Chinese Society of Comparative Pathology

中華民國比較病理學會

第 67 次比較病理學研討會

(易誤診為惡性的良性腫瘤)

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

臺北市立動物園

August 14, 2016 (中華民國 105 年 8 月 14 日)

SCHEDULE

67th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 67 次比較病理學研討會議程

時間：105 年 8 月 14 日(星期日)　　地點：臺北市立動物園行政大樓演講廳

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)		
09:20~09:30	Opening Ceremony (致詞) 金仕謙 園長、廖俊旺 理事長		
09:30~10:30	專題演講	Topic: Learning and growing from misdiagnosis Dr. Chia-Wen Shih (施洽雯 醫師) Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	金仕謙 園長
10:30-11:00	Coffee Break (拍團體照)		
11:00~11:20	肉眼診斷 Case 461	Dr. Chia-Hsuan Chang (張家瑄 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)	金仕謙 園長
11:20~11:40	Case 462	Dr. Hsin-Tzu Yeh (葉忻慈 醫師) Department of Pathology, Buddhist Tzu-Chi General Hospital and University (佛教慈濟綜合醫院暨慈濟大學病理科)	祝志平 理事
11:40~12:00	Case 463	Dr. Fang-Yi Tsai (蔡芳宜 獸醫師) Department of Veterinary Medicine, National Chung Hsing University (中興大學獸醫學研究所)	
12:00~13:30	Lunch, and Board Meeting (中華民國比較病理學會理監事會議)		
13:30~13:50	Case 464	Dr. Shin Pai (白馨 醫師) Department of Pathology, St. Martin De Porres Hospital (天主教聖馬爾定醫院口腔顎面外科)	邱慧英 理事
13:50~14:10	Case 465	Dr. Susanne Je-Han Lin (林之涵 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)	
14:10~14:40	Coffee Break		
14:40~15:00	Case 466	Dr. Chih-Ping Chu (祝志平 醫師) Department of Pathology, Show Chwan Memorial Hospital (彰化秀傳醫院病理科)	李進成 理事
15:00~15:20	Case 467	Dr. Po-Wei Chen (陳柏瑋 獸醫師) Graduate Institution of Veterinary Pathobiology, National Chung Hsing University (中興大學獸醫病理生物學研究所)	
15:20~15:40	General Discussion (綜合討論)		

臺北市立動物園園區地圖

目　　錄

Special Lecture

(專題演講)

Learning and Growing from Misdiagnosis

Chia-Wen Shih (施洽雯), MD, MS.
Department of Pathology, Lo-Tung Poh-Ai Hospital
(羅東博愛醫院 病理科)

Though err is human, the point is how to find out the root cause of error and how to improve it, then.

I know a famous professor who is expert in sonographic diagnosis. He always has notebooks to record all cases he did from his residency till now. He would search for the final pathologic diagnoses of all cases he did. He would go back to see the initial sonographic image as soon as he realized his misdiagnosis. He thinks what difference in diagnosis is and why or how the difference was made. That's why he becomes a distinguished professor of ultrasound in medicine.

Also as a pathologist, we do meet the same situation. For example, a pathological misdiagnosis, benign or malignant, may lead to an unnecessary or inadequate operations or another management plans, even lead to a delay of further treatment. Regardless of the medical dispute, the most important thing is how to learn and grow from those misdiagnoses and make ourselves much better in our specialty.

To nurture pathological residents and cytopathological technicians is one of essential jobs of a pathologist. Since we don't have resident in training, I would like to focus on how I train cytopathological technicians. I always ask cytopathological technicians have their own notebooks to record the details of all diagnoses made themselves, too. They should confirm their diagnoses with the final pathological diagnoses, and report to the monthly review meeting to check the validity and precision of their diagnoses. If the remarkable misdiagnoses happened, cytopathological technicians are requested to make clear and share with colleagues how and why those unmatching occurred. I would like to raise four cases of how this training work through literature review and self-reflection by cytopathological technicians on their thinking process and diagnoses.

For myself, I will particularly collect one more set of pathologic slides of the misdiagnostic cases for continued reflection as a reminder to keep learning and growing from misdiagnosis.

Learning and growing from misdiagnosis

羅東博愛醫院　病理科

施洽雯

105-8-14

國小時慘痛的錯誤至今仍記憶猶新

緣起

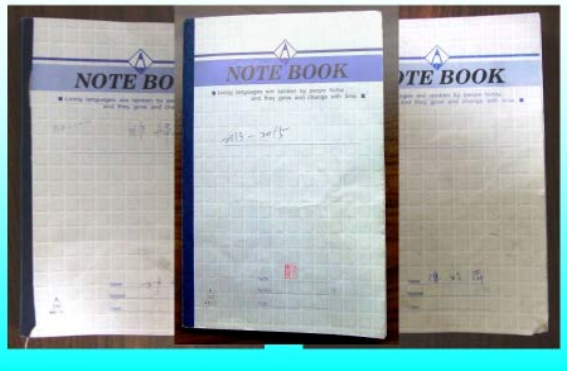
國小時慘痛的錯誤至今仍記憶猶新

緣起

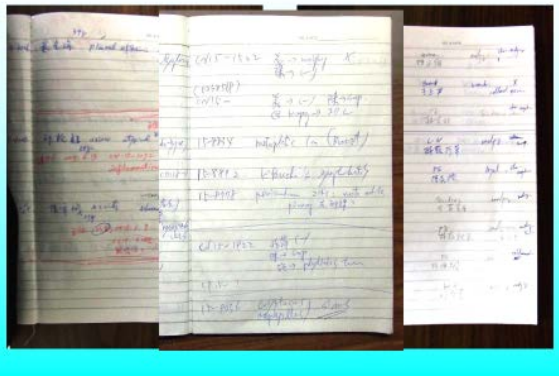
他登記他所做過的病例，追踪病理結果，
他知道他錯在那裡，他不斷精進成長，
終成為最有權威的超音波診斷教授.

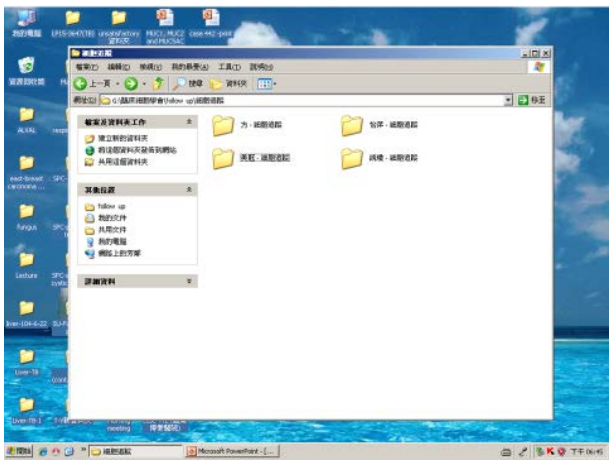
緣起

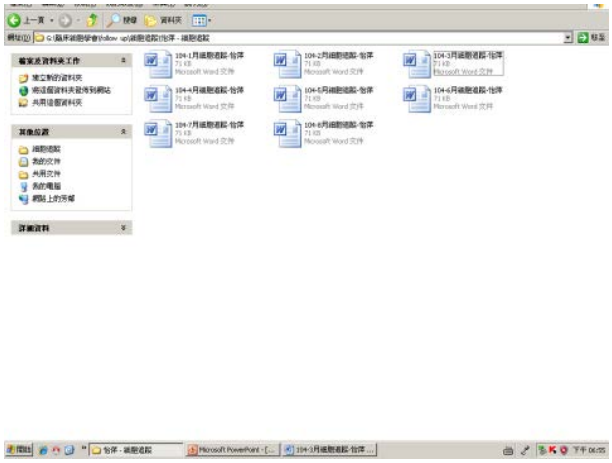
細胞病理追踪登記本

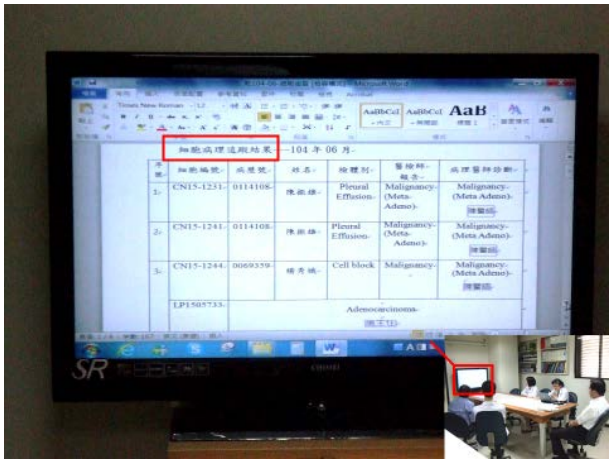


細胞病理追踪登記本

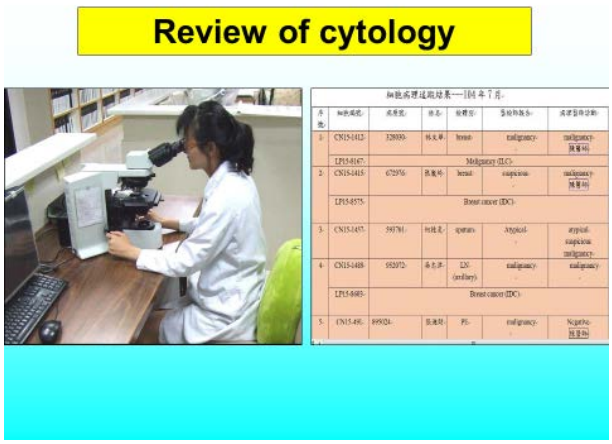









細胞病理追蹤結果---104 年 7 月.
CN15-1412
328030
林文華
breast
malignancy
LP15-8167
Malignancy (ILC)
CN15-1415
672976
張嵐琦
breast
suspicious
malignancy
LP15-8575
Breast cancer (IDC)
CN15-1457
593701
何枝美
sputum
Atypical
atypical suspicious malignancy
CN15-1489
952072
吳志津
LN (axillary)
malignancy
malignancy
LP15-8603
Breast cancer (IDC)
CN15-491
895024
張進財
PE
malignancy
Negative


Review of cytology


檢討錯誤不是責怪,而是要從錯誤中學習
你診斷錯了.
你知道你錯在那裡嗎？

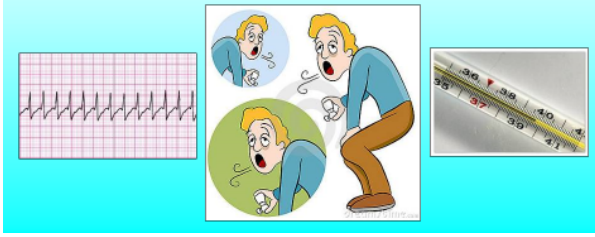

你針對這病例做檢討
並做成報告


細胞病理研討會
報告者: 曾美屘

Case Report

Clinical history:

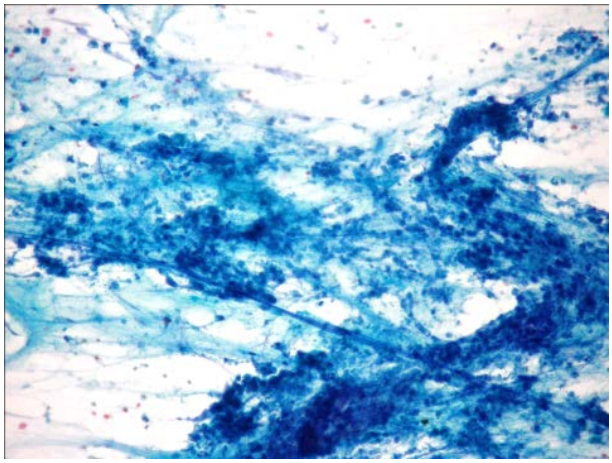
A 78 year old woman was admitted to our hospital because of tachycardia, cough with sputum, progressive dyspnea and fever.

