Chinese Society of Comparative Pathology

中華民國比較病理學會

第 69 次比較病理學研討會

胸腔疾病 (Thoracic diseases)

主辦單位

CHINESE SOCIETY OF COMPARATIVE PATHOLOGY

中華民國比較病理學會

協辦單位

College of Veterinary Medicine, National Chung Hsing University

April 16, 2017 (中華民國 106 年 4 月 16 日)

SCHEDULE

69th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 69 次比較病理學研討會

時間：106 年 4 月 16 日(星期日)　　地點：中興大學獸醫學院 動物疾病診斷中心 108 室

地址：40227 台中市南區興大路 145 號　電話：(04) 22840894 ext. 315

Time (時間)	Schedule(議程)		Moderator (主持)
08:30~09:20	Registration (報到)		
09:20~09:30	Opening Ceremony (致詞) 廖俊旺 理事長		
09:30~10:30	專題演講	Topic: The current situation in molecular pathology and genetic testing of disease Dr. Kaiser Tung (童凱澤博士), Ph. D. ACT Genomics (行動基因)	朱旆億 秘書長
10:30-11:00	Coffee Break (拍團體照)		
11:00~11:25	Case 475	Dr. Chi-Fei Kao (高啟霏 獸醫師) Graduated Institute of Molecular and Comparative Pathology School of Veterinary Medicine, NTU (台灣大學獸醫專業學院分子暨比較病理生物學研究所)	蔡懷德 監事
11:25~11:50	Case 476	Dr. Chia-Wen Shih (施洽雯) Department of pathology, Lo-Tung Poh-Ai Hospital (羅東博愛醫院)	邱慧英 理事
11:50~14:00	Lunch and Voting (午餐及第七屆第十次理監事會議) (選舉) Member's Meeting (第七屆第四次會員大會) Board Meeting (第八屆第一次理監事會議)		
14:00~14:25	Case 477	Dr. Yun-Chieh Tuan (段雲傑 獸醫師) Graduate Institution of Veterinary Pathobiology, National Chung Hsing University (中興大學獸醫病理生物學研究所)	許永祥 常務理事
14:25~14:50	Case 478	Dr. Chih-Hao Chen (陳志昊 醫師) Department of Pathology, Buddhist Tzu-Chi General Hospital and University (佛教慈濟綜合醫院暨慈濟大學病理科)	鄭謙仁 常務監事
14:50~15:20	Coffee Break		
15:20~15:55	Case 479	Dr. Chia-Wei Yen (顏嘉緯 獸醫師) Graduated Institute of Molecular and Comparative Pathology School of Veterinary Medicine, NTU (台灣大學獸醫專業學院分子暨比較病理生物學研究所)	張俊梁 理事
15:55~16:20	Case 480	Dr. Yan-Xiu Lin (林妍秀 獸醫師) Department of Veterinary Medicine, National Chung Hsing University (中興大學獸醫學系)	賴銘淙 理事
16:20~16:40	General Discussion (綜合討論)		

中興大學校內地圖

本次會場地點
總務處編製 (2015/10/20 v.2)
國立中興大學
National Chung Hsing University
校區位置總配置圖
N
五十米園林道路
興大路
學府路
環校道路
國光路
南門路
忠明南路地下道入口
教職員宿舍
男生預定宿舍地
興大二村
郵局
動科系館
獸醫教學醫院
動物疾病診斷中心
獸醫館
農藝系實驗地
動科系學生實習牧場
動物試驗中心
室內游泳池
體育館
網球場
溜冰場
籃球場
排球場
運動場
司令台
男宿-仁齋
男宿-義齋
男宿-禮齋
男宿-智齋
男宿-信齋
新建籃球場
機械系館
機械系實習工廠
生物產業機電大樓
土木環工大樓
應經一館
國農中心
應經二館A棟
生物科技研究所
食品暨生物科技大樓
食品加工廠
全家
興大廣場
理學院大樓
化學系館
資訊大樓
理工大樓
森林一館
森林二館
水保一館
水保二館
學生活動中心
小禮堂
ATM
惠蓀堂
電機大樓
應科大樓
化工暨材料大樓
生命科學大樓
精密所
農環大樓
作物大樓
園藝示範園區
溫室區
行政大樓
中興湖
圖書館
敦煌書局
馬可廚房
人文大樓
萬年樓
第一停車場
摩斯
歐巴斯
綜合教學大樓
社管大樓
雲平樓
西側一門
西側二門
西側三門
東側一門
東側二門
東側三門
校門
警衛室

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Special Lecture

(專題演講)

The current situation in molecular pathology and genetic testing of disease

Kaiser Tung (童凱澤), Ph. D.
ACT Genomics Co., Ltd. Medical manager
(行動基因生技股份有限公司, 醫藥學術經理)

Precision medicine has become a growing trend in the medical industry, based on the principle of matching treatment to a patient's unique molecular or genetic characteristics. This concept was supported by the former American President Obama, who launched the Precision Medicine Initiative program. The program included the promotion of the development of cancer genomic medicine.

The carcinogenesis of normal cell originates from genetic alterations, including point mutations, copy number alterations and chromosome translocations. Data from The Cancer Genome Atlas (TCGA) show that genetic alterations are very diverse among patients, even among patients with the same type of a cancer, indicating the importance of precision cancer medicine.

Formerly, cancer genetic testing to guide treatment decisions was often performed for only one gene. However, this strategy does not detect most genetic characteristics, and important information to guide the correct treatment strategy is lost. Therefore, ACT Genomics uses next-generation sequencing (NGS), a high throughput and high sensitivity platform, to comprehensively analyze genetic alterations from patients with different cancer types. We handle various clinical samples including FFPE, PBMC and plasma samples. ACT Genomics provides accurate and actionable therapeutic implications and related medical information to doctors, enabling them to treat patients based on their cancer's unique genetic alterations. We have already accumulated over 2000 clinical cases, and aim to further help doctors find the best personalized treatment strategy through case sharing and discussions.

ACT Genomics is looking forward to implementing precision cancer medicine with doctors through our highly accurate medical reports, that integrate a patient's genetic alterations and information from bioinformatics databases.

