Chinese Society of Comparative Pathology

中華民國比較病理學會

第 84 次比較病理學研討會

泌尿生殖病理專題

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 111 年 8 月 20 日(August 20, 2022)

SCHEDULE

84th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 84 次比較病理學研討會暨會員大會

泌尿生殖病理討論專題

時間：111 年 8 月 20 日（星期六）

方式：線上會議（Google Meet：https://meet.google.com/xxo-qrgb-rbt）

電話：02-33663760

Time (時間)	Schedule (議程)		Moderator (主持)
8:30~9:20	Registration (報到)		
9:20~9:30	Opening Ceremony (致詞) 鄭謙仁 理事長		
09:30~9:45		追憶許永祥主任	鄭謙仁 理事長
9:45~10:45	專題演講	主講：朱珮華 獸醫師 題目：Cytologic Diagnosis of Urinary Tract Diseases in Small Animals	鄭謙仁 理事長
10:45~11:00	Break（線上大合照）		
11:00~11:30	Case 574	**Shih, Chia-Wen (施洽雯), MD, MS [1]; Lin, Yi-Chu (林弋筑), MD[2]** 1. Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科) 2. Department of Urology, Lotung Poh-Ai Hospital (羅東博愛醫院泌尿科)	黃威翔 秘書長
11:30~12:00	Case 575	**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]** [1] HOPE Veterinary Pathology Diagnostic Center (霍普獸醫病理診斷中心)	黃威翔 秘書長
12:00~13:30	午餐 及 理監事會議 （12:00~13:00）		
13:30~14:30	專題演講	主講：杭仁釩 助理教授, 醫師 題目：Update of 2022 WHO Classification of Renal Neoplasia	鄭謙仁 理事長
14:30~14:45	Break		

14:45~15:15	Case 576	**Tsai, Cho-Yen (蔡卓諺), DVM, BS[1]; Chang, Pin-Yu (張品御), DVM[2]; Liao, Jiunn-Wang (廖俊旺), DVM, PhD[1]; Chiou , Hue-Ying (邱慧英), DVM, PhD[1]*** [1] Graduate Institute of Veterinary Pathobiology, National Chung Hsing University (國立中興大學獸醫病理生物學研究所) [2] Endemic Species Research Institute, Council of Agriculture, Executive Yuan (行政院農業委員會特有生物研究保育中心)	黃威翔 秘書長
15:15~15:45	Case 577	**Chang, Junn-Liang (張俊梁)[#], MD, PhD; Liu, Kuang-Ting (劉光庭), MT, MS; Chang, Yueh-Ching (張月清) MT, MS** Department of Pathology and Laboratory Medicine, Taoyuan Armed Forces General Hospital, Taoyuan City, Taiwan. (國軍桃園總醫院病理檢驗部) #Taipei Veterans General Hospital Taoyuan Branch (臺北榮民總醫院桃園分院)	黃威翔 秘書長
15:45~16:15	Case 578	**Lee, Chi-Fen, DVM[1]; Liu, Chen-Hsuan (劉振軒), DVM, PhD[1]; Chang, Hui-Wen (張惠雯), DVM, PhD[1]; Pang, Victor Fei (龐飛), DVM, PhD[1]; Wang, Fun-In (王汎熒), DVM, PhD[1]; Jeng, Chian-Ren (鄭謙仁), DVM, PhD[1]; Haung, Wei-Hsiang (黃威翔), DVM, PhD[1]; Chang, Yen-Chen (張晏禎), DVM, PhD[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)	黃威翔 秘書長
16:15~	General Discussion (綜合討論) 鄭謙仁 理事長		

目　　錄

Special Lecture (專題演講)

Cytologic Diagnosis of Urinary Tract Diseases in Small Animals

朱珮華 博士, 美國臨床病理專科獸醫師／Candice P. Chu, DVM, PhD, DACVP

Assistant Professor of Clinical Pathology

Department of Pathobiology

School of Veterinary Medicine

University of Pennsylvania

Fine-needle aspiration (FNA) is an easy, inexpensive, minimally invasive diagnostic procedure to quickly obtain cells from the kidneys and bladder to differentiate benign changes from the inflammatory and malignant processes. In this lecture, Dr. Chu will discuss indications of FNA, normal cytologic findings of the urinary tract, and common benign, inflammatory, and malignant lesions in the kidneys and bladder in dogs and cats.

Special Lecture (專題演講)

Update of 2022 WHO Classification of Renal Neoplasia

杭仁釩 醫師/Jen-Fan Hang, MD
Department of Pathology and Laboratory Medicine,
Taipei Veterans General Hospital

Given the application of advanced molecular technology such as next-generation sequencing, the diagnosis of human renal neoplasia has been shifted toward molecular classification based on specific genetic alterations. Accordingly, the WHO Classification: Urinary and Male Genital Tumours has been recently updated to the 5th edition with a new category of "molecularly defined renal cell carcinomas (RCCs)", which includes TFE3-rearranged RCC, TFEB-rearranged RCC, ELOC (TCEB1)-mutated RCC, fumarate dehydratase-deficient RCC, succinate dehydrogenase-deficient RCC, ALK-rearranged RCC, and SMARCB1-deficient RCC. This presentation is going to go through the diagnostic criteria and ancillary testing for the aforementioned entities.

Case Diagnosis

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民國 111 年 8 月 20 日

（閱片網址：http://www.ivp.nchu.edu.tw/slidecenter.php?id=520）

Case No.	Presenter	Slide No.	Diagnosis
Case 574	施洽雯	LP22-1617	Testicular carcinoid Slide: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2064
Case 575	羅怡琪	19-3533	Ovotestes, epididymis, and uterus, reproductive organs, cat Slide: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2068
Case 576	蔡卓諺	CW22-05009_B	Oxalate nephropathy, Asian yellow pond turtle (柴棺龜; Mauremys mutica) Slide: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2070
Case 577	張俊梁	212840M	Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL Slide: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2065
Case 578	李其芬	NTU21-737B	Yolk embolism, Savannah monitor Slide: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2072

Case Number: 574

Slide Number: LP22-1617

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2064

Shih Chia-Wen (施洽雯), M.D., M.S. [1] **Lin Yi-Chu (林弋筑), M.D.[2]**

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2. Department of Urology, Lotung Poh-Ai Hospital (羅東博愛醫院泌尿科)

CASE HISTORY:

Signalment: 25-year-old man. .