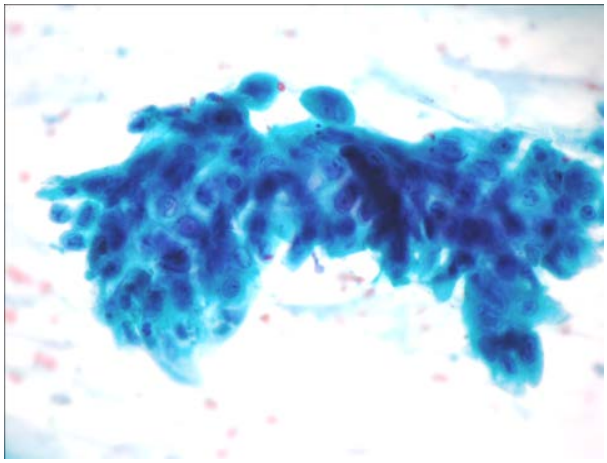


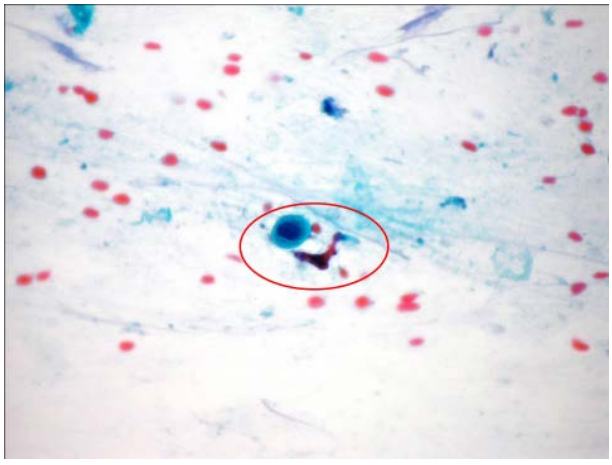
Chest X-ray showed interstitial and alveolar infiltrates in the both lung.

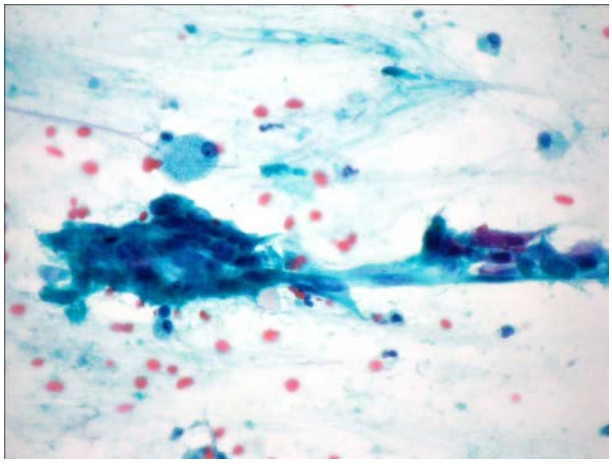
- Sputum cytology was performed:

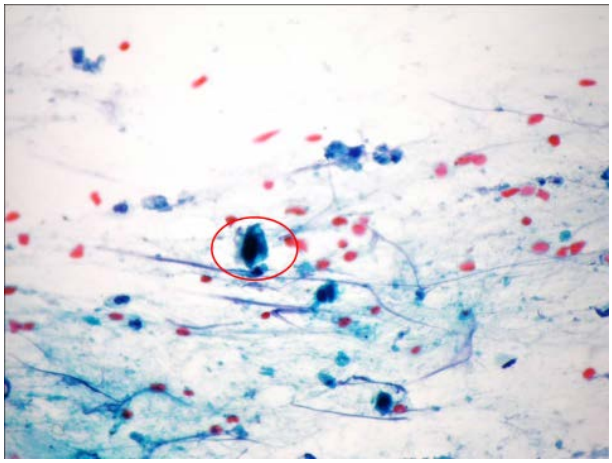
  2014-12-19 , 2014-12-20 , 2014-12-21

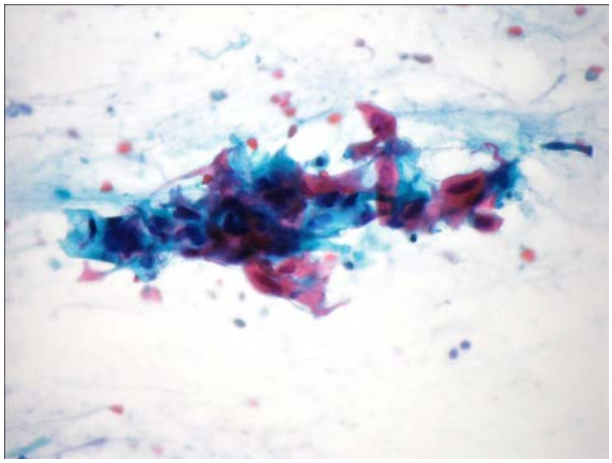


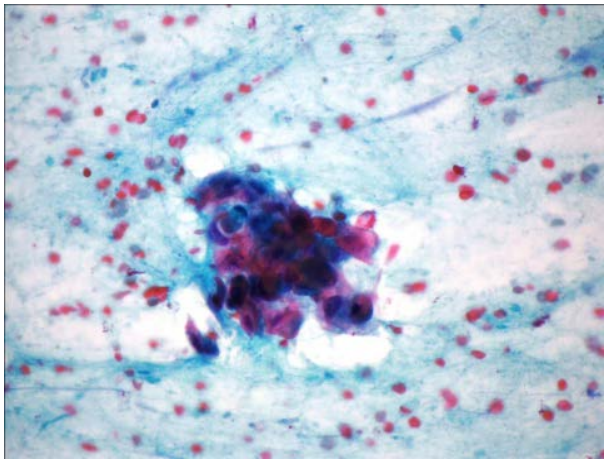


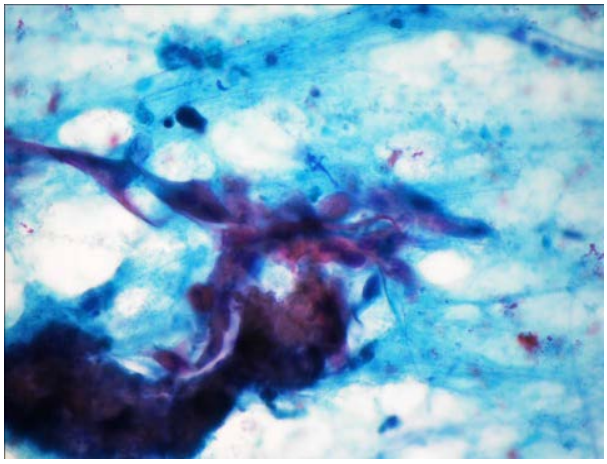


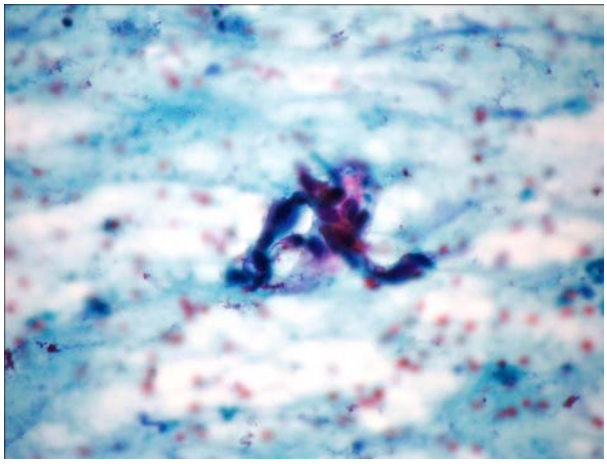


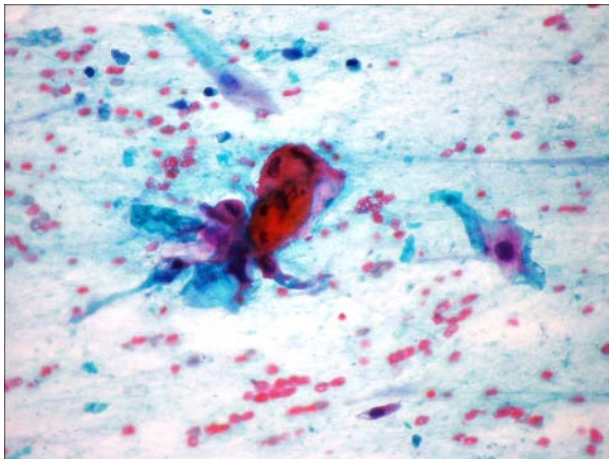












Cytologic Diagnosis:

Malignancy

Squamous cell carcinoma

X

Revised cytologic report

HSV infection
with atypical squamous metaplasia.

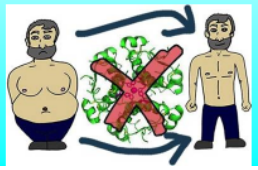
細胞病理研討會

報告者：陳怡萍

Case Report

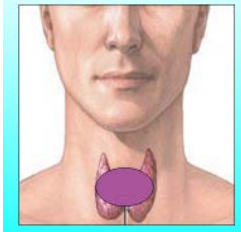
- **Present illness:**

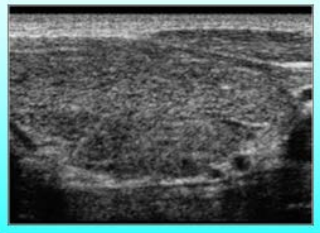
A 47 y/o woman came to the Endocrine OPD with the problem of body weight loss (9 kg for 6 months), insomnia, and anterior neck enlarged for about 3 months.



- **Physical examination:**

Anterior neck (thyroid) enlarged.