MEETING OF COMPARATIVE PATHOLOGY

April 16, 2017

中華民國比較病理學會第 69 次比較病理學研討會

CASE DIAGNOSIS

Case No.	Presenter	Slide No.	Diagnosis
Case 475	高啟霏	NTU2014-2674B	Bronchogenic cyst in a dog http://www.ivp.nchu.edu.tw/slide_view.php?id=1229
Case 476	施洽雯	LP16-2949	Mediastinum dedifferentiated liposarcoma in a man http://www.ivp.nchu.edu.tw/slide_view.php?id=1228
Case 477	段雲傑	CO17-103	Uterus adenosarcoma in a female hedgehog http://www.ivp.nchu.edu.tw/slide_view.php?id=1226
Case 478	陳志昊	S2016-14921B	Primary pericardial mesothelioma in a woman http://www.ivp.nchu.edu.tw/slide_view.php?id=1227
Case 479	顏嘉緯	NTU 20161211	Pulmonary solid adenocarcinoma in a dog http://www.ivp.nchu.edu.tw/slide_view.php?id=1230
Case 480	林妍秀	CO17-097A	Toxic pneumonitis caused by inhalation of waterproofing spray in a dog http://www.ivp.nchu.edu.tw/slide_view.php?id=1225

Case Number: 475
Slide No.: NTU2014-2674B
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1229

Chi-Fei Kao (高啟霏), DVM, MS[1]; Chian-Ren Jeng (鄭謙仁), DVM, Ph. D.[1]; Hui-Wen Chang (張惠雯), DVM, Ph. D.[1]; Victor Fei Pang (龐飛), 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)

CASE HISTORY

Signalment: A 5-year-old, intact male, Golden Retrivor

Clinical History:

The animal presented to the National Taiwan University Veterinary Hospital (NTUVH) because of a-half-year coughing with increased severity. Radiography and pleurocentesis revealed plural effusion and high triglyceride concentration, respectively, indicative of chylothorax. Aerobic culture result was negative. Computed tomography showed a 3 x 2 cm, ovoid and slightly enhanced lesion next to the right ventricle of the heart, extending downward to the medial aspect of the right lung lobes. Thoracic duct ligation, subtotal pericardiectomy, and removal of the mass were performed. At surgery, the mass appeared isolated but adhered to the pericardium and lung lobes. Impression smears of the mass revealed ciliated cuboidal epithelial cells.

Gross Findings:

The mass contained a major and a few variably sized cavities with smooth but mildly bumpy inner surface and filled with a large amount of brownish jelly-like substance. The solid part of the mass was white, yellowish to dark brown and soft with variable thickness.

Case Number: 475

CASE RESULT

Microscopically, the cavities are lined by ciliated, simple to pseudostratified, cuboidal to columnar epithelial cells interspersed with goblet cells. Beneath the epithelial cells are few mucous glands and variable segments of severely tortuous hyaline cartilages with varying degrees of calcification. Within the wall, there are numerous ovoid to stellate cells that show no cytological atypia, scattering in a fibrillary eosinophilic background having many golden-brown, small, round or reddish-brown, irregular crystalline pigments and hemorrhages; the hemorrhages are present predominantly at the peripheral region. On occasion, also embedding in the eosinophilic background are distorted hyaline cartilages as those aforementioned and disarranged elastic fibers.

Differential diagnosis:

1. Type 1 congenital pulmonary airway malformation (CPAM)
2. Pulmonary hamartoma
3. Pulmonary sequestration

Diagnosis: Bronchogenic cyst

Discussion:

The clinical information and microscopic findings of the current case suggest a kind of malformation of respiratory tract whose histologic features mimic bronchi but lack normal structural alignment and proportion. According to the surgeon, the cyst was revealed incidentally upon computed tomography scanning, and no connection to the tracheobronchial tree of the lung was observed during surgical approach.

In veterinary medicine, the rarity and low prevalence of necropsy make literatures regarding airway malformation rare. The major anomalies include 1. bronchogenic cyst (BC), a migration defect of foregut development featuring as ciliated pseudostratified respiratory epithelium with cartilage or smooth muscles; 2. pulmonary hamartoma, a benign tumor-like growth of overgrowth of mature cells and tissues; 3. pulmonary/bronchopulmonary sequestration, an ectopic and non-functioning lung tissue that lacks communication with the tracheobronchial tree and receives systemic arterial supply; and 4. congenital pulmonary airway malformation (CPAM), resulted from anomalous branching morphogenesis of the lung with different types of CPAMs originating at different levels of the tracheobronchial tree and at different stages of lung development. Among these possibilities, the pulmonary hamartoma and bronchopulmonary sequestration are predominantly solid growths which are thus not compatible with the cystic nature of the present case. Both the bronchogenic cyst and type 1 CPAM may contain walled cysts lined by pseudostratified columnar epithelium and supported by elastic tissues and smooth muscles at the same time, which are reminiscent to the present case. However, since the type 1 CPAM is

speculated to originate from the distal bronchi or proximal bronchioles, it seldom contains cartilages and usually arises from the parenchyma. Therefore, a diagnosis of bronchogenic cyst is concluded.

Bronchogenic cysts are rare congenital anomalies caused by abnormal budding of the bronchial tree during the early stage of embryogenesis; as such, they are lined by ciliated, pseudostratified columnar to cuboidal respiratory epithelium and the walls comprise tissues similar to those of the normal bronchi, including mucous glands, cartilages, elastic tissues and smooth muscles. BCs are usually unilocular and contain mucoid to infrequently hemorrhagic liquid. The locations of bronchogenic trees vary greatly but most commonly seen at the right sided midline and in close proximity to the tracheobronchial tree with rare communication to a normal bronchus. Unusual locations include neck, subcutis, myocardium or even retroperitonium.

Generally, BCs appear asymptomatic and are commonly an incidental finding; nonetheless, they may be potentially fatal if mass effect occurs which may result in difficulties in breath, swallow, pain and possible disruption of vital organ function. Infection is also a worrisome complication particularly for those with communication to the airway. Malignant transformation is exceedingly rare but has been documented. Accordingly, surgical resection is recommended for all suspected cases in order to establish diagnosis, alleviate symptoms, and prevent complications. The prognosis for asymptomatic patients is quite good.

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Case Number: 476
Slide No.: LP16-2949
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1228

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[2] Department of Chest Surgery. Lotung Poh-Ai Hospital (羅東博愛醫院胸腔外科)

CASE HISTORY

Signalment: 77-year-old man.

Clinical History:

A 77-year old man came to the OPD (outpatient department) of chest surgery of Lotung Poh-Ai Hospital in March 2016 with the chief complaint of cough with mucoid, yellowish sputum for weeks, chest pain and chest tightness for 2 days.

No fever or body weight loss was found. The patient has past history of old pulmonary tuberculosis with complete treatment 10 years ago. The patient has history of cigarette smoking and alcohol drinking. No history of diabetes mellitus, hypertensive disease or coronary disease presented. MRI was performed and showed a large heterogenous, well encapsulated and lobulated tumor. The tumor measuring 17.3 x 10.5 x 10.1 cm and located in left posterior mediastinum, abutting against aortic arch, descending aorta, left atrium and left ventricle. No other mass or lymph node was seen. He underwent left thoracotomy and excision of the tumor.

