally, thyroid tumors in dogs are relatively common and account for about 1-3% of all neoplasms in dogs[7]. However, neoplasms arising from ectopic thyroid tissue are rare but have been documented at all locations mentioned above in humans[2].

The treatments for thyroid tumor include surgical excision and administration of radioactive iodine. In a retrospective study collecting 41 dogs affected with sublingual thyroid neoplasia, 28 cases were treated with surgical excision alone, radioactive iodine alone or surgical excision followed by radioactive iodine. Most dogs with localized sublingual thyroid tumors could be controlled or even cured with surgical incision. In dogs with multicentric or metastasis diseases, the use of surgery alone is unlikely to cure. The author suggested that if the tumor is functional and has normal or enhanced thyroid uptake, high-dose radioiodine can be applied. In contrast, if the thyroid uptake is low or radioiodine is not available, then surgery followed by external radiation beam or chemotherapy could be considered. As for the prognosis, the result showed that the median survival time did not vary significantly among different treatments (p=0.16). The median survival times of those treated with surgery alone, radioiodine alone, both surgery and radioiodine, and untreated were 1160, 347, 976, and 670 days, respectively. However, the authors indicated that dogs received surgical excision had significantly longer median survival times than those of dogs without surgical treatment (p=0.018)[2].

Some case reports of humans showed that thyroid carcinomas could show rhabdoid or rhabdomyosarcomatous phenotypes that the tissue may express muscular differentiation[3,8,9]. Carda

and colleagues reported two human cases of thyroid tumors in which the neoplastic cells are immunoreactive to muscle-specific actin and desmin, which can also be variably expressed in a variety of benign and malignant soft tissue tumors and are considered nonspecific to muscle differentiation[3]. There is also one case report demonstrating that the anaplastic thyroid tumor with rhabdoid cells could be immunoreactive to vimentin and cytokeratins with variable expression of other markers, like as TTF-1, EMA, AML, myoglobin, desmin, NSE, and PS100[5]. In another human case report, the immunohistochemistry result showed both positive for TTF-1 and vimentin, but negative for thyroglobulin[7]. They authors indicated that rhabdoid tumor of the thyroid gland were always positive for vimentin, and occasionally positive for rhabdoid tumor of the thyroid gland always shows positive vimentin expression with a lower frequency of TTF-1, cytokeratin, epithelial membrane antigen (i.e., AE1/AE3, Cam5.2, CK8, CK18), smooth-muscle actin, myoglobin, and desmin expression[8]. Back to our case, although the neoplastic cells show variable immunoreactivities to TTF-1 and desmin, vimentin and cytokeratin are negative. Since the expression pattern of the present case is inconsistent with any of the reported human cases, anaplastic thyroid carcinoma with rhabdoid phenotype is tentatively diagnosed.

Rhabdoid tumor was first described in 1978 as a distinctive, highly malignant, round-cell neoplasm of the kidney in children, and extrarenal rhabdoid tumors were identified later[10]. Rhabdoid tumors are high-grade tumors that arise in many different sites, exhibiting invasive growth patterns and having a tendency to develop early metastasis. Morphologic findings in this tumor include the presence of large pleomorphic cells with abundant cytoplasm, typical eosinophilic inclusions, and eccentric nuclei with distinct nucleoli[1]. Rhabdoid tumors in all anatomical locations have a similar molecular origin in human studies. Rhabdoid tumors of the thyroid gland are very rare in human medicine, and are reported to have extrathyroidal extension and local and distant recurrence.

In previous case reports of thyroid carcinoma with rhabdoid phenotype in humans, some patients died a few months after treatment due to recurrence or metastasis, while others remained disease-free without any complications or tumor recurrence[3,4,8,9]. In the present case, follow-ups of the patient show that it has recovered well, and no recurrence or complications have been noted until now.

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中華民國比較病理學會章程

第一章　總則

第一條　本會定名為中華民國比較病理學會，英文名稱為 Chinese Society of Comparative Pathology (CSCP) (以下簡稱本會)。

第二條　本會依內政部人民團體法設立，為非營利目的之社會團體，以結合人類醫學與動物醫學資源，提倡比較病理學之研究與發展，交換研究教學心得，聯絡會員友誼及促進國際間比較醫學之交流為宗旨。

第三條　本會以全國行政區域為組織區域，會址設於主管機關所在地區，並得報經主管機關核准設主分支機構。前項分支機構組織簡則由理事會擬訂，報請主管機關核准後行之。會址及分支機構之地址於設置及變更時應報請主管機關核備。

第四條　本會之任務如左：

一、　提倡比較病理學之研究與發展。

二、　舉辦學術演講會、研討會及相關訓練課程。

三、　建立國內比較醫學相關資料庫。

四、　發行比較病理學相關刊物。

五、　促進國內、外比較醫學之交流。

六、　其他有關比較病埋學術發展之事項。

第五條　本會之主管機關為內政部。目的事業主管機關依章程所訂之宗旨與任務，主要為行政院衛生署及農業委員會，其目的事業應受各該事業主管機關之指導與監督。

第二章　會員

第六條　本會會員申請資格如下：

一、　一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校(或同等學歷)生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。

二、　學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其它相關科系肄業者 (檢附學生身份證明)。

三、　贊助會員：贊助本會工作之團體或個人。

四、　榮譽會員：凡對比較病理學術或會務之推展有特殊貢獻，經理事會提名並經會員大會通過者。

前項一、二、三項會員申請時應填具入會申請書，經一般會員二人之推薦，經理事會通過，並繳納會費。學生會員身份改變成一般會員時，得再補繳一般會員入會費之差額後，即成為一般會員，榮譽會員免繳入會費與常年會費。

第七條　一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、學生會員與榮譽會員無前項權利。

第八條　會員有遵守本會章程、決議及繳納會費之義務。

第九條　會員有違反法令、章程或不遵守會員大會決議時，得經理事會決議，予以警告或停權處分，其危害團體情節重大者，得經會員大會決議予以除名。

第十條　會員喪失會員資格或經會員大會決議除名者，即為出會。

第十一條　會員得以書面敘明理由向本會聲明退會。但入會費與當年所應繳納的常年會費不得申請退費。

第三章　組織及職員

第十二條　本會以會員大會為最高權力機構。

第十三條　會員大會之職權如下：

一、　訂定與變更章程。

二、　選舉及罷免理事、監事。

三、　議決入會費、常年會費、事業費及會員捐款之方式。

四、　議決年度工作計畫、報告、預算及決算。

五、　議決會員之除名處置。

六、　議決財產之處分。

七、　議決本會之解散。

八、　議決與會員權利義務有關之其他重大事項。

前項第八款重大事項之範圍由理事會訂定之。

第十四條　本會置理事十五人，監事五人，由會員選舉之，分別成立理事會、監事會。

選舉前項理事、監事時，依計票情形得同時選出候補理事五人，候補監事一人，遇理事或監事出缺時，分別依序遞補之。

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條　理事會之職權如下：

一、　審定會員之資格。

二、　選舉及罷免常務理事及理事長。

三、　議決理事、常務理事及理事長之辭職。

四、　聘免工作人員。

五、　擬訂年度工作計畫、報告、預算及決算。

六、　其他應執行事項。

第十六條　理監事置常務理事五人，由理事互選之，並由理事就常務理事中選舉一人為理事長。

理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

理事長因事不能執行職務時，應指定常務理事一人代理之，未指定或不能指定時，由常務理事互推一人代理之。

理事長或常務理事出缺時，應於一個月內補選之。

第十七條　監事會之職權如左：

一、監察理事會工作之執行。

二、審核年度決算。

三、選舉及罷免常務監事。

四、議決監事及常務監事之辭職。

五、其他應監察事項。

第十八條　監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。

常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。

第十九條　理事、監事均為無給職，任期三年，連選得連任。理事長之連任以一次為限。

第二十條　理事、監事有下列情事之一者，應即解任：

一、喪失會員資格。

二、因故辭職經理事會或監事會決議通過者。

三、被罷免或撤免者。

四、受停權處分期間逾任期二分之一者。

第二十一條　本會置祕書長一人，承理事長之命處理本會事務，令置其他工作人員若干人，由理事長提名經理事會通過後聘免之，並報主管機關備查。但祕書長之解聘應先報主管機關核備。

