中華民國比較病理學會

Chinese Society of Comparative Pathology

第 61 次比較病理學研討會

(頭頸部疾病)

主辦單位

CHINESE SOCIETY of COMPARATIVE PATHOLOGY

中華民國比較病理學會

協辦單位

TAIPEI ZOO

台北市立動物園

JULY 13 , 2014 (中華民國 103 年 7 月 13 日)

SCHEDULE

61st MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 61 次比較病理學研討會

時間：103 年 7 月 13 日(星期日) 08:30~17:30　　地點：台北市立動物園教育廳

地址：臺北市 11656 新光路二段 30 號　　電話：(02) 29382300

Time(時間)	Schedule(議程)		Moderator(主持)
08:30~09:20	Registration (報到)		
09:20~09:25	Opening Ceremony (致詞) –Dr. J.W. Liao 廖俊旺 理事長		
09:25~09:30	Opening Ceremony (致詞) –金仕謙 園長		
09:30~10:30	專題演講	講題：The evolution and control of avian influenza viruses Dr. Poa-Chun Chang (張伯俊 教授兼所長) (國立中興大學獸醫學院微生物暨公共衛生學研究所)	劉振軒 院長
10:30-11:00	Coffee Break(拍團體照)		
11:00~11:30	Case 422	Dr. Mei-Chung Chen (陳美中 醫師) Changhua Christian Hospital (彰化基督教醫院)	張俊梁 主任
11:30~12:00	Case 423	Dr. Kao, Chi-Fei (高啟霏 獸醫師) Graduated Institute of Molecular and Comparative Pathology School of Veterinary Medicine, NTU (台灣大學獸醫專業學院分子暨比較病理生物學研究所)	
12:00~13:30	Lunch, and Board Meeting (中華民國比較病理學會理監事會議)		
13:30~14:00	Case 424	Dr. Chia-Wen Shih (施洽雯 醫師) Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	林正忠 教授
14:00~14:30	Case 425	Dr. Chung-Tiang Liang (梁鐘鼎 獸醫師) National Applied Research Laboratories (國家實驗動物中心)	
14:30~15:00	Coffee Break		
15:00~15:30	Case 426	Dr. Di-Wei Wang (王廸崴 醫師) Hsin Chu Classic Dental Clinic (新竹經典牙醫診所)	江蓉華 主任
15:30~16:00	Case 427	Dr. Hao-Kai Chang (張皓凱 獸醫師) Graduate Institute of Veterinary Pathology, National Chung Hsing University (中興大學獸醫病理生物學研究所)	
16:00~16:30	General Discussion (綜合討論)		

目　　錄

The evolution and control of avian influenza viruses

Poa-Chun Chang

Graduate Institute of Microbiology and Public Health,

National Chung Hsing University, Taichung, Taiwan

Influenza is a highly contagious and epidemic respiratory disease caused by type A influenza virus, which has many subtypes with respect to two surface glycoproteins, haemagglutinin (HA) and neuraminidase (NA). Four influenza pandemics have occurred since 1918. In addition to the currently circulating human viruses of H1N1 and H3N2 subtypes, avian influenza viruses of H5N1, H5N6, H7N7 and H7N9 subtypes also caused lethal human infections. A recent report showed that the virus of H6N1 subtype was able to cause human infection. Changes in the host-specificity of avian influenza viruses normally take multiple steps, including those from waterfowls to terrestrial birds, from low pathogenic to high pathogenic, and from birds to humans. These changes could be interrupted or terminated by education, biosecurity, surveillance, vaccination and culling of infected animals. An outbreak of low pathogenic avian influenza H5N2 viruses occurred in Taiwan in 2003-2004 and these viruses changed from low pathogenic to high pathogenic ones in 2012. We conducted next-generation sequencing analyses of HA, NA and PB2 genes of Taiwan H5N2 viruses after consecutive passages in chicken embryonic eggs. The result showed that viruses that contain three, four, five and six basic amino acids at the HA cleavage site might co-exist after different numbers of passages in embryonated eggs. All the viruses examined in this study do not contain E627K mutation at their PB2 protein. It is suggested that H5N2 viruses with different numbers of basic amino acid at the HA cleavage site should all be eradicated.

61st MEETING OF COMPARATIVE PATHOLOGY

July 13, 2014

中華民國比較病理學會第 61 次比較病理學研討會

CASE DIAGNOSIS

Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 422	陳美中	Changhua Christian Hospital (彰化基督教醫院)		Retinoblastoma in a baby girl
Case 423	高啟霏	Graduated Institute of Molecular and Comparative Pathology School of Veterinary Medicine, NTU (台灣大學獸醫專業學院分子暨比較病理生物學研究所)	NTU 2013-511A	Colloid goiter in a female Radiated tortoise (*Astrochelys radiata*)
Case 424	施洽雯	Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	LP12-10196	Lymphoepithelial carcinoma in a women
Case 425	梁鐘鼎	National Applied Research Laboratories (國家實驗動物中心)	S132071	Histiocytic sarcoma in a SJL/J mouse
Case 426	王廸崴	Hsin Chu Classic Dental Clinic (新竹經典牙醫診所)	T14-42 6818A4	Phleboliths in a man
Case 427	張皓凱	Graduate Institute of Veterinary Pathology, National Chung Hsing University (中興大學獸醫病理生物學研究所)	CO14-252	Visceral gout in a Green iguana (*Iguana iguana*)

Case Number: 422

Slide no.:

Slide view: http://140.112.96.83:82/CSCP/61CSCP/view.apml

Chin, M.C. (陳美中), MD., Chin, J.J. (陳志榮), MD., PhD

Department of Pathology, Changhua Christian Hospital. (彰化基督教醫院病理科)

CASE HISTORY:

Signalment: 2 year-old girl

Clinical History:

This 2 year-old girl was healthy without any congenital anomalies after birth. She was presented with abnormal light reflex over left eye and sometimes strabismus since December 2013.

Hence, she was brought to our ophthalmology OPD for help. Left eye leukocoria with opacity is found. The brain MRI shows left intraorbital mass without regional extension. Under the impression of eye tumor, she was underwent surgery with left eye enucleation.

Clinical Pathology:

報告項目	結果值		參考值	單位
WBC count	12.5	H	3.5-9.1	X10^3/μL
RBC count	4.58	N	3.8-4.9	X10^6/μL
Hb	12.2	N	12.0-15.0	g/dL
Hct	38.1	N	35.0-44.0	%
MCV	83.2	L	83.8-98.0	fL
MCH	26.7	L	28.4-33.8	pg
MCHC	32.1	L	33.4-35.2	g/dL
RDW	12.7	N	11.7-14.9	%
Platelet count	310	N	157-377	X10^3/μL
Neutrophil	38	L	39.4-72.6	%
Lymphocyte	57	H	21-51	%
Monocyte	4	L	4.60-11.0	%
Variant lymphocyte	1			%
Cell No. Counted	100			

報告項目	結果值		參考值	單位
Bilirubin-D	0.17	N	0.1-0.5	mg/dL
Bilirubin-T	0.40	N	0.3-1.2	mg/dL
GOT (AST)	36	N	15-41	U/L
GPT (ALT)	5	L	11-40	U/L
Urea Nitrogen	13	N	8-20	mg/dL
Creatinine	0.35	L	0.4-1.0	mg/dL
Na	140	N	136-144	mmol/L
K	4.3	N	3.6-5.1	mmol/L
Ca	10.6	H	8.9-10.3	mg/dL

Gross Findings:

The eye specimen measured 2.5 x 2.5 x 2.3 cm in size with optic nerve measuring 1.0 cm in length and 0.4 cm in diameter. Grossly, it is whitish and soft. Upon sectioning, it shows white to myxoid and soft tumor totally occupying the chamber of eyeball. The surgical margin of optic nerve measures 1.0 cm in distance.