Macroscopically, the mass showed smooth, lobulated, well demarcated, yellowish-white color and measuring up to 17.0 x 13.0 x 7.5 cm. It was soft-elastic in consistency. Cut surface showed well-encapsulated yellowish-white, greasy solid tumor with lobulated appearance. No hemorrhage or necrosis was noted.

Clinical Pathology:

Item	Value	Range	Item	Value	Range
BUN (mg/dL)	12	(6-20)	Hct (%)	42.4	(40-54)
Creatinine (mg/dL)	0.7	(0.7-1.3)	Plt (x10^4/dL)	27.0	(15-40)
Glucose (mg/dL)	117	(70-100)	WBC (uL)	4600	(4500-11000)
Na (mmol/L)	136	(135-145)	Lymphocyte (%)	34.0%	(20.0-45.0)
K (mmol/L)	3.9	(3.5-5.1)	Neutrophil (%)	53.3	(45.0-75.0)
RBC (x10^6/uL)	4.66	(4.6-6.2)	Monocyte (%)	10.3	(0.0-9.0)
Hb (gm/dL)	13.8	(14.0-18.0)	Eosinophil (%)	2.0	(1.0-3.0)

Case Number: 476

CASE RESULT

Histopathologic Findings:

Histopathological examination using hematoxylin and eosin stain revealed the tumor characterized by areas of well-differentiated liposarcoma and many areas of spindle cells organized in a fascicular pattern. The spindle cells displayed a marked degree of nuclear atypia, with moderate to marked level of pleomorphism and cellularity, irregular size and shape, with hyperchromatic nuclei, inconspicuous or distinct nucleoli. Areas of myxoid change and increased small blood vessels were noted. No significant tumor necrosis or hemorrhage was noted. The resection margins were free of tumor.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were diffusely positive for vimentin, MDM2, and CDK4, focally positive for CD34, S-100 and desmin, and negative for CD99, Bcl2, STAT-6 and CK.

Differential diagnosis:

1. Fibrosarcoma.
2. Leiomyosarcoma.
3. Malignant fibrous histiocytoma.
4. Malignant peripheral nerve sheath tumor.
5. Pleomorphic liposarcoma
6. Dedifferentiated liposarcoma.

Diagnosis: Dedifferentiated liposarcoma, mediastinum.

Comments:

Liposarcoma is one of the most commonly diagnosed soft tissue sarcomas, accounting for approximately 12.8% of all sarcomas. Most patients are older than 50 years of age. There are four main types of liposarcomas including well-differentiated liposarcoma (40%), myxoid liposarcoma/round cell liposarcoma (30%), pleomorphic (15%) and dedifferentiated liposarcoma (5%).The most common sites of liposarcomas are the lower extremities (75%) and the retroperitoneum (20%). Primary mediastinal liposarcoma is an extremely rare tumor, with <1% incidence of all liposarcomas. To date, less than 130 cases primary mediastinal liposarcoma have been reported in the published literature.

Mediastinal liposarcoma is more commonly seen in the anterior mediastinum, followed by posterior mediastinum. In a series of 24 cases of mediastinal liporsarcoma by Hahn et al, the

average age of the patients was 51 years. Another series of 25 patients over a span of 42 years by Liang et al showed the average age of their patients to be 45 years. Hirai et al. reviewed the Japanese literature for 15 surgical cases of primary liposarcoma of the mediastinum and showed that mean age was 56 years and mean maximum size was 14.7 cm.

Mediastinal liposarcomas are insidiously growing tumors. In the early stage primary mediastinal liposarcomas, patients do not typically exhibit any obvious clinical symptoms. However, patients present with various different symptoms as the tumor grows, depending on its location and on the compression of neighboring structures including the esophagus, lung, superior vena cava and pericardium, such as progressive dysphagia, dyspnea, chest pain, shortness of breath or hoarseness

Common radiological presentation will be evidence of widened mediastinum on chest X-ray. On CT-scan and MRI, liposarcomas appear as inhomogeneous fatty masses. More solid components may be present and enhance with contrast material injection. Surrounding structures may be infiltrated or displaced. The tumors are characterized by large intrathoracic mass, smooth or lobulated margins.

Dedifferentiated liposarcoma is the least common subtype of liposarcoma and usually arises from a well-differentiated liposarcoma. Progression occurs in 10 % of well-differentiated liposarcoma or 17 % of patients when well-differentiated liposarcoma is located in the retroperitoneum and 6% of cases when well-differentiated liposarcoma is located in the extremities.

The concept of tumor dedifferentiation was introduced by Dahlin and Beabout in 1975 in a low-grade chondrosarcoma. It is defined by the presence of an undifferentiated tumor component in proximity of a differentiated tumor, invariably of low-grade or of borderline malignant type. Dedifferentiated liposarcoma was first described by Evans in 1979, as a combination o an atypical lipomatous tumor in juxtaposition to a "non-lipogenic" sarcomatous component. Shimoda et al. documented liposarcoma with malignant fibrous histiocytoma-like pattern. Besides, a conventional high-grade dedifferentiated component resembling a pleomorphic sarcoma/malignant fibrous histiocytoma in a dedifferentiated liposarcoma, other described dedifferentiated components include low-grade dedifferentiation, resembling fibromatosis or well-differentiated fibrosarcoma; myxofibrosarcomatous dedifferentiation; rhabdomyofibrosarcomatous dedifferentiation; dedifferentiated liposarcoma with a peculiar "neural-like" or "meningothelial-like" whorling associated with metaplastic bone formation; myogenic dedifferentiation, and lately, inflammatory myofibroblastic tumor-like dedifferentiation. Dedifferentiated liposarcoma and may present as rhabdomyosarcoma, fibrosarcoma, osteosarcoma, chondrosarcoma, or angiosarcoma. Thus, dedifferentiated liposarcoma may mimic a broad spectrum of soft tissue tumors.

Dedifferentiated liposarcoma is observed with a higher incidence in men (M: F = 1.2:1), who are around 60 years old; though women may also be affected. There is no known ethnic or racial preference; it is observed worldwide.

The exact cause and mechanism of formation of dedifferentiated liposarcoma is unknown. It is thought to occur spontaneously due to certain genetic mutations (chromosomal abnormalities).

Gross examination of dedifferentiated liposarcoma shows a well-defined multinodular or

lobulated yellow mass with solid tan-gray areas with or without necrosis.

The histological hallmark of dedifferentiated liposarcoma is represented by the coexistence of well differentiated liposarcoma and cellular sarcoma areas with pleomorphic spindle cells organized in a fascicular pattern with 5+ mitotic figures / 10 HPF with or without necrosis. Dedifferentiated liposarcoma may exhibit heterologous differentiation in approximately 5–10% of cases. Henricks et al. observed heterologous differentiation in 3.87% cases, whereas Hasegawa et al. noted the same in 28% of their study cases.