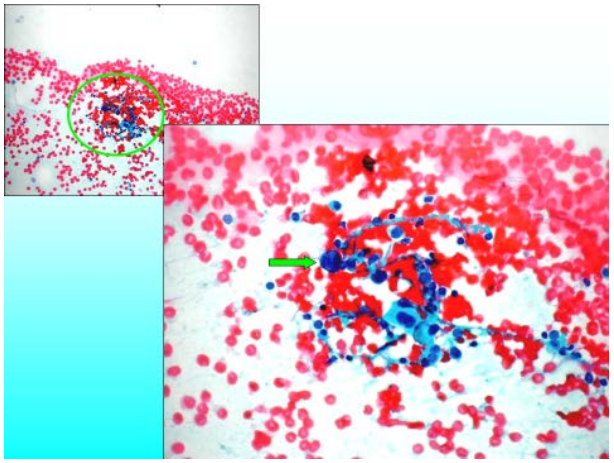


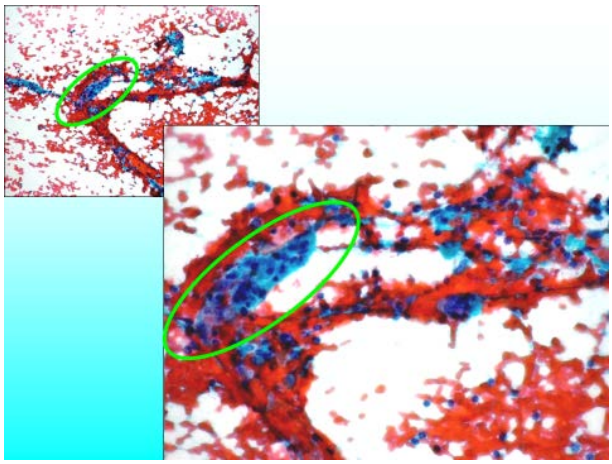


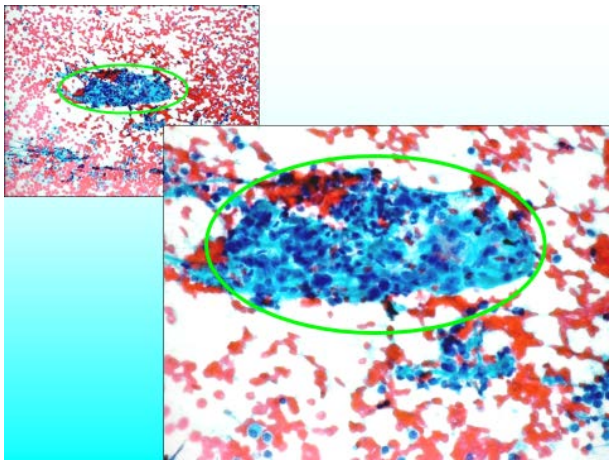
The bilateral thyroids show enlarged with heterogenous echogenicity

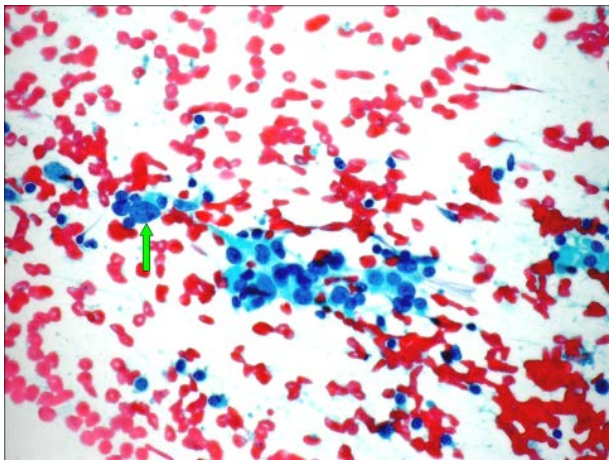
FNA of thyroid

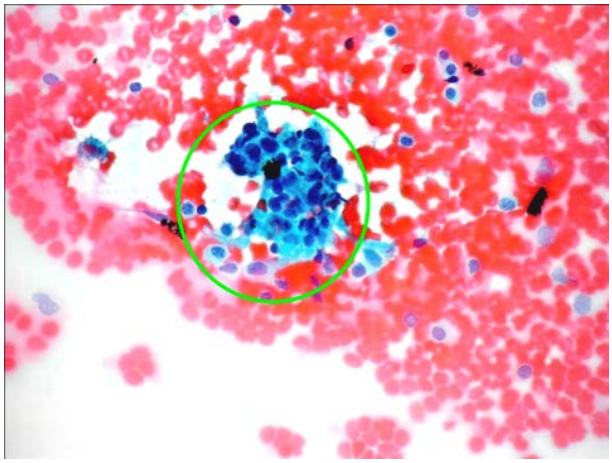
Pap stain

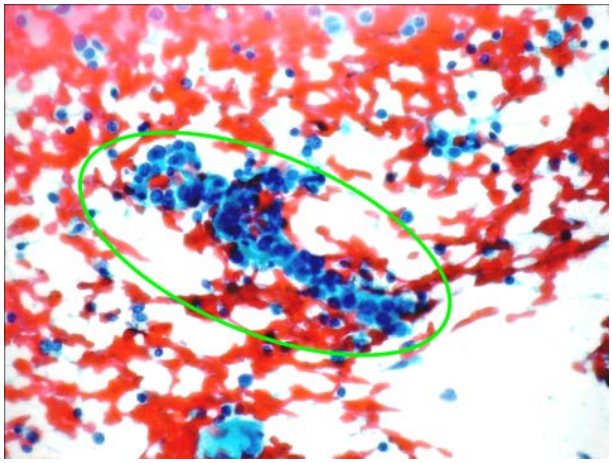


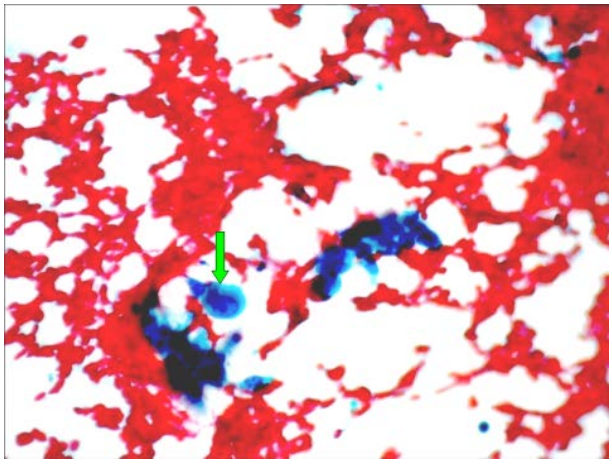


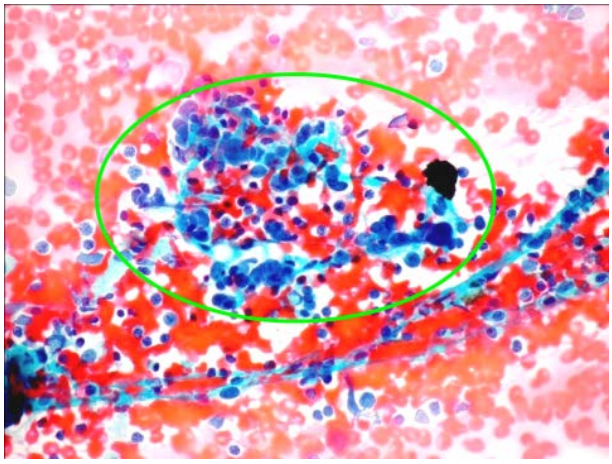












Cytology Diagnosis:

Malignancy
Favor anaplastic carcinoma

X

Revised cytologic diagnosis:

Hashimoto's thyroiditis

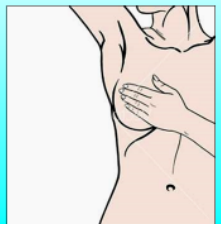
細胞病理研討會

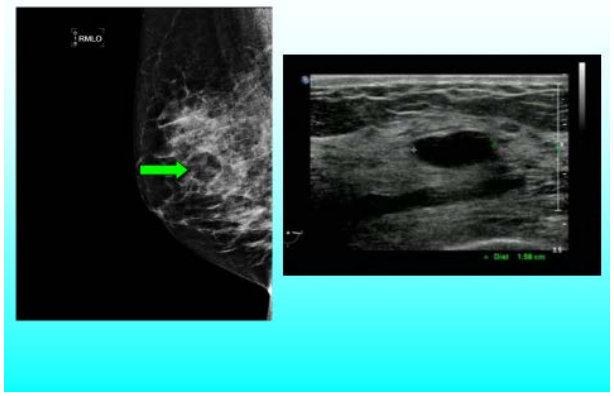
報告者：方錫泉

Case report

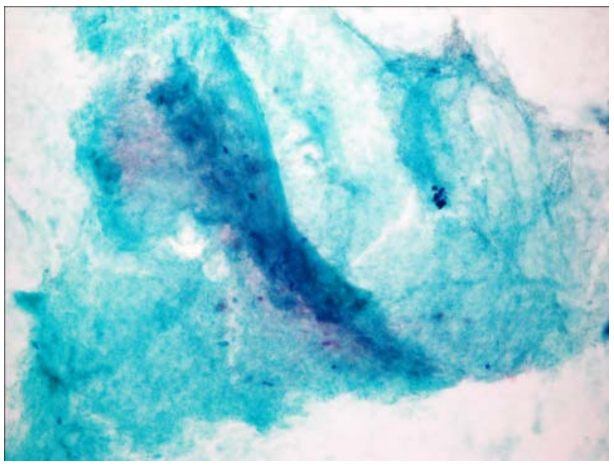
Clinical history:

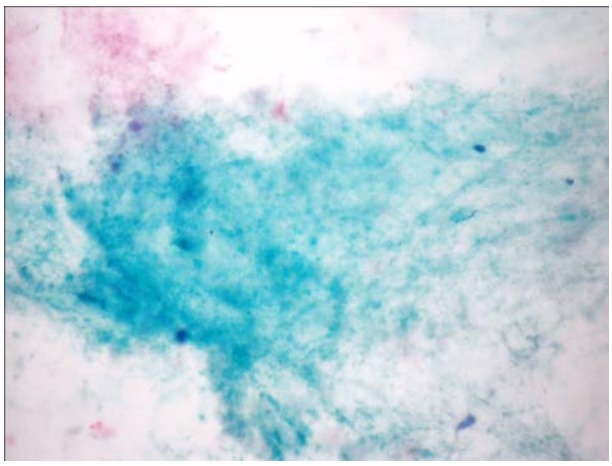
A 48 year-old female came to our GS OPD with the chief complaint of palpable mass of right breast.

