

Chinese Society of Comparative Pathology
中華民國比較病理學會
第 78 次比較病理學研討會
冠狀病毒暨胸腔及心血管病例討論專題
(Coronaviruses, Thoracic Cavity, and Cardiovascular Diseases)



主辦單位
Chinese Society of Comparative Pathology
中華民國比較病理學會
國立臺灣大學獸醫專業學院
July 11, 2020 (中華民國 109 年 7 月 11 日)

SCHEDULE
78th MEETING OF COMPARATIVE PATHOLOGY
 中華民國比較病理學會 第 78 次比較病理學研討會
冠狀病毒暨胸腔及心血管病例討論專題

時間：109 年 7 月 11 日(星期六)

地點：國立臺灣大學獸醫專業學院

地址：10617 臺北市大安區羅斯福路四段一號 獸醫三館 B01 室

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Time (時間)	Schedule (議程)		Moderator (主持)
09:10~9:30	Registration (報到)		
9:30~9:40	Opening Ceremony (致詞) 許永祥 理事長/鄭謙仁 院長		
9:40~10:40	專題演講	專題演講：蕭正祥主任 振興醫院解剖病理科 題目：SARS 與新冠肺炎的組織病理學的分析與比較	鄭謙仁 院長
10:40-11:10	Coffee Break (拍團體照)		
11:10~12:00	Case 542 暨 理監事選舉	Shih, Cheng-Hsin (施正心), DVM; Chang, Yen-Chen (張晏禎), DVM, PhD; Chang, Hui-Wen (張惠雯), DVM, PhD; Huang, Wei-Hsiang (黃威翔), DVM, PhD; Jeng, Chian-Ren (鄭謙仁), DVM, PhD 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)	張惠雯 秘書長
12:00~13:00	Lunch B09 Board Meeting R201 理監事會議：理事長選舉及交接		
13:00~14:00	Case 543 暨 理監事選舉	Hung, Yu-Fan (洪瑀璿), DVM ¹ ; Lee, Yi-Han (李苡菡), DVM, MS ² ; You, Neng-Kai (游能凱), DVM, MS ³ ; Lee, Wei-Cheng (李維誠), DVM, PhD ² ; Liao, Jiunn-Wang (廖俊旺), DVM, PhD ² ¹ Department of Veterinary Medicine, National Chung Hsing University (國立中興大學獸醫系) ² Animal Disease Diagnostic Center, National Chung Hsing University (國立中興大學動物疾病診斷中心) ³ Ceva Taiwan Co., Ltd. (西華動物藥品股份有限公司)	張惠雯 秘書長
14:00~14:30	Case 544	Shih, Chia-Wen (施洽雯), M.D., M.S. ¹ ; Wei-Liang Lai (賴韋良), M.D. ² 1. Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科) 2. Department of Cardiovascular Surgery, Lotung Poh-Ai Hospital (羅東博愛醫院心臟血管外科)	張惠雯 秘書長
14:30~15:20			
15:20~15:50	Case 545	Wei, Chiao-Wen ¹ (魏巧雯); Hsu, Yung-Hsiang ² (許永祥) ¹ Department of Medicine, Tzu Chi University, Hualien, Taiwan (慈濟大學醫學系) ² Department of Pathology, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Hualien, Taiwan (佛教慈濟醫療財團法人花蓮慈濟醫院病理科)	張惠雯 秘書長
15:50~16:20	Case 546	Fang Yin-Ting (方映婷), DVM ¹ ; Lin, Yan-Xiu (林妍秀), DVM, MS ² ; Shien, Jui-Hung (沈瑞鴻), DVM, PhD ¹ ¹ Department of Veterinary Medicine, National Chung Hsing University (國立中興大學獸醫系) ² Animal Disease Diagnostic Center, National Chung Hsing University (國立中興大學動物疾病診斷中心)	張惠雯 秘書長
16:20~	General Discussion (綜合討論) 許永祥 理事長		

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Special Lecture

(專題演講)

題目：SARS 與新冠肺炎的組織病理學的分析與比較

振興醫院。解剖病理科 蕭正祥主任

此次新冠肺炎造成全球大流行，迄五月底已造成全球近六百萬人感染，三十六萬餘人死亡，且數目仍持續增加，我們趁此次比較病理年會回顧 2003 年 我們所收集的 SARS 病人的肺臟和其他器官的病理組織變化，來和文獻上 2020 新冠肺炎病人的相關病理變化比較與分析。以了解 SARS-CoV 和 COVID-19 的異同。

我們發現這兩種冠狀病毒所引起的病理變化極為相似。這些病人的肺臟都呈現典型的瀰漫性肺泡損傷 (diffuse alveolar damage, DAD) 也就是急性呼吸道窘迫症候群 (acute respiratory distress syndrome, ARDS) 的臨床病理變化。