As it is sometimes difficult to distinguish areas of dedifferentiated liposarcoma from areas of normal adipose tissue infiltrated by a cellular sarcoma, immunohistological and or molecular analysis may be used to confirm the diagnosis, respectively to show expression of the proteins or amplification of the CDK4 and MDM2 genes.

The sensitivity and specificity of MDM2 and CDK4 immunostainings in identifying well differentiated liposarcoma and dedifferentiated liposarcomas were 97% and 92%, and 83% and 95%, respectively. MDM2 and CDK4 immunostainings were particularly useful to separate well differentiated liposarcoma from the large group of differentiated adipose tumors, and to distinguish dedifferentiated liposarcoma from poorly differentiated sarcomas. Aleixo et al. documented 90% and 65%, and 70% and 96.3%, sensitivity and specificity of MDM2 and CDK4, respectively, in distinguishing dedifferentiated liposarcoma from other mesenchymal tumors.

S100 is useful in substantiating adipocytic differentiation. S100 is diffusely positive in well differentiated components (70%) and focally in dedifferentiated components (22%).

CD34 (interstitial dendritic fibroblastic cell antigen) positivity in atypical spindle or floret-type lipoblasts in well-differentiated components and also within dedifferentiated components.

The best treatment for mediastinal dedifferentiated liposarcoma should be complete surgical resection. According to the published literature, aggressive surgical intervention appears to prolong survival and favor good quality of life. Adjuvant radiation therapy is recommended in patients with smaller margins <10 mm after the surgical resection. The response rates to chemotherapy of dedifferentiated liposarcoma is still in evaluation. Some studies show that chemotherapy is not useful as a part of the treatment.

Prognosis of mediastinal dedifferentiated liposarcomas depends both on the quality of resection and the grade of malignancy. Kiyama et al. reviewed 21 cases of mediastinal liposarcoma and reported that the overall five-year survival rate was 38.1% in patients with dedifferentiated liposarcoma.

Conclusion:

Primary dedifferentiated liposarcoma of the mediastinum is extremely rare. A diagnosis of mediastinal dedifferentiated liposarcoma should be made based on the clinical features, imaging findings and pathological findings. S-100, CDK4 and MDM2 are useful immunohistochemical markers for reinforcing adipocytic differentiation within atypical cells. Complete surgical resection is the cornerstone of the treatment. Chemotherapy and radiotherapy seems to be ineffective.

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Case Number: 477
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CASE HISTORY

Signalment: 2-year-old, intact female hedgehog.

Clinical History:

A 2-year-old, intact female hedgehog was evaluated at local animal clinical hospital because of blood-tinged discharge in the urine. In clinic, the hedgehog was in a poor body condition, but with good spirit. In addition, swollen uterus was suspected and with consecutive ball-like in appearance during the palpation. The uterus and ovaries were surgical removed through ovariohysterectomy procedure and were submitted for pathological diagnosis.

Gross Findings:

Grossly, lower abdomen was enlarged with blood-tinged discharge leaked out from the vulva. Right uterine horn was reddish to dark red, swollen, distended, firm and flexible. Additionally, right lateral uterine horn was enlarged than that of the normal site and measured 1.5 x 3.0 cm, accounted for 1/3 of abdomen, along with dark red to white plaques distributed on the serosa.

Case Number: 477

CASE RESULT

Histopathologic Findings:

Microscopically, tumor cells grown from the mucosa layer and infiltrated growth into the lumen of uterus with uncapsulated, poor-circumscribed, highly cellular neoplasm composed of basophilic basaloid and cuboid to irregular cells arranged into whirling, solid and concentric pattern, and spindle cells arranged into streams and bundles. Neoplastic cells have indistinct border, a moderate amount of eosinophilic cytoplasm, oval, round to polygonal nuclei that contains 1 to 3 nucleoli, mitosis rate averages 3 to 4 per HPF. In low power, focally, the uterine gland has nodular like hyperplasia.

Multifocal necrosis and hemorrhage were also noted in the mucosa layer of the uterus. In addition, focal smooth muscular layer of arteries presented compensatory hypertrophy in the tumor mass.

Histochemical stain:

Masson's trichrome stain reveals normal myometrium in red but fails in neoplastic cells, and can found the stromal connective tissue growth as palisade in endometrium.

Sirius red stain can also found same result in endometrium and more clear to saw the connective tissue around the neoplastic masses as red stained.

Differential Diagnosis:

1. Uterus adenocarcinoma
2. Endometrial stroma sarcoma
3. Leiomyosarcoma

Diagnosis: Adenosarcoma in the uterus

Discussion:

Cases reported as uterus sarcomas in human are rare, and merely 1% reproductive malignant neoplasm has been recorded in women. The neoplasm derived majorly from smooth muscle, mesoderm, endometrial epithelial stroma or connectic tissue of uterus. The classification according to the histopathology have three types in common, stromal sarcoma, leiomyosarcoma and malignant mixed mullerian tumor (MMMT), in addition, based on the pathology, which could also be classified as pure homologous sarcoma, including leiomyosarcoma, stromal sarcoma, angiosarcoma, fibrosarcoma, adenosarcoma and lymphosarcoma.[1]

In hedgehog, the most commonly reported malignant tumor of uterus and ovary is adenosarcoma, following by stromal sarcoma and leiomyosarcoma.[2] In the present case,

adenosarcoma and leiomyosarcom were all included. Typical clinical sign in female hedgehog are vaginal bleeding, hematuria, and weight loss. A complete blood count, serum biochemical profile, urinalysis, and abdominal ultrasound might be abnormal with the presence of granulosa cell tumor. [2]

Leiomyosarcoma and adenosarcoma in the uterus are not diagnosed in the material submitted, the prefix "adeno" apposed to the name of a mesenchymal neoplasm indicates the presence of a nonneoplastic neoplasm. This mesenchymal neoplasm can be benign or malignant.[3]

Adenosarcoma is a rare tumor in MMMT in human, which composed of with benign-appearing neoplastic glands and sarcomatous stroma. In most cases, the lesion of adenosarcoma are located in endometrium or superficial of uterus muscle layer. [1] In pathology, numbers of cases regarding adenosarcoma have been reported. Grossly, tumor usually appears nodular and locally invasive, as for histopathologically, the tumor has showed densely cellular, consisting of bundles of spindle cells whirling around epithelial tubules. Also, according to this description, the neoplastic stromal mesenchymal cells have minimal atypia but with a high mitotic index. In the present case, similar histopathological findings have been found; therefore, a adenosarcoma diagnosis has been made. In some case reports of the uterine stromal cell sarcoma is (ESS) is similar to adenosarcoma in histopathology, component consists of small, ovoid, and spindle-shaped cells with scanty cytoplasm. The neoplastic cells are arranged in a diffuse pattern accompanied by prominent vasculature, mostly arterioles, but stromal cell sarcoma lack of epithelial tubules and have lower mitotic index, therefore these have to be differentiated. [2]