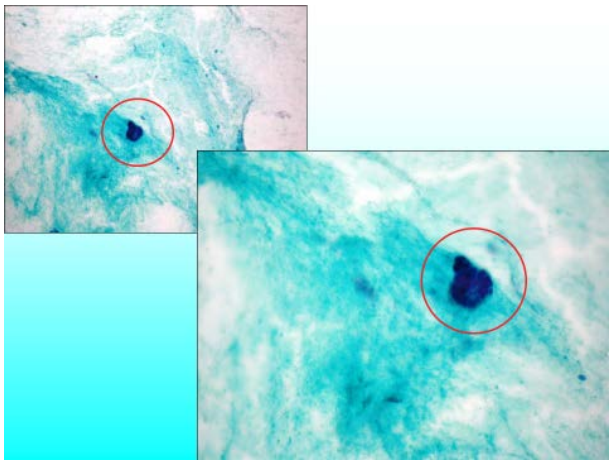


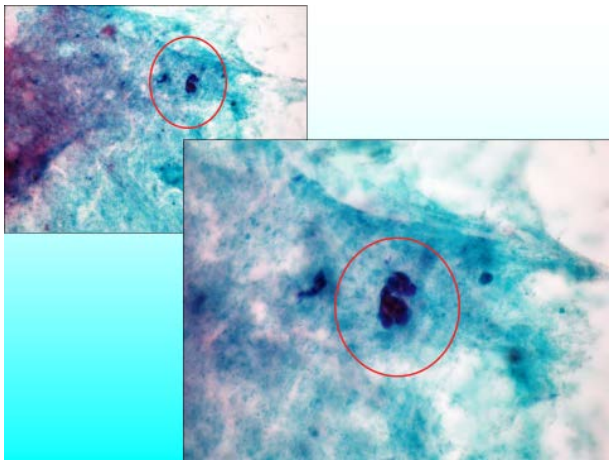


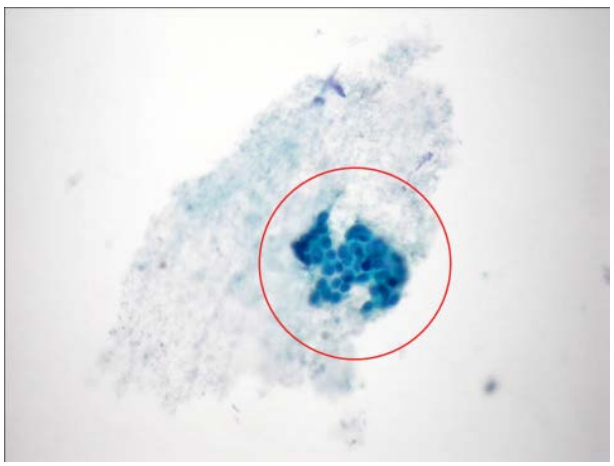
- Aspiration cytology was performed under the clinical impression of breast tumor R/O colloid carcinoma.

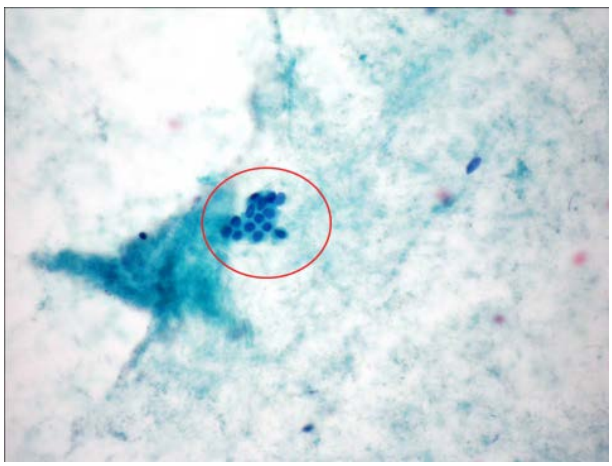


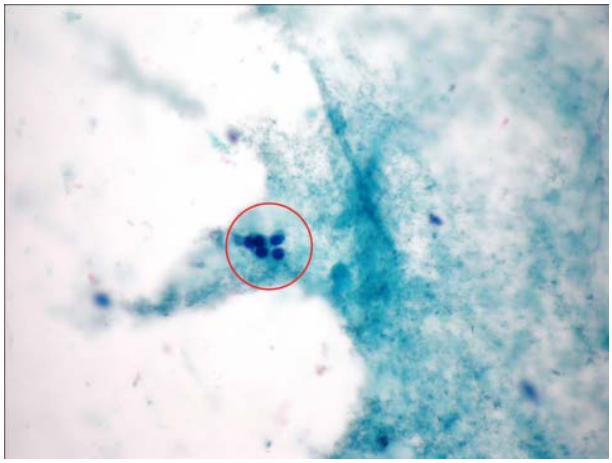


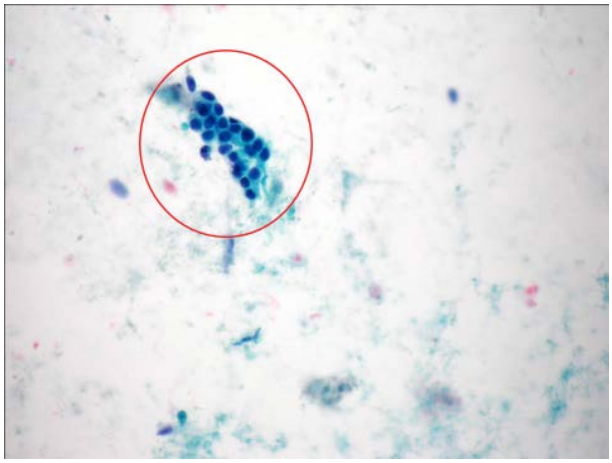






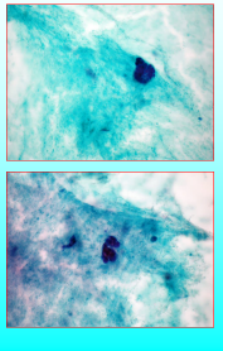






Cytologic findings

- Mucin background
- Monomorphic cell type
- Chromatin is fine, mild hyperchromasia
- Nuclei mild irregular in size and shape
- No necrosis



Cytologic Diagnosis

Favor **colloid carcinoma** X

Revised cytologic diagnosis:

Fibroadenoma

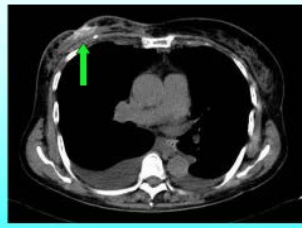
細胞病理研討會

報告者：林綉瓊

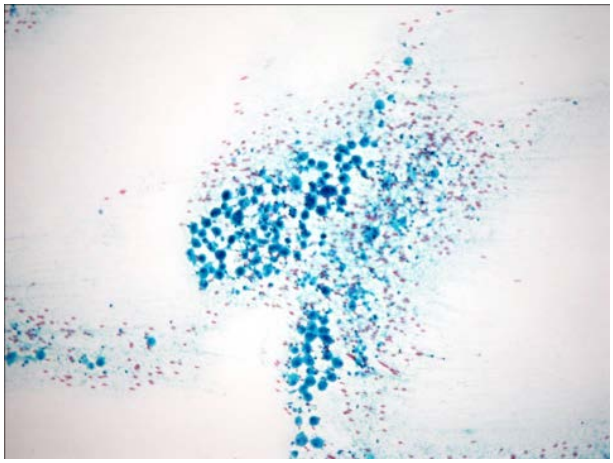
Case report

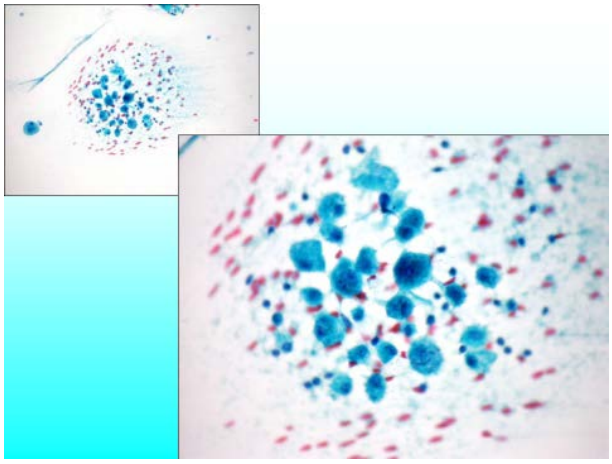
- 66 y/o female, breast feeding (+), menopasual 49 y/o,
- She noticed a painful mass on the right breast with the covering skin showed ulcer with mild hemorrhage.

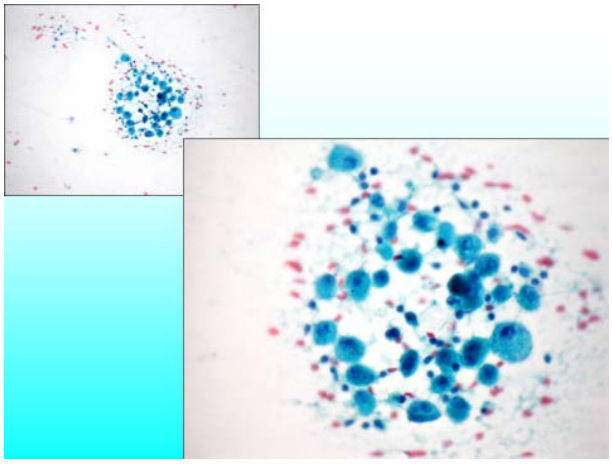
Site: Right Location: 10.5 O'clock, 7 cm from nipple, 1 cm from skin, size: 1.5 x 0.97 x 0.83 cm

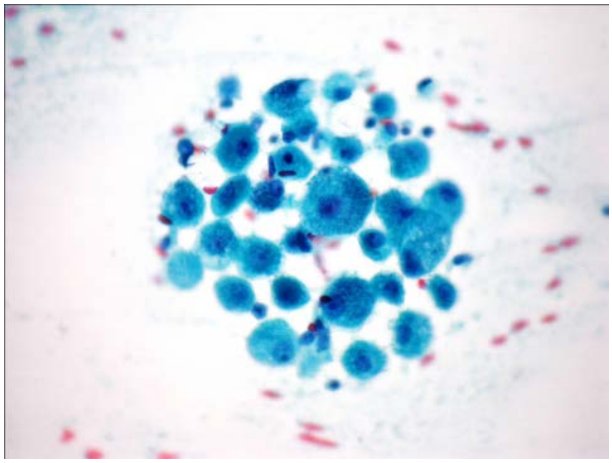


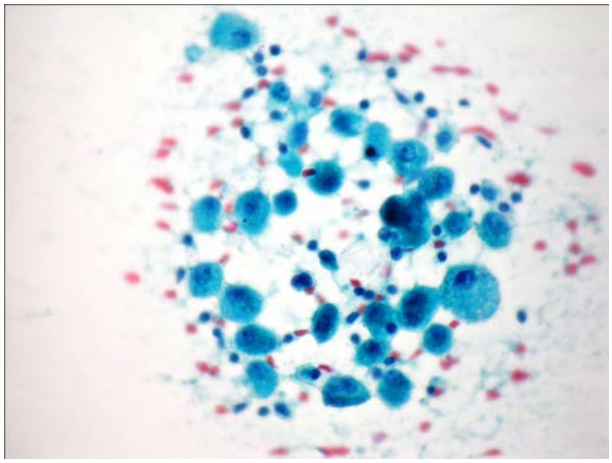
Breast aspiration cytology was performed











Cytologic Diagnosis:

Mastitis with abundant histiocytes X

Revised cytologic diagnosis:

Apocrine carcinoma.

人非聖賢，孰能無過，過而能改，善莫大焉。

《左傳宣公二年》

To err is human；
Every man has his faults；
Even Homer sometimes nods；
All men but saints are apt to make mistakes.

收集罕見的或誤診的病理切片隨時提醒自己

• 準備一筆記本, 記錄並追踪病理結果, 錯要知道錯在那裡, 不斷精進成長, 有朝一日您將成為最有權威的醫師.

Gross Show

Case Number: 461
Slide No.: CO16-393E
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=107

Chia-Hsuan Chang (張家瑄) DVM[1], Hao-Kai Chang (張皓凱) DVM[2], Johnson Lee (李忠昇) DVM[3], Cheng-Chung Lin (林正忠) DVM, PhD[2].
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[3] National Animal Industry Foundation (中央畜產會)

CASE HISTORY

Signalment: A marketing size, slaughtered pig (about 110 kg).