Case Number: 422

CASE RESULT:

Histopathologic Findings:
The eyeball shows diffuse small blue round tumor cells infiltrate in the posterior chamber with geographic tumor necrosis and focal calcification formation. The tumor cells are characterized by pleomorphic and hyperchromatic nuclei, coarse chromatin, inconspicuous nucleoli and scant cytoplasm. Numerous mitotic figures with occasionally popcorn-like features and abundant apoptotic bodies are noted. Some pseudorosettes with vascular lumen are found. No obvious photoreceptor differentiation is found. The optic nerve is involved by small blue round tumor cells with limited at anterior to lamina cribrosa. Anterior chamber, lens, iris, ciliary body, choroid and sclera is not involved.

Immunohistochemistry:
The small blue round tumor cells are immunoreactive for NSE and synaptophysin, negative immunostaining for S-100, GFAP and CD99. The proliferative index of Ki-67 labeling at 400x high power field is >90%.

Differential Diagnosis:
1. Retinoblastoma
2. Primitive neuroectodermal tumor (PNET)
3. Astrocytoma
4. Lymphoma

Diagnosis: Retinoblastoma

Discussion:
Retinoblastoma, along with leukemia and neuroblastoma, is one of the most common childhood malignancies and is the most common childhood intraocular neoplasm. It is third to uveal malignant melanoma and metastatic carcinoma as the most common intraocular malignancy in humans of any age. Retinoblastoma is relatively rare; only 300 cases occur yearly in the United States. The incidence has been estimated to be 1 in 15,000 to 1 in 34,000 births. All races predilection for either the right or left eye. The mean age at diagnosis is 18 months, and about 90% of cases are diagnosed before 3 years of age. Rare cases in older children and adults are often misdiagnosed.

Knudson's two-hit model states that retinoblastoma arises as a result of two mutational events. The chromosomal region 13q14 (the retinoblastoma gene-Rb gene) regulates the development of

normality. There are sporadic and hereditary forms of pathogenesis of retinoblastoma. In the hereditary form, the first mutation occurs in a germinal cell, and the second mutation occurs in somatic neural retinal cells, resulting in multiple neural retinal tumors. Sporadic type show both mutations occur in the same somatic cell and a single, unifocal, unilateral retinoblastoma results.

Strabismus and leukocoria are the most common clinical manifestations of retinoblastoma in the typical tumor-prone age group. Other symptoms include pseudoinflammation with or without pseudohypopyon and iris neovascularization.

Microscopically, retinoblastomas are composed of dense masses of small round cells with hyperchromatic nuclei and scanty cytoplasm. Trabecular and nesting formations are common. Hematoxyphilic deposits in and around blood vessel walls are often seen in necrotic areas, similar to those found in pulmonary small cell carcinomas. A sign of differentiation toward retinal structures is provided by the presence of so-called 'Flexner–Wintersteiner rosettes' and fleurettes. *Differentiated retinoblastoma* is characterized by the presence of a bipolar-like cell element.

Retinoblastoma has a tendency to invade the optic nerve, from which it can extend to the brain or be carried there by the subarachnoid fluid. Large exophytic tumors with secondary glaucoma are at highest risk for optic nerve invasion. Retinoblastoma can also invade the uveal tract. Distant metastases can be limited to the cranial vault or involve distant sites, particularly the skeletal system.

The 5-year survival of unilateral retinoblastoma following adequate treatment is over 90% and slightly less for the bilateral cases. The prognostic factors related to invasion to optic nerve invasion, meninges invasion and uveal invasion.

References:

1. Rosai & Ackerman, Surgical Pathology, 10th edition, pg 2490 - 2493
2. Myron Yanoff, Joseph W. Sassani. Ocular Pathology, 6th edition: pg 733 - 746
3. Ralph C. Eagle, Jr. Eye Pathology – AN ATLAS AND TEXT, 2nd edition: pg 207 – 218
4. He W, Hashimoto H, Tsuneyoshi M, Enjoji M, Inomata H: A reassessment of histologic classification and an immunohistochemical study of 88 retinoblastomas. A special reference to the advent of bipolar-like cells. Cancer. 70:2901-2908 1992

Case Number: 423

Slide no.: NTU 2013-511A

Slide view: http://140.112.96.83:82/CSCP/61CSCP/Case%20423/6929.svs/view.apml

Kao, Chi-Fei (高啟霏), DVM; Pang, Victor, Fei (龐飛), DVM, Ph. D; Liu, Chen-Hsuan (劉振軒), DVM, Ph. D; Chen, Ting-Yu (陳亭余), DVM; Jeng, Chian-Ren (鄭謙仁), DVM, Ph. D

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)
2. Taipei Zoo (台北市立動物園)

CASE HISTORY

Signalment: 6-year-old female Radiated tortoise (*Astrochelys radiata*)

Clinical History:

The tortoise represented inappetance, scaly, subcutaneous edema and anuria since February, 2013. Medical treatments targeting infection and digestive problems were given without obvious improvement. On March 13th, she showed lethargy with severe ulceration of oral cavity and subcutaneous edema and was sent to veterinary hospital for emergency care. She died on the next day.

Gross Findings:

Mild hemorrhage was noted in the hepatic parenchyma. Severe, diffuse redness of mucosal surface, which is possibly hemorrhage or prominent congestion, was seen from distal jejunum to the ileum. The thyroid gland was diffusely enlarged with a smooth and gelatinous appearance.

Case Number: 423

CASE RESULT

Histopathologic Findings:

There are numerous irregularly enlarged thyroid follicles, ranging from 300-500nm in diameter, lined by flattened epithelial cells with abundant eosinophilic intrafollicular substance—colloid. The epithelial cells lack intracytoplasmic vacuoles and no jagged clearing is noted at the periphery of colloid deposit.

Differential Diagnosis:

Physically inactive thyroid gland

Diagnosis:

Colloid goiter

Discussion:

Goiter, is defined as a non-inflammatory and non-neoplastic enlargement of thyroid gland. It is mainly caused by impaired synthesis of thyroid hormone which includes iodine deficiency, ingestion of goitrogens, iodine toxicity and some hereditary defects.

Despite congenital cases, most patients can remain physically normal (euthyroid status) because pituitary gland increases secretion of thyroid-stimulating hormone (TSH) as a compensatory response to decreased circulating thyroxine level. However, once the underlying cause is severe enough, the compensation will be inadequate and clinical signs, usually hypothyroidism-associated, may occur.

In reptile, particularly in some giant vegetative tortoises, like Galapagos and Aldabra tortoise, goiters resulted from iodine deficiency or excessive uptakes of goitrogens are a relatively common nutritional problem in rearing individuals. They are prone to develop goiter in captivity because they seem to possess a high metabolic requirement for iodine, which is met in their native habitat by ingesting plants that sequester halogen. Unlike mammals, thyroid follicles of reptile may show seasonal changes in the dimensions of epithelial cells and the both extent and quality of enclosed colloid material, due to hibernation, reproductive cycles, and some environmental factors, such as temperature or length of daylight. Thus it is important to differentiate physically inactive thyroid gland from colloid goiter when examining a reptilian thyroid gland. There is one useful aspect documented: follicles in colloid cases tend to variably distend and the size usually exceeds normal range (generally 200-300 nm in reptile, but variation exists in different species).

Since no validated thyroid function test for reptilian species is reported, clinical diagnosis often depend on physical examination and personal experience. Considering that dietary iodine deficiency is the most common cause, a therapeutic diagnosis adding iodine supplement may be

worth trying.

Reference:

5. Abbas AK, Maitra A. The endocrine system. In: Kumar V, Fausto N, Abbas A, ed. Robbins & Costran pathologic basis of disease, 7th edn. Philadelphia: Elsevier, p: 1155-1226. 2007.
6. Capon CC. Endocrine glands. In: Maxie MG, ed. Jubb, Kennedy, and Palmer's Pathology of Domestic Animals. 5th ed. Vol 3. Edinburgh: Elsevier, p: 325–428. 2007.
7. Hadfield CA, Clayton LA, Clancy MM, Beck SE, Mangus LM, Montali RJ. Proliferative thyroid lesions in three diplodactylid geckos: *Nephrurus amyae*, *Nephrurus levis*, and *Oedura marmorata*. J Zoo Wildl Med (43): 131–140. 2012.
8. Machado-Santos C, Teixeira MJ, Sales A and Abidu-Figueiredo M. Histological and immunohistochemical study of the thyroid gland of the broad-snouted caiman (*Caiman latirostris*). Acta Bio (35): 586-589. 2013.
9. Rivera S, Lock B. The reptilian thyroid and parathyroid glands. Vet Clin Exot Anim (11): 163–175. 2008.
10. Topper MJ, Latimer KS, McManamon R, Thorstad CL. Colloid goiter in an eastern diamondback rattlesnake (*Crotalus adamanteus*). Vet Path (31): 380-382. 1994.