前項工作人員不得由選任之職員（理監事）擔任。

工作人員權責及分層負責事項由理事會令另定之。

第二十二條　　本會得設各種委員會、小組或其它內部作業組織，其組織簡則由理事會擬定，報經主機關核備後施行，變更時亦同。

第二十三條　　本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

第四章　會議

第二十四條　會員大會分定期會議與臨時會議兩種，由理事長召集，召集時除緊急事故之臨時會議外應於十五日前以書面通知之。定期會議每年召開一次，臨時會議於理事會過半數認為必要，或經會員五分之一以上之請，或監事會半數函請召集時召開之。

第二十五條　會員不能親自出席會員大會時，得以書面委託其他會員代理，每一會員以代理一人為限。

第二十六條　會員大會之決議，以出席人數過半之同意行之。但章程之訂定與變更、會員之除名、理事及監事之罷免、財產之處置、本會之解散及其他與會權利義務有關之重大事項應有出席人數三分之二以上同意。但本會如果辦理法人登後，章程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。

第二十七條　理事會及監事會至少每六個月各舉行會議一次，必要時得召開聯席會議或臨時會議。

前項會議召集時除臨時會議外。應於七日以以書面通知，會議之決議各以理事、監事過半數之出席，出席人較多數之同意行之。

第二十八條　理事應出席理事會議，監事應出席監事會議，不得委託出席；理事、監事連續二次無故缺席理事會、監事會者，視同辭職。

第五章　經費及會計

第二十九條　本會經費來源如下：

一、入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。

二、常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

三、事業費。

四、會員捐款。

五、委託收益。

六、基金及其孳息。

七、其他收入。

第三十條　本會會計年度以國曆年為準，自每年一月一日起至十二月三十一日止。

第三十一條　本會每年於會計年度開始前二個月由理事會編造年度工作計劃、收支預算表、員工待遇表，提會員大會通過（會員大會因故未能如期召開者，先提理監事聯席會議通過），於會計年度開始前報主管機關核備，並於會計年度終了後二個月內由理事會編造年度工作報告、收支決算表、現金出納表、資產負債表、財產目錄及基金收支表，送監事會審核後，造具審核意見書送還理事會，提會員大會通過，於三月底前報主管機關核備（會員大會未能如期召開者，需先報主管機關備查）。

第三十二條　本會解散後，剩餘財產歸屬所在地之地方自治團體或主管機關指定之機關團體所有。

第三十三條　本章程未規定事項，悉依有關法令規定辦理。

第三十四條　本章程經大會通過，報經主管機關核備後施行，變更時亦同。

第三十五條　本章程經本會民國八十五年二月四日第一屆第一次會員大會通過，並報經內政部 85 年 3 月 14 日台(85)內社字第 8507009 號函准予備查。

中華民國比較病理學會 第十屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	張俊梁	男	國防醫學院醫學科學研究所博士	國防醫學院兼任助理教授	國軍桃園總醫院病理檢驗部兼任主治醫師/台北榮民總醫院桃園分院兼任主治醫師/銘傳大學、國防醫學院兼任教授
2	常務理事	邱慧英	女	國立台大獸醫專業學院博士	台灣養豬科學研究所	國立中興大學獸醫病理生物學研究所副教授
3	常務理事	張惠雯	女	國立臺灣大學獸醫專業學院博士	美國哈佛醫學院博士後	台灣大學分子暨比較病理生物學研究所副教授
4	常務理事	陳燕麟	男	輔仁大學化學研究所博士	日本國立神經精神中心研究員	三軍總醫院病理部主治醫師/國防醫學院助理教授
5	常務理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	國立臺灣大學獸醫專業學院院長	台灣大學分子暨比較病理生物學研究所兼任教授
6	理事	江家瑋	男	國立臺灣大學獸醫專業學院碩士		霍普獸醫病理專科醫院病理獸醫師
7	理事	林永和	男	國立台大病理研究所碩士	台北醫學院病理科講師	台北醫學院病理科副教授
8	理事	張皓凱	男	國立中興大學獸醫病理學研究所碩士		立眾病理實驗室主任病理獸醫
9	理事	彭奕仁	男	國防醫學院醫學科學研究所博士	美國西雅圖華盛頓大學病理研究員	三軍總醫院病理部主任/國防醫學院病理及寄生蟲研究所所長/副教授
10	理事	黃威翔	男	國立臺灣大學獸醫專業學院博士		台灣大學分子暨比較病理生物學研究所副教授
11	理事	賈敏原	男	國立臺灣大學獸醫專業學院博士	國衛院研究員	國立中興大學獸醫系副教授
12	理事	鄭明芳	男	國立陽明大學口腔生物研究所博士	三軍總醫院病理部主治醫師	國軍花蓮總醫院組織臨床病理科主任
13	理事	賴銘淙	男	清華大學生命科學院博士	彰濱秀傳紀念醫院病理科主任	衛生福利部臺中醫院病理學科主任/中山醫學大學病理科副教授
14	理事	簡耀君	男	國立臺灣大學獸	長青動物醫院病	長青動物醫院病理部

				醫專業學院碩士	理部主任	主任
15	常務監事	陳姿妤	女	國立中興大學獸醫病理學研究所碩士	生技中心研究員	財團法人國家實驗研究院國家實驗動物中心副技術師
16	監事	朱旆億	男	國立臺灣大學醫學系/國立臺灣大學獸醫專業學院博士	輔仁大學醫學系兼任助理教授	彰化秀傳紀念醫院病理科主任
17	監事	施洽雯	男	國立國防醫學院病理研究所	中山醫學院病理科副教授	羅東博愛醫院病理科主任
18	監事	廖俊旺	男	國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	國立中興大學獸醫病理生物學研究所教授
19	監事	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授兼院長	台灣大學分子暨比較病理生物學研究所教授
20	秘書長	張晏禎	女	國立臺灣大學獸醫專業學院博士	中央研究院博士後	台灣大學分子暨比較病理生物學研究所助理教授

中華民國比較病理學會 會員名單

排序	會員編號	姓名	類別	備註
1	A00002	劉振軒	常務理事	
2	A00015	廖俊旺	監事	
3	A00022	蔡睦宗	一般會員	
4	A00041	許永祥	一般會員	停權
5	A00061	鄭謙仁	監事	
6	A00069	阮正雄	一般會員	停權
7	A00071	祝志平	一般會員	停權
8	A00074	李進成	一般會員	停權
9	A00076	施洽雯	監事	
10	A00087	林正忠	一般會員	停權
11	A00105	林永和	理事	
12	A00143	賴銘淙	理事	
13	A00262	楊俊宏	一般會員	停權
14	A00268	張俊梁	理事長	
15	A00286	江蓉華	一般會員	停權
16	A00288	蔡慧玲	一般會員	
17	A00294	魯懿萍	一般會員	停權
18	A00296	朱旆億	監事	
19	A00297	蔡懷德	一般會員	停權
20	A00299	林以樂	一般會員	停權
21	A00303	張文發	一般會員	停權
22	A00305	黃心宏	一般會員	
23	A00310	邱慧英	常務理事	
24	A00311	白馨	一般會員	停權
25	A00313	江家瑋	理事	
26	A00314	張惠雯	常務理事	
27	A00315	陳佳其	一般會員	停權
28	A00316	施正心	一般會員	
29	A00317	楊伊平	一般會員	
30	A00319	蔣克新	一般會員	停權
31	A00320	蔡清龍	一般會員	停權