Clinical history:

A meat inspection veterinarian condemned partial small intestine of the pig during slaughter processing. The sample of the intestine was fixed with formalin and submitted to Animal Disease Diagnostic Center of National Chung Hsing University.

Gross finding:

There were multiple cystic structures on the serosal surface of the intestine and in the mesentery. The majority position of cysts was at the connection between the intestine and the mesentery. These cysts were dilated and filled with gas. Some of them were clustered. In the transverse section of the intestine, there were some gas bubbles in the muscularis propria and the serosa of the intestine; besides, some gas bubbles were in the mesenteric lymph node.

Figure 1
Numerous gas bubbles were found on the surface of mesentery, and located between gut wall and mesentery.

Figure 2
Some gas bubbles appeared in the muscularis propria and the serosa of the intestine

Case Number: 461

CASE RESULTS

Histopathological findings:

In the low power field, there were many cavities in the submucosa and the serosa of the intestine. There were some valves on the wall of the cavities; besides, there was no blood cell appearing in the cavities. Based on the above, the cavities were dilated lymphatic vessels. In the high power field, many foreign body giant cells gathered around the cavities. Few vesicles appeared in the cytoplasm of the giant cells.

Morphological diagnosis:

Intestinal emphysema, chronic, severe, diffuse, with foreign body giant cells infiltration, intestine and mesentery.

Diagnosis:

Intestinal emphysema

Discussion:

In swine, intestinal emphysema, also called pneumatosis cystoides intestinalis, usually appears in the intestine. The mesentery, the adjacent mesentric lymph node, and large intestine may be involved. Gas bubbles exist in the lymphatic vessels of gut walls and mesentery. The pigs with intestinal emphysema are mostly asymptomatic, and the lesion is usually accidentally found in slaughtered pigs [(2)].

The actual cause of intestinal emphysema in swine is unknown. The widely accepted theory of the etiology of intestinal emphysema is associated with mucosal abnormality and intaking excess carbohydrate, such as fed rice [(1) (6)]. When intestinal mucous is injured, the anaerobic enteric flora, such as Escherichia coli, may invade intestine and further intrude into lymphatic vessels. At the same time, if intestinal mucous lymphatic vessels are filled with excess carbohydrate, the anaerobic enteric flora which invades the lymphatic vessels may use these carbohydrates and produce carbon dioxides as metabolite. If there is too much gas accumulated in lymphatic vessels to be resorbed, it may cause intestinal emphysema, showing many gas bubbles on the gut wall and mesentery.

In human, pneumatosis cystoides intestinalis (PCI, also called pneumatosis intestinalis or intestinal pneumatosis) is preferred to use, instead of intestinal emphysema. The cause of PCI is poorly understood and is likely multifactorial. However, common accepted etiology of PCI is associated with mucosal abnormality and enteric flora invading. Steroids and other immunosuppressive agents could make intestinal mucous break down, with enteric flora invading and fermenting carbohydrate, causing PCI in the patient [(3)]. Different from swine, human with PCI may present with symptoms such as abdominal pain, catarrhal diarrhea, intermittent mild rectal bleeding and intestinal obstruction, though occasionally the condition is asymptomatic and only

revealed by radiological examination [5]. If the gas-filled cysts on the gut wall rupture, it may cause pneumoperitoneum.

A classical lesion of pig intestinal emphasema from a slaughter house 14 years ago.

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MEETING OF COMPARATIVE PATHOLOGY

August 14, 2016

中華民國比較病理學會第 67 次比較病理學研討會

CASE DIAGNOSIS

Case No.	Presenter	Slide No.	Diagnosis
肉眼診斷 Case 461	張家瑄	CO16-393E	Intestinal emphysema http://www.ivp.nchu.edu.tw/slide_view.php?id=107
Case 462	葉忻慈	S2015-6205	Toxoplasmosis http://www.ivp.nchu.edu.tw/slide_view.php?id=1076
Case 463	蔡芳宜	CO16-047	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster http://www.ivp.nchu.edu.tw/slide_view.php?id=1071
Case 464	白馨	S03_6878A	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man http://www.ivp.nchu.edu.tw/slide_view.php?id=1075
Case 465	林之涵	NTU 2015-2435	Plasmacytoid urothelial carcinoma http://www.ivp.nchu.edu.tw/slide_view.php?id=1074
Case 466	祝志平	SCMH16-01	Nodular goiter http://www.ivp.nchu.edu.tw/slide_view.php?id=1078
Case 467	陳柏瑋	CW14-022C	1. poorly differentiated hemangiosarcoma in face 2. squamous cell carcinoma in ear http://www.ivp.nchu.edu.tw/slide_view.php?id=1073

Case Number: 462
Slide No.: S2015-6205
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1076

Hsin-Tzu Yeh (葉忻慈), MD Student; Yung-Hsiang Hsu (許永祥), MD.
Hualient Tzu-Chi Hospital and Buddhist Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

CASE HISTORY

Signalment: A 45-year-old female, employed, divorced.

Clinical History:

On January 7, 2015, the patient complained of multiple lymphadenopathy and went to osteology OPD for treatment. Physical examination showed a small neck mass over her left neck and a swollen lymph node at her right posterior neck region (less than 1 cm). On February 10, she received excisional biopsy of the neck mass. She was diagnosed of having marginal zone lymphoma. However she did not suffer from body weight loss, night sweating, and fever. On February 25, FDG PET examination showed multiple mild glucose hypermetabolic lesions in the neck, axilla, and left pulmonary hilar, compatible with low grade lymphoma. On March 6, sono showed enlargement of her left axillary lymph node. Because her symptom was similar to the lymphoma, the pathologist reviewed the neck lymph node biopsy. On April 1, the pathologist modified the diagnosis as toxoplasmosis lymphadenitis. Serology test confirmed the diagnosis of the acute toxoplasmosis. Baktar (Q8H) and Folacin (Q8H) were given. Because the patient insisted to take lymph node dissection, on May 5, she received lymphadenectomy from her left three axillary lymph nodes. The axillary lymph node biopsy was reconfirmed as toxoplasmosis lymphadenitis.
(This section was from axillary lymph node S2015-6205)

Clinical Pathology :

T.gondii Ab	**04/02**	**05/19**	**06/02**	**09/01**
Ig M(~0.5)	1.150 Positive	0.550 borderline	0.430 Negative	0.26 Negative
Ig G(~1.6)	200.1 Positive	>200.0 Positive		

Gross Findings:
The lymph nodes were meaty like and soft.

Case Number: 462

CASE RESULT

Histopathologic Findings: Neck and axilla lymph node

Microscopically, it showed reactive follicular hyperplasia, epithelioid cells aggregation and infiltration to the germinal center, and monocytoid B cell in the sinusoid.

Immunohistochemistry:

CD20(+), BCL-2(+)
CD5 , CD10 and cyclinD1 (-)
Kappa(+), lambda(+)
IHC stain : T. gondii Ab. reactivity in cytoplasm of macrophages

Serology:

T.gondii IgM(+)
T.gondii IgG(+)

Differential Diagnosis:

Marginal zone lymphoma
Mantle zone lymphoma
Follicular cell lymphoma
Small lymphocytic lymphoma
Toxoplasmosis

Diagnosis: Toxoplasmosis

Discussion:

T. gondii is one of the most widely distributed intracellular parasites that infect humans and animals. The clinical presentation of *T. gondii* infection ranges from no symptoms to a syndrome of fever and lymphadenopathy to diffuse multisystem organ involvement. Acute toxoplasmosis is often asymptomatic in healthy adults. Lymphadenopathy occurs in 10% to 20% of cases and may be accompanied by fevers, chills, night sweats, myalgia, sore throat, and enlarged liver and spleen. People with weakened immune systems are likely to experience headache, confusion, poor coordination, seizures, lung problems that may resemble tuberculosis or Pneumocystis jiroveci pneumonia (a common opportunistic infection that occurs in people with AIDS), or blurred vision caused by severe inflammation of the retina (ocular toxoplasmosis).In our patient, she only had multiple lymphadenopathy without other symptom.

The clinical presentation of toxoplasmosis can easily be confused with lymphoma both by clinicians and pathologists such as in our case. At first, our patient was diagnosed of nodal marginal

zone lymphoma. However, after a careful review of lymph node biopsy and appropriate serology, the distinction can be made between the two and unnecessary toxic chemotherapy can be avoided. The histopathological triad of florid reactive follicular hyperplasia, clusters of epithelioid histiocytes, and focal sinusoidal distension by monocytoid B cells has been considered to be diagnostic of toxoplasmic lymphadenitis. We can see these characters in our patient. In addition, T. gondii immunohistochemistry stain confirmed the diagnosis.

Interferon-gamma is the major mediator of resistance against T. gondii. In the immunodeficiency people, T. gondii is a common opportunistic infection. But our patient did not have HIV infection or other immunodeficiency disease. However, Browne et al. found neutralizing anti–interferon-γ autoantibodies were associated with an adult-onset immunodeficiency mimicking to that of advanced HIV infection. Our patient did the anti–interferon-γ autoantibodies test, but the result was negative.

Treatment is often only recommended for people with serious health problems, such as people with HIV whose CD4 count under 200 cell/mm^3, because the disease is most serious when one's immune system is weak. In our patient, she suffered multiple lymphadenopathy for a long time and our doctor prescribed the following medications: Baktar and Folacin. After treatment, her infection was under the control and there was no more enlargement of lymph node. The serology of T.gondii antibody returned to the normal range.

In conclusion, the clinical presentation of toxoplasmosis can easily be confused with lymphoma by clinicians and pathologists. To distinguish between the toxoplasmosis and the lymphoma, we must have a thorough medical history taking, a careful review of the lymph node biopsy and the appropriate serology test. The lymph node biopsy is characterized by histopathological triad of the toxoplasmosis. T. gondii immunohistochemistry stain helped us confirming the diagnosis. As a result, we can diagnose the toxoplasmosis accurately and our patient can avoid the unnecessary chemotherapy.

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Case Number: 463
Slide No.: CO16-047
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1071

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[3] Avian and Exotic Animal Clinic, Veterinary Medical Teaching Hospital, National Chung Hsing University（國立中興大學獸醫教學醫院鳥禽與野生動物科）

CASE HISTORY

Signalment: 1-year and 6-month-old intact female Djungarian hamster (*Phodopus sungorus*)

Clinical History:

The Djungarian hamster was presented to Veterinary Medical Teaching Hospital of National Chung Hsing University with the chief complaint of decreased appetite and weight lose. Clinical examination revealed a left-sided-intra-abdominal mass with no thermal and pain sensation. Exploratory laparotomy was performed. Two discrete masses on spleen were noted and splenectomy was performed.

Gross Findings:

The two discrete bulging splenic masses were about the same size, measuring 1.0 × 1.0 × 1.0 cm. The masses were firm during palpation. The color of masses and adjacent splenic tissues were the same, without distinct boundaries. On cross section, the cut surface of masses was solid without obvious lobulation and the color was dark red which is consistent with the adjacent splenic tissues.