Clinical History:

A 25-year-old male presented to the outpatient department of urology with the chief complaint of painless right side testicular swelling found on self-examination. He had no recent history of trauma, urinary tract or sexually transmitted infections. He has no history of hypertensive cardiovascular disease (HCVD) and diabetes mellitus (DM). On examination, a hard mass in his right testis was noted and strongly suggestive of testicular tumor. An ultrasound scan showed normal appearance of the left testis and a mixed echogenic mass in right testis. The mass measured 2.3 x 2.3 cm. cm and had increased vascularity. The patient subsequently had a staging computed tomogram (CT) of abdomen and pelvis, which showed no significant para-aortic or iliac lymphadenopathy. Chest X ray showed no pulmonary abnormality.

Under the impression of testicular tumor, operation was suggested. During operation, frozen section was performed and Sertoli cell tumor was suspected. For preservation of the right testis, tumor resection was performed. The specimen was sent to the department of pathology for pathologic diagnosis. Grossly, the specimen submitted consisted of a testicular tumor measuring 2.6 x 2.3 x 1.8 cm.. Cut section showed a well-defined tumor and measuring up to 2.4 x 2.1 x 1.6 cm. The tumor was grayish-brown in color and soft-elastic in consistency. No hemorrhage or necrosis was noted.

Clinical Pathology:

BUN: 20 mg/dL (6-20 mg/dL), Creatinine: 0.9 mg/dL (0.6-1.3 mg/dL), Glucose: 94 mg/dL (70-100 mg/dL), Na: 140 mmol/L (135-145 mmol/L), K: 4.3 mmol/L (3.5-5.1 mmol/L), RBC: $4.67x10^6$/uL (4.6-6.2 $x10^6$/uL), Hb: 15.5 gm/dL (14.0-18.0 gm/dL), Hct: 44.9 % (40.0-54.0%), Plt: 23.2 $x10^4$/dL (15-40 $x10^4$/dL), WBC: 6.7 $x10^3$/uL (4.5 - 11.0 $x10^3$/uL), AFP: 1.15 ng/mL (<7 ng/mL). βhCG: <0.10 mIU/mL, LDH: 173 U/L (135-225 U/L)

CASE RESULT:

Histopathologic Findings:

Histological analysis showed a well circumscribed tumor and composed of monomorphic cells arranged in nested or trabecular pattern or glandular structures. The tumor cells had granular chromatin and mild irregular in size and shape with round or ovoid mild hyperchromatic nuclei, moderate amount of cytoplasm, indistinct nucleoli. No significant mitotic figure was noted. No tumor necrosis was noted. No lymphatic duct or blood vessel invasion was noted. No teratomatous component or other germ cell tumor was noted.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were positive for Chromogranin A, CD56, Synaptophysin and CK, and negative for androgen receptor and CD117. The Ki67 index was less than 1%.

Differential diagnosis:

1. Sertoli cell tumor.
2. Leydig cell tumor.
3. Carcinoid.

Diagnosis: Testicular carcinoid.

Comments:

Neuroendocrine tumors were first described by Langhans in 1867. The term carcinoid (Karzinoide) was coined by German pathologist Oberndorfer in 1907.

Carcinoids have been reported in various organs, but most commonly involve the G-I tract (74-85%) and lungs (15-25%). Carcinoid are rare in the testis and comprise <1% (0.23%) of all testicular tumors. In a review of 13,715 carcinoid tumors, 9176 cases (66.9%) occurred in the gastrointestinal tract, whereas 113 cases (0.8%) occurred in the ovary, with only 8 cases (0.06%) observed in the testicle. Cope in 1930 described the first case of metastatic testicular carcinoid tumor metastasized from small bowel.

The first published case of a testicular carcinoid was observed as an element of a benign cystic teratoma in 1954. Since then, around 200 cases of testicular carcinoids have been reported.

Testicular carcinoids may be classified into three distinct groups:

(1) Primary testicular carcinoid (70%) (2) Carcinoid differentiation within a mature teratoma (20%) (3) Metastases from an extra-testicular source (10%)

The incidences of primary testicular carcinoids in North America and Japan are lower than 1 and 0.2%, respectively. In china, primary testicular carcinoid tumors accounted for 1.02% of testicular neoplasm, which is similar to the reported incidence in North America. Carcinoids arise

from neuroendocrine cells, however, the presence of neuroendocrine cells in the testis has not been described. Several cellular origins of these tumors have been proposed. Mai et al found that the origin of testicular carcinoid tumors was located in the same progenitor cell from which Leydig cells derive. Merino et al support the possibility of a germ cell origin, finding intra-tubular germ cell neoplasia in the testicular tissue surrounding a pure carcinoid.3 Thus primary testicular carcinoid may be the remaining component of a burnt out teratoma or due to a one-sided development of teratoma.

Testicular carcinoid tumors do not follow the age category of men affected most commonly by germ cell tumors (20-40 years), cases have been reported ranging in age from ten to eighty-three years with a median age of 48 years.

Presentation of carcinoids may be with self-detected painless testicular mass (80%) or testicular ache as with common testicular tumors, or uncommonly with carcinoid syndrome. Carcinoid syndrome is manifestation of carcinoid tumors and occurs as a result of the action of vasoactive tumor products. Serotonin is the most common tumor product and when released into the systemic circulation it causes the symptoms of carcinoid syndrome. These include increased gastro-intestinal motility, bronchoconstriction, vascular constriction and dilatation. Serotonin is metabolised to 5-hydroxyindoleacetic acid (5-HIAA) which can be measured in the urine. Any patient with vasoactive symptoms and a testicular lump should have 24 hour urinary 5-HIAA performed prior to surgery. The carcinoid syndrome is rare, occurring in approximately 10% of patients typically only once the tumor has metastasised to the liver or lungs. It has been reported that 50% of testicular carcinoids with metastases had carcinoid syndrome, compared with 5.6% of patients without metastases. Serotonin is the most common tumor product or carcinoid. It cause carcinoid syndrome including increased gastro-intestinal motility, bronchoconstriction, vascular constriction and dilatation.