排序	會員編號	姓名	類別	備註
32	A00321	吳佳樺	一般會員	停權
33	A00322	簡耀君	理事	
34	A00323	陳彥伯	一般會員	停權
35	A00324	黃馨頤	一般會員	停權
36	A00325	陳姿妤	常務監事	
37	A00326	賈敏原	理事	
38	A00327	鄭明芳	理事	
39	A00328	彭奕仁	理事	
40	A00329	李育翰	一般會員	停權
41	A00330	陳燕麟	常務理事	
42	A00331	許志勤	一般會員	
43	A00332	于知仁	一般會員	
44	A00333	何佳霖	一般會員	
45	A00334	蔡雨倫	一般會員	停權
46	A00335	林宜信	一般會員	
47	A00336	陳縱宇	一般會員	
48	A00337	郭建均	學生會員	原一般會員
49	A00338	周品君	一般會員	停權
50	A00339	陳威廷	一般會員	停權
51	A00340	高郁茜	一般會員	停權
52	A00341	趙曉梅	一般會員	停權
53	A00342	洪義文	一般會員	停權
54	A00343	羅雅文	一般會員	停權
55	A00344	黃威翔	理事	
56	A00345	郭軒	一般會員	停權
57	A00346	徐治平	一般會員	停權
58	A00347	何永傳	一般會員	
59	A00348	曹文恬	一般會員	
60	A00349	羅怡琪	一般會員	
61	A00350	張晏禎	秘書長	
62	A00351	陳謙豪	一般會員	
63	A00352	邱泓錫	一般會員	
64	A00353	黃泰堂	一般會員	

排序	會員編號	姓名	類別	備註
65	A00354	田永田	一般會員	
66	A00355	杭仁釩	一般會員	
67	A00356	張皓凱	理事	
68	A00357	林東衛	一般會員	
69	A00358	吳保樹	一般會員	
70	A00359	徐治平	一班會員	
71	A00360	張權星	一般會員	
72	A00361	陳以瑛	一般會員	
73	A00362	楊馥華	一般會員	
74	A00363	林秉郁	一般會員	
75	A00364	彭曉婷	一般會員	
76	A00365	向家珍	一般會員	
77	A00366	李勻	一般會員	
78	A00367	廖淑惠	一般會員	
79	A00368	林鈺傑	一般會員	
80	A00369	蔡文銓	一般會員	

中華民國比較病理學會 114 年度工作計劃

一、 會務

(一) 徵求會員

二、 持續進行學會推廣及會員召募，擴大會員陣容，

(一) 整理會藉與清查會費

1. 更新整理會藉資料，並製作會員通訊錄
2. 清查會員繳費狀況，進行催繳，缺繳三年以上徹底實行停權

(二) 召開會議：召開會員大會一次，審查 114 年度工作報告與經費收支狀況，研議 114 年度之工作計劃及預算

(三) 學術活動：持續辦理三次研討會，並邀請國內外專家學者做學術性的演講

三、 業務

(一) 繳納會費

(二) 文書處理

(三) 整理與更新會員信箱，刪除無效信箱

(四) 病例資料處理：掃描研討會議病例切片，供會員研究教學使用

(五) 研討會活動照片、會員狀態及網頁維護更新

(六) 進行獸醫再教育學分申請，協助會員學分認證

中華民國比較病理學會 114 年度工作報告

一、　召開會員大會、理監事會議、舉辦學術研討會

(一) 會員大會

1. 第十屆第二次會員大會於 114 年 4 月 12 日於台大獸醫專業學院召開。

(二) 理監事會議

1. 第十屆第七次理監事會議於 114 年 4 月 12 日於台大獸醫專業學院召開。
2. 第十屆第八次理監事會議於 114 年 8 月 9 日於集思台大會議中心召開

二、 舉辦學術演講

(一) 第 92 次比較病理研討會邀請專題演講：

1. 國立台灣大學獸醫專業學院 劉振軒教授：What's your diagnosis?
2. 國軍左營總醫院 林冠宏主治醫師：探索高壓氧療法在獸醫醫學中的角色：從基礎研究到臨床實踐

(二) 第 93 次比較病理研討會邀請專題演講：

1. 國立台灣大學獸醫專業學院 黃威翔教授：What's your diagnosis?
2. 台北榮民總醫院病理部 林士傑主任：Neuroendocrine Tumors : An Overview and Update

三、 舉辦學術病理切片病例討論

(一) 於第 92 次比較病理研討會共有 4 個單位提供 4 個病例供會員討論。

(二) 於第 93 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。

四、 架設學會網站（網址： http://www.ivp.nchu.edu.tw/cscp/）

(一) 提供第 92 次比較病理研討會活動花絮照片

(二) 提供第 93 次比較病理研討會活動花絮照片

五、 獸醫師繼續教育學分認證

(一) 第 92 次比較病理研討會提供獸醫師繼續教育認證

(二) 第 93 次比較病理研討會提供獸醫師繼續教育認證

中華民國比較病理學會資料庫使用須知

How-To Access Comparative Pathology Virtual Slides
Hosted at the Web Library in NTU Vet Med Digital Pathology Lab
(中華民國比較病理學會數位式組織切片影像資料庫)

Comparative Pathology glass slides are now digitalized and accessible to all participants through the internet and a web browser (see below for detail instruction).

1. Please make sure that your web browser (e.g. Internet Explorer, Firefox or Safari) is equipped with "flash player." If not, it can be added from http://www.adobe.com/products/flashplayer/ for free.

2. Please go to the Chinese Society of Comparative Pathology web site at http://www.ivp.nchu.edu.tw/cscp/

3.Choose the slide images (e.g. 63rd CSCP)

4. Pick any case you'd like to read (e.g. case 435-440)

比較病理研討會病例分類一覽表

中華民國比較病理學會

第一次至第九十四次比較病理學研討會病例分類一覽表

腫瘤

病例編號	會議場次	診　　斷	動物別	提 供 單 位
1.	1	Myxoma	Dog	美國紐約動物醫學中心
2.	1	Chordoma	Ferret	美國紐約動物醫學中心
3.	1	Ependymoblastoma	Human	長庚紀念醫院
8.	2	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
18.	3	Malignant lymphoma	Human	長庚紀念醫院
19.	3	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
24.	3	Metastatic thyroid carcinoma	Human	省立新竹醫院
25.	3	Chordoma	Human	新光吳火獅紀念醫院
34.	4	Interstitial cell tumor	Dog	中興大學獸醫學系
35.	4	Carcinoid tumor	Human	長庚紀念醫院
36.	4	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
38.	6	Pheochromocytoma	Ferret	美國紐約動物醫學中心
39.	6	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
40.	6	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
41.	6	Fibroadenoma	Human	省立豐原醫院
42.	6	Canine benign mixed type mammary gland tumor	Pointer bitch	中興大學獸醫學系
43.	6	Phyllodes tumor	Human	台中榮民總醫院
44.	6	Canine oral papilloma	Dog	台灣大學獸醫學系
45.	6	Squamous cell papilloma	Human	中國醫藥學院
47.	7	1. Lung: metastatic carcinoma associated with cryptococcal infection. 2. Liver: metastatic carcinoma. 3. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
56.	8	Gastrointestinal stromal tumor	Human	台中榮民總醫院

59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
64.	8	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
71.	9	Myelolipoma	Human	台北耕莘醫院
72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
	10	Angiomyolipoma	Human	羅東博愛醫院
	10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
	10	Nephrogenic adenoma	Human	國泰醫院
	10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
	10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
	10	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
90.	10	Clear cell sarcoma of kidney	Human	台北醫學院
93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, palillary carcinoma, metaststic	Human	羅東聖母醫院
95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院

99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
	13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院
	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
	13	Schwannoma	Human	三軍總醫院
	13	Osteosarcoma	Dog	美國紐約動物醫學中心
	14	Mixed germ-cell stromal tumor, mixed sertoli cell and seminoma-like cell tumor	Dog	美國紐約動物醫學中心
	14	Krukenberg's Tumor	Human	台北病理中心
	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院
	14	Polypoid adenomyoma	Human	大甲李綜合醫院
	14	Gonadal stromal tumor	Human	耕莘醫院
	14	Gestational choriocarcinoma	Human	彰化基督教醫院
	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	15	Kaposi's sarcoma	Human	華濟醫院
	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院
	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系
	17	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所
143	18	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
144	18	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院
145	18	Osteosarcoma, osteogenic	Dog	臺灣大學獸醫學系
146	18	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院