Yadav M. Reptilian endocrinology. 1st ed. Delhi: Sachin Printers, 2008.

Case Number: 424

Slide No.: LP12-10196

Slide view: http://140.112.96.83:82/CSCP/61CSCP/Case%20424/view.apml

Contributors：
Shih, CW. (施洽雯), MD., MS[1], Chiang, CW. (蔣敬文), MD.[2] , Chen, M.C. (陳明聰), M.D.[3]
1. Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科)
2. Department of Otolaryngology, Lotung Poh-Ai Hospital (羅東博愛醫院耳鼻喉科)
3. Department of Radiology, Lotung Poh-Ai Hospital (羅東博愛醫院放射診斷科)

CASE HISTORY:

Signalment: 69 year-old female

Clinical History:

A 69 year-old female who has suffered from progressive left submandibular mass for 2 months. The mass was enlarged recently. She visited our Otolaryngological OPD for help. Physical examination showed left submandibular mass measuring 2.8 x 2.8 x 2.5 cm with tenderness and irregular surface. The CT scan showed left submandibular mass with enhancement and measuring 2.7 x 2.7 x 2.3 cm. Excision of the left submandibular tumor and left neck lymph nodes dissection were performed. The tumor and lymph nodes were sent for pathologic examination. Grossly, the submandibular gland with tumor measuring 3.0 x 3.0 x 2.6 cm. The tumor was ill-defined and mild lobulated with grayish-white color and elastic firm consistency. No hemorrhage nor necrosis was noted. The tissue of neck lymph node dissection consisted of 6 tissue fragments measuring up to 1.6 x 1.0 x 0.8 cm. Sinoscope and nasopharyngeal biopsy were also done later. Postoperative CCRT (concurrent chemo-radiotherapy) was suggested after confirming the pathologic diagnosis.

Clinical Pathology:

BUN: 14 mg/dL (8-20 mg/dL), Creatinine: 0.6 mg/dL (0.6-1.1 mg/dL), Na: 139.0 mmol/L (135-145 mmol/L), K: 4.1 mmol/L (3.5-5.1 mmol/L), Cl: 103.0 mmol/L (96.0-110-0 mmol/L), RBC: 3.91x10^6/uL (4.2-5.4x10^6/uL), Hb: 12.1 gm/dL (12.0-16.0 gm/dL), Hct: 35.5 % (37-47%), Plt: 19.7 x10^4/dL (15-40 x10^4/dL), WBC: 5600/uL (4500-11000/uL), Lymphocyte: 20.5% (20.0-45.0%), Neutrophil: 70.6% (45.0-75.0%), Monocyte: 6.8% (0.0-9.0%), Eosinophil: 2.0% (1.0-3.0%), Basophil: 0.1% (0.0-1.0%).

Case Number: 424

CASE RESULT:

Histopathologic Findings:

Histologically, the tumor showed proliferated tumor cells with syncytial growth pattern in a prominent lymphoid stroma. Lymphoid follicles with germinal centers were also noted. The tumor cells were irregular in size and shape with large and hyperchromatic vesicular nuclei, distinct nucleoli, and frequent mitoses. No significant tumor necrosis was noted. No lymphatic ducts nor blood vessels invasion was noted. The submandibular gland showed chronic inflammatory cells infiltration with focal destruction of the salivary glands and proliferated ductules.

Immunohistochemistry:

The tumor cells showed positive staining for CK, CK5/6 and EBV, negative for LCA and vimentin.

Differential diagnosis:

1. Papillary cystadenoma lymphomatosum,
2. Sebaceous lymphadenoma.
3. Lymphoepithelial carcinoma.
4. Metastatic undifferentiated carcinoma.
5. Large cell undifferentiated carcinoma.

Diagnosis: Lymphoepithelial carcinoma.

Comments:

Lymphoepithelial carcinoma (LEC), also known as undifferentiated carcinoma with lymphoid stroma and carcinoma ex lymphoepithelial lesion, is an undifferentiated tumor that is associated with a dense lymphoid stroma. Epidemiologically, LEC accounts for less than 1% of all salivary gland tumors and 0.4% of malignant salivary gland tumors. LEC has a unique ethnic predilection for Arctic region natives (particularly Eskimos and Inuits), southeastern Chinese, and Japanese.

Although Schminke first described LEC in the nasopharynx in 1921, it was not until 1952 that Godwin described the first case series of benign lymphoepithelial lesions of the salivary gland in 11 patients. He designated with the term benign lymphoepithelial lesions several cases reported in the literature and called different names (Mikulicz disease, myoepithelial sialoadenitis) but with similar histologic features, namely the presence of epithelial and lymphoid elements in variable proportions. The first mention of the term lymphoepithelial carcinoma was made in 1962 by

Hilderman et al, describing a case of a 40-year-old man with a ‘‘malignant epithelial lesion with carcinomatous component’’ in the parotid gland, which was defined by the authors as a ‘‘malignant counterpart of benign lymphoepithelial lesions.’’

LEC can present in various organs such as the lung, breast, bladder, uterine cervix and stomach. LEC of the major salivary glands is a rare disease and mostly found in the parotid gland (75%), and the second in minor salivary glands (20%), and only some cases were noted in the submandibular gland (5%). However, Chan et al reported a series study with submandibular gland predominance.

In major salivary glands, mucoepidermoid carcinoma, adenoid cystic carcinoma, acinic cell carcinoma, all types of adenocarcinoma, and carcinoma ex-pleomorphic adenoma comprise > 90% of malignancies. Undifferentiated carcinoma, which lacks obvious cell differentiation, is a rare category of malignant neoplasms in the major salivary glands. According to the classification by Ellis and Auclair, undifferentiated carcinomas of the salivary glands can be subtyped further into small cell undifferentiated carcinoma, large cell undifferentiated carcinoma (LCUC), and lymphoepithelial carcinoma (LEC).

Patients with LEC usually present with a mass swelling. In addition to the presence of a parotid or submandibular mass, pain is a frequent symptom, and facial nerve palsy occurs in as many as 20% of patients. The mean age of the patients with LEC was 43.9 years with no sex predilection. However, a report shows female preponderance with a female-male ratio of 1.5:1.

LECs have been described arising from a gland in which a biopsy diagnosis had already been made of BLEL. This implies malignant transformation of the epithelial elements of a BLEL; on the other hand, most LECs are not diagnosed in a background of BLEL and probably develop de novo.

Hamilton-Dutoit et al first published the association between EBV and undifferentiated carcinomas of the salivary gland among the Eskimo population. They showed that the EBV genomes were detected in cases of undifferentiated carcinoma of the Eskimo population, but not in similar tumors of non-Eskimo ancestry. The current theory is that when the EBV incorporates into the DNA of certain susceptible populations, it has a predilection for tumorigenesis (ie, turning off tumor suppressor genes such as p53). In parotid gland, the LEC has a nearly 100% association with EBV in endemic areas.

Histologically, the LECs were classified into two types: small nest type and large nest type. The latter type consisted of large-sized tumor cell nests and dense lymphocytic stroma and more frequently occurred in the minor salivary gland. The former consisted of small-sized tumor cell nests with fibrous and lymphocyte-depleted stroma, which were more frequently found in the parotid gland. LECs were indistinguishable from undifferentiated carcinoma of the nasopharynx, with features of a syncytial growth pattern, large vesicular nuclei, prominent eosinophilic nucleoli, and heavy lymphocytes infiltration.