Case Number: 463

CASE RESULT

Histopathologic Findings:

Under low power field, the masses compressed the remaining normal splenic tissues and the boundaries between them were not obvious. The red pulp and the white pulp inside the masses were ambiguous. The tumor growth pattern was sarcomatoid. Under high power field, the masses consisted of round to polyhedral histiocyte-like cells, sometimes multinucleated giant cells with foamy cytoplasm. The neoplastic cells were characterized by abundant eosinophilic cytoplasm, sometimes with foamy appearance and fine vacuoles, ambiguous cell boundaries and anisocytosis.

Histochemical and Immunohistochemistry stains:

Masson's trichrome stain revealed no collagen traits of the splenic masses. The splenic masses were negative for pan-CK, CD3, CD79a, CD68, LCA (CD45), MUM-1 and Desmin, but only positive for vimentin.

Differential Diagnosis:

1. B cell lymphoma
2. T cell lymphoma
3. Plasmacytoma
4. Fibrosarcoma
5. Leiomyosarcoma
6. Histiocytic sarcoma
7. Sarcomatoid carcinoma
8. Undifferentiated pleomorphic sarcoma (UPS)

Diagnosis: Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster

Discussion:

Spontaneous tumors in Djungarian hamster are common. The affected organs include skin, mammary gland, spleen, kidney and reproductive system. Focal or multifocal splenic tumors are often related to primary sarcoma, while metastatic lesions in spleen are relatively uncommon. Microscopically, the neoplastic cells are characterized by round to polyhedral histiocyte-like cells with abundant eosinophilic cytoplasm. The tumor also consists of multinucleated giant cells with foamy cytoplasm or finely vacuoles. Pleomorphism and anisocytosis are noted, too.

Since the pleomorphism of the tumor in this case, several histochemical and immunohistochemical staining are used. Masson’s trichrome stain reveals no collagen traits of tumors and thus this rule out the differential diagnosis of fibrosarcoma. Furthermore, results of

immunohistochemical stain accompanied by morphology exclude B cell/T cell lymphoma, plamacytoma, leiomyosarcoma, histiocytic sarcoma and sarcomatoid carcinoma.

According to Goldblum, the diagnosis of undifferentiated pleomorphic sarcoma (UPS) is a diagnosis of exclusion. UPS is formerly known as malignant fibrous histiocytoma (MFH). Whenever encountering a soft tissue neoplasm with MFH-like pattern, consider several possibilities before concluding an UPS. Firstly, whether specific line of differentiation that can be identified through light microscopy and/or immunohistochemistry exists. Secondly, is the lesion part of the component of a dedifferentiated sarcoma? Thirdly, exclude the possibility of a non-mesenchymal tumor, particularly sarcomatoid carcinoma. In this case, the morphologically pleomorphism and results of histochemical and immunohistochemical staining make diagnosis of UPS.

UPS is one of the most common soft tissue sarcoma in human pathology. UPS is reported in several domestic animals, with dogs being the most common species and the rats being the least common. Among reports of primary splenic tumors, primary UPS is rare. However, due to the small number of related reports in hamsters, the true prevalence of this neoplasm in hamsters is not easily determined. Splenectomy is one of the treatments for splenic sarcoma. For patients with metastatic lesions, chemical therapy and radical therapy can be ancillary treatment. However, due to limited report of splenic UPS, the efficacy of chemical and radical therapy is difficult to estimate. Whoever having UPS should be given guarded prognosis. Early detection and early treatment are the only way to improve the prognosis.

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Case Number: 464
Slide No.: S03_6878A
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1075

Shin Pai (白馨) DDS
Department of oral & maxillofacial surgery, St. Martin De Porres Hospital (嘉義聖馬爾定醫院)

CASE HISTORY

Signalment: A 42-year-old male with difficulty in opening mouth with cali

Clinical History:

This 42-year-old male came to dental visit due to an enlarging cauliflower-like mass over the R't cheek since 2-3months ago. He received bone biopsy and report was amelolastoma of mandible. The patient had personal habits of alcohol drinking, betel nuts chewing (quit for 10 year), and smoking (1pp/day for 10y+). Under the impression of highly suspected malignancy, surgical intervention was strongly suggested. He received tumor wide excision of mandible tumor, free fibular flap reconstruction. The pathologic diagnosis was showed below. Postoperative course was uneventful and he was discharged after 33 days.

Clinical pathology:

WBC: 8990 /uL	Hgb: 15.1 g/dL	PLT:191000/uL	AST: 20 U/L	ALT: 22 U/L
BUN: 10 mg/dL	CREA: 0.92 mg/dL	Na: 140 mmol/L	K: 3.7 mmol/L	Glu 157 mg/dL

Gross Findings:

Surgical specimen of oral and neck

The specimen consists of 2 parts: oral and neck tissues combined as one piece, and soft tissues of anterior margin. Soft tissues of anterior margin (1.5 x 1.5 x 0.5 cm) and partial R't mandible with 3 teeth (7 x 2 x 2 cm) The tumor is located on R't lower gingivobuccal junction with light elevated grayish white plaque and focal shallow erosion. The size of tumor is about 1.5 x 1.0 x 0.3 cm.

There is severe lingual side gingival exploration with gray color friable and deep destructive gingival lesion, extending to upper dental root level of #47 &#48.

Case Number: 464

CASE RESULT

Pathologic description:

Microscopically, sections of the biopsy specimen labeled as right lower gingiva show papillary surface projections with hyperkeratosis, associated with irregular anastomosing elongated rete ridges. Areas of severe squamous proliferation and severe dysplasia, highly suspicious for well differentiated squamous cell carcinoma or inflammed verrcuous carcioma is suspected. Sections of the subsequent specimen of wide excision of tumor and right supraomohyoid dissection show severe dysplasia. No obvious invasive malignancy is noted in the sections of the large specimen.

Diagnosis:

Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man

Discussion

Actinomycosis is a chronic granulomatous infective disease caused by microaerophilic Gram-positive bacteria of the genus actinomyces. Although actinomyces is a normal inhabitant of the oral cavity, clinical infection is relatively rare. It is assumed that it develops as an endogenous infection and those injuries, such as wounds of the oral mucosa, tooth extraction, or fractures, are necessary to initiate the disease.

Actinomycotic lesions are usually described as single or multiple abscesses or indurated masses with hard fibrous walls and soft central loculations containing white or yellow pus, which mimic malignancy. The diagnosis of actinomycosis is troublesome and the culture may not be helpful. In our case, due to the preexisting verrucous lesion at the buccal mucosa, verrucous carcinoma was highly suspected.

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Case Number: 465
Slide No.: NTU 2015-2435
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1074

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Graduate Institute of Molecular and Comparative Pathobiology, School of Veterinary Medicine, National Taiwan University (國立台灣大學獸醫專業學院分子暨比較病理生物學研究所)

CASE HISTORY

Signalment: 11-year-old male beagle, castrated at 10 year-old

Clinical History:

The animal showed signs of hematuria and urine incontinence for about 1 year. Ultrasonography revealed irregular mucosal surface of the cranial urinary bladder. Cystotomy and bladder wall biopsy were thus performed and histopathological diagnosis was a plasmacytoid urothelial carcinoma. After three times of chemotherapy, euthanasia was decided due to the severe disseminated intravascular coagulopathy.

Gross Findings:

Extensive purpura hemorrhagica was observed in the skin of the lower belly, and there were several hemorrhagic nodules in the subcutis with the diameter of 1.5-2.5 cm. The urinary bladder exhibited generalized thickening, especially at the apex, with multiple small, mucosal hemorrhagic nodules measuring about 0.1 to 0.5 cm in diameter. The inguinal and sublumbar lymph nodes were swollen. The lung lobes were heavy and wet, and the liver and spleen had several variably sized hematomas, which were about 1-2.5 cm in diameter.

Case Number: 465

CASE RESULT

Histopathological Findings:

1. **Urinary bladder:** The urinary bladder was diffusely invaded by discohesive neoplastic cells extending from the mucosa to the muscularis. Multiple hematoma-like protruding hemorrhagic lesions as seen grossly were noted. The tumor cells had a plasmacytoid appearance characterized by having a moderate to abundant distinctly bordered cytoplasm and a large, eccentric nucleus with clumped coarse chromatin. Signet ring-like cells were often observed, and there were abundant binucleated to multinucleated tumor cells. Anisocytosis and anisokaryosis were prominent and the mitotic figures were about 15 per 10 HPFs. Tumor cells and emboli were found in the lungs, liver, kidney, spleen, stomach, skin, lymph node, and adrenal gland.
2. **Lymph nodes:** The normal structures of the cortex and medulla were effaced due to the heavy infiltration of similar neoplastic cells.
3. **Subcutaneous hemorrhagic nodules at the lower belly:** The nodules were poorly demarcated and composed of similar discohesive, plasmacytoid neoplastic cells scattered in the region extending from the superficial dermis to the subcutis with subcutis predominant, where locally extensive hemorrhage and diffuse fibrin deposition with many severely dilated, congested blood vessels and multifocal thrombus formation were present.
4. **Lungs:** The alveolar septum and capillaries were diffusely stuffed by the similar discohesive, plasmacytoid neoplastic cells, admixed with some fibrin deposition, edema, scattered lymphocytes, and thrombus formation. Sloughed pneumocytes were noted in the alveolar spaces.
5. **Liver:** A large hematoma was found in the liver parenchyma. The liver showed centrilobular necrosis and sinusoidal congestion with mild leukocytosis. Some scattered neoplastic cells were also observed in the centrilobular or portal areas.
6. **Spleen:** Abundant similar neoplastic cells were present multifocally throughout the splenic parenchyma. There was a hematoma with fibrin deposition and thrombus formation in the red pulp. Mild extramedullary hematopoiesis evidenced by the presence of small numbers of megakaryocytes could be seen.

Morphological diagnosis:

1. Plasmacytoid urothelial cell carcinoma, urinary bladder, with metastases to the lungs, liver, kidney, spleen, stomach, skin, inguinal & sublumbar lymph nodes, bulbus glandis, and adrenal glands
2. Disseminated intravascular coagulopathy with formation of hematomas, especially the skin, lungs, liver, and spleen

Differential Diagnosis:

Plasma cell tumor, urothelial cell carcinoma, other round cell tumors

Laboratory Examination:

Immunohistochemical (IHC) staining: The neoplastic cells were strongly positive for pan-cytokeratin and showed variable positivity for E-cadherin, but were negative for vimentin, mum-1, MHC-II, CD79a, CD3, S-100, and melan-A.

Final Diagnosis:

Plasmacytoid urothelial carcinoma

Discussion:

Plasmacytoid urothelial carcinoma (PUC) is a rare neoplasm that has been described in human literature in the past few years, which has a unique discohesive appearance that strikingly resembles plasma cells and usually warrants a poor outcome. It may pose a significant difficulty in diagnosis, especially in small biopsies with limited observable region. Immunohistochemistry is thus usually needed and the demonstration of cytokeratin reactivity confirms the diagnosis of carcinoma. Most literatures show that tumor cells are positive for cytokeratin 7, epithelial membrane antigen and occasionally positive for CK20 and CD138. Other markers such as leukocyte common antigen and/or T- and B- cell markers are not expressed and E-cadherin is usually negative. Similar to humans, the neoplastic cells in the present case display a plasmacytoid appearance with distinct cell border, abundant cytoplasm, and large, eccentric nuclei. Initial diagnosis includes urothelial carcinoma as well as round cell tumors, especially plasma cell tumor, due to their strong morphological resemblance. The immunohistochemistry with positivity for cytokeratin, variable positivity for E-cadherin, and the negativity for the leukocyte or melanocyte markers have further lead to the final diagnosis.