Given that almost 10% of testicular carcinoids are metastases from another location, it is essential to thoroughly investigate these patients to find or exclude an extra-testicular primary source. A multimodal approach has been recommended. Barium contrast studies and CT may detect mucosal thickening or luminal narrowing to suggest bowel involvement. CT is also good for detecting mesenteric extension of the tumor and presence of liver metastases

In a gross appearance, testicular carcinoids have been found to measure between 1 and 9.5 cm and are solid, lobulated with yellow to dark-tan and may or may not have calcifications. Histologically, the carcinoids show various growth patterns such as insular, acinar, rosetted, solid and trabecular. Occasionally, the neoplastic cells were arranged in pseudoglandular or follicular patterns filled with condensed secretory fluid, resembled colloid goiter. At higher power magnification, the neoplastic cells were relatively homogeneous, medium in size, had oval to round nuclei with prominent chromatin clumping along the nuclear envelope, inconspicuous nucleoli and a scant-to-moderate amount of eosinophilic granular cytoplasm. Mitotic figures are absent to extremely rare. Grade 1 tumor cells are monomorphic with round nuclei, finely dispersed chromatin, acidophilic finely granular cytoplasm, low mitotic activity (<2/10 high power fields),

and no necrosis. Meanwhile higher grades show more mitoses, necrosis, and cellular pleomorphism. Grading of testicular carcinoid correlates with the clinical outcome and metastases are seen more commonly in atypical cases. The histopathologic assessment has great value in the classification of carcinoid tumors. Well-differentiated neoplastic cells have mitotic figures less than 2 per 10 HPF with mild cellular atypia. Moderately differentiated carcinoid tumors are characterized by necrosis and moderate cellular atypia and necrosis with mitotic activity more than 3 per 10 HPF and have metastatic potential.

Immunohistochemical staining revealed positive expression of neuron-specific enolase (NSE) in all cases, and Chromogranin A (73%), CD56 (82%), and Synaptophysin (91%). It is still possible to misdiagnose a testicular carcinoid tumor, particularly an atypical carcinoid tumor. Sertoli cell tumors arranged in a hollow or solid tubular formation may demonstrate a neuroendocrine-like pattern, but the cytoplasm is clear or lightly vacuolated. Sertoli cell tumors are positive for α-inhibin but negative for neuroendocrine markers. The insular and trabecular patterns of granulosa cell tumors may be mistaken for a carcinoid tumor. The presence of nuclear grooves and the absence of neuroendocrine markers distinguish the granulosa cell tumor from a carcinoid tumor,

Primary tumors have good prognosis and are usually cured by radical orchiectomy. In addition to radical orchiectomy, metastatic cases received a combined modality of treatment. Chemotherapy and radiotherapy are known to have minimal benefits for metastatic disease. Tumor size and the presence of carcinoid syndrome are the two important predictors of metastasis which might reach 16% roughly and hence the need for follow-up. Zavala-Pompa et al revealed that larger tumors (7.3 vs. 2.9 cm) predicted increased metastatic potential, while tumor necrosis and local tumor invasion were not associated with adverse prognosis. Approximately 11% of primary testicular carcinoids exhibit malignant behavior. The prognosis of carcinoids arising within teratoma is better than pure testicular carcinoid. Sasaki et al. showed metastasis 6 years after orchiectomy indicating the need for long-term follow-up. There have been several reports of carcinoids causing delayed metastases, in one case 17 years after initial diagnosis, highlighting the need for long-term follow-up. Wang et al. presented 29 primary testicular carcinoid cases and reported metastases in none of the 20 carcinoid cases with typical features and in 1 of 4 cases with atypical morphology . Metastatic sites were the para-aortic lymph nodes, lungs, vertebrae, retroperitoneum, skin, and skeletal muscle. 5-HIAA (5-hydroxyindoleacetic acid) is a good initial test for diagnosis and has a high specificity (100%) but poor sensitivity (<35%). Chromogranin A has higher sensitivity (68%) but lower specificity (86%) for detecting carcinoid tumors than 5-HIAA. Sutherland et al suggest that patients should undergo 24-h urinary 5-HIAA test every 3 months for the first year after diagnosis and then annually. However, urinary 5-HIAA levels do not accurately correlate with disease progression and metastases may occur in the absence of an elevated urinary 5-HIAA.

Conclusion:

Localized testicular carcinoid is a rare disease (< 1% of testicular neoplasma) with an indolent clinical course, different in presentation, and affecting all age groups with median age of 48 years. When a testicular carcinoid tumor is identified, a multimodal approach should be taken to exclude an extra-testicular primary source, particularly when the testicular tumor is large. Primary carcinoid neoplasms have good prognosis but the metastatic potential exists and may be delayed. Long-term biochemical and radiological follow-up is essential given potential for delayed metastases.

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Case Number: 575

Slide Number: 19-3533

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2068

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]

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CASE HISTORY:

Signalment: A 2-year-old, phenotyping male, mixed, cat

The cat was sent to veterinary clinic for castration. The external genitalia were male, but bilateral testes were not observed in the scrotum on palpation. The cryptorchidism was suspected tentatively. Upon opening the abdomen, the testes were not found, but the suspected ovaries and the uterus were observed. The suspected female reproductive organs were sent for histopathological examination.

Gross Findings:

The submitted specimen was the suspected female reproductive system, characterized by the Y-shaped uterus and the bilateral nodules at the edge of the uterus. The location of the nodule was identical with ovaries. There is a tissue situated on the posterolateral aspect of each nodules, which is similar with epididymis grossly.

CASE RESULT:

Histopathological Findings:

Bilateral ovotestes:

The bilateral gonads show similar histopathological features and manifest typical appearance of ovotestes, characterized by the presence of testicular portion and ovarian portion simultaneously. Nearly 70% of the fields are composed of cells with round shaped, clear and foamy cytoplasm, resembling luteal cells or leydig cells (interstitial cells). The formations of seminiferous tubules are found in several areas, especially in medullary areas. Some of seminiferous tubules contains large numbers of germ cells, presenting mitosis, and others are filled with large numbers of Sertoli cells. The cortical areas are filled with large amount of cortical stroma (theca cells) and scatters of few amounts of indistinct ovarian follicles, characterized by outer poor differentiated zona granulosa and an inner inconspicuous oocyte. The marked large cystic structure is found in a focal region, suggestive of an ovarian cyst.

Other organs:

Near the ovotestis is arranged by the epididymis. It is formed by multiple tubules separated by abundant fibrous stroma and line by a single layer of pseudostratified columnar ciliated epithelial

cells and the outer layer of smooth muscles. The uterus is well differentiated with three layers of endometrium, myometrium, and perimetrium.