With the validation of uterine sarcoma and uterine myoma possessing different kinds of gene in molecular medicine, uterine myoma cannot be considered as uterine sarcoma nowadays. However, it would be difficult to divide these two in merely in clinic. Grossly, uterine leiomyosarcoma is a mass with poorly demarcated, meat-like consistency, variable color in the cut section, gray yellow to pink and occasionally with focal hemorrhage and necrotic lesions. Histopathologically, leiomyosarcoma is a hypercellular neoplasm with spindle shape arranging into interlacing fascicles and the neoplastic cells have ovoid, vesicular nuclei. [1, 2]

The mean survival time for hedgehogs with uterine neoplasia after ovariohysterectomy (OHE) ranges from 30 (1 month) to 784 (26 months) days. For now, the ovariohysterectomy (OHE) is the treatment of choice for uterine neoplasia in the hedgehog, which and may result in significant prolongation of life. [2]

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Case Number: 478
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CASE HISTORY

Signalment: 55 year-old-female

Clinical History:

She is a retired labor, who worked in nylon textile factory. She is a patient of end-stage renal stage under regular hemodialysis. About one year ago before this admission, she suffered from dyspnea and was admitted to our hospital. During the admission, massive pericardial effusion was noted. Pericardial effusion cytology and biopsy was done The diagnosis was mesothelial hyperplasia at that time. Until two weeks before this admission, she sustained exertional dyspnea, which was accompanied with orthopnea, dry cough, proxysmal night dyspnea and chest tightness with radiation to left shoulder. On admission, physical examination showed bilateral dullness and decreased heart sounds. Chest x-ray showed bilateral pleural effusion and cardiomegaly. The laboratory data showed elevated creatinine, BUN, NT-proBNP and respiratory acidosis. Thoracentasis for the pleural effusion was done, the fluid analysis was lymphocyte-predominant exudate, and atypical mesothelial cells were seen in . The patient then accepted cardiac echo, there was no evidence of heart failure, however, lobulated pericardial effusion with thickened pericardium and a large mass in the left-sided pleural space around LV lateral wall were noted. Then, the following CT showed multi-locular lesion around mediastinum and pericardium, right thorax and left lower thorax. So, she underwent right pleural tumor biopsy. During the operation, a big and hard tumor was noted intrapericardium with diffuse adhesion of lung and chest wall. Later on, the pathology of the parietal pleura reported malignant mesothelioma. The final was diagnosed of malignant primary pericardial methothelioma with pleural seeding and SVC/heart entrapment. She then received palliative chemotherapy with Gemzar (Gemcitabine).

Gross Findings:

No gross tissue was identified.

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CASE RESULT

Histopathologic Findings: The biopsy was done at right patietal pleura. Microscopically, the specimen showed malignant mesothelioma with trabecular, tubular and microcystic patterns. Also, IHC reveals calretinin positive in tumor cells.

Differential Diagnosis: Pericardial metastatic adenocarcinoma of lung

Diagnosis: Primary pericardial mesothelioma

Discussion:

Primary pericardial malignant mesothelioma (PPM) is an extremely rare neoplasm that arises from the pericardial mesothelial cell layers.

The precise etiology of PPM remains uncertain. Unlike pleural and peritoneal mesothelioma, the relationship between asbestosis exposure and PPM is controversial.

Typically, the onset of PPM is insidious in nature with nonspecific symptoms such as cough, dyspnea, orthopnea, chest pain, and sometimes paradoxical pulse, that can be accompanied by constitutional symptoms such as fever, night sweats, weight loss, and generalized weakness. These symptoms and signs are most often attributed to compression or constriction of the heart caused by effusions or tumor invasion and infiltration to adjacent structures. Common clinical presentations of pericardial mesothelioma are constrictive pericarditis, pericardial effusion, cardiac tamponade, and congestive heart failure.

To definite diagnosis can be made by cytology and pathology evidence. However, the diagnostic yield of pericardial fluid cytology is often poor with only 24% of the cases presenting malignant cells. Therefore, in most cases of PPM, the definitive histological diagnosis can be obtained either after surgery or at autopsy. The tumor cells may have three distinct patterns, that is, predominantly epithelial, predominantly fibrous (spindle cell), and biphasic (mixed). Additionally, pericardial adenocarcinoma is the most important differential diagnosis of PPM. Negative adenocarcinoma markers, such as carcinoembryonic antigen (CEA) and positive mesothelial markers, for example, calretinin, and cytokeratins 5/6 are useful in differentiating mesotheliomas from adenocarcinomas

Owning to rarity, there is no standard treatment regimes for PPM. Surgical resection remains the main treatment modality in PPM, and may be curative for the localized disease. Nonetheless, in most cases, it is not possible to remove tumor completely, and therefore, PPMs generally are treated with a palliative intent based on surgery, chemotherapy and radiotherapy. The overall prognosis of PPM remains dismal owing to its late presentation, inability of complete tumor eradication by surgery, and the poor response of tumor cells to radiotherapy or chemotherapy, with median survival times of six months from diagnosis.

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Case Number: 479
Slide No.: NTU 20161211
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1230

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CASE HISTORY

Signalment:

A 11-year-old neutered-male mixed-breed dog

Clinical History:

A 1 x 1 cm mass on the right caudal lobe of lung was incidentally found on X-ray image during annually health examination. The computed tomography (CT) revealed total 3 pulmonary masses located on right cranial, middle and caudal lobes and the size were 0.25 x 0.4 cm, 0.25 x 0.3 cm and 1.7 x 1.7 cm, respectively. Thoracoscopic partial lobectomy of right caudal lobe with the largest mass was performed for pathological examination.

Gross Findings:

The submitted specimen was an excised partial lobe of lung with a nodular growth. A focal solitary mass, which was ill-demarcated and non-encapsulated, with friable texture and variegated pale to grey appearance was revealed by cut sections.

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CASE RESULT

Histopathologic Findings:

A poorly demarcated and partially encapsulated growth which is composed of solid lobules or sheets of compactly packed cuboidal cells that markedly compressing and effacing the pulmonary parenchyma is observed. The neoplasm is supported and separated into islands to lobules by abundant fibrovascular stroma. Intention toward glandular arrangement with focal tubular formation is observed. The neoplastic cells show scant to moderate, pale eosinophilic stained cytoplasm with indistinct cell borders. The nuclei are generally round with vesicular to finely stippled chromatins containing a single or no visible nucleoli. The mitotic activity is quite low within the trimmed sections. Intra neoplastic stromal invasion is also noted.