The tumor cells are always discohesive without aggregating into clusters and show a strong aggressive behavior with invasion to the blood vessels and wide metastasis to multiple organs. The process of metastasis consists of multiple steps in order to disseminate from the primary site to the discontinuous nearby or distant secondary places. Among the complicated events, epithelial-mesenchymal transition is proposed characterized by the switch from the expression of keratins as the major intermediate filament to the mesenchymal intermediate filament vimentin. Such change may be related to the reduced expression of E-cadherin, an intercellular adhesion molecule that functions as a tumor suppressor and metastatic suppressor. Loss of the expression of E-cadherin is associated with increased invasion and metastatic potential in most tumor types. In the present case, we have observed a reduced positivity of E-cadherin, which may explain the discohesive morphology and strong invasiveness of the tumor cells.

In conclusion, here we report a canine case of plasmacytoid urothelial carcinoma of urinary bladder with systemic metastasis and disseminated intravascular coagulopathy based on the morphology, immunohistochemical staining pattern, and aggressive behavior as those reported in

the human cases. Diagnosis may be problematic because of the plasmacytoid appearance of the tumor cells which highlights the importance of confirmatory immunohistochemistry.

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Case Number: 466
Slide No.: SCMH16-01
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1078

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CASE HISTORY

Clinical History:

This 67 year old female suffered from right neck mass for few years. The physical examination revealed a soft, non-tender mass in the right thyroid area.

Her past history revealed papillary carcinoma in the breast and she also received left total thyroidectomy due to nodular goiter, 23 years ago. The image study of SPECT/CT showed enlarged right lobe of the thyroid with heterogenous distribution of radioactivity. She received right side total thyroidectomy and sent for pathological diagnosis.

Gross Findings:

The specimen submitted consists of 4 pieces of right thyroid tissue measuring up to 35 gm and 6.8 x 3.7 x 3.3 cm in size, and serial sectioning revealed some masses measuring up to 3.1 x 2.5 x 2.5 cm, fixed in formalin. Representative sections are taken and labeled as A1-5.

Case Number: 466

CASE RESULT

Histopathologic Findings:

Microscopically, the sections of right thyroid gland show a picture of nodular hyperplasia with degeneration. It consists of nodularity of colloid filled follicles and irregular fibrous scar. Focal proliferation of follicular cells is noted. No definite capsule is found. No evidence of malignancy is seen.

Histochemical and Immunohistochemistry stains:

TTF-1 (+), Galectin-3 (-), HBME1 (-), p53 (+), ki67 (-)

.

Clinical diagnosis: Papillary thyroid carcinoma

Differential Diagnosis:

1. Papillary thyroid carcinoma (PTC)
2. Nodular goiter (Heterogenous, uncapsulated, medium to large distended follicles, surrounding thyroid follicles are usually not compressed)
3. Follicular adenoma (thin fibrous capsule without evidence of vascular invasion)
4. Follicular carcinoma (follicular proliferation with thick capsule and evidence of vascular invasion or full-thickness capsular invasion by neoplastic follicles)

Diagnosis:

Nodular goiter

Diagnosis pearls:

1. All variations of PTC, irrespective of architecture, must have characteristic nuclear features: hypochromasia, elongated nucleus with grooves, overlapping nuclei and intranuclear pseudo inclusions.
2. Clear " Orphan Annie eye" nuclei are an artifact of formalin fixation and are not seen in frozen section slide of cytological preparation.
3. Pseudoinclusion bodies are not pathognomonic.

Discussion:

Thyroid carcinoma is always hard to be diagnosed by either cytology or frozen section, due to the invasion of capsule or vascular wall is not easily identified in the follicular carcinoma. While, in papillary carcinoma, it is always found to be illy-defined, without capsule to be found. Therefore, when capsule is found, the diagnosis of PTC (encapsulated PTC) is hesitated. The accurate diagnosis of thyroid cancer, neither under nor over, is not always easy. In Taiwan, some hospitals

forbid the frozen diagnosis for thyroid cancer due to the correct diagnosis rate was only 50%. While sometimes, in the frozen section, the touch imprint cytology quickly makes the diagnosis of PTC before the frozen section one. A famous internal medicine doctor suggested “making the diagnosis of PTC, when papillary fronds are found in the cytology slide,” while “wait for operation specimen, when follicular lesion in the cytology”. Immunostaining surveys may not help in the diagnosis of thyroid cancer but CK19, HBME 1, Galectin 3 have been reported to favor papillary thyroid carcinoma over benign follicular lesions, but none of these markers are sensitive or specific enough for routine use. By way of tumorigenesis, a combination of molecular markers, including COX-2, VEGF and MMP-9 immunostaining reveals useful for the diagnosis for PTC (COX-2 plays and important role in carcinogenesis, including decreases intercellular adhesion and apoptosis, increases angiogenesis and cell proliferation. VEGF is the most important angiogenic molecules and a potent mitogenic agent. MMP-9 plays a key role in tumor invasion and metastasis). At present, measurement of expression VEGF-C on the mRNA level in washouts from FNAB is more useful than more commonly investigated VEGF-A.

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Case Number: 467
Slide No.: CW14-022C
Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1073

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CASE HISTORY

Signalment: Unknown-age intact male Formosan gem-faced civet (*Paguma larvata taivana*)

Clinical History:

The Formosan gem-faced civet weighing 2.67 kg, was found in the residential district and then kept in Wildlife First Aid Station of Chichi Endemic Species Research Institute. Vegetations of bilateral auricle and solid mass of swelling right face were found. Excision of the right cheek's mass was performed. Results of hematological examination showed decreased Hgb, RBC, Hct, MCH and MCV parameters indicated anemia and elevation of monocytes, lymphocytes and granulocytes might indicate chronic inflammation. However, swelling of the right face and neck showed continuous expansion. Bilateral pinnal vegetations reoccurred after electrosurgery and invaded to the external acoustic canals. Thus, incisional biopsy was conducted on both lesions. Hematological examination has showed no improvement. Owing to anorexia and depression, the patient was euthanized and the body was sent to Animal Disease Diagnostic Center of National Chung Hsing University for pathological examination.

Gross Findings:

Bilateral auricular masses, with coarse surface and ulceration, were measured 3.8 × 2 × 0.6 cm and 3 × 1. 8 × 0.5 cm on the left and right auricle, respectively. The right face and neck was swollen and covered by clotted dark-red blood. The swelling right cheek area was composed of multiple white to flesh-colored and firm masses. Multifocal dark-red and firm lesions were found in lung. A white nodule, measured 0.7 cm in diameter, was located on the right cranial lung lobe. Swollen of bilateral axillary lymph nodes were also noticed.

Case Number: 467

CASE RESULT

Histopathologic Findings:

1. **Bilateral auricular masses:**
   Moderate necrosis with ulceration was noted in the mass. The neoplastic cells extended from the epidermis into the underlying dermis and subcutis in forms of islands and trabeculae along with formation of keratin pearls. In higher magnification, neoplastic cells were round to oval, characterized by vacuolar nuclei with one or more predominant nucleoli and increased N/C ratio. Intercellular bridges and mitotic figures were also observed.
2. **Swollen right cheek:**
   The mass was comprised of cells arranged in irregular to storiform patterns, and invaded to subcutaneous and muscular layer. Massive necrosis, scattered lymphocytes and hemorrhage infiltration were noted around the neoplasm. In higher magnification, spindle to polygonal neoplastic cells were observed with high N/C ratio. Predominant nucleoli were seen along with conspicuous mitotic figures. Bundles of connective tissue also presented in the mass.
3. **Lung:**
   In lung, a predominant mass and a smaller one were noted under lower magnification. The neoplastic cells showed similar characteristics with the former one. Mild interlobular septa edema and vasculitis were observed. Tumor emboli were found in the pulmonary vessel. Chronic inflammation was present in large amount of macrophages appeared in the pulmonary alveoli.
4. **Bilateral axillary lymph nodes:**
   Characteristics of neoplastic cells were similar with those appearing in the swollen facial-cervical area and replaced normal lymphoid follicles in the lymph nodes.
5. **Spleen:**
   Proliferation of megakaryocytes indicated extramedullary hematopoiesis.

Histochemical and Immunohistochemistry stains:

The neoplasm of right face and neck, which also showed metastasis to lung and axillary lymph nodes, stained positive for vimentin, and negative for von Willebrand factor, CD31 and lysozyme.

Differential Diagnosis:

Right face and neck mass:

1. Poorly differentiated hemangiosarcoma
2. Hemangiosarcoma
3. Fibrosarcoma

Diagnosis:

1. Poorly differentiated hemangiosarcoma in face
2. Squamous cell carcinoma in ear

Discussion:

Formosan gem-faced civet (*Paguma larvata taivana*) is a unique subspecies of carnivorans in Taiwan, which live in evergreen deciduous forests and monsoon forests. Formosan gem-faced civets possess characteristics including retractable claws, arboreal habitation and semi-plantigrade locomotion. The dental formula is 3/3 1/1 3/4 2/2 and the low, flat-surface premolars and molars are in correlation with their omnivorous diet which comprised of fruits, small vertebrates and insects.

Squamous cell carcinoma is a malignant tumor of epidermal cells in which the cells show differentiation to keratinocytes. It is common in horse, cow, cat and dog. The disease begins as actinic dermatitis lesions with erythema, crusting and desquamation. Though the incidence increases with age, squamous cell carcinomas may occur in young animals of any species. In the cat the most common sites are pinna, eyelids and planum nasale. It's indicated that pinnal squamous cell carcinomas are bilateral in 50% of cases. Papillomaviruses have been implicated in the development of cutaneous squamous cell carcinomas in dogs. Progression of several papillomavirus-positive pigmented epidermal plaques (PEP) to squamous cell carcinomas was reported in a Pomeranian, highlighting the potential for malignant transformation of PEP to squamous cell carcinoma. Histologically, squamous cell carcinomas consist of irregular masses or cords of keratinocytes that proliferate downward and invade the dermis. Frequent findings include keratin formation, keratin pearls, intercellular bridges, mitoses, and atypia. Squamous cell carcinomas are mainly with a low probability of distant or regional metastasis. However, it is likely to have local relapse and invasion. Consequently, it is proposed that total ear acoustic canal ablation should be performed rather than vertical external acoustic canal ablation in squamous cell carcinoma cases which have spread over the whole lower half of the pinna or external acoustic canal. In this case the situation is consistent with the latter one. If any treatment were to be conducted, radical pinnectomy along with total ear acoustic canal ablation would be suggested.