Pathological Diagnosis:

Ovotestes, epididymis, and uterus, reproductive organs

卵睪體、副睪及子宮，生殖器官

Differential diagnosis:

1. Cryptorchidism
2. Germ cell tumor (seminoma/ dysgerminoma)

Discussion:

The sexual development includes three steps, 1. the establishment of chromosomal/genotypic sex, 2. the determination of gonadal sex, and 3. the development of phenotypic sex. The disorders of sexual development (DSD) can be occurred in these three different steps. The term “DSD” is now preferred and replaces previously used words, such as intersex, hermaphroditism, sex reversal, and many other pseudonyms. DSD is more complete description for the abnormalities including sex chromosome, SRY expression, gonadal type, tubular genitalia, and external genital phenotype.

The chromosomal sex is determined at fertilization, and the normal chromosomal karyotypes is 38, XX (female) and 38, XY (male) in cats. True sex chromosome DSDs are very rare in veterinary medicine. Cases of X_ (Turner syndrome) and XXX, XXY (Klinefelter syndrome) have been reported, and chimerism is more common, especially in cattle. They usually have gonadal dysgenesis and a female phenotype.

There are several genes that can determine the gonadal sex. In male, SRY gene is the sex determining region of Y chromosome, and it also induce the early differentiation of Sertoli cells. When presenting SRY gene, SOX9 expression is increased, promoting the testicular pathway and stop the ovarian pathway. The normal female lacks of SRY gene and other testis-determining factors. WNT4 can upregulate floatation (FST) and DAX1, and inhibits SOX9.

The phenotypic sexual development generally results in the external genitalia. It is driven by many gonadal factors. The presence of testosterone and anti-Mullerian hormone (AMH) cause regression of paramesonephric (Mullerian) ducts and development of mesonephric (Wolffian) ducts into male genitalia and its accessory sex glands.

In cats, the most well known DSD is tricolored male cat. It is the chromosomal DSD, and the male cats with three colors in haircoats must have at least two XX chromosomes. Their gonads can be testes or ovotestes and are usually hypoplastic. Other DSDs in veterinary medicine, the freemartinism is the mostly well known. Freemartin is the chromosomal DSD, and is a chimera which is caused by the shared placenta from two different fetuses fuse and exchange blood between fetuses. When the fetuses are of opposites sexes, development of the female’s reproductive organs will be altered and variably masculinized. Other cases, such as the XX sex reversal (XX SRY– testicular

DSD) and persistent Müllerian duct syndrome (XY SRY+ testicular DSD), have been reported in American cocker spaniels and miniature schnauzer, respectively.

In the present case, the bilateral ovotestes are diagnosed based on the presence of both testicular and ovarian components in one organ. Histologically, ovarian tissue is usually in the cortex of the gonad at one end, with testicular tissue in the medulla at the opposite end. Ovotestis can be unilateral, bilateral or lateral (one testis and one ovary one the other side). Relative quantities of testicular versus ovarian tissue varies dramatically between affected individuals. Ovotestes have been reported in in XX/XY feline chimeras and both XX and XY dogs. In addition, the ovotestes has been found in a SRY-Positive 38, XY true hermaphroditism (XY sex reversal) cat.

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Case Number: 576

Slide Number: CW22-05009_B

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2070

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[2] Endemic Species Research Institute, Council of Agriculture, Executive Yuan (行政院農業委員會特有生物研究保育中心)

CASE HISTORY:

Signalment: An intact female Asian yellow pond turtle (柴棺龜; *Mauremys mutica*), age remained unknown.

The patient, a long-term sheltered turtle in Wildlife Rescue and Research Center, presented signs of depression, emaciation, dehydration, and purulent secretion was observed from nostrils. The biochemistry parameters including Ca^{2+}, uric acid (UA) and creatinine phosphokinase (CPK) were beyond referential interval. Without significant improvement in response to supportive therapy, the patient was found dead after 3 weeks.

Gross Findings:

At necropsy, the swollen and pale kidneys were noted. By longitudinally sectioning of the kidneys, multifocal firm caseous plaques with yellow and laminated appearance and varied size within the pale renal parenchyma were noted in cut sections.

CASE RESULT:

Histopathological Findings:

At low magnification, the original histologic architecture of kidney, including the cortical and medullary region, was diffusely disorganized. At high magnification, the intertubular spaces were markedly distended, filled with abundant pale-eosinophilic edematous fluid, and the interstitial fibrosis was also significant. Multifocal inflammatory cell infiltration, predominately lymphocytes, were also noted in the fibrotic interstitium. Mostly displaced by the fibrous tissue, the survived residual tubular epithelial cells were either necrotized or detached from the basement membrane, and could be barely recognized. The tubular lumen was dilated, containing multifocal translucent to yellow-green crystals which were arranged in sheeves, rosettes or prisms. The crystals were accompanied by infiltration of multinucleated giant cells with horseshoe-shaped nuclei, and were birefringent with polarized light. The caseous plaques in gross finding were microscopically consistent with several necro-granulomas, which consist of central necrotic cell debris, degenerated

inflammatory cells and aforementioned crystals, peripheral infiltrates of epitheloid macrophages and multinucleated giant cells, and surrounded with fibro-connective tissues.

Pathological Diagnosis: oxalate nephropathy

Differential diagnosis:

1. Oxalate nephropathy
2. Melamine and cyanuric acid nephropathy
3. Ethylene glycol-induced calcium oxalate nephropathy
4. Sulfonamide crystals

Discussion:

In the present case, the renal structure of the patient turtle is almost obliterated by the precipitation of crystals morphologically resembling calcium oxalate, representing the end-stage kidney. Such consequence may reflect the elevation of serum uric acid, with consideration of the fact that uric acid plays a role in excretion of nitrogenous wastes in chelonians. Likewise, the elevation of Ca^{2+} and CPK corresponds to the damages of skeletal muscle in histopathological examination, which is not shown in the present report. The cause of death, however, tends to favor respiratory infection proven by histopathological pneumonia.