The immunohistochemical studies showed positive staining for cytokeratin but negative staining for S-100 protein, HMB45, or common leukocyte antigen (CLA). An in situ hybridization

probe with EBER-1 revealed strong, positive signals in the nuclei of the neoplastic epithelial cells. The accompanying lymphocytes and normal salivary gland tissues were negative for the EBV genomes.

Current treatment recommendations involve complete excision of primary lesion, with a selective neck dissection followed by postoperative radiotherapy to the local site as well as to the neck if there was positive lymph node involvement. It is evident that superficial parotidectomy with facial nerve preservation is a good surgical option for patients who have LEC confined to the superficial lobe. Total parotidectomy with or without sacrifice of facial nerve is indicated for patients with tumors of the deep lobe or with advanced local involvement. The 5-year survival rate of LEC ranges from 50% to 87%. Factors such as age, gender, tumor size, and lymph node metastasis do not affect the survival rate.

References:

1. Schneider M, Rizzardi C. Lymphoepithelial carcinoma of the parotid glands and its relationship with benign lymphoepithelial lesions. Arch Pathol Lab Med. 2008 Feb;132(2):278–82. [PubMed]
2. Kuo T, Hsueh C: Lymphoepithelioma-like salivary gland carcinoma in Taiwan: A clinicopathological study of nine cases demonstrating a strong association with Epstein- Barr virus. Histopathology 1997; 31:75-82.
3. Godwin JT. Benign lymphoepithelial lesion of the parotid gland adenolymphoma, chronic inflammation, lymphoepithelioma, lymphocytic tumor, Mikulicz disease. Cancer. 1952 Nov;5(6):1089–103. [PubMed]
4. Ho JC, Wong MP, Lam WK: Lymphoepithelioma-like carcinoma of the lung. Respirology 2006; 11:539-545.
5. Kurose A, Ichinohasama R, Kanno H, rt al: Lymphoepithelioma- like carcinoma of the breast. Report of a case with the first electron microscopic study and review of the literature. Virchows Arch 2005; 447:653-659.
6. Guresci S, Doganay L, Altaner S, Atakan HI, Kutlu K: Lymphoepithelioma-like carcinoma of the urinary bladder: A case report and discussion of differential diagnosis. Int Urol Nephrol 2005; 37:65-68.
7. Hamilton-Dutoit SJ, Therkildsen MH, Nielsen NH, Jensen H, Hansen JP, Pallesen G. Undifferentiated carcinoma of the salivary gland in Greenlandic Eskimos: demonstration of Epstein-Barr virus DNA by in situ nucleic acid hybridization. Hum Pathol. 1991 Aug;22(8):811–5. [PubMed]
8. Lanier AP, Bornkamm GW, Henle W, et al. Association of Epstein-Barr virus with nasopharyngeal carcinoma in Alaskan native patients: serum antibodies and tissue EBNA and DNA. Int J Cancer. 1981 Sep 15;28(3):301–5. [PubMed]
9. Wenig B, Heffess C., editors. Atlas of Head and Neck Surgery. 2nd edition. Philadelphia, PA: Saunders Elsevier; 2008. Neoplasms of the salivary glands: Lymphoepithelial Carcinoma; pp.

672–4.
10. Greene FL, Page DL, Fleming ID, et al., editors. 6th ed. New York: Springer Science and Business Media; 2002. AJCC Cancer Staging Manual.
11. Abdulla AK, Mian MY. Lymphoepithelial carcinoma of salivary glands. Head Neck. 1996 Nov–Dec;18(6):577–81. [PubMed]
12. Tsai CC, Chen CL, Hsu HC. Expression of Epstein-Barr virus in carcinomas of major salivary glands: a strong association with lymphoepithelioma-like carcinoma. Hum Pathol. 1996 Mar;27(3):258–62. [PubMed]
13. Saw D, Lau WH, Ho JH, Chan JK, Ng CS. Malignant lymphoepithelial lesion of the salivary gland. Hum Pathol. 1986 Sep;17(9):914–23. [PubMed]

Case Number: 425

Slide No.: S132071

Slide view: http://140.112.96.83:82/CSCP/61CSCP/Case%20425/view.apml

Contributors：
Liang, Chung-Tiang (梁鍾鼎) , DVM, PhD[1]; Liu, Chen-Hsuan (劉振軒), DVM, PhD[2];
Hsu, Yung-Hsiang (許永祥), MD[3]；Ke, Jia - Ling (柯佳伶) , DVM[1]； Chen, Yu- Ling (陳幼岭) , DVM, MS[1]
1. National Laboratory Animal Center , National Applied Research Laboratories (國家實驗動物中心)
2. School of Veterinary Medicine, National Taiwan University（國立臺灣大學獸醫專業學院）
3. Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

CASE HISTORY:

Signalment: SJL/J mouse, S13-2071, male, 13- month-old

Clinical History:

The mouse of this case had no clinical signs. Before routine health monitoring the mouse was euthanized by CO_2 asphyxiation.

Gross Findings:

Both liver and spleen were severely enlarged and appeared as mottled brown.

Case Number: 425

CASE RESULT:

Histopathologic Findings:

The neoplastic cells are densely packed in the sinusoids and portal areas of the liver, in the white pulp, and red pulp of spleen. In liver, the portal areas and sinusoids were filled with large numbers of tumor cells. The neoplastic cells were polygonal or frequently spindle, with large nuclei and indistinct cell borders. Their cytoplasm was pale staining or composed of moderate amount of light eosinophilic foamy vacuoles. One to two mitoses per high power field were present. Typically, the neoplasm was composed of cells with histiocytic characteristics. Phagocytosis by neoplastic cells was also common. The neoplasm varied in appearance and between tumor sites. The cells in the liver and spleen in which a fusiform shape of cells were frequent. The tumor cells were also present in the xx , and other organs. The splenomegaly in this case is due to the result of increased extramedullary hematopoiesis (granulopoiesis, erythropoiesis), hyperplastic megakaryocytes as well as proliferation of the neoplastic histiocytic cells.

Immunohistochemistry:

The neoplastic cells are immunohistochemically positive for CD163, and negative for CD3, CD45, CD30, CD20.

Differential Diagnosis:

1.Marginal zone B-cell lymphoma
2.T-cell lymphoblastic lymphoma
3.Follicular B-cell lymphoma

Diagnosis:

1. T-cell rich histiocytic sarcoma, mixed-cell, spleen, liver, and peyer' patch
2. Hyalinosis, bile duct

Discussion:

Histiocytic sarcoma (HS) has been referred to as malignant fibrous histiocytoma (MFH) in Sprague Dawley rat，reticulum cell sarcoma, type A and histiocytic lymphoma in the mouse and human . Other investigators have described the les ion as endometrial sarcoma or as malignant schwannoma. Histiocytic sarcomas are relatively common in the mouse and rat less common in the cat and dog, and rare in other species of domestic animals. Histiocytic sarcoma is found in many strains of mice including BALB/c and C57BLl6, Crl:CD-l (ICR)BR, FVB/N and many inbred strains . The liver is the most commonly involved' organ in male mice, but in female mice, the liver, uterus and vagina especially affected. Other organs included the spleen, lymph

nodes, bone marrow, epididymis, lung, kidney, and ovaries are less commonly involved. Metastatic lesions to the lung are common in rats and mice. Nonlymphoid hematopoietic sarcoma including histiocytic sarcoma considered one of the histiocytic/dendritic cell neoplasms; mast cell sarcoma considered with mast cell origin; and myeloid sarcoma considered an alternative presentation of acute myeloid leukemia. Nonlymphoid leukemias and nonlymphoid hematopoietic sarcomas are closely related diseases in mice, as they are in humans. When mentioned about immunohistochemical results, not all histiocytes necessarily stain with CD45, however, the relevance of this criterion has been debated. While CD45 immunoreactivity may not be an absolute requirement with the aid of additional supportive studies such as electron microscopy, differentiation from malignant fibrous histiocytoma (undifferentiated sarcoma) may be extremely difficult. These tumors are believed to arise from undifferentiated mesenchymal cells rather than histiocytes, and typically show pleomorphic and storiform growth patterns. Enzymatic and immunophenotypic studies have shown that the neoplastic cells in these tumors are negative for histiocytic markers but may contain numerous reactive histiocytes.