Morphological diagnosis:

Adenocarcinoma, solid pattern, mass in the resected right cranial lobe of the lung.

Differential Diagnosis:

- Metastatic adenocarcinoma (from distant organs)
- Small cell carcinoma
- Solid-predominant adenocarcinoma

Final Diagnosis:

Solid-predominant adenocarcinoma (of lung), with invasion of intra-tumoral stroma, mass in the resected right cranial lobe of the lung.

Discussion:

Spontaneous primary pulmonary neoplasms are encountered most often in dogs and cats whereas rare in other domestic animals, although the prevalence is quite low compared with that of human. Due to the vital role in circulation system, the lung is a frequent site for metastatic neoplasms; thus, differentiating metastases of a distant tumor from primary lung neoplasms is essential. Clinical manifestation would be supportive of the diagnosis of a primary lung neoplasm if absence of other (primary) tumors in distant organs with the presence of a single mass in lung is demonstrated by throughout imaging examination. Other histologic features such as the mucus differentiation or cilia process of cells might sometimes be helpful. In addition, nuclear expression of the thyroid transcription factor-1 (TTF-1) has been studied and reported a highly specific tool for distinguishing primary lung neoplasms from metastatic ones (negative for non-pulmonary and non-thyroid origin) in dogs.

Although primary tumors can arise from any tissue in the lung, epithelial neoplasms originated from the airway epithelium are by far the most frequently encountered in dogs, followed by

histiocytic sarcoma in two retrospective studies. To this day, malignant entities are classified into adenocarcinoma (furtherly two subdivisions: papillary, acinar, solid, or mixed pattern; bronchioloalveolar carcinoma), squamous cell carcinoma, adenosquamous carcinoma, bronchial gland carcinoma, large cell carcinoma, small cell carcinoma, neuroendocrine tumor, pulmonary blastoma, and combined carcinoma on the basis of the histological classification of tumors of the respiratory system of domestic animals established in 1999. According to such criteria, the present case is most likely a solid (or maybe mixed type) variant of adenocarcinoma for its tubular formation with heavily piling up feature resulting in solid sheet fashion. However, this nomenclature system was old consensus almost two decades ago. Debates have arisen as human medicine underwent revisions in the classification of lung adenocarcinoma based on studies in the association with clinical behaviors. Changes include introducing concept of “lepidic growth” and discontinuing the use of the term “bronchioloalveolar”, and a novel definition of “invasion” than what has been used in other tumors. Size of the growth is utilized for distinguishing the malignancy (< or > 3 cm in diameter). Also, the term “predominant” are added to the adjectives of the sub-variants for more properly describing the majorly exhibited patterns (e.g., acinar-predominant adenocarcinoma). The terminology would therefore be solid-predominant adenocarcinoma referred to such revisions.

Currently, there is no standard nomenclature of pulmonary adenocarcinomas in domestic animals. Although the human version has been introduced in some newly published textbooks, it might not be appropriate straight apply to animals without approval of formal studies. We submitted this case to raise awareness of the demand for diagnostic criteria and the lack of official consistency in histologic categorization.

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Case Number: 480
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3 Department of Veterinary Medicine, National Chung Hsing University (國立中興大學獸醫學系)

CASE HISTORY

Signalment: A 3.6 kg, 7-year-old, male Dachshund (*Canis lupus familiaris*).

Clinical History:

This dog was a 7-year-old, intact male Dachshund with incomplete vaccination and ectoparasites prevention. The dog had been kept in a room just painting with “waterproof paint” on February 14th 2017. The dog presented dyspnea after it stayed in the room for about 3 hours. At night, the dog not improved and was transported to the local animal hospital. Bronchodilator and oxygen supplementation were given but the respiratory signs did not improve and was referred to NCHU-VMTH. Stertor, tachypnea and dyspnea were observed in physical examination. Thoracic radiographic examination showed bilateral alveolar signs and bronchiectasis. Clinical pathological abnormalities included neutrophilia and acidosis. On February 18th, stertor was improve. On February 20th, the appetite and dyspnea did not improve and treated the dog with appetite stimulant (Pilian), expectorant (Bislan and Acetylcysteine), steroid (Donison) and nebulization. The dog’s condition continued to deteriorate, in spite of transient remission of some clinical signs, and died on February 23th. Necropsy was performed at the Animal Disease Diagnostic Center, NCHU on February 24th.

Gross Findings:

All lung lobes showed diffuse red and palpated meaty. On cut surfaces, the pulmonary parenchyma was also diffuse red, but the airway did not contain fluid or exudate. The liver was fragile and red in color than normal and a decreased texture. A nodule approximately 1 cm in diameter was found in the dorsal surface of right medial lobe of liver. The head of the pancreas showed a 3-4 cm in length focus of petechiae.

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CASE RESULT

Histopathologic Findings:

At low magnification, the bronchial and bronchiolar spaces are dilatation. Desquamation of the bronchial and bronchiolar epithelial cell layers are diffuse found in the all lobes of the lung. Bronchioles frequently are filled with desquamated epithelial cells, macrophages, neutrophils, fibrin, and few necrotic cell debris. Desquamated epithelial cells, necrotic cell debris and the inflammatory cells are also found in alveolar ducts, and adjacent alveolar lumina. Alveolar septa are moderately thickened by a combination of fibrin, small amounts of collagen, increased numbers of lymphohistocytic infiltration and hyperplasia of type II pneumocytes. Many of the proliferation of type II pneumocytes appears as scattered pleomorphic, bizarre, and tombstone-like cells. Syncytial cells are prominent and appear as binucleate and multinucleate cells closely associated with the bronchiolar epithelium, and in the alveoli. Capillary vessels are congested. Cytological examination of stamp smears revealed hyperplastic cuboidal to columnar epithelium, neutrophils and macrophages, as well as spindle-shaped cells.

Morphological diagnosis:

Pneumonitis, interstitial, diffuse, severe, chronic, with marked hyperplasia of type II pneumocytes and epithelial syncytia, lung

Molecular Detection:

Reverse transcription-PCR (RT-PCR) of lung tissue proved negative for canine distemper virus.