ARDS 在剛開始滲透期 (exudate phase)，肺臟由於肺泡細胞的損傷，肺臟微血管滲透性增加，導致肺泡內有水分和蛋白質的堆積，接著會在肺泡表面形成所謂的玻璃膜樣 (hyaline membrane) 的沉積。第二階段進入增生期 (proliferative phase)，第二型肺泡細胞開始增生伴隨有肺間質的發炎與纖維化。最後階段是纖維化期 (fibrotic phase)，肺泡與肺泡壁的纖維細胞明顯增生與纖維化，使得肺泡結構不容易分別出來，此時與器質化肺炎 (organizing pneumonia) 不容易區別。不過根據現有的新冠肺炎病理研究，尚未發現嚴重纖維化的病例照片。這是否與 SARS 有較高的死亡率有關仍不得而知。

利用針對 SARS-CoV 和 COVID-19 冠狀病毒的抗體對病人的肺臟組織進行免疫組織化學染色 (IHC) 研究發現，在疾病的早期冠狀病毒主要攻擊肺泡細胞，隨著後續肺臟的發炎反應，含有病毒的肺泡細胞被發炎細胞破壞與吞噬，殘留的冠狀病毒蛋白僅能在肺泡內的吞噬細胞內找到。等到進入纖維化期，已經無法在肺臟組織內發現冠狀病毒蛋白的表現。

除了肺臟組織，這兩種冠狀病毒的抗原也都會出現在腸粘膜的上皮細胞，這也呼應著在 SARS 和 新冠肺炎的病人的糞便裡都可以發現冠狀病毒。不過腸粘膜並未出現明顯的壞死變化。

在 2003 年 SARS 流行期間所做的病理解剖，我們還發現三位患者出現有橫紋肌溶解症 (rhabdomyolysis) 的病理變化，但是我們並未在該組織內發現 SARS 病毒的存在。這種橫紋肌溶解症似乎並未發生在新冠肺炎的病人身上，它形成的原因與 SARS 病毒的關係仍有待釐清。

在此次新冠肺炎的疫情當中，有部分病例曾被報導有心臟方面的症狀，根據現有病理文獻發現部分病人心肌細胞有肥大，變性與壞死，但是並未有發現病毒顆粒存在。這些病理變化是否與新冠病毒感染有關仍有待研究。

系統性的病理解剖或是法醫解剖對於疾病的病理機轉有無可取代的貢獻，尤其對於像是新冠肺炎這種嚴重的新興傳染性疾病。我們期待未來有更多的病理解剖來幫助我們了解新冠肺炎諸多未解之謎。

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冠狀病毒暨胸腔及心血管病例討論專題
78th CP slide website
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Case No.	Presenter	Slide No.	Diagnosis
Case 542	施正心	NTU2020_218C	Feline infectious peritonitis (FIP) http://www.ivp.nchu.edu.tw/slide_view.php?id=1680
Case 543	洪瑀璿	CM19-1004	Porcine epidemic diarrhea (PED) http://www.ivp.nchu.edu.tw/slide_view.php?id=1678
Case 544	施洽雯	LP_14079	Ectopic parathyroid adenoma, anterior mediastinum. http://www.ivp.nchu.edu.tw/slide_view.php?id=1689
Case 545	魏巧雯	S2014-10334	Candida endocarditis http://www.ivp.nchu.edu.tw/slide_view.php?id=1679
Case 546	方映婷	CP20-02004	Ascites syndrome in broilers http://www.ivp.nchu.edu.tw/slide_view.php?id=1702

Case Number: 542

Slide Number: NTU2020_218C

Slide View: http://www.ivp.nchu.edu.tw/slide_view.php?id=1680

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CASE HISTORY:

Signalment: Feline, mixed, male, 5-month-old

The cat was in a poor body condition compared to its littermates. Malnutrition, depression, and intermittent gastrointestinal and respiratory clinical signs were observed for a long time. On January 14th, the cat was submitted to a local veterinary hospital for purulent rhinitis. After 3 days, the cat showed nystagmus and coma, and then passed away. The carcass was submitted for pathological examination.

CASE RESULT:

Gross Findings:

There was a moderate amount of viscous, translucent and straw-colored fluid in the abdominal cavity. The right lung lobes were diffusely dark red and wet. There were 3-4 white and round foci measured about 1 mm in diameter at the ventral side of the right caudal lobe. Multifocal to coalescing white nodules measured about 1-3 mm scattered on the surface of bilateral kidneys. The nodular lesions oriented around the blood vessels and extended into the cortical parenchyma. The mesenteric lymph nodes were moderately enlarged. The brain sulci were slightly opaque and were filled with some milky substances. The meninges of the brainstem and the cervical spinal cord were markedly thickened by light-brown and translucent substances.

Histopathological Findings:

Central nerve system (brain, pituitary gland, and cervical spinal cord)

The subarachnoid space is infiltrated by numerous viable or degenerate neutrophils and macrophages, admixed with some lymphocytes, plasma cells, and a large amount of cell debris. Perivascular cuffing composed of a mixed population of inflammatory cells is observed multifocally in the superficial cortex. The basal aspect of the cerebellum and the brainstem are mainly affected. The fourth ventricle is filled with abundant proteinaceous exudate and the choroid plexus is infiltrated by a mixed population of inflammatory cells and interspersed cell debris. The focal region of the tunica media and the adventitia of the large vein is effaced by the inflammatory infiltrate (phlebitis). Spinal cord segments of C1-C5 show similar pyogranulomatous lesions. The white matter shows vacuolization, axonal spheroids, and multifocal perivascular inflammatory infiltrates with fibrinoid necrosis.