References:

1. Kogan & al. Bethesda proposals for classification of nonlymphoid hematopoietic neoplasms in mice. Blood 100(1): 238-245, 2002.
2. Morse & al. Bethesda proposals for classification of lymphoid neoplasms in mice. Blood 100(1): 246-258, 2002.
3. Liang CT, Liu CH, Huang YT, Pang VF, Hong CC, Chen HHC. Case report: histiocytic sarcoma in a mouse. J Chin Soc Vet Sci 23:506-514, 1997.
4. Vos JA & al. Histiocytic sarcoma: a study of five cases including the histiocyte marker CD163. Modern Pathology 18, 693–704, 2005.

Case Number: 426

Slide No.: T14-42 6818A4

Slide view: http://140.112.96.83:82/CSCP/61CSCP/Case%20426/view.apml

Contributors：
Di-Wei Wang (王廸崴), DM[1]; Yi-Hsin Peng (彭奕炘), DM[1]; Yun-Ho Lin (林永和) DDS, MS[2].

1. Hsin Chu Classic Dental Clinic (新竹經典牙醫診所)
2. Oral Pathology, Taipei Medical University Hospital (台北醫學大學附設醫院口腔病理科)

CASE HISTORY:

Signalment: a 34 year old male

Clinical History:

This patient is a 34 year old male with chief complaint of pain on left face for one month. Sometimes, the pain is spontaneously induced.

Past history: no specific, no trauma or operation

Habit: no specific, do not smoke, drink or chew betel nut

Case Number: 426

CASE RESULT:

Local examination：

Mild facial asymmetry in the lesion side (left/middle portion) and tenderness to palpation over the left temporal area is noted. Some palpable hard nodules are discernible under the skin. No ulcer or erythematous change of the skin is found. Intraoral examination, the mucosa and the underlying soft or hard tissues reveal no remarkable anomalies.

The laboratory examination of Blood, and biochemistry are unremarkable except APTT [部份凝血活腌時間] is prolonged (46.1 sec [32.0-45.1])

Radiographic examination：

Multiple radiopacities with varying size are noted located between left buccal space and the left intra-temporal area. Some of them have the appearance of lamination, called as bull's eye.

Differential Diagnosis：

1. Odontoma
2. Sialolithiais
3. Phleboliths

Histopathological examination：

a. Grossly, the specimen contains multiple round to oval, tan to brown and elastic to firm masses accompanied by adipose tissue. It measures up to 1.0*1.0 cm in dimension.
b. Microscopically, it demonstrates multiple phleboliths with obvious lamination. The progressive change from the thrombus formation, partial fibrosis, calcification or ossification and final phleboliths formation are present in the lesion. Varying-size venous vessels with hemorrhage and unremarkable fibroadipose tissue are also found.

Pathogenesis

a. The pathogenesis of the phleboliths is believed to be from the formation of intravascular thrombi due to venous stagnation.
b. Mineralization, consisting of crystals of calcium phosphate and calcium carbonate, arises out of the center of thrombus and extends progressively to the periphery, which is characteristic of concentric lamination.

Discussion

a. The phleboliths are categorized as heterotopic calcification and was first reported in maxillofacial region in association with vascular malformation by Kirmission. Although intravascular calcification is rarely seen in the vascular anomalies of maxillofacial region, the

existence of phleboliths almost indicate the presence of vascular lesions in this area whether they were involuted or not.

b. Phleboliths are calcified thrombi found within the vascular channels. They may arise from injury to blood vessel wall or result from stagnation of the blood flow. Healing process undergoes the thrombus formation after damage to the intima of vessel wall and some may become calcified subsequently. Blood flow is another concern for thrombus formation. Multiple channels with varying size in vascular anomalies may result in stasis of blood flow which causes formation of thrombus. These thrombi may calcify and grow into phleboliths.

c. According to the theory proposed by Ribbert Hugo, the formation of phleboliths begins with intravascular thrombus formation. Mineralization with deposition of mixture of calcium carbonate and calcium phosphate takes place at the core of the thrombus and then a fibrous component attaches to the developing phlebolith, and becomes calcified afterwards. Histopathologically, this mineralization with repetition of layering process results in onion-like appearance or concentric ring (lamination). Radiographically, phleboliths may show either radiolucent or radiopaque pattern.

d. Roentgenologically, the soft tissue opacities are fairly common, present on about 4% of panoramic radiographs. In head and neck region, sites of heterotopic calcification may not cause significant signs or symptoms and are often detected as incidental findings. Differential diagnosis includes calcified lymph nodes, tonsilloliths, arterial calcification, antroliths and sialolithiasis as well as phleboliths.

Reference

1. Scolozzi P, Laurent F, Lombardi T, Richter M. Intraoral venous malformation presenting with multiple phleboliths. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2003;96:197-200
2. Mohan RP, Dhillon M, Gill N. Intraoral venous malformation with phleboliths. The Saudi Dental Journal (2011) 23, 161–163
3. Mandel L, Perrino MA. Phleboliths and the vascular maxillofacial lesion. J Oral Maxillofac Surg. 2010 Aug;68(8):1973-6
4. Buckmiller LM, Richter GT, Suen JY.
   Diagnosis and management of hemangiomas and vascular malformations of the head and neck. Oral Dis. 2010 Jul;16(5):405-18
5. Nobuyuki Ikegami, Katsumi Nishijima. Hemangioma of the buccal fat pad with phlebolithiasis : report of a case. Acta Med Okayama. 1984 Feb;38(1):79-87.
6. Altug˘ HA, Büyüksoy V, Okçu KM, Dog˘an N, Peleg L, Eli I. Hemangiomas of the head and neck with phleboliths : clinical features, diagnostic imaging, and treatment of 3 cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2007;103:e60-e64
7. Zengin AZ, Celenk P, Sumer AP . Intramuscular hemangioma presenting with multiple phleboliths : a case report. Oral Surg Oral Med Oral Pathol Oral Radiol 2013;115:e32-e36

8. Stuart C. White, Michael J. Pharoah. Oral Radiology: Principles and Intepretation. Mosby; 5th edition. P597-p606
9. Su YX, Liao GQ, Wang L, Liang YJ, Chu M, Zheng GS. Sialoliths or phleboliths ? Laryngoscope. 2009 Jul;119(7):1344-7
10. BY PHILIP SHEMILT, THE ORIGIN OF PHLEBOLITHS, BRIT. J. SURG., 1972, Vol. 59, No. 9, SEPTEMBER

Case Number: 427

Slide No.: CO14-252

Slide view: http://140.112.96.83:82/CSCP/61CSCP/Case%20427/view.apml

Contributors：

Hao-Kai Chang (張皓凱) DVM[1], Yu-Lun Tsai (蔡語倫) DVM,[1], Ju-Po Kao (高如柏) DVM, MS[2], Jiunn-Wang Liao (廖俊旺) DVM, PhD[1], Cheng-Chung Lin (林正忠) 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. Department of Veterinary Medicine, National Chung Hsing University (國立中興大學獸醫學系)

CASE HISTORY:

Signalment: Green iguana(*Iguana iguana*), unknown age and sex.

Clinical History:

The iguana showed anorexia and emaciated for a long period. It was found dead without any clinical examination and was submitted from a museum of central Taiwan for pathological examination.

Gross Findings:

Chalky white, beige and pale yellowish material deposited on the serosa surfaces of visceral organs and muscle. Kidney was swollen with beige to yellowish spots diffusely distributed in the parenchyma. Liver and spleen were similar to the kidney. Right lobe of the lung was scattered with yellowish miliary nodules while the left was more severe with solid textile and sand-like materials in the center of the nodules. The nodules were about 0.2 to 0.5 cm in size. Some stones used as environment decorated were found in the stomach.