Microscopically, the morphology of melamine and cyanuric acid crystals may mimic that of calcium oxalate, yet differs by several aspects. The arrangement of calcium oxalate is usually in "sheaves of wheat" pattern, or is shattered in prismatic appearance; the depositional location may be found in proximal tubular lumens, tubular epithelial cells, and the interstitium. The crystals of melamine and cyanuric acid, on the other hand, are intralumenal, round, gold-brown, in the distal convoluted tubules and collecting ducts. Although these crystals share birefringent property under polarized light, they are possible to differentiate by Von Kossa and Oil Red O stain.

Oxalate nephropathy, in domestic animals, commonly results from intoxication of ethylene glycol (engine antifreeze), which has a sweet taste and is usually ingested voluntarily by animals. Ethylene glycol, while it possesses low toxicity, is oxidized in a small percentage to glycolaldehyde, glyoxylate and finally oxalate, and therefore accounts for nephrotoxicity. Other common sources include ingestion of oxalate-accumulating plants and feed contaminated by oxalate-producing fungi. In human medicine, aspects are more emphasized on hyperoxaluria, including congenial (primary) disorder of glyoxylate metabolism, and fat malabsorption which calcium is occupied by fatty acids and can no longer bind to oxalate to form insoluble calcium oxalate.

In two retrospective studies, renal oxalosis is investigated in wild green turtles (綠蠵龜; *Chelonia mydas*) and desert tortoises (沙漠陸龜; *Gopherus agassizii*). The source of oxalate in both studies remains undetermined and is presumed to be of dietary origin. In other veterinary studies of nondomestic koalas and cheetahs, oxalate nephrosis is similarly recorded. Despite the uncertain

etiology, multifactorial pathogenesis including genetic predisposition, dietary intake, alteration of gut microbiota, and stress is proposed.

With regard to the present case, the sheltered turtle as a protected wildlife is captive and fed on commercialized formula feed, thus warranting the inaccessibility to exogenous oxalate. However, accidental ingestion may still take into consideration. Numerous factors such as nutritional imbalance, inherited autosomal recessive trait, chronic kidney disease with undetermined cause, or nonspecific stress are other possible speculation, given the limited examinations and data available.

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Case Number: 577

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CASE HISTORY:
A 64-year-old man was the chief complaint of a left scrotal painless mass.

Clinical history:

A 64-year-old man presented with for a swollen painless left testis, progressively evolving for 3 months. No associated B-symptoms (e.g. fever, night sweats, and unintentional weight loss) were presented before admission. The patient ignored it and did not seek any treatment because it was not painful, and the patient thought the mass was acceptable. The lump has grown in size within the past three months.
On admission, the vital signs were BT: 37.4°C, PR: 106/min, RR: 18/min, BP: 130/80mmHg. The patient had no history of hypertension, diabetes, heart disease, occupation, or travel in the past three months. No family history of malignancy was found. He denied a history of socializing alcoholic beverages or using illegal drug. He was no any drug allergies and/or adverse reactions, or addiction. He did not report any B symptoms. There was no history of smoking, chewing betel nut, occupation, or travel in the past three months. In addition, there was no contributing family history included any relevant genetic information, and psychosocial history.
On clinical examination, the patient was not febrile. A painless solid left testicular mass inseparable from testis was noticed. Right testis was non-remarkable. No enlarged centimetric left inguinal lymph nodes were palpable.

Laboratory results (Clinical Pathology) and Imaging study:

Clinical laboratory abstracted analysis included hematological complete blood count revealed mild leukocytosis with neutrophilia and normal lymphocyte count included Hgb: 11 g/dl (14-18), Hct: 33% (normal 42-52), WBC: 14.3 x 10^3 u/l (normal 4.8-10.8), lymphocytes: 4.0 % (normal 19-48). The biochemistry analysis showed CRP: 5.97 mg/dL (normal <0.5), BUN: 33.5 mg/dL (normal 6-24), glucose: 125.7 mg/dL (normal 70-110), LDH: 565 U/L (normal 135-225). Microcytic anemia was highly suspected. The urine protein was trace. Testicular tumor markers were obtained before histopathological findings were available. Testicular tumour markers except LDH was 565 U/L (normal 135-225), others included carcinoembryonic antigen (CEA), alpha-fetoprotein (AFP), and human chorionic gonadotropin (HCG) were within the normal range, respectively. The biomarker

serum levels included CA19-9, CA125, SCC, and cardiac marker NT-proBNP (PBNP) were within normal limits. The serological evaluations were negative, included the HIV status evaluated by enzyme-linked immunosorbent assay (ELISA) or Western blot studies; detection of hepatitis C virus (HCV) by serologic studies or polymerase chain reaction (PCR); detection of EBV and COVID-19 by PCR was negative. Scrotal examination revealed enlarged hard masses affecting left testis and right testis was normal in contour. Chest x-ray showed normal result with no lung metastasis. Ultrasonography (USG) examination revealed semi-solid spongiform mass in the left testicle, and suggestive malignancy and hydrocele. Further computed tomography (CT) scan of chest with abdomen and pelvis displayed demonstrated an ill-circumscribed left testicular mass with multiple lymphadenopathy with partial aggregation in the para-aortic area, and illustrated disseminated to multiple organs and soft tissue. He was diagnosed with a left testicular tumor and suspected primary lymphoma of testis with hydrocele, and disseminated intraabdominal lymphadenopathies. The right testis was non-remarkable. Subsequently, He underwent left orchiectomy by senior doctor of Genitourianry (GU) Division. The post-operative period was uneventful and no complication.

Gross Findings:

Macroscopic examination of the radical orchiectomy of the left testis showed enlarged testicle with lamellar semisolid spongiform mass measured 7 x 4 x 3.8 cm with homogeneous light yellow with multifocal hemorrhage and necrosis attached to spermatic cord, and with minimal hydrocele was also found.

Case result:

Histopathologic Findings:

Microscopic examination revealed infiltration of lympho-vascular invasion of the left testicular tumour extensive involvement and replacement of testicular parenchyma by a tumor composed of discohesive uniform and monotonous moderate-to-large lymphocytic proliferation with pleomorphic, hyperchromatic nuclei hyperchromatic cells with active mitotic figures, and prominent nucleoli. Necrotic foci were also identified. The spermatic cord was also invaded by lymphoma cells.