147	18	Papillary Mesothelioma of pericardium	Leopard	屏東科大學獸醫學系
148	18	Cystic ameloblastoma	Human	台北醫學院
149	18	Giant cell tumor of bone	Canine	中興大學獸醫學院
150	18	Desmoplastic small round cell tumor (DSRCT)	Human	華濟醫院
152	18	Hepatocellular carcinoma	Human	羅東聖母醫院
158	20	Hemangiopericytoma	Human	羅東聖母醫院
160	20	Cardiac fibroma	Human	高雄醫學大學病理學科
166	21	Nephroblastoma	Rabbit	紐約動物醫學中心
168	21	Nephroblastoma	Pig	台灣動物科技研究所
169	21	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科
172	21	Spindle cell sarcoma	Human	羅東聖母醫院
174	21	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科
190	27	Angiosarcoma	Human	高雄醫學大學病理學科
192	27	Cardiac myxoma	Human	彰化基督教醫院病理科
194	27	Kasabach-Merrit syndrome	Human	慈濟醫院病理科
195	27	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
197	27	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
198	27	Extraplacental chorioangioma	Human	耕莘醫院病理科
208	30	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
210	30	Primary non-Hodgkin's lymphoma of bone, diffuse large B cell, right humerus	Human	彰化基督教醫院病理科
213	30	Lymphoma, multi-centric type	Dog	中興大學獸醫系
214	30	CD30 (Ki-1)-postitive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	30	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	30	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	31	Acquired immunodeficiency syndrome	Human	慈濟醫院病理科

		(AIDS)with disseminated Kaposi's sarcoma		
	32	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	32	Cutaneous B cell lymphoma, eyelid , bilateral	Human	羅東聖母醫院病理科
	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科病理科
	32	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教耕莘醫院病理科
	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	34	1. Pleura: fibrous plaque 2. Lung: adenocarcinoma 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設 中和醫院病理科
	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	35	Glioblastoma multiforme	Human	羅東聖母醫院
	35	Pineoblastoma	Wistar rat	綠色四季
	35	Chordoid meningioma	Human	高醫病理科
	35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
	35	Microcystic Meningioma.	Human	耕莘醫院病理科
	36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
	36	Adenocarcinoma of lung.	Human	羅東聖母醫院
	36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系獸醫學研究所
	36	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科

	37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科
	37	Hashimoto's thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
	38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
	39	Merkel cell carcinoma	Human	羅東博愛醫院
	39	Cholangiocarcinoma	Human	耕莘醫院病理科
	39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
	39	Mammary Carcinoma	Canine	中興大學獸醫學系
	39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
	39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
	39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	40	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
	40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
	40	Hepatocellular carcinoma	Human	國軍桃園總醫院
	40	Feline diffuse iris melanoma	Faline	中興大學獸醫學系
	40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
	41	Tonsil Angiosarcoma	Human	羅東博愛醫院
	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	41	Renal cell tumor	Rat	中興大學獸醫學系
	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	41	Myopericytoma	Human	新光吳火獅紀念醫院
	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科

	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學獸醫專業學院
	43	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
	43	Lymphoma	Canine	臺灣大學獸醫專業學院
	43	Solitary fibrous tumor	Human	彰化基督教醫院
	43	Multiple sarcoma	Canine	臺灣大學獸醫專業學院
	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	45	Parachordoma	Human	羅東博愛醫院病理科
	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
	45	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	45	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
323	46	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
324	46	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
329	47	Sclerosing stromal tumor	Human	彰化基督教醫院
330	47	Pheochromocytoma	Human	天主教耕莘醫院
334	48	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院

335	48	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
336	48	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院
337	48	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學 獸醫專業學院
338	48	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
340	49	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
342	49	Plexiform fibromyxoma	Human	彰化基督教醫院
343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
344	49	Epithelioid sarcoma	Human	林新醫院
346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業學院
347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐阜大学)
354	50	Granular cell tumor	Dog	國立臺灣大學 獸醫專業學院
356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學 獸醫專業學院
357	51	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
364	51	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosi	Human	高雄醫學大學附設中和紀念醫院病理科
365	52	Angiosarcoma, skin (mastectomy)	Human	天主教耕莘醫院病理科
366	52	Rhabdomyoma (Purkinjeoma), heart	Swine	屏東縣家畜疾病防治所
368	52	Langerhans cell sarcoma, lung	Human	高雄醫學大學附設中和紀念醫院病理科
369	52	Biliary cystadenocarcinoma, liver	Camel	國立屏東科技大學獸醫教學醫院病理科
371	52	Malignant melanoma, nasal cavity	Human	羅東博愛醫院病理科

373	53	Malignant giant cell tumor of tendon sheath	Human	天主教耕莘醫院病理科
376	53	Malignant mesothelioma of tunica vaginalis	Golden hamster	中興大學獸醫病理生物學研究所
377	53	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus	Human	彰化基督教醫院病理部
378	53	Medullary carcinoma	Human	高雄醫學大學病理部
389	55	Mantle cell lymphoma involving ascending colon, cecum, ileum, appendix and regional lymph nodes with hemorrhagic necrosis in the colon and leukemic change.	Human	奇美醫院病理部
390	55	Pulmonary Squamous Cells Carcinoma of a Canine	Dog	國立屏東科技大學 獸醫教學醫院病理科
391	55	Squamous cell carcinoma, lymphoepithelioma-like type	Human	高醫附設醫院病理科
393	55	Malignant peripheral nerve sheath tumor (MPNST), subcutis, canine.	Dog	中興大學獸醫學系
394	55	Desmoplastic malignant melanoma (mimic malignant peripheral nerve sheath tumor)	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
397	56	Atypical meningioma	Human	奇美醫院病理科
401	57	Lymph nodes, excision - Hodgkin's lymphoma, mixed cellularity	Human	天主教耕莘醫院
402	57	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas. 2. Pinworm infestation, moderate, large intestines. 3. Fibrosis, focal, myocardium.	Mouse	國家實驗動物中心
403	57	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
404	57	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad	Goose	國立中興大學獸醫病理生物學研究所

		4. cyst and atherosclerosis, chronic, testis		
406	57	Castleman's disease	Human	羅東博愛醫院
407	58	Hepatoid adenocarcinoma of colon with multiple liver metastases	Human	羅東博愛醫院
408	58	Cardiac and pulmonary melanoma	Pig	國立中興大學獸醫病理生物學研究所
409	58	Double Tumors: (1) small cell carcinoma of lung (2) Hodgkin's lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica	Human	佛教慈濟綜合醫院暨慈濟大學病理科
410	58	Von Hippel–Lindau disease	Human	奇美醫院病理部
411	58	Multiple neoplasia	Tiger	國立屏東科技大學獸醫教學醫院病理科
412	58	Hepatocellular carcinoma and multiple myeloma	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
413	59	DEN plus AAF carcinogens induced hepatic tumor in male rats	Rat	中興大學獸醫病理生物學研究所
417	59	Alveolar soft part sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
418	60	Seminoma associated with supernumerary testicles	Human	羅東博愛醫院
422	61	Retinoblastoma in a baby girl	Human	彰化基督教醫院
423	61	Colloid goiter in a female Radiated tortoise (Astrochelys radiata)	Tortoise	台灣大學獸醫專業學院分子暨比較病理生物學研究所
424	61	Lymphoepithelial carcinoma in a women	Human	羅東博愛醫院
425	61	Histiocytic sarcoma in a SJL/J mouse	mouse	國家實驗動物中心
428	62	Maligant lymphoma, diffuse large B-cell (DLBCL) in a women	Human	國軍桃園總醫院病理檢驗部
429	62	Immune reconstitution inflammatory syndrome (IRIS)-associated Kaposi's sarcoma in a man	Human	花蓮慈濟醫院
430	62	Mammary adenocarcinoma, tubular form in a female feline	Cat	中興大學獸醫病理生物學研究所