Case Number: 427

CASE RESULT:

Histopathological Findings:

Multinucleated giant cells surrounding the pale stained foci which were radially-arranged or foggy-like, lightly eosinophilic material in multifocal distribution could be found in the renal tubule, lung, serosa of the trachea, spleen, heart and liver. Part of the lesion had mineral salt deposited center. Lung and spleen showed more severe change than other organs. Hyaline change of the glomerulus was mild with a few homogeneous eosinophilic substances. The imperceptible brown to ecru pigment diffusely distributed in the cytoplasm of hepatocyte and melanomacrophage. Abundant brownish pigment was deposited in the muscularis and serosa of reproductive duct.

Differential Diagnosis

1. Visceral gout
2. Cholesterol granuloma
3. Toxic nephrosis
4. Dehydration

Diagnosis: Visceral gout

Discussion:

Diagnosis of gout, either articular or visceral form, is made on the basis of history and clinical examination. Unfortunately, the history of animals, especially reptilian, is difficult to collect due to limitation of behavior observation. In addition, lack of clinical and laboratory examination database also raise the threshold to diagnose this disease.

As we know, reptile and avian suffer from all the forms of gout, including visceral, articular, and periarticular form. However, gout is not a common problem in general veterinary medicine. As the result, veterinarians, especially specializing in avian and reptilian, must rely on human medical literature for more information regarding the diagnosis and treatment of this disease. The causes that lead to systemic uric acid deposition in the reptilian are manifold, such as overwhelming amino acid, low temperature of the environment, water deficiency or misusage of the antibiotic drug.

All reptiles need proteins in their diets, but carnivores and vegetarians reptilian need different sources. Carnivores can absorb proteins from plants, but the diet is not complete and they may eventually have certain amino acid deficiencies. In contrast, vegetarians feeding animal source proteins, may not efficiently process the nutrients. Furthermore, food habits of the reptilian are complicated. For example, green iguana (*Iguana iguana*), was vegetarian in its young stage,

but carnivore when it mature. It is common seen that incorrect feedings result in severe gout of reptilian. Misusing of potentially nephrotoxic antibiotics, such as aminoglycosides and sulfonamides, may cause tubular degeneration or necrosis and hyperuricemia. This is a common sequela in patients being treated in veterinary hospital, but the state of hydration is ignored. Diuretics are the drugs most implicated in causing gout. Furosemide, a diuretic frequently used in veterinary medicine, decreases the renal tubular excretion of urates and is contraindicated in dehydration, hyperuricemia, or cases of suspected gout. Some experts of the reptilian medicine suggested that diuretics should not be used in the reptilian because dehydration is a common problem. In reptile medicine, the environmental factors are the most commonly implicated, for instance, in some species of the crocodile, low environment temperature could lead to low metabolism of the uric acid.

In reptilian, common sites for tophi deposition include the pericardial sac, kidneys, liver, spleen, lungs, subcutaneous tissue, and other soft tissues. Some of the tophi consist of 100% monosodium urate, which are radiolucent, and others, which are complicated with calcium oxalate or calcium phosphate, are radiopaque.

All of these described above indicate the fact that gout is a serious problem in reptiles. Because of their primitive and unique physiology, and moreover, poorly understood of nutritional requirements, they are prone to this disease. Although we still have a great deal to study about gout in reptiles, we do know that in most circumstances it is usually preventable.

Reference:

1. Elliott R. Jacobson; Infectious disease and pathology of reptiles-color atlas and text, University of Florida college of veterinary medicine, Taylor and Francis group, LLC, 2007.
2. Kolle P, Hoffman R; Incidence of nephropathies in European Tortoises, Proc Assoc Rept Amphib Vet 33-35, 2002.
3. Susan C. Gardner, Eva Oberdorster; Toxicology of reptiles, Taylor and Francis group, LLC, 2005

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：一般會員新台幣五佰元，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。

六、第七屆理監事名單簡歷冊

中華民國比較病理學會第七屆理監事名單簡歷冊									
職別	姓名	性別	學歷	經歷	現任本職	通訊住址	電話	傳真	email
理事長	廖俊旺	男	國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	中興大學獸醫病理生物學研究所教授兼所長	402 台中市南區國光路 250 號 獸病所	0937-285958 04-22840894 #406	04-22862073	jwliao@dragon.nchu.edu.tw
常務理事	林正忠	男	國立中興大學獸醫學博士	國立中興大學獸醫病理生物學研究所講師	國立中興大學獸醫病理生物學研究所 副教授	402 台中市南區國光路 250 號 獸病所	04-22840894 #112	04-22852186	chen666@dragon.nchu.edu.tw
常務理事	許永祥	男	國立台大醫學院病理研究所碩士	台大醫院病理科住院醫師	慈濟醫院病理科主任	973 花蓮縣吉安鄉北昌村 27 鄰莊敬路 173 號	03-8565301 #2190	03-8574265	yhhsu@mail.tcu.edu.tw
常務理事	施洽雯	男	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	265 羅東鎮南昌街 83 號	039-543131 #2716	039-551543	82c002@mail.pohai.org.tw
常務理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	台灣養豬科學研究所主任 國立臺灣大學獸醫專業學院院長	國立臺灣大學動物醫院院長	234 台北縣永和市環河西路二段 187 號六樓之一	02-33663760	02-23633289	chhsuliu@ntu.edu.tw
理事	江蓉華	男	國防醫學院醫學士	國軍花蓮總醫院病理部主任	耕莘醫院組織病理科主任	23148 新北市新店區中正路 362 號	02-22193391 #65239 0921-601501	02-22193506	path_65239@yahoo.com.tw
理事	李進成	男	英國倫敦大學神經病理博士	長庚醫院內科醫師	新光吳火獅紀念醫院病理檢驗科醫師	112 台北市北投區行義路 154 巷 31 號 7F	02-28332211 #2120	02-28389306	cclee6666@yahoo.com.tw
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	台北市大安區龍門里 7 鄰 和平東路 2 段 32 號 3 樓	0939-665921 02-2362-2656 04-26581919 #4320	02-23622656	masaroan@yahoo.com.tw
理事	林永和	男	台大病理研究所	台北醫學大學牙醫學院口腔病理科副教授	台北醫學院病理科講師	110 台北市吳興街 250 號	02-27361661 #3131	02-23770054	kevinyhl@tmu.edu.tw
理事	祝志平	男	台大病理研究所	台北醫學院講師	台北國泰醫院病理醫師	台北市莊敬路 342 號 4F	02-27082121 #3526 0953-886806		happffl@yahoo.com.tw
理事	張俊梁	男	國防醫學院醫學科學研究所博士	國防醫學院兼任副教授	國軍桃園總醫院病理檢驗部代主任	325 桃園縣龍潭鄉中興路 168 號	0932-306037 0972-765804	03-4809946	junn9liang@yahoo.com.tw
理事	邱慧英	女	台大獸醫學研究所博士班	台灣動物科技研究所動物醫學組助理研究員	台大獸醫學研究所博士班	10617 台北市大安區羅斯福路四段一號獸醫三館 513 室	0919-533920 02-3366-9899	02-23621965	hic01.chiou@gmail.com
理事	梁鍾鼎	男	台灣大學獸醫學研究所博士	國家實驗動物中心副研究員	國家實驗動物中心首席獸醫師	(104)台北市中山區大直北安路 588 巷 30 弄 14 號 3 樓	02-2789-5569	02-27895588	liact@nlac.narl.org.tw
理事	蔡睦宗	男	國立台灣大學獸醫學系公共衛生組碩士	屏東縣家畜疾病防治所		屏東縣屏東市溝美里勝利路 2 號	08-7224109	08-7224432	t0566@ms7.hinet.net
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	中山醫學大學病理學科主任	403 台中市太原路一段 34 號	04-24730022 #11623 0936-498546	04-24753984	luke_mtlai@yahoo.com.tw
常務監事	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授	台灣大學獸醫分子暨比較病理生物學研究所 教授兼所長	10617 台北市大安區羅斯福路四段一號獸醫三館 513 室	0987-836607 02-33663869 02-3366-9899	02-23621965	crjeng@ntu.edu.tw
監事	高郁茜	女	台北醫學大學醫學系	萬芳醫院醫師 台大醫院住院醫師	雙和醫院主治醫師	台北市吳興街 250 號台北醫學大學病理科	0970-746-346 02-2736-1661 #3146	02-23770054	capri881@yahoo.com.tw
監事	蔡懷德	男	中國醫藥大學醫學系 台灣大學獸醫系	台大家醫部住院醫師、兼任主治醫師	衛生福利部疾病管制署醫師	台南市南區大同路二段 752 號	0963-….. 06-2696211 #103	06-2906714	walwalter@gmail.com
秘書長	朱旆億	男	國立台灣大學獸醫學研究所博士	輔仁大學醫學系兼任助理教授	聖馬爾定醫院病理科主任	嘉義市大雅路 2 段 565 號病理科	0920-138915 (05)2756000 #3400	05-2777502	chu.peiyi@msa.hinet.net