Differential Diagnoses:

- Undifferentiated carcinoma
- Seminoma, classic type
- Neuroendocrine tumor (NET)
- Proliferative lymphoid neoplasms
- Non-Hodgkin lymphoma differential diagnosis
    - Hodgkin's disease
    - Chronic lymphocytic leukemia
    - Small cell carcinoma of the lung
    - Melanoma

- Malignant lymphoma
  - B-cell or T-cell type

Immunohistochemistry:

Subsequent IHC staining results demonstrated that neoplastic cells were positive for CD45. Pan-B-cell antigens expression included diffusely positive immunoreactivity for CD20 (strongly diffuse membranous staining), CD79a, and increased proliferative Ki-67 labelling index expression in approximately 85-90% of affected tumour cells, Moreover, pan-T (CD3) highlighted reactive T-cells. Tumour cells were also positive for Bcl-2, MUM-1/ IRF (multiple myeloma oncogene 1, post-germinal centre or activated B-like) and focally positive for Bcl-6 (B-cell lymphoma 6, germinal centre marker). In contrast, they were negative for CD3, CD5, CD30, Bcl-6, CD-10 (germinal centre marker), pan-CK, EMA (epithelial membrane antigen), calretinin (for mesothelial cell), NSE, cyclin-D1, and CD138 expression was indicative of a mature B-cell immunophenotype. The histopathological and IHC examinations confirmed primary DLBCL of the left testis.

Anatomic Diagnosis:

Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL.

Follow-up and workup:

After emergency surgery, the patient recovered uneventfully. Compared to the pre-surgical result, the testicular tumor marker showed a significantly lower LDH level was 322 U/L. The others were normal. The postoperative course was uneventful. The urologist explained the condition to the patient and his family. The patient was discharged two days after surgery, and referred to begin chemotherapy.

After further consultation with an Oncologist, the disease was tentatively staged as IE. Bone marrow biopsy was recommended. The patient did not report B symptoms. The revised International Prognostic Index (R-IPI) for DLBCL was 3. Unfortunately, the patient received a pathology report. Finally, the patient refused liver biopsy, lymph node, and bone marrow biopsy. He also refused further chemotherapy. Written informed consent was obtained from the patient for this case report. The patient expired six months after surgery.

Discussion:

PTL is a rare type of lymphoma. PT-DLBCL is a rare and aggressive mature B-cell lymphoma that commonly occurs in older men. Most PTL is diffuse large B-cell (DLBLC) type, which has the potential for aggressive clinical behavior [1,2,3,5,8]. DLBCL is the most common primary histology, while other aggressive histologies, especially Burkitt lymphoma, are prevalent in secondary testicular involvement with clinical manifestations of unilateral or bilateral testicular involvement, easy to invade the CNS, and poor prognosis [4.7.9.10,12].

PT-DLBCLs are usually related to high morbidity and mortality rates. Regarding the clinical manifestations of PTL patients in this group were unilateral testicular painless mass, reported B symptoms were rarely seen, and they were easily misdiagnosed as seminoma, orchitis, ometimes accompanied by mild scrotal pain and suspected hydrocele or testicular tuberculosis [1,3,5,6]. The median age of the patients in this group was older (64 years) such as our case.

In advanced patients, 25-41% developed systemic B symptoms. In 35% of patients, bilateral testicular involvement was detected. In more advanced stages of para-aortic lymph node involvement such as our case, ascites and abdominal pain are evident. Testicular lymphoma often disseminates to other extranodal organs, such as contralateral testis, central nervous system (CNS), lung, pleura, Waldeyer's ring and soft tissue [1,3,6,11,13].

Significant para-aortic lymph nodes, ascites and abdominal pain can be found in more advanced patients such as this present case [11]. Our present case presented extensive metastasis as a left testicular mass with no evidence of previous lymphoma, or reported B symptoms (i.e., fever, night sweats and weight loss), and elevated LDH levels [5] such as our present case, but its genetic profile is unknown. The unique molecular and clinical features of PT-DLBCL provide information on the unique aspects of disease biology of this organotypic lymphoma to guide rational therapeutic strategies [4,7,11,15].

Little is known about the etiology and pathogenesis of PT-DLBCL. HIV infection, in non-immune competent individuals such as patients with HIV/AIDS, it may also arise in younger patients, genetic aberrations in PT-DLBCL, leading to oncogenic signaling, NF-κB pathway activation, and immune-escape phenotype, [9,15].

PT-DLBCL is present in an immune-privileged site of the testis, and the roles of NF-κB pathway signaling, 9p24.1 aberration, and tumor-infiltrating immune cells, especially lymphocytes and macrophages expressing immune checkpoints, appear to be related to other lymphoma entities [1,10,11,15,16].

In our study, the extranodal sites of PTL dissemination remains unknown, including CNS, contralateral testis, kidney, adrenal gland, maxillary sinus, and soft tissue, which is in universal agreement with other studies. Potential explanation including, 1) the efficacy of chemotherapy will be decreased in CNS and contralateral testis due to the blood brain barrier and blood-testis barrier; 2) lacking of expression of integrin and adhesion molecules in PTL resulting in poor adhesion of tumor cells to the extracellular matrix; and 3) CD44 variant plays significant roles in lymphoma dissemination. It has been reported that were associated with good performance status, limited stage, low IPI score, absence of B symptoms, normal serum LDH, and β2-microglobulin, absence of additional extranodal sites involvement, and right testis involvement [7].

Diagnosis is based on history taking, physical examination, USG, and MR images. HIV serology should better be performed as it has high concurrency with NHL. In this case, testicles revealed enlarged left epididymis and testicle with minimal hydrocele. The diagnosis and staging of PT-DLBCL according to the imaging modalities that may assist in diagnosis include ultrasonography and magnetic resonance imaging [2]. CT-scan demonstrated that the left scrotum revealed enlarged with

testicular mass with hydrocele, and multiple metastases, such as the involvement of para-aortic lymph nodes. Multiple masses were shown in the liver, abdominal cavity and soft tissue, and there was no ascites. No abnormality was found in the contralateral testis and CNS. Imaging of tumor metabolism with FDG PET/CT for the initial staging, follow up, treatment response monitoring and assessment of disease relapse in lymphomas has become a valuable molecular technique [8]. Testicular tumour marker was obtained before histopathological result was available [1,8,11]. Compared to pre-surgical result, the testicular tumour marker showed a normal LDH, AFP, ß-HCG level, but decreased serum LDH level only in our present case.

Whole-body 18-fluorodeoxyglucose positron emission tomography-computed tomography (18-FDG-PET-CT) is more sensitive in detecting possible other extranodal lymphoma lesions and the standard practice for both staging and response assessment. Bone marrow biopsy is needed to assess possible lymphoma involvement but can be omitted if PET-CT-scan demonstrates bone disease [1,2,13].