Mesenchymal tissue neoplasms are soft tissue tumors, also known as connective tissue tumors and develop from a wide variety of mesenchymal tissues, including fibrous and adipose tissue, skeletal and smooth muscle, endothelial tissue and others. These neoplasms are pseudoencapsulated, locally invasive tumors which are relatively frequent in domestic animals and have a high incidence in some species. Soft tissue sarcomas are a relatively common neoplasm in the dog, comprising between 15% and 20% of all cutaneous and subcutaneous tumors. In cats, connective tumors occupy the second position of all neoplasms diagnosed in this species. A relatively high recurrence in between 12% and 40% of cases is estimated. Lymph node and pulmonary metastases have been reported. These sarcomas usually presented cellular pleomorphism, being formed by undifferentiated mesenchymal cells. The mitotic index is high. Among cells, reticulin and collagen fibers are found in variable amounts, and large necrotic foci appear in the tumor mass. Tumor cell infiltrations may be noted in lymphoid nodes, in lymphatic and vascular vessels, forming metastases.

It is possible that these tumors may be defined as pleomorphic sarcomas, with few fibers, having a fibroblastic origin.

Vimentin, a major constituent of the intermediate filament family of proteins, is ubiquitously expressed in normal mesenchymal cells. In several studies the results show this antibody to be a sensitive and specific marker of mesenchymal derivation or differentiation. It is a useful tool in separating sarcomas from most carcinomas. In the present case, mass found on the face and neck was presumed to be the primary site of undifferentiated sarcoma

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中華民國比較病理學會章程

第一章　總則

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

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

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

第四條　本會之任務如左：

一、　提倡比較病理學之研究與發展。

二、　舉辦學術演講會、研討會及相關訓練課程。

三、　建立國內比較醫學相關資料庫。

四、　發行比較病理學相關刊物。

五、　促進國內、外比較醫學之交流。

六、　其他有關比較病埋學術發展之事項。

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

第二章　會員

第六條　本會會員申請資格如下：

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

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

三、　贊助會員：贊助本會工作之團體或個人。

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

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

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

第八條　會員有遵守本會章程、決議及繳納會費之義務。

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

第十條　會員喪失會員資格或經會員大會決議除名者，即為出會。

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

第三章　組織及職員

第十二條　本會以會員大會為最高權力機構。

第十三條　會員大會之職權如下：

一、　訂定與變更章程。

二、　選舉及罷免理事、監事。

三、　議決入會費、常年會費、事業費及會員捐款之方式。

四、　議決年度工作計畫、報告、預算及決算。

五、　議決會員之除名處置。

六、　議決財產之處分。

七、　議決本會之解散。

八、　議決與會員權利義務有關之其他重大事項。

前項第八款重大事項之範圍由理事會訂定之。

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

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

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條　理事會之職權如下：

一、　審定會員之資格。

二、　選舉及罷免常務理事及理事長。

三、　議決理事、常務理事及理事長之辭職。

四、　聘免工作人員。

五、　擬訂年度工作計畫、報告、預算及決算。

六、　其他應執行事項。

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

理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

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

理事長或常務理事出缺時，應於一個月內補選之。

第十七條　監事會之職權如左：

一、監察理事會工作之執行。

二、審核年度決算。
三、選舉及罷免常務監事。
四、議決監事及常務監事之辭職。
五、其他應監察事項。

第十八條　監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。
常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。

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

第二十條　理事、監事有下列情事之一者，應即解任：
一、喪失會員資格。
二、因故辭職經理事會或監事會決議通過者。
三、被罷免或撤免者。
四、受停權處分期間逾任期二分之一者。

第二十一條　本會置祕書長一人，承理事長之命處理本會事務，令置其他工作人員若干人，由理事長提名經理事會通過後聘免之，並報主管機關備查。但祕書長之解聘應先報主管機關核備。
前項工作人員不得由選任之職員（理監事）擔任。
工作人員權責及分層負責事項由理事會令另定之。

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

第二十三條　本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

第四章　會議

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

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

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

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

會議。

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

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

第五章　經費及會計

第二十九條　本會經費來源如下：

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

二、常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

三、事業費。

四、會員捐款。

五、委託收益。

六、基金及其孳息。

七、其他收入。

第三十條　本會會計年度以國曆年為準，自每年一月一日起至十二月三十一日止。

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

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

第三十三條　本章程未規定事項，悉依有關法令規定辦理。

第三十四條　本章程經大會通過，報經主管機關核備後施行，變更時亦同。

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

中華民國比較病理學會 第七屆理監事名單簡歷冊

職 別	姓 名	性別	學 歷	經 歷	現 任 本 職
理事長	廖俊旺	男	國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	國立中興大學獸醫病理生物學研究所教授
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
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教授
常務理事	施洽雯	男	國立國防醫學院病理研究所	中山醫學院病理科副教授	羅東博愛醫院病理科主任
常務理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	台灣養豬科學研究所主任 國立臺灣大學獸醫專業學院院長	台灣大學分子暨比較病理生物學研究所教授
理事	江蓉華	男	國立國防醫學院醫學士	國軍花蓮總醫院病理部主任	耕莘醫院組織病理科主任
理事	李進成	男	英國倫敦大學神經病理博士	長庚醫院內科醫師	新光吳火獅紀念醫院病理檢驗科醫師
理事	阮正雄	男	日本國立岡山大學 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
理事	林永和	男	國立台大病理研究所碩士	台北醫學院病理科講師	台北醫學院病理科副教授
理事	祝志平	男	台大病理研究所	台北醫學院講師	彰化秀傳紀念醫院病理科
理事	張俊梁	男	國防醫學院醫學科學研究所博士	國防醫學院兼任助理教授	國軍桃園總醫院病理檢驗部主任
理事	邱慧英	女	國立台大獸醫學研究所博士	台灣養豬科學研究所	台灣大學分子暨比較病理生物學研究所
理事	梁鍾鼎	男	國立台灣大學獸醫學研究所博士	國家實驗動物中心副研究員	國家實驗動物中心首席獸醫師
理事	蔡睦宗	男	國立台灣大學獸醫學研究所碩士	屏東縣家畜疾病防治所	屏東生技園區觀賞魚病室
理事	賴銘淙	男	清華大學生命科學院博士	彰濱秀傳紀念醫院病理科主任	衛生福利部臺中醫院病理科主任
常務監事	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授兼所長	台灣大學分子暨比較病理生物學研究所教授
監事	高郁茜	女	台北醫學大學醫學系	萬芳醫院醫師 台大醫院住院醫師	萬芳醫院主治醫師
監事	蔡懷德	男	中國醫藥大學醫學系	台大家醫部住院醫師	衛生署疾病管制局防疫醫師
秘書長	朱旆億	男	國立台灣大學醫學系 國立臺灣大學獸醫學研究所獸醫學博士	聖馬爾丁醫院病理科 彰化基督教醫院主治醫師	彰化秀傳紀念醫院病理科

數位組織切片資料庫

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

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

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

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

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

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

比較病理研討會病例分類一覽表

中華民國比較病理學會
第一次至第六十六次比較病理學研討會病例分類一覽表

分類	病例編號	會議場次	診斷	動物別	提供單位
腫瘤	1.	1	Myxoma	Dog	美國紐約動物醫學中心
	2.	1	Chordoma	Ferret	美國紐約動物醫學中心
	3.	1	Ependymoblastoma	Human	長庚紀念醫院
	8.	2	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
	18.	3	Malignant lymphoma	Human	長庚紀念醫院
	19.	3	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
	24.	3	Metastatic thyroid carcinoma	Human	省立新竹醫院
	25.	3	Chordoma	Human	新光吳火獅紀念醫院
	34.	4	Interstitial cell tumor	Dog	中興大學獸醫學系
	35.	4	Carcinoid tumor	Human	長庚紀念醫院
	36.	4	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
	38.	6	Pheochromocytoma	Ferret	美國紐約動物醫學中心
	39.	6	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
	40.	6	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
	41.	6	Fibroadenoma	Human	省立豐原醫院
	42.	6	Canine benign mixed type mammary gland tumor	Pointer bitch	中興大學獸醫學系
	43.	6	Phyllodes tumor	Human	台中榮民總醫院
	44.	6	Canine oral papilloma	Dog	台灣大學獸醫學系
	45.	6	Squamous cell papilloma	Human	中國醫藥學院
	47.	7	1. Lung: metastatic carcinoma associated with cryptococcal infection. 2. Liver: metastatic carcinoma. 3. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	56.	8	Gastrointestinal stromal tumor	Human	台中榮民總醫院
	59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
	62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
	64.	8	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
	71.	9	Myelolipoma	Human	台北耕莘醫院
腫瘤	72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
	73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
	74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
	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

腫瘤	93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
	94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, palillary carcinoma, metaststic	Human	羅東聖母醫院
	95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
	96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
	97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
	98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院
	99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
	100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
	102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
	103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	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
	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

腫瘤	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
	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
腫瘤	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
	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

腫瘤	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
	343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
	344	49	Epithelioid sarcoma	Human	林新醫院
	346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業學院
	347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
	348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
	349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
	351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐阜大学)
	354	50	Granular cell tumor	Dog	國立臺灣大學獸醫專業學院
腫	356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學獸醫專業學院
瘤	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	Human	天主教耕莘醫院

			cellularity		
	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
	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. 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
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 secondary to	Human	慈濟醫院病理科

			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
	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
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
	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
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
	441	63	Protothecosis	Dog	國家實驗動物繁殖及研究中心
	449	65	Porcine epidemic diarrhea (PED)	Piglet	國立台灣大學分子暨比較病理生物學研究所
寄生蟲	14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	3	Sparganosis	Human	台北榮民總醫院
	46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	7	Echinococcosis	Human	台北榮民總醫院

寄生蟲	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
	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
		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
原蟲	4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
	15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
	16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
	17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系
	51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
	57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
	65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
	211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
	242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系
	263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科
	320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
	325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院
	443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
立	229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科

克次體	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
	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
其它	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	中興大學獸醫學病理學研究

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	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
其他	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
	Gross	64	Hydronephrosis in a hog pig	Pig	中興大學獸醫病理生物學研究所
	Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease in a cattle	Cattle	中興大學獸醫病理生物學研究所

會 員 資 料 更 新 服 務

各位會員：

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

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

----------中華民國比較病理學會----------

會員資料更改卡

姓　　名：_____　　會員類別：☐一般會員

☐學生會員
☐贊助會員

最高學歷：_____

服務單位：_____職　　稱：_____

永久地址：_____

通訊地址：_____

電　　話：_____傳　　真：_____

E-Mail Address：_____

中 華 民 國 比 較 病 理 學 會

誠摯邀請您加入

入　會　辦　法

一、 本會會員申請資格為：

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

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

（三）贊助會員：贊助本會工作之團體或個人。

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

二、 會員：

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

（二）常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、入會費及常年會費繳交方式：以銀行轉帳或匯款（**006 合作金庫銀行、帳號：0190-717-052017、戶名：中華民國比較病理學會**）；並請填妥**入會申請表**連同**銀行轉帳交易明細表**或**匯款單**以郵寄或傳真方式寄回中華民國比較病理學會秘書處收(許靜宜小姐)。地址：402 台中市南區興大路 145 號 動物疾病診斷中心 1F 102 室、電話：04-22840894#122、傳真 04-22852186。

中華民國比較病理學會入會申請及會員卡

會電腦編號

<table>
<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>
<tr><td>英文</td><td></td><td colspan="2">會員身份：□一般 □學生 □贊助</td><td>身份証</td><td></td></tr>
<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>
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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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