七、數位組織切片資料庫

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

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

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

2. Please go to the NTU Vet Med Digital Pathology Lab web site at http://140.112.96.83:82/CSCP/ with your web browser.

3. A pop-up window appears to ask for "User name" and "Password." Enter “guest” for both boxes.

4. Choose a Comparative Pathology meeting (e.g. 52nd CSCP)

5. Pick any case you'd like to read (e.g. case365-372)

八、比較病理研討會病例分類一覽表

中華民國比較病理學會
第一次至第六十次比較病理學研討會病例分類一覽表

分類	病例編號	會議場次	診　　斷	動物別	提　供　單　位
腫瘤	1.	1	Myxoma	Dog	美國紐約動物醫學中心
	2.	1	Chordoma	Ferret	美國紐約動物醫學中心
	3.	1	Ependymoblastoma	Human	長庚紀念醫院
	8.	2	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
	18.	3	Malignant lymphoma	Human	長庚紀念醫院
	19.	3	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
	24.	3	Metastatic thyroid carcinoma	Human	省立新竹醫院
	25.	3	Chordoma	Human	新光吳火獅紀念醫院
	34.	4	Interstitial cell tumor	Dog	中興大學獸醫學系
	35.	4	Carcinoid tumor	Human	長庚紀念醫院
	36.	4	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
	38.	6	Pheochromocytoma	Ferret	美國紐約動物醫學中心
	39.	6	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
	40.	6	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
	41.	6	Fibroadenoma	Human	省立豐原醫院
	42.	6	Canine benign mixed type mammary gland tumor	Pointer bitch	中興大學獸醫學系
	43.	6	Phyllodes tumor	Human	台中榮民總醫院
	44.	6	Canine oral papilloma	Dog	台灣大學獸醫學系
	45.	6	Squamous cell papilloma	Human	中國醫藥學院
	47.	7	1. Lung: metastatic carcinoma associated with cryptococcal infection. 2. Liver: metastatic carcinoma. 3. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	56.	8	Gastrointestinal stromal tumor	Human	台中榮民總醫院
	59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
	62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
	64.	8	1. Adenocarcinoma of sigmoid colon	Human	省立新竹醫院

			2. Old schistosomiasis of rectum		
	71.	9	Myelolipoma	Human	台北耕莘醫院
腫瘤	72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
	73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
	74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar strain rats	台灣省農業藥物毒物試驗所
	81.	10	Angiomyolipoma	Human	羅東博愛醫院
	82.	10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
	84.	10	Nephrogenic adenoma	Human	國泰醫院
	86.	10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
	87.	10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
	88.	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
腫瘤	103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	104.	13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
	109.	13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院

腫瘤	107.	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
	111.	13	Schwannoma	Human	三軍總醫院
	114.	13	Osteosarcoma	Dog	美國紐約 動物醫學中心
	115.	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
	116.	14	Krukenberg's Tumor	Human	台北病理中心
	117.	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院
	119.	14	Polypoid adenomyoma	Human	大甲李綜合醫院
	120.	14	Gonadal stromal tumor	Human	耕莘醫院
	122.	14	Gestational choriocarcinoma	Human	彰化基督教醫院
	123.	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	129.	15	Kaposi's sarcoma	Human	華濟醫院
	131.	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院
	132.	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系
	137	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

腫瘤	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	Lymphoma	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
	218	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	222	31	Acquired immunodeficiency syndrome (AIDS)with disseminated Kaposi's sarcoma	Human	慈濟醫院病理科
	224	32	Epithelioid sarcoma	Human	彰化基督教醫院 病理科
	226	32	Cutaneous B cell lymphoma , eyelid , bilateral	Human	羅東聖母醫院病理科
	227	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科 病理科
	228	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
	231	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教 耕莘醫院病理科
	232	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	233	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
	235	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	239	35	Glioblastoma multiforme	Human	羅東聖母醫院
	240	35	Pineoblastoma	Wistar rat	綠色四季
	241	35	Chordoid meningioma	Human	高醫病理科
	243	35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
	245	35	Microcystic Meningioma.	Human	耕莘醫院病理科
	247	36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院

腫瘤	249	36	Adenocarcinoma of lung.	Human	羅東聖母醫院
	252	36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系獸醫學研究所
	253	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
	256	37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科
	258	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
	262	38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
	264	39	Merkel cell carcinoma	Human	羅東博愛醫院
	266	39	Cholangiocarcinoma	Human	耕莘醫院病理科
	268	39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
	269	39	Mammary Carcinoma	Canine	中興大學獸醫學系
	270	39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
	271	39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
	272	39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	273	40	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	274	40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
	275	40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	276	40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	277	40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
	278	40	Hepatocellular carcinoma	Human	國軍桃園總醫院
	279	40	Feline diffuse iris melanoma	Faline	中興大學獸醫學系
	280	40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
	281	41	Tonsil Angiosarcoma	Human	羅東博愛醫院
	282	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	283	41	Renal cell tumor	Rat	中興大學獸醫學系
	284	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	285	41	Myopericytoma	Human	新光吳火獅紀念醫院
	287	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	288	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	289	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	292	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科
	293	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	297	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	300	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學

					獸醫專業學院
	301	43	Cholangiocarcinoma	Felis Lynx	臺灣大學 獸醫專業學院
	302	43	Lymphoma	Canine	臺灣大學 獸醫專業學院
	303	43	Solitary fibrous tumor	Human	彰化基督教醫院
	304	43	Multiple sarcoma	Canine	臺灣大學 獸醫專業學院
	306	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	307	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院 病理科
	308	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	309	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學 獸醫專業學院
	312	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學 獸醫專業學院
	313	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	314	45	Parachordoma	Human	羅東博愛醫院病理科
腫瘤	315	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院 病理科
	316	45	Melanoma, tongue	Canine	國立臺灣大學 獸醫專業學院
	317	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

腫瘤	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	Dog	國立屏東科技大學

			a Canine		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
腫瘤	403	57	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
	404	57	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad 4. cyst and atherosclerosis, chronic, testis	Goose	國立中興大學獸醫病理生物學研究所
	406	57	Castleman’s disease	Human	羅東博愛醫院
	407	58	Hepatoid adenocarcinoma of colon with multiple liver metastases	Human	羅東博愛醫院
	408	58	Cardiac and pulmonary melanoma	Pig	國立中興大學獸醫病理生物學研究所
	409	58	Double Tumors: (1) small cell carcinoma of lung (2) Hodgkin’s lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica	Human	佛教慈濟綜合醫院暨慈濟大學病理科
	410	58	Von Hippel–Lindau disease	Human	奇美醫院病理部
	411	58	Multiple neoplasia	Tiger	國立屏東科技大學獸醫教學醫院病理科
	412	58	Hepatocellular carcinoma and multiple myeloma	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
	413	59	DEN plus AAF carcinogens induced hepatic tumor in male rats	Rat	中興大學獸醫病理生物學研究所
	417	59	Alveolar soft part sarcoma	Human	高雄醫學大學附設中和紀念醫院病理科