Kidney

There are multifocal and massive pyogranulomatous inflammatory lesions in the cortex and the medulla. Phlebitis with fibrinoid necrosis is also observed.

Lung

Diffusely, the alveoli are filled with abundant proteinaceous exudate and the perivascular spaces are expanded by loosely arranged collagenous connective tissue. There are several small pyogranulomatous foci surrounding the veins or locating at the subcapsular region.

Adrenal gland and the mesenteric lymph node

The normal architecture is effaced and replaced by multifocal pyogranulomatous and necrotic lesions.

Greater omentum

There are variably-sized aggregates of macrophages, degenerate neutrophils, some lymphocytes and cell debris disseminating in the adipose tissue.

Heart

Focally, the myocardium of the left papillary muscle is effaced by pyogranulomatous inflammatory response. In some areas of the right ventricles, the cardiac myocytes become lytic and fragmented, with the presence of contraction bands.

Pathological Diagnosis:

1. Meningoencephalomyelitis, pyogranulomatous, diffuse, severe, with vasculitis, cerebrum, brainstem, cerebellum, and cervical spinal cord
2. Nephritis, pyogranulomatous and necrotizing, multifocal, severe, with severe vasculitis, kidney
3. Lymphadenitis, pyogranulomatous and necrotizing, multifocal, severe, mesenteric lymph node
4. Pneumonia, pyogranulomatous, multifocal, moderate, with severe vasculitis and pulmonary edema, lung
5. Adrenalitis, pyogranulomatous and necrotizing, multifocal, moderate to severe, adrenal gland
6. Myocarditis, pyogranulomatous and necrotizing, focal, moderate, heart
7. Omentitis, pyogranulomatous, multifocal, mild, greater omentum

Differential diagnoses:

1. Feline infectious peritonitis (FIP) (Feline coronavirus)
2. Toxoplasmosis
3. Other viral encephalitis (Feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), feline panleukopenia virus, rabies, etc.)
4. Systemic fungal infection (*Cryptococcus* species, *Blastomyces* species, dematiaceous fungi, etc.)
5. Feline meningoencephalomyelitis of unknown origin (FMUO)

Immunohistochemistry:

Intracytoplasmic immunoreactivity of feline coronavirus antigen were detected in the inflammatory cells of pyogranulomatous lesions in multiple organs including the cervical spinal cord, kidneys, and lung.

Condition:

Feline infectious peritonitis (FIP)

Etiology:

Feline infectious peritonitis virus (FIPV) (mutated feline coronavirus, FCoV)

Discussion:

Feline coronavirus (FCoV) belongs to the *Coronaviridae* family, *Alphacoronavirus* genus and exist as two pathotypes: feline enteric coronavirus (FECV) that is highly prevalent (up to 90%) in multi-cat environments and highly contagious, and feline infectious peritonitis virus (FIPV) that causes FIP in individual cats. Infection of FECV is mostly asymptomatic or only causes mild and transient diarrhea. FIPV, in contrast, is not infectious via the fecal-oral route, but arises by mutation from the avirulent FECV in approximately 5% of infected cats and then causes the fatal disease.

FIP is characterized by fibrinous and granulomatous serositis, protein-rich serous effusions, and/or pyogranulomatous phlebitis in several organs, especially kidneys, brain, and eyes. Clinically, a distinction is made between an effusive (wet) and a non-effusive (dry) form, with some cases being considered in a transition stage. However, the postmortem examination often identifies extensive serosal and parenchymatous granulomatous lesions in organs accompanied by effusions of a variable quantity, indicating the common existence of mixed forms.

The pathogenesis of FIP is still controversial. Spontaneous viral genetic mutation during replication in the infected host is the major event. Up to present, 3 key features have been identified as essential premises for the development of FIP lesions: systemic infection with virulent mutated

FCoV, effective and sustainable viral replication in monocytes, and activation of mutated FCoV-infected monocytes. The development of the disease depends on the type and degree of host immune response. A strong cell-mediated response (type IV hypersensitivity) is protective against FIP, whereas a weak cell-mediated response results in the dry form. The wet form results from a lack of cell-mediated immune response to the virus. Humoral immunity is not protective, and it can enhance the development of the wet form by accumulation of virus-antibody-complement complex and subsequent vascular injury (type III hypersensitivity), and antibody-dependent enhancement which involves uptake of virus-antibody-complement complexes by macrophages followed by significant viral replication.

In this case, based on the characteristic pathological findings and the immunohistochemistry as the gold standard of diagnosis for FIP, the final diagnosis is determined. The lesions in the CNS are striking and are the cause of the neurological signs. FIP is the most commonly detected infectious cause of neurological disease in cats, especially in young cats less than 2 years old. It is also the most