433	62	Rhabdomyosarcoma, retroperitoneal cavity in a female mouse	Mouse	國家實驗動物中心
434	62	Malignant pheochromocytoma with pleural metastasis in a man	Human	天主教聖馬爾定醫院病理科
436	63	Primary non-Hodgkins lymphoma of terminal ileum	Human	國軍桃園總醫院病理檢驗部
438	63	Ectopic thyroid gland tumor	Beagle	台灣大學獸醫專業學院分子暨比較病理生物學研究所
440	63	Hepatocellular cell carcinoma Squamous cell carcinoma	Human	天主教聖馬爾定醫院口腔顎面外科
442	64	Large B cell lymphoma in a man	Human	羅東博愛醫院
444	64	Olfactory neuroblastoma in a female cat	Cat	台灣大學獸醫專業學院分子暨比較病理生物學研究所
445	64	Oligodendroglioma in a man	Human	國軍桃園總醫院病理檢驗部
447	64	Ameloblastoma of mandible in a man	Human	天主教聖馬爾定醫院口腔顎面外科
448	65	EBV associated extranodal NK / T-cell lymphoma, nasal type	Human	羅東博愛醫院
451	65	Mouse, subcutaneously mass – exocrine pancreatic adenocarcinoma, AsPC-1 cells, human origin, heterotopical model	Mouse	國家實驗動物中心
452	65	1. Extranodal NK/T-cell lymphoma, nasal type 2. 2. Regional lymph nodes and omentum are involved.	Human	台中醫院
457	66	Metastatic squamous cell carcinoma (SCC)	Horse	台灣大學獸醫專業學院分子暨比較病理生物學研究所
459	66	Squamous intraepithelial lesion (SIL)	Human	高雄醫學大學附設醫院病理部
460	66	Subcutaneous liposarcoma and uterine endometrial stromal sarcoma	African hedgehog	中興大學獸醫病理生物學研究所

463	67	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster	Hamster	國立中興大學獸醫教學醫院鳥禽與野生動物科
465	67	Plasmacytoid urothelial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
467	67	1.Poorly differentiated hemangiosarcoma in face 2.Squamous cell carcinoma in ear	Civet	農委會特有生物研究保育中心
473	68	Simple mammary gland adenocarcinoma	Guinea pig	中興大學獸醫病理生物學研究所
476	69	Mediastinum dedifferentiated liposarcoma	Human	羅東博愛醫院
477	69	Uterus adenosarcoma	Hedgehog	中興大學獸醫病理生物學研究所
478	69	Primary pericardial mesothelioma in a woman	Human	佛教慈濟綜合醫院暨慈濟大學病理科
479	69	Pulmonary solid adenocarcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
481	70	Paraganglioma of liver	Human	佛教慈濟綜合醫院暨慈濟大學病理科
482	70	Adenocarcinoma, transmural, recurrent, with desmoplasia and metastasis to regional lymph node, jejunum and ileocecal junction Mast cell tumor, moderately-differentiated, multiple, jejunal and ileocecal masses	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
483	70	Solitary fibrous tumor of pelvis	Human	羅東博愛醫院病理科
484	70	Chronic lymphocytic leukemia, with systemic dissemination, bone marrow, intestine, generalized lymph node, spleen, liver, kidney and lung	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
485	70	Intestine, large, colon, ascending, --- Carcinoma, poorly differentiated (pT4aN1b). (ADVANCED) 2. Stomach, distal, --- Adenocarcinoma, moderately	Human	秀傳醫療社團法人秀傳紀念醫院

		differentiated (pT1bNO) (EARLY) (Synchronous cancer)		
487	70	Angiomyolipoma of the liver	Human	衛生福利部臺中醫院病理科
490	71	Xp11.2 translocation renal cell carcinoma	Human	羅東博愛醫院病理科
491	71	Anaplastic renal cell carcinoma	Djungarian hamster	國立中興大學獸醫病理生物學研究所
493	71	Mucin-producing urothelial-type adenocarcinoma of the prostate (MPUAP)	Human	天主教耕莘醫療財團法人耕莘醫院
494	71	Left paratesticular dedifferentiated liposarcoma with leiomyomatous differentiation.	Human	天主教耕莘醫療財團法人耕莘醫院
495	71	Renal nephroblastoma, blastema-predominant with metastasis to gingiva, renal mass	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
496	71	Testis, left: Malignant mixed germ cell–sex cord stromal tumor (spermatocytic germinoma and Sertoli cell tumor), with angiolymphatic invasion. Testis, right: Germ cell atrophy, multifocal, moderate.	Dog	長青動物醫院
499	72	Brain, frontal lobe, Lt., Malignant melanoma, consistent with metastatic cutaneous malignant melanoma.	Human	國軍桃園總醫院
501	72	Anaplastic carcinoma thyroid (spindle cell type)	Human	天主教耕莘醫院
502	72	Primitive neuroectodermal tumor (PNET), most likely originating from ureter, with metastasis to liver and involvements of urinary bladder, uterus and left adrenal gland	Formosan serow	臺灣大學獸醫學系
503	72	Metastatic follicular carcinoma	Human	衛生福利部台中醫院
506	73	Type B1 thymoma	Human	天主教耕莘醫院
508	73	Metastatic melanoma	Human	秀傳醫療社團法人秀傳紀念醫院
511	74	Crystal storing histiocytosis associated with multiple myeloma.	Human	羅東博愛醫院病理科

512	74	Myeloid sarcoma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
513	74	Neurolymphomatosis (neurotropic lymphoma), B cell, right musculocutaneous nerve	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
514	74	Primary diffuse large B-cell lymphoma (activated B- cell type) of right testis, Stage IE at least	Human	國防醫學院三軍總醫院病理部
515	74	Thymoma, most likely, mediastinal mass	Dolphin	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
516	74	Extranodal marginal zone lymphoma of mucosa- associated lymphoid tissue (MALT lymphoma)	Human	秀傳醫療社團法人秀傳紀念醫院
517	74	Angioliposarcoma in a Cockatiel	Dog	國立中興大學獸醫病理生物學研究所
520	74	Intravascular diffuse large B cell lymphoma.	Human	國防醫學院三軍總醫院病理部
521	75	Primary anorectal malignant melanoma (PAMM)	Human	國軍桃園總醫院
523	75	Pancreatic panniculitis associated with acinar cell carcinoma	Human	羅東博愛醫院
524	75	Anaplastic large cell lymphoma (ALCL), ALK-negative	Human	秀傳醫療社團法人秀傳紀念醫院
525	75	Canine cutaneous epitheliotropic T-cell lymphoma with the involvement of left axillary lymph node	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
528	75	Basal cell carcinoma with sebaceous differentiation	Human	天主教耕莘醫院
529	76	Tongue, Schwannoma	Human	國軍桃園總醫院
530	76	Amyloid-producing odontogenic tumor	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
531	76	Embryonal rhabdomyosarcoma	Human	花蓮慈濟大學暨慈濟醫院病理科
532	76	Adenocarcinoma, suspected mammary gland tumor metastasis, mass from iris and partially ciliary bodies of right eye	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

533	76	Kaposi's sarcoma, parotid gland.	Human	羅東博愛醫院病理科
537	77	Primary appendiceal mantle cell lymphoma (MCL), B-cell type, caused acute suppurate appendicitis.	Human	國軍桃園總醫院
538	77	Follicular lymphoma in thyroid of nodular goiter.	Human	羅東博愛醫院
544	78	Ectopic parathyroid adenoma, anterior mediastinum.	Human	羅東博愛醫院
547	79	Glucagonoma, pancreas	Human	羅東博愛醫院
548	79	Neuroendocrine carcinoma, skin	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
549	79	Paraganglioma of urinary bladder	Human	花蓮慈濟大學暨慈濟醫院病理科
550	79	Hepatic carcinoid (Neuroendocrine carcinoma), liver	Cat	霍普獸醫病理診斷中心
551	79	Strumal carcinoid tumor of the ovary (SCTO) arising from mature cystic teratoma	Human	國軍桃園總醫院
552	79	Pheochromocytoma and Associated Cardiomyopathy	Meerkat (*Suricata suricatta*)	國立中興大學獸醫病理生物學研究所
553	79	Adrenal, left, laparoscopic adrenalectomy --- Pheochromocytoma, malignant. Staging (pT2)	Human	天主教耕莘醫院
554	80	Carcinoma, sweat gland, with metastases to the lung and cerebrum, the left forelimb 3rd and 4th digits, skin	North American cougar (*Puma concolor couguar*)	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
555	80	Angiosarcoma, scalp	Human	羅東博愛醫院
559	80	Sebaceous adenoma	Human	天主教耕莘醫院
560	81	Glioblastoma	Human	天主教耕莘醫院
561	81	Transmissible venereal tumor (TVT)	Dog	霍普獸醫病理診斷中心
562	81	Metastatic small cell carcinoma. Right axillary lymph node.	Human	羅東博愛醫院
563	81	Presumptive chronic myelomonocytic leukemia	Central bearded dragon	國立中興大學獸醫病理生物學研究所