	418	60	Seminoma associated with supernumerary testicles	Human	羅東博愛醫院
細菌	6.	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
	77.	10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院
	79.	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
	108.	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	113.	13	Tuberculous meningitis	Human	羅東聖母醫院
	134.	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	135.	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
	140	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	161	20	Porcine polyserositis and arthritis (Glasser's disease)	Pig	中興大學獸醫學院
	162	20	Mycotic aneurysm of jejunal artery	Human	慈濟醫院病理科

			secondary to infective endocarditis		
	170	21	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
	173	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	254	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	259	37	Tuberculous peritonitis	Human	彰化基督教醫院 病理科
	260	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	261	38	Leptospirosis	Human	慈濟醫院病理科
	267	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	290	42	*Staphylococcus* spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	291	42	Leptospirosis	Dog	台灣大學獸醫學系
	296	43	Leptospirosis	Human	花蓮慈濟醫院
	305	43	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
	319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所
	321	46	Pneumonia, Buirkholderia pseudomallei	Goat	屏東縣家畜疾病 防治所
細菌	339	48	Mycoplasmosis	Rat	國家實驗動物中心
	352	50	Chromobacterium violaceum Septicemia	Gibbon	Bogor Agricultural University, Indonesia
	353	50	Salmonellosis	Pig	國立中興大學 獸醫學院
	367	52	Melioidosis (Burkholderia pseudomallei), lung	Human	花蓮慈濟醫院
	370	52	Suppurative bronchopneumonia (*Bordetellae trematum)* with *Trichosomoides crassicauda* infestation	Rat	國立中興大學 獸醫學院
	374	53	Pulmonary coccidiodomycosis	Human	彰化基督教醫院
	375	53	Paratuberculosis in Macaca cyclopis	Macaca cyclopis	國立屏東科技大學 獸醫學院
	379	53	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病 防治所
	380	53	NTB, Mycobacterium abscessus	Human	佛教慈濟綜合醫院暨慈濟大學病理科
	382	54	Leptospirosis	Pig	國立屏東科技大學 獸醫學院
	384	54	Neisseria Infected Pneumonitis	Cat	中興大學獸醫學系
	385	54	Mycobacteria avian complex dacryocyctitis	Human	花蓮佛教慈濟綜合醫院
	387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
	396	56	Suppurative meningitis caused by Streptococcus spp in pigs	Pig	國立中興大學獸醫病理生物學研究所

	399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所
病毒	21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
	22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系
	30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
	31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
	50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
	55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
	69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
	78.	10	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
	92.	11	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
	101.	11	Swine pox	Pig	屏東科技大學獸醫學系
	110.	13	Pseduorabies	Piglet	國立屏東科技大學
	112.	13	Avian encephalomyelitis	Chicken	國立中興大學
	128.	15	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	130.	15	Fowl pox and Marek's disease	Chicken	中興大學獸醫學系
	133.	16	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	136	17	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	138	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	153	19	Enterovirus 71 infection	Human	彰化基督教醫院
	154	19	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	155	19	Rabies	Longhorn Steer	台灣大學獸醫學系
	163	20	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	199	28	SARS	Human	台大醫院病理科
	200	28	TGE virus	swine	臺灣動物科技研究所
	201	28	Feline infectious peritonitis(FIP)	Feline	台灣大學獸醫學系
	209	30	Chicken Infectious Anemia (CIA)	Layer	屏東防治所

病毒	219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus(PCV)infection. 2. Lung: Bronchointerstitial pneumonia,moderate, lymphoplasmacytic, subacute.	Pig	臺灣動物科技研究所
	220	31	Cytomegalovirus colitis	Human	彰化基督教醫院 病理科
	221	31	Canine distemper virus Canine adenovirus type ll co-infection	Canine	國家實驗動物 繁殖及研究中心
	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
病毒	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
黴菌	23.	3	Chromomycosis	Human	台北病理中心
	47.	7	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	48.	7	Adiaspiromycosis	Wild rodents	台灣大學獸醫學系
	52.	7	Aspergillosis	Goslings	屏東縣家畜疾病防治所
	53.	7	Intracavitary aspergilloma and cavitary 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
	127.	15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
	138	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	298	43	Systemic Candidiasis	Tortoise	中興大學獸醫學院
黴菌	318	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
寄生蟲	14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	3	Sparganosis	Human	台北榮民總醫院
	46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	7	Echinococcosis	Human	台北榮民總醫院
	60.	8	Intestinal capillariasis	Human	台北馬偕醫院
	64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院
	66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
	67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	106.	13	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	139	17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	141	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
	157	19	Capillaria hepatica, Angiostongylus cantonensis	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
	202	29	Colnorchiasis	Human	高雄醫學院附設醫院
	203	29	Trichuriasis	Human	彰化基督教醫院
寄生蟲	204	29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	205	29	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	206	29	Capillaries philippinesis	Human	和信治癌中心醫院
	207	29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
	286	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
原蟲	4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
	15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
	16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
	17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系
	51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
	57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
	65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
	211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
	242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系
	263	38	Intestinal amebiasis	Human	彰化基督教醫院 病理科
	320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
	325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學 獸醫專業學院
立克次體	229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
	251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科
皮膚	216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
	359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學 獸醫專業學院
	360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
其它	9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
	10.	2	Choledochocyst	Human	長庚紀念醫院
	11.	2	Bile duct ligation	Rat	中興大學獸醫學系
	37.	4	Myositis ossificans	Human	台北醫學院
	75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
	76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約 動物醫學中心
	80.	10	Glomerular sclerosis and hyalinosis, segmental, 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 繁殖及研究中心
	85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所

其它	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
	118.	14	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所
	121.	14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	124.	15	Superficial necrolytic dermatitis	Dog	美國紐約 動物醫學中心
	125.	15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	126.	15	Alopecia areata	Mouse	國家實驗動物 繁殖及研究中心
	142	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
	159	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	165	21	Chinese herb nephropathy	Human	三軍總醫院 病理部及腎臟科
	167	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	171	21	Malakoplakia	Human	彰化基督教醫院
	183	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

其他	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

九、會 員 資 料 更 新 服 務

各位會員：

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

中華民國比較病理學會秘書處
國立中興大學 獸醫病理生物學研究所
廖俊旺 教授實驗室
助理 吳昭慧
sosia3342@gmail.com
04-22840894 轉 315
402 台中市南區國光路 250 號 動物疾病診斷中心 3F 305 室

----------中華民國比較病理學會----------

會員資料更改卡

姓　　名：_____　　會員類別：☐一般會員
☐學生會員
☐贊助會員

最高學歷：_____

服務單位：_____職　　稱：_____

永久地址：_____

通訊地址：_____

電　　話：_____傳　　真：_____

E-Mail Address：_____

中 華 民 國 比 較 病 理 學 會

誠摯邀請您加入

入　會　辦　法

一、 本會會員申請資格為：

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

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

（三）贊助會員：贊助本會工作之團體或個人。

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

二、 會員：

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

（二）常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、入會費及常年會費繳交方式：以銀行轉帳或匯款（**006 合作金庫銀行、帳號：0190-717-052017、戶名：中華民國比較病理學會**）；並請填妥**入會申請表**連同**銀行轉帳交易明細表**或**匯款單**以郵寄或傳真方式寄回中華民國比較病理學會秘書處收。地址：402 台中市南區國光路 250 號 動物疾病診斷中心 3F 305 室、電話：04-22840894 轉 315、傳真 04-22842186。

中華民國比較病理學會入會申請及會員卡

會籍電腦編號 _____

姓名	中文		性別	男 ☐ 女 ☐	出生	民國 年 月 日	出生地	省 縣/市
					身分證字號			
	英文		會員身份: ☐一般 ☐學生 ☐贊助					

學歷	(1)	稱謂(請圈選) 先生 小姐 醫師 獸醫師	
		研究員 博士 教授 主任 其他: _____	
	(2)	研究興趣	(1)
	(3)		(2)
	(4)		(3)

主要經歷	機關名稱	職務	起	止
			年 月	年 月
			年 月	年 月
			年 月	年 月
現職			年 月	年 月

通訊地址: 現在 電話： 傳真：

永久 電話： 傳真：

電子郵遞(E-mail)地址：

茲 贊 同

貴會宗旨擬加入爲會員嗣後並願遵守一切規章共圖發展

此 致

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

審核結果