Differential Diagnosis:

1. Toxic pneumonitis
2. Hypersensitivity pneumonitis
3. Viral pneumonia (Canine distemper virus)

Final diagnosis:

Toxic pneumonitis caused by inhalation of waterproofing spray

Discussion:

Waterproofing sprays consist of mixtures of solvents, repellents and propellants. The propellant provide the power of propulsion, the solvent dissolve the repellent and the repellent offer the waterproofing effect to the object after the solvent vaporize. In this case, the repellents of the spray is made of fluorocarbon polymers (fluororesin) and heptane as an organic solvent, but we can’t determine which kind of fluorocarbon polymers was used. Fluoropolymers are ultrafine

particles ranging in size from 20 to 200 nm. The size of fluororesin could make them be inhaled into bronchioalveolar region and may cross alveolar epithelial barrier. In human, inhalation of waterproofing spray containing fluorocarbon polymers is considered to be strongly associated with acute respiratory damage[2,3,9] .

A few case reports of human waterproof spray intoxication have been published, and some of them mention that dogs also were affected.[1,2,3,4,6,7,9] In human, diagnosis of toxic pneumonitis is based on history, symptoms, thoracic radiographic findings, high-resolution computed tomography, analysis of BAL fluid and rarely biopsy. Histopathological examination of lung biopsy specimens revealed interstitial pneumonia with proliferation of type II alveolar pneumocytes, pooled alveolar macrophages, moderate lymphocytic infiltrate and mild patchy fibrosis, and all above were similar to this case. In our knowledge, the pleomorphic and syncytial cells appeared in this case are not mentioned in any human toxic pneumonitis cases.

Several experimental studies about exposure of waterproofing spray in rats, mice, and guinea pigs have been done. The result of these studies showed acute microscopic changes including atelectasis, emphysema, hemorrhage and thickened alveolar septa by cellular infiltration. In this case, the patient received a week-long supportive treatment, so the lesions and cytology may cause by the chronic inflammation and relative to the reaction of repair.

The mechanism of lung injury caused by waterproofing spray isn't clear. Several experiments indicate that fluororesin may counteract the surfactant in the alveoli of the lung and cause diffuse pulmonary collapse followed by acute respiratory distress. On the other hand, metabolic activation with or without interaction with other factors (solvents or smoking) is considered as the indirect mechanism that make fluororesin toxic. Inhalation of heptane mainly cause central nervous system inhibition. With higher concentration, it may cause mucosal irritation but do not injure the lung unless it is aspirated. Compared to other solvents, heptane has a better volatility, which may facilitate fluororesin inhalation by increasing the amount of airborne aerosol and changing the diameter of the aerosol particle.

In this case, there were no evidence about bacterial suppurative bronchopneumonia and lung tumor. The differential diagnosis of interstitial pneumonitis includes viral, toxin or allergen which enter by inhalation or bloodstream infection. According to the evidence of intact vessel endothelium and massive necrosis of bronchial and alveolar lining cells, we thought that the route of entry of the irritant was inhalation. Because of the presence of syncytial cell, canine distemper should be included among differential diagnosis. Inclusion body of canine distemper virus wasn't found histologically. Although there are many kinds of toxins can cause lung injury, waterproofing spray is considered as the most likely cause according to the history.

Recommended treatments for toxic pneumonitis are symptomatic and supportive, including oxygen supplement, administration of bronchodilators, glucocorticoids and preventive antimicrobials. Glucocorticoids are thought to reduce the incidence of pulmonary fibrosis sequelae. In human, the respiratory effects of toxin inhalation can be mild or progress to continued pulmonary function impairment, exercise intolerance and increased susceptibility to infection due to fibrosis or

proliferation and enlargement of alveolar lining cells. Chemical pneumonitis is best prevented by application of waterproofing sprays in well-ventilated or outdoor areas from which pets are excluded.

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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七屆理監事名單簡歷冊					
職別	姓名	性別	學歷	經歷	現任本職
理事長	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
秘書長	朱旆億	男	國立台灣大學醫學系及獸醫學博士	聖馬爾丁醫院、彰化基督教醫院病理科	彰化秀傳紀念醫院病理科主任
常務理事	林正忠	男	國立中興大學獸醫學博士	國立中興大學獸醫病理生物學研究所副教授	國立中興大學獸醫病理生物學研究所兼任副教授
常務理事	許永祥	男	國立台大醫學院病理研究所碩士	台大醫院病理科住院醫師	花蓮慈濟醫院病理科主任教授
常務理事	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
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	台灣養豬科學研究所主任 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教授
理事	江蓉華	男	國立國防醫學院醫學士	國軍花蓮總醫院病理部主任	耕莘醫院組織病理科主任
理事	李進成	男	英國倫敦大學神經病理博士	長庚醫院內科醫師	新光吳火獅紀念醫院病理檢驗科醫師
理事	阮正雄	男	日本國立岡山大學醫齒藥總合研究科博士	台北醫學大學副教授兼細胞學中心主任	輔英科技大學附設醫院
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
理事	祝志平	男	台大病理研究所	台北醫學院講師	彰化秀傳紀念醫院病理科
理事	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主任
理事	邱慧英	女	國立台大獸醫學研究所博士	台灣養豬科學研究所	台灣大學分子暨比較病理生物學研究所
理事	梁鍾鼎	男	國立台灣大學獸醫學研究所博士	國家實驗動物中心副研究員	
理事	蔡睦宗	男	國立台灣大學獸醫學研究所碩士	屏東縣家畜疾病防治所	屏東生技園區觀賞魚病室
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
常務監事	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	台灣大學分子暨比較病理生物學研究所教授
監事	高郁茜	女	台北醫學大學醫學系	萬芳醫院醫師 台大醫院住院醫師	萬芳醫院主治醫師
監事	蔡懷德	男	中國醫藥大學醫學系	台大家醫部住院醫師	衛生署疾病管制局防疫醫師

中華民國比較病理學會
收支決算表
中華民國 105 年 1 月 1 日至 105 年 12 月 31 日

單位：新臺幣(元)

科目				決算數	預算數	決算與預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**62,149**	**72,080**		**9,931**	
	1		入會費	7,500	6,000	1,500		新增一般會員 5 人(1 位學生轉一般)，學生 17 人
	2		常年會費	45,100	22,000	23,100		
	3		贊助會費	3,050	40,000		36,950	友聯贊助 68th 餐費
	4		利息收入	99	80	19		104.12$43+105.06$33+105.12$23
	5		其他收入	6,400	4,000	2,400		研討會費用 3,100，書籍 1,800 及其它 1,500
2			本會經費支出	**39,062**	**72,080**		**33,018**	
	1		人事費	**4,000**	**10,200**		**6,200**	
		1	兼職人員車馬費	4,000	4,200		200	
		2	其它人事費	0	6,000		6,000	專題演講者車馬費(歐緒嘉.黃馨頤)
	2		辦公費	**12,642**	**21,380**		**8,738**	
		1	印刷費	10,542	20,080		9,538	印刷第 66-68 次會議手冊
		2	旅運費	0	300		300	
		3	郵電費	2,100	1,000	1,100		
		4	公共關係費	0	0			
	3		業務費	**22,420**	**25,800**		**3,380**	
		1	會議費	22,420	25,800		3,380	66-68 次會議費(含餐費及點心費)
	4		雜費支出	**0**	**14,000**		**14,000**	
	5		提撥基金	**0**	700		**700**	
3			本期餘絀	**23,087**	**0**			