			(Pogona vitticeps)	
564	82	Epithelioid gastrointestinal stromal tumor (GIST)	Human	羅東博愛醫院
566	82	Intestine, small bowel, segmental resection,---Primitive neuroectodermal tumor(PNET) / Extraskeletal Ewing sarcoma Lung, needle biopsy,Small blue cell tumor, compatible with primitive neuroectodermal tumor (PNET) metastasis	Human	衛生福利部台中醫院病理科
567	82	Gastric carcinoma, whit lymphatic infiltration, stomach, dog Lymph node metastasis from gastric carcinoma, dog	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
568	82	Descending colon, adenocarcinoma, grade 2; C/W FAP syndrome associated advanced CRC.	Human	國軍桃園總醫院
569	83	Gastric Schwannoma	Human	羅東博愛醫院
571	83	Feline inductive odontogenic tumor (FIOT), cat	Cat	霍普獸醫病理診斷中心
573	83	Multiple primary malignant (MPM) (Synchronous / metachronous? or metastatic) non-Hodgkin lymphomas (DLBCLs) of the jejunum with JJ intussusception with mesenteric lymph nodal and pleural involvement.	Human	國軍桃園總醫院
574	84	Testicular carcinoid	Human	羅東博愛醫院
577	84	Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL	Human	國軍桃園總醫院
579	85	Mixed germ cell tumor (seminoma and mature teratoma)	Human	三軍總醫院
580	85	Renal cell carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
581	85	Leiomyoma with ovarian sex cord-like elements	Human	羅東博愛醫院
582	85	Endometrial stromal sarcoma and endometrial polyp, uterus	Hedgehog	霍普獸醫病理診斷中心
583	85	Uterine papillary serous carcinoma, metastatic	Human	國軍桃園總醫院

585	86	T-cell rich large B-cell lymphoma (TCRLBCL)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
586	86	Epithelioid sarcoma, right hand.	Human	羅東博愛醫院
587	86	Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma)	Mouse	國立中興大學獸醫病理生物學研究所
588	86	Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic.	Human	國軍桃園總醫院
590	87	Glandular cardiac myxoma, heart.	Human	羅東博愛醫院
594	88	Malignant pleural mesothelioma	Human	國軍桃園總醫院
597	88	Bronchial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
598	89	Warthin-like mucoepidermoid carcinom	Human	羅東博愛醫院
599	89	Gastric carcinoma	Dog	長青動物醫院
600	89	Primary appendiceal signet-ring cell carcinoma	Human	國軍桃園總醫院
609	91	Small cell carcinoma, urinary bladder	Human	羅東博愛醫院
610	91	squamous cell carcinoma and urothelial carcinoma in a dog	Dog	國立中興大學獸醫病理生物學研究所
611	91	Primary testicular dedifferentiated liposarcoma	Human	國軍桃園總醫院
612	91	Renal hemangiosarcoma	Dog	霍普獸醫病理診斷中心
613	91	Papillary renal neoplasm with reverse polarity	Human	三軍總醫院
614	91	Nephroblastoma	Feline	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
616	92	Choriocarcinoma	Human	國軍桃園總醫院
617	92	Uterine adenocarcinoma	Feline	霍普獸醫病理診斷中心
618	92	Adenoid basal carcinoma	Human	羅東博愛醫院
619	93	Hepatoid carcinoma of pancreas	Human	羅東博愛醫院
620	93	Metastatic islet cell carcinoma	Dog	霍普獸醫病理診斷中心
621	93	Thyroid carcinoma	Feline	長青動物醫院
622	93	Medullary thyroid cancer	Human	天主教耕莘醫療財團法人耕莘醫院

623	93	Anaplastic thyroid carcinoma with rhabdoid phenotype	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

細菌

病例編號	會議場次	診　　斷	動物別	提 供 單 位
	1	Tuberculosis	Monkey	臺灣大學獸醫學系
7.	1	Tuberculosis	Human	省立新竹醫院
12.	2	H. pylori-induced gastritis	Human	台北病理中心
13.	2	Pseudomembranous colitis	Human	省立新竹醫院
26.	3	Swine salmonellosis	Pig	中興大學獸醫學系
27.	3	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
28.	4	Nocardiosis	Human	台灣省立新竹醫院
29.	4	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
32.	4	Actinomycosis	Human	台灣省立豐原醫院
33.	4	Tuberculosis	Human	苗栗頭份為恭紀念醫院
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
58.	7	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	8	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	8	Proliferative enteritis (Lawsonia intracellularis infection)	Porcine	屏東縣家畜疾病防治所
68.	9	Liver abscess (Klebsillae pneumoniae)	Human	台北醫學院
	10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院
	10	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	10	Severe visceral gout due to kidney damaged	Goose	中興大學獸醫學系

		Infectious serositis		
	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	13	Tuberculous meningitis	Human	羅東聖母醫院
	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	16	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by Streptococcus spp. infection	Swine	國家實驗動物繁殖及研究中心
	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	20	Porcine polyserositis and arthritis（Glasser's disease）	Pig	中興大學獸醫學院
	20	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	21	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	37	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	38	Leptospirosis	Human	慈濟醫院病理科
	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	42	Staphylococcus spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	42	Leptospirosis	Dog	台灣大學獸醫學系
	43	Leptospirosis	Human	花蓮慈濟醫院
	43	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所
321	46	Pneumonia, Buirkholderia pseudomallei	Goat	屏東縣家畜疾病防治所
339	48	Mycoplasmosis	Rat	國家實驗動物中心
352	50	Chromobacterium violaceum Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學獸醫學院

367	52	Melioidosis (Burkholderia pseudomallei), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
374	53	Pulmonary coccidiodomycosis	Human	彰化基督教醫院
375	53	Paratuberculosis in Macaca cyclopis	Macaca cyclopis	國立屏東科技大學獸醫學院
379	53	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病防治所
380	53	NTB, Mycobacterium abscessus	Human	佛教慈濟綜合醫院暨慈濟大學病理科
382	54	Leptospirosis	Pig	國立屏東科技大學獸醫學院
384	54	Neisseria Infected Pneumonitis	Cat	中興大學獸醫學系
385	54	Mycobacteria avian complex dacryocyctitis	Human	花蓮佛教慈濟綜合醫院
387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
396	56	Suppurative meningitis caused by Streptococcus spp in pigs	Pig	國立中興大學獸醫病理生物學研究所
399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所
435	63	Tuberculosis	Human	花蓮佛教慈濟綜合醫院
438	63	Porcine proliferative enteritis (PPE)	Pig	國立中興大學獸醫病理生物學研究所
446	64	Actinomycosis (lumpy jaw) in a dairy cattle	Cattle	國立中興大學獸醫病理生物學研究所
450	65	Mycobacterium avium infection	Human	花蓮佛教慈濟綜合醫院
464	67	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man	Human	嘉義聖馬爾定醫院
469	68	Scrub typhus	Human	佛教慈濟綜合醫院暨慈濟大學
489	71	Malakoplakia due to Escherichia coli infection, left testis	Human	佛教慈濟綜合醫院暨慈濟大學
492	71	Cystitis, bilateral ureteritis and pyelonephritis, hemorrhagic, necrotic, purulent, severe, diffuse,	Dog	國立中興大學獸醫病理生物學研究所

		chronic progressive, urinary bladder, ureters and kidneys		
522	75	Secondary syphilis	Human	佛教慈濟綜合醫院暨慈濟大學
526	75	Dermatophilosis caused by *Austwickia chelonae (basonym Dermatophilus chelonae*) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系
584	85	*Salmonella* Enteritidis Infection in Chicks	Chicks	國立中興大學獸醫病理生物學研究所