Primary testicular DLBCL is uncommon and requires multimodal therapy and CNS prophylaxis to improve survival. Further investigation of findings using biological approaches (based on rituximab) and/or more aggressive management is required [16].

Typically, these tumors are characterized by a high risk to disseminate to the CNS, thereby warranting routine CNS prophylaxis with chemo- or radio-therapy [3,9,11,15].

Treatment of PT-DLBCL is designated to gain both local and systemic control of the disease, as well as to prevent a possible relapse in the contralateral testis and the CNS [9]. Thus, orchiectomy followed by chemotherapy (CHOP or CHOP-like regimens), local RT and preventive CNS intrathecal injection are widely accepted options [2]. In more advanced or relapsed disease, management should follow the worldwide recommendations for nodal DLBCL [4,7,11,13].

The vast majority of PTLs are approximately 80% to 98% DLBCL, although HIV-infected patients often display more aggressive variants. IHC examination from the case indicated CD20, which strongly positive and diffuse in tumour cells.

Pathological characteristic of PT-DLBCL typically expresses B cell markers including CD19, CD20, CD79a, and PAX5; approximately 70% of cases express the Bcl-2 protein but are rarely positive for Bcl-6. The median proliferative Ki67-labelling index is higher, and the Epstein-Barr virus test is usually negative in non-HIV populations [2,5,9]. Histopathology plays a key role, and immunohistochemical markers are of high value in the definite diagnosis and differential diagnosis of tumors [11.13].

The majority of PT-DLBCL cases have limited stage disease with lymphoma only in the testis (stage IE). Approximately 20% have locally advanced stage II disease, whereas disseminated stage IV disease is virtually indistinguishable from a nodal DLBCL with testicular involvement [1,11,13].

Prognostic factors for PFS identified in PTL include age >70 year, advanced stage with a disseminated disease with testicular involvement, B symptoms, ECOG performance status, >1 extranodal site, involvement of extranodal sites other than testis, tumor diameter >10 cm, raised serum LDH, markers of high tumor burden and disseminated disease [2,3,8]. The prognosis of patients with

PTL who experience relapse is poor outcome. The use of multimodal therapy was associated with an increase in the 5-year survival rate from 30 to 86.6% [2,15,16].

Unfortunately, our patient received a pathology report. The urologist explained the condition to the patient and his family. Finally, the patient refused liver biopsy and bone marrow biopsy. He also refused further chemotherapy.

This study confirms that PTL is an aggressive malignant with a poor prognosis. Limited Ann Arbor stage, further chemotherapy following orchiectomy, and low IPI score (less than 2) are correlated with superior survival for DLBCL patients. Thus, systemic treatments, including orchiectomy, chemotherapy, radiotherapy, and intrathecal prophylaxis, are necessary for all the patients with PTL.

Conclusion:

In conclusion, PT-DLBCL has unique biological characteristics (low incidence, high aggressiveness, and complicated therapeutic approach). It is important to diagnose DLBCL with an adequate history, physical examination, and imaging in order to obtain a better prognosis with early treatment.

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Case Number: 578

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CASE HISTORY:

Signalment: Savannah monitor (*Varanus exanthematicus*), 5-year-old, female

Before death, the patient was found up-side down in the cage.

Gross Findings:

After dissecting, there was approximately 30 ml transparent yellow transudate in the coelom. The liver was moderate enlarged and patchy. There were multiple gray various-sized nodules on bilateral ovaries. All the follicles were previtellogenic or at atretic phase without vitellogenic follicles.

CASE RESULT:

Histopathological Findings:

Liver

Diffusely, the hepatocytes are markedly enlarged by various numbers of discrete clear cytoplasmic vacuoles that compress the nucleus to the periphery, suggestive of lipidosis. There are homogeneous eosinophilic substances, which are highlighted by Periodic acid-Schiff (PAS) stain, within the hepatocytes, melanomacrophages and the lumen of blood vessels.

Kidney

Subgrossly, the renal tubules are distorted and variable in sizes. The cellular density and the matrix of the glomeruli markedly increase, which is stained blue under Masson's trichrome staining. There are homogeneous, amorphous substances found multifocally located in the blood vessels. The interstitial space between renal tubules is widen by increased amounts of fibrotic tissue.

Heart

Some cardiomyocytes undergo degeneration and the interstitial spaces are widened by fibrous deposition, reactive fibroblasts, and mononuclear inflammatory cells, mainly lymphocytes.

Ovarian follicles

The follicles lose the zona pellucida and are infiltrated with plenty of foamy macrophages admixed with extravascular red blood cells at the peripheral region. Yolk granules are shrunken and liquefied. Fibrosis is observed on the outer layer of the follicles.

Lung, spleen, and cerebrum

Similar homogeneous amorphous substances described in the liver are found multifocally in the capillaries without significant inflammatory response in the lung, spleen, and cerebrum.

Pathological Diagnosis:

1. Yolk embolism, multifocal, mild to moderate, lung, spleen, liver, cerebrum, and kidney
2. Global glomerular sclerosis, moderate, with interstitial fibrosis and renal tubular degeneration, kidney
3. Atretic follicle, with histiocyte infiltration and hemorrhage, ovarian follicles
4. Myocarditis, lymphocytic, multifocal, chronic, mild, with cardiac myocyte degeneration, heart
5. Hepatic lipidosis, diffuse, liver

Discussion:

In the folliculogenesis, most reptiles have hypothalamus-pituitary-gonad (HPG) axis similar to that of the mammals. During vitellogenesis, small and milky-white previtellogenic follicles receive yolk precursor proteins, expand to 10- to 100-times larger than the original sizes, and eventually become yellow vitellogenic follicles. Estradiol plays a key role in triggering the production of vitellogenin and very low density lipoprotein (vLDL) in maternal liver. Vitellogenin and vLDL will be transported via blood stream into the developing follicles and subsequently transformed into yolk. The regulation of HPG axis in reptiles is affected by photoperiod, environmental temperature and humidity.

Once the yolk is released into the blood stream, yolk embolism occurs and causes neurological signs and even sudden death. Yolk embolism is a unique disease entity in fish, reptile, and avian. It has been reported in pet parrots, elasmobranchs, pet snakes, sea turtles, and Komodo dragons, which seem to be commonly affected.