理事長：廖俊旺　常務監事：鄭謙仁　秘書長：[illegible]　會計：許靜宜

中華民國比較病理學會

現金出納表

中華民國 105 年 1 月 1 日至 105 年 12 月 31 日

單位：新臺幣(元)

收　　入		支　　出	
科目名稱	金　　額	科目名稱	金　　額
上期結存	63,453	本期支出	39,062
本期收入	62,149	本期結存	86,540
合　　計	125,602	合　　計	125,602

理事長：　常務監事：　祕書長：　會計：

中華民國比較病理學會

資　產　負　債　表

中華民國 105 年 1 月 1 日至 105 年 12 月 31 日　　單位：新臺幣(元)

資產			負債、基金暨餘絀		
科目	金額		科目	金額	
流動資產	86,540		流動負債	0	
庫存現金	30,693		基金	0	
銀行存款	55,847		提撥基金	0	
銀行存款－基金	0		本期餘絀	23,087	
			累計餘絀	63,453	
合計	86,540		合計	86,540	

理事長：　　常務監事：　　秘書長：　　會計：

中華民國比較病理學會

基金收支表

中華民國 105 年 1 月 1 日至 105 年 12 月 31 日止

單位：新臺幣(元)

收入		支出	
科目名稱	金額	科目名稱	金額
準備基金		準備基金	
歷年累存	0	支付退職金	0
本年度利息收入	0	支付退休金	0
本年度提撥	0		0
	0		
		結餘	0

理事長：廖俊旺　常務監事：鄭謙仁　祕書長：朱沛德　會計：許靜宜

說明：本會暫無基金專戶。於年底時依盈餘情形提列為不可動支的準備基金，於活期存簿中(合作金庫)。目前歷年累存之準備基金為壹萬肆仟元。

中華民國比較病理學會

106 年度工作計劃

一、會務

1. 徵求會員

持續進行學會推廣及會員召募，擴大會員陣容

2. 整理會籍與清查會費

i. 更新整理會籍資料，並製作會員通訊錄

ii. 清查會員繳費狀況，進行催繳，缺繳三年以上進行停權

3. 召開會議

召開會員大會一次

召開理監事會議，每三個月一次

4. 學術活動

持續辦理三次研討會，並邀請國內外專家學者進行學術性演講

二、業務

1. 繳納會費

2. 文書處理(整理與更新會員信箱，刪除無效信箱)

3. 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)

4. 研討會活動照片、會員狀態及網頁維護更新

中華民國比較病理學會
收支預算表
中華民國 106 年 1 月 1 日至 106 年 12 月 31 日

單位：新臺幣(元)

科目				預算數	上年度預算數	本年度與上年度預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**58,500**	**72,080**		**13,580**	
	1		入會費	4,000	6,000		2,000	
	2		常年會費	30,000	22,000	8,000		
	3		贊助會費	20,000	40,000		20,000	
	4		利息收入	80	80			
	5		其他收入	4,420	4,000	420		
2			本會經費支出	**58,500**	**72,080**		**13,580**	
	1		人事費	**8,000**	**10,200**		**2,200**	
		1	兼職人員車馬費	8,000	4,200	3,800		講師費 2000 元 x4 人
		2	其他人事費	0	6,000		6,000	
	2		辦公費	**14,000**	**21,380**		**7,380**	
		1	印刷費	12,000	20,080		8,080	會議手冊印製
		2	旅運費	0	300		300	
		3	郵電費	2,000	1,000	1,000		郵寄
		4	公共關係費	0	0			
	3		業務費	**25,800**	**25,800**			
		1	會議費	25,800	25,800			會議費(含餐費及點心費)
	4		雜費支出	**10,000**	**14,000**		**4,000**	
	5		提撥基金	**700**	**700**			依收入總額提列 20%以下作為準備基金
3			本期餘絀	**0**	**0**			

理事長：廖俊旺　常務監事：鄭謙仁　秘書長：朱謙德　會計：許靜宜

數位組織切片資料庫

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
第一次至第六十六次比較病理學研討會病例分類一覽表

分類	病例編號	會議場次	診　　斷	動物別	提　供　單　位
腫瘤	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
腫瘤	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

腫瘤	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

腫瘤	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 (AIDS)with disseminated Kaposi's sarcoma	Human	慈濟醫院病理科
		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
腫瘤		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

腫瘤		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
腫瘤		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
腫瘤	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

腫瘤	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 4. cyst and atherosclerosis, chronic, testis	Goose	國立中興大學獸醫病理生物學研究所
	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

腫瘤	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. 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
細菌		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	Human	羅東聖母醫院

			nephrolithiasis, kidney, right. Ureteral stone, right.		
		10	Emphysematous pyelonephritis	Human	彰化基督教醫院
	89.	10	Severe visceral gout due to kidney damaged Infectious serositis	Goose	中興大學獸醫學系
		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
細菌	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
病毒	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 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
		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
病毒	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

病毒	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
黴菌	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	Human	羅東聖母醫院

			tuberculosis, lung.		
	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
黴菌		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)	Piglet	國立台灣大學分子暨比較病理生物學研究所
寄生蟲	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
寄生蟲		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

寄生蟲		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
原蟲	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
立克次體	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
皮膚	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
其它	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,	SHR rat	國防醫學院 & 國家實驗動

			focal, chronic, moderate Benign hypertension		物繁殖及研究中心
	83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及研究中心心
	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
其它		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

其他	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
	Gross	64	Hydronephrosis in a hog pig	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 in a cattle	Cattle	中興大學獸醫病理生物學研究所

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
國立中興大學 獸醫病理生物學研究所
廖俊旺 教授實驗室
助理 許靜宜
cihsu63@dragon.nchu.edu.tw
04-22840894 轉 122
402 台中市南區興大路 145 號 動物疾病診斷中心 1F102 室

----------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收(許靜宜小姐)。地址：402 台中市南區興大路 145 號 動物疾病診斷中心 1F 102 室、電話：04-22840894#122、傳真 04-22852186。

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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中華民國比較病理學會

申請人　　簽章

介紹人　　簽章

介紹人　　簽章

中華民國　　年　　月　　日</td><td>審核結果</td></tr>
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