病毒

病例編號	會議場次	診　　斷	動物別	提 供 單 位
21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系
30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
78.	10	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
92.	11	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
101.	11	Swine pox	Pig	屏東科技大學獸醫學系
	13	Pseduorabies	Piglet	國立屏東科技大學
	13	Avian encephalomyelitis	Chicken	國立中興大學
	15	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	15	Fowl pox and Marek's disease	Chicken	中興大學獸醫學系
	16	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	17	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	17	1. Aspergillus spp. encephalitis and myocarditis	Dog	台灣大學獸醫學系

		2. Demyelinating canine distemper encephalitis		
	19	Enterovirus 71 infection	Human	彰化基督教醫院
	19	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	19	Rabies	Longhorn Steer	台灣大學獸醫學系
	20	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	28	SARS	Human	台大醫院病理科
	28	TGE virus	swine	臺灣動物科技研究所
	28	Feline infectious peritonitis(FIP)	Feline	台灣大學獸醫學系
	30	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus (PCV)infection. 2. Lung: Bronchointerstitial pneumonia, moderate, lymphoplasmacytic, subacute.	Pig	臺灣動物科技研究所
220	31	Cytomegalovirus colitis	Human	彰化基督教醫院病理科
221	31	Canine distemper virus Canine adenovirus type ll co-infection	Canine	國家實驗動物繁殖及研究中心
223	32	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所

238	35	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
248	36	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
250	36	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2), porcine reproductive and respiratory syndrome (PRRS) virus and Salmonella typhimurium.	Swine	屏東縣家畜疾病防所
255	37	Vaccine-induced canine distemper	gray foxes	國立台灣大學獸醫學系
265	39	Bronchointerstitial pneumonia (PCV II infection)	Swine	台灣大學獸醫學系
295	42	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
381	54	Polyomavirus infection of urinary tract	Human	羅東博愛醫院
405	57	Porcine circovirus-associated lymphadenitis	Swine	國立屏東科技大學獸醫教學醫院病理科
414	59	Rabies virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
415	59	Canine distemper virus infection	Dog	台灣大學獸醫專業學院分子暨比較病理生物學研究所
420	60	Respiratory syncytial virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
421	60	Porcine epidemic diarrhea (PED)	Piglet	國立中興大學獸醫病理生物學研究所
455	66	Goose Haemorrhagic Polyomaviruses (GHPV)	Goose	農委會家畜衛生試驗所
456	66	HPV associated small cell neuroendocrine carcinoma of uterine cervix	Human	羅東博愛醫院病理科
458	66	Roventricular dilatation disease (PDD)	Cacatuini	國立中興大學獸醫病理生物學研究所
468	68	Avian poxvirus	Eagle	國立中興大學獸醫病理生物學研究所

472	68	Suspected viral infection with secondary aspergillosis	Parrot	國立中興大學獸醫病理生物學研究所
510	73	Porcine reproductive and respiratory syndrome (PRRS)	pig	國立中興大學獸醫病理生物學研究所
542	78	Feline infectious peritonitis (FIP)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
543	78	Porcine epidemic diarrhea (PED)	Pig	國立中興大學獸醫系
556	80	Cutaneous pigeonpox	Pigeon	國立中興大學獸醫系
596	88	Porcine respiratory disease complex	Pig	國立中興大學獸醫系
602	89	Bovine viral diarrhea-mucosal disease	Cattle	國立中興大學獸醫系

黴菌（含藻類）

病例編號	會議場次	診　　斷	動物別	提 供 單 位
23.	3	Chromomycosis	Human	台北病理中心
47.	7	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
48.	7	Adiaspiromycosis	Wild rodents	台灣大學獸醫學系
52.	7	Aspergillosis	Goslings	屏東縣家畜疾病防治所
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
105.	13	Mucormycosis Diabetes mellitus	Human	花蓮佛教慈濟綜合醫院
	15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	43	Systemic Candidiasis	Tortoise	中興大學獸醫學院

	45	Alfatoxicosis in dogs	Canine	國立臺灣大學 獸醫專業學院
322	46	Allergic fungal sinusitis	Human	羅東博愛醫院
326	46	Meningoencephalitis, Aspergillus flavus	Cat	國立臺灣大學 獸醫專業學院
331	47	Histoplasmosis	Human	花蓮慈濟醫院病理科
332	47	Pulmonary Blastomycosis	Rat	中興大學獸醫學院
355	50	Encephalitozoonosis	Rabbit	國立中興大學獸醫學院
356	50	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
386	54	Dermatophytic pseudomycetoma	Cat	台灣動物科技研究所
395	56	Systemic Cryptococcus neoformans infection in a Golden Retriever	Dog	國立台灣大學分子暨比較病理生物學研究所
441	63	Protothecosis	Dog	國家實驗動物繁殖及研究中心
449	65	Porcine epidemic diarrhea (PED)	Pig	國立台灣大學分子暨比較病理生物學研究所
519	75	Chicken infectious anemia in chicken	Chicken	國立中興大學獸醫學院
536	77	Skin infection of Orf virus	Human	佛教慈濟醫療財團法人花蓮慈濟醫院
545	78	Candida endocarditis	Human	佛教慈濟醫療財團法人花蓮慈濟醫院
570	83	Protothecosis	Dog	立众生技有限公司
595	88	Cryptococcosis	Cat	霍普獸醫病理診斷中心

寄生蟲（含原蟲）

病例編號	會議場次	診　　斷	動物別	提 供 單 位
14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
20.	3	Sparganosis	Human	台北榮民總醫院
46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
49.	7	Echinococcosis	Human	台北榮民總醫院
60.	8	Intestinal capillariasis	Human	台北馬偕醫院
64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院

66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	13	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	17	Eosinophilic meningitis caused by Angiostrongylus cantonensis	Human	台北榮民總醫院 病理檢驗部
156	19	Parastrongylus cantonensis infection	Formosan gem-faced civet	中興大學獸醫學院
	19	Capillaria hepatica, Angiostongylus cantonensis	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
	29	Colnorchiasis	Human	高雄醫學院附設醫院
	29	Trichuriasis	Human	彰化基督教醫院
	29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	29	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	29	Capillaries philippinesis	Human	和信治癌中心醫院
	29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
	41	Etiology- consistent with Spironucleus (Hexamita) muris	Rat	國家實驗動物繁殖及研究中心
327	46	Dermatitis, mange infestation	Serow	中興大學獸醫學院
328	46	Trichosomoides crassicauda, urinary bladder	Rat	國家實驗動物中心
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
416	59	Toxoplasmosis in a finless porpoise	Finless porpoise	國立屏東科技大學獸醫教學醫院病理科
	63	Liver milk spots in pig	Pig	中興大學獸醫病理生物學研究所
453	66	Liver fluke infection	Buffalo	中興大學獸醫病理生物學研究所

471	68	Haemosporidian parasite infection	pigeon	國立台灣大學分子暨比較病理生物學研究所
540	77	Systemic toxoplasmosis	Ring-tailed lemur	國立台灣大學分子暨比較病理生物學研究所
4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系
51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系
263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科
320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院
443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
462	67	Toxoplasmosis	Human	佛教慈濟綜合醫院病理科
470	68	Leucocytozoonosis	chickens	中興大學獸醫病理生物學研究所
572	83	Systemic Coccidiosis	ducks	中興大學獸醫病理生物學研究所

立克次體

病例編號	會議場次	診　　斷	動物別	提 供 單 位
229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科