Although the mechanism of yolk embolism still remains unknown so far, it is considered that vascular damage, traumatic injury, or folliculostasis might be contributory to the yolk embolism. Stacy and colleagues have reported ten stranded died sea turtles suffered from disseminated yolk embolism in Florida, USA. They found all individuals had large vitellogenic follicles in the coelom, some of which were even ruptured, and seven of them had detectable traumatic injuries, and thus, suggested that yolk embolism and traumatic injury seems to be closely related.

In the present case, the follicles in ovaries undergo atretic change, characterized by the loss of zona pellucida, and display liquefied yolk granules and fibrotic vitelline membrane. It seems that the patient suffers from a traumatic insult leading to escape of yolk granules into blood vessels. The disease process is so acute that absent from tissue response. Here, we present a first case report of yolk embolism in a savannah monitor (*Varanus exanthematicus*).

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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 第九屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	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所長	台灣大學獸醫學系教授
2	常務理事	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
3	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
4	常務理事	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	國防醫學院兼任助理教授
5	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助理教授
6	理事	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
7	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教授
8	理事	阮正雄	男	日本國立岡山大學大學院 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
9	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
10	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部
11	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	國立臺灣大學獸醫專業學院副教授
12	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 助理教授
13	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	耕莘醫院組織病理科主治醫師
14	理事	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	國家實驗動物中心病理獸醫師
15	理事	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	國立臺灣大學獸醫專業學院助理教授
16	常務監事	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	慈濟醫院病理科主任教授

17	監事	蔡慧玲	女			
18	監事	楊俊宏	男	長庚大學生物醫學研究所博士		農委會農業藥物毒物試驗所
19	監事	簡耀君	男	國立臺灣大學獸醫學研究所獸醫學碩士	長青動物醫院病理部主任	長青動物醫院病理部主任
20	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
21	秘書長	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 助理教授

中華民國比較病理學會 110 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. 第九屆第二次會員大會於 110 年 4 月 17 日於國立臺灣大學獸醫專業學院召開。

2. 第九屆理監事會議

(1) 第九屆第三次理監事會議於 110 年 4 月 17 日於國立臺灣大學獸醫專業學院召開。

(2) 第九屆第四次理監事會議於 110 年 8 月 14 日於線上舉辦。

(3) 第九屆第五次理監事會議於 110 年 12 月 11 日於國立臺灣大學獸醫專業學院召開。

3. 舉辦學術研討會

(1) 第 80 次比較病理研討會於 110 年 4 月 17 日國立臺灣大學獸醫專業學院召開。

(2) 第 81 次比較病理研討會於 110 年 8 月 14 日線上召開。

(3) 第 82 次比較病理研討會於 110 年 12 月 11 日國立臺灣大學獸醫專業學院召開。

二、 舉辦學術演講

(一) 第 80 次比較病理研討會邀請專題演講：

1. 振興醫院解剖病理科蕭正祥主任：動物和人類皮膚汗腺腫瘤的異與同

(二) 第 81 次比較病理研討會邀請專題演講：

1. 施洽雯醫師：從錯誤中學習

2. 簡耀君獸醫師：獸醫細胞學

(三) 第 82 次比較病理研討會邀請專題演講

1. 陳雅媚獸醫師：犬貓口腔病理學（Oral pathology of dogs and cats）

2. 彭奕仁 (Yi-Jen Peng) 副教授：Hepatocellular carcinoma

三、 舉辦學術病理切片病例討論

(一) 於第 80 次比較病理研討會共有 6 個單位提供 6 個病例供會員討論。

(二) 於第 81 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。

(三) 於第 82 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 80-82 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) 完成第 80 及 82 次比較病理研討會與會獸醫師再教育學分認證。

中華民國比較病理學會 111 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 110 年度工作報告與經費收支狀況，研議 111 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及協助會員學分認證

中華民國比較病理學會 111 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. 第九屆第三次會員大會於 111 年 4 月 16 日於線上召開。

2. 第九屆理監事會議

(1) 第九屆第六次理監事會議於 111 年 4 月 16 日於線上召開。

(2) 第九屆第七次理監事會議於 111 年 8 月 20 日於線上召開。

3. 舉辦學術研討會

(1) 第 83 次比較病理研討會於 111 年 4 月 16 日線上召開。

(2) 第 84 次比較病理研討會於 111 年 8 月 20 日線上召開。

二、 舉辦學術演講

(一) 第 83 次比較病理研討會邀請專題演講：

1. 彭奕仁副教授：Non-alcoholic fatty liver disease

2. 廖俊旺 教授：有關健康食品護肝動物模式病理評估

(二) 第 84 次比較病理研討會邀請專題演講：

1. 朱珮華博士/美國臨床病理專科獸醫師：Cytologic Diagnosis of Urinary Tract Diseases in Small Animals

2. 杭仁釩醫師：Update of 2022 WHO Classification of Renal Neoplasia

三、　舉辦學術病理切片病例討論

(一) 於第 83 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。

(二) 於第 84 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 83 次比較病理研討會活動花絮照片

(二) 提供第 84 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 83 次比較病理研討會無繼續教育認證。

(二) 第 84 次比較病理研討會無繼續教育認證。

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

第一次至第八十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 differentiated (pT1bNO) (EARLY) (Synchronous cancer)	Human	秀傳醫療社團法人秀傳紀念醫院
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 *(Pogona vitticeps*)	國立中興大學獸醫病理生物學研究所
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

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 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
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, chronic progressive, urinary bladder, ureters and kidneys	Dog	國立中興大學獸醫病理生物學研究所
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

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 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
219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus (PCV)infection.	Pig	臺灣動物科技研究所

		2. Lung: Bronchointerstitial pneumonia, moderate, lymphoplasmacytic, subacute.		
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

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

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

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

黃威翔 助理教授
cscptaiwan@gmail.com
02-33663760
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 黃威翔 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：02-33663760

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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<tr><td rowspan="4">學歷</td><td colspan="3">(1)</td><td colspan="4">稱謂(圈選) 先生 小姐 醫師 獸醫師 教授 博士
研究員 主任 其他:</td></tr>
<tr><td colspan="3">(2)</td><td rowspan="3">研究興趣</td><td colspan="3">(1)</td></tr>
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永久：　　電話　　傳真：

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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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