其他

病例編號	會議場次	診　　斷	動物別	提 供 單 位
216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
10.	2	Choledochocyst	Human	長庚紀念醫院
11.	2	Bile duct ligation	Rat	中興大學獸醫學系
37.	4	Myositis ossificans	Human	台北醫學院
75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
80.	10	Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及中心
85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所
89.	10	Severe visceral gout due to kidney damaged infectious serositis	Goose	中興大學獸醫學系
91.	10	Hypervitaminosis D	Orange-rumped agoutis	台灣大學獸醫學系
	14	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所
	14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	15	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
	15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	15	Alopecia areata	Mouse	國家實驗動物繁殖及研究中心

	17	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
151	18	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	21	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	21	Malakoplakia	Human	彰化基督教醫院
	25	Darier's disease	Human	高雄醫學大學病理科
191	27	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	27	Norepinephrin cardiotoxicity	Cat	台中榮總
196	27	Cardiomyopathy (Experimental)	Mice	綠色四季
212	30	Kikuchi disease (histiocytic necrotizing lymphandenitis)	Lymphandenitis	耕莘醫院病理科
225	32	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	34	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
234	34	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	34	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	35	Arteriovenous malformation (AVM) of cerebrum	Human	耕莘醫院病理科
244	35	Organophosphate induced delayed neurotoxicity in hens	Hens	中興大學獸醫學病理學研究所
257	37	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	慈濟醫院病理科
294	42	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	43	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	44	Hyperplastic goiter	Piglet	屏東家畜疾病防治所
311	44	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
318	45	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院

333	47	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院
341	49	Pulmonary placental transmogrification	Human	羅東博愛醫院
345	49	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院
350	50	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	50	Eosionphilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	51	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	51	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	52	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院
383	54	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	54	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	55	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	56	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科
400	56	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫教學醫院病理科
419	60	Mucopolysaccharidosis	Cat	國立中興大學獸醫病理生物學研究所
426	61	Phleboliths in a man	Human	台北醫學大學附設醫院口腔外科口腔病理科
427	61	Visceral gout in a Green iguana (Iguana iguana)	Iguana	中興大學獸醫病理生物學研究所
431	62	pulmonary alveolar proteinosis in a man	Human	羅東博愛醫院病理科
432	62	Congenital pulmonary airways malformation, type 2 in a women	Human	高雄醫學大學附設醫院

437	63	Large solitary luteinized follicular cyst of pregnancy and puerperium	Human	羅東博愛醫院病理科
454	66	Eosinophilic granuloma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
461	67	Intestinal emphysema	Pig	中興大學獸醫病理生物學研究所
466	67	Nodular goiter	Human	彰化秀傳醫院病理科
474	68	Parastrongyliaisis (Previously called Angiostrongyliasis)	squirrel	中興大學獸醫病理生物學研究所
475	69	Bronchogenic cyst	Dog	國立臺灣大學獸醫專業學院
480	69	Toxic pneumonitis caused by inhalation of waterproofing spray	Dog	中興大學獸醫學病理學研究所
486	70	IgG4-related sclerosing cholangitis (ISC)	Human	天主教耕莘醫療財團法人耕莘醫院
488	70	Crohn’s disease	Human	彰化基督教醫院病理部
Gross	64	Hydronephrosis	Pig	中興大學獸醫病理生物學研究所
Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease	Cattle	中興大學獸醫病理生物學研究所
497	72	Combined central and peripheral demyelination (CCPD)	Dog	國立臺灣大學獸醫專業學院
498	72	Inflammatory demyelinating pseudotumour	Human	佛教慈濟綜合醫院暨慈濟大學病理科
500	72	Ischemic stroke in a dog	Dog	中興大學獸醫病理生物學研究所
504	73	Autoimmune pancreatitis (IgG4 related pancreatitis)	Human	羅東博愛醫院病理科
505	73	Thrombotic microangiopathy with hemorrhagic infarct of brain, acute myocardial ischemia and acute kidney injury	Human	佛教慈濟綜合醫院暨慈濟大學病理科
507	73	The most likely diagnosis is erythema multiforme (EM).	Dog	國立臺灣大學獸醫專業學院
509	73	Doxorubicin-induced diseases	Chicken	中興大學獸醫病理生物學研究所

518	74	Idiopathic multicentric Castleman disease with abundant IgG4-positive cells	Human	佛教慈濟綜合醫院暨慈濟大學病理科
527	75	Coryneform hyperkeratosis in NOG mice	Mice	中興大學獸醫病理生物學研究所
534	76	Multiple Cartilaginous Exostoses Causing Spinal Cord Compression in a Dog	Dog	中興大學獸醫病理生物學研究所
535	76	Chondrodysplasia, diffuse, severe, chronic, growth plate, femur.	Rat	中興大學獸醫病理生物學研究所
539	77	Epitheliotropic mastocytic conjunctivitis	Cat	臺灣動藥國際股份有限公司
541	77	Protothecosis	Dog	國立臺灣大學獸醫專業學院
546	78	Ascites syndrome in broilers	Avian	國立中興大學動物疾病診斷中心
557	80	Systemic lupus erythematosus with erythema multiforme-like lesions, human	Human	佛教慈濟綜合醫院暨慈濟大學病理科
558	80	Pododermatitis, left forelimb and right hindlimb foot pad	Cat	霍普獸醫病理診斷中心
565	82	Intestinal intramural hemorrhage/hematoma, small intestine	Dog	霍普獸醫病理診斷中心
575	84	Ovotestes, epididymis, and uterus, reproductive organs	Cat	霍普獸醫病理診斷中心
576	84	Oxalate nephropathy	Asian yellow pond turtle (柴棺龜; Mauremys mutica)	國立中興大學獸醫病理生物學研究所
578	84	Yolk embolism	Savannah monitor	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
589	87	Portosystemic shunt	feline	霍普獸醫病理診斷中心
591	87	Fabry disease	human	三軍總醫院病理科
592	87	Atherosclerosis	mouse	財團法人國家實驗研究院國家實驗動物中心
593	88	Minute pulmonary meningothelial-like nodules	human	羅東博愛醫院

601	89	Feline gastrointestinal eosinophilic sclerosing fibroplasia	Cat	立眾病理實驗室
615	92	Disorder of sexual development	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

會 員 資 料 更 新 服 務

各位會員：

您好！如果您的會員資料有更新或誤刊情形，麻煩您填妥表格後寄回學會秘書處或電話連絡：

中華民國比較病理學會秘書處

張晏禎 副教授
cscptaiwan@gmail.com
02-33663873
106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院

----------中華民國比較病理學會----------

會員資料更改卡

姓　名：_____　　會員類別：□一般會員

□學生會員

□贊助會員

最高學歷：_____

服務單位：_____職　稱：_____

永久地址：_____

通訊地址：_____

電　話：_____傳　真：_____

E-Mail Address：_____

中 華 民 國 比 較 病 理 學 會

誠摯邀請您加入

入會辦法

一、　本會會員申請資格為：

（一）一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校（或同等學歷）生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。

（二）學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其他相關科系肄業者（請檢附學生身份證明）。

（三）贊助會員：贊助本會工作之團體或個人。

（四）榮譽會員：凡對比較病理學術或會務之推廣有特殊貢獻，經理事會提名並經會員大會通過者。

二、　會員：

（一）入 會 費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。

（二）常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、入會費及常年會費繳交方式：以銀行轉帳或匯款（**006 合作金庫銀行、帳號：0190-717-052017、戶名：中華民國比較病理學會**）；並請填妥**入會申請表**連同**銀行轉帳交易明細表**或**匯款單**以郵寄或傳真方式寄回中華民國比較病理學會秘書處 張晏禎 老師收。地址：**106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院**

電話：02-33663873

中華民國比較病理學會入會申請及會員卡

會電腦編號

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<tr><td rowspan="2">姓名</td><td>中文</td><td></td><td rowspan="2">姓別</td><td rowspan="2">□男
□女</td><td>出生</td><td>民國 年 月 日</td><td rowspan="2">出生地</td><td rowspan="2"></td></tr>
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研究員 主任 其他:</td></tr>
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中華民國比較病理學會
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介紹人 簽章
介紹人 簽章
中華民國 年 月 日</td><td colspan="2">審核結果</td></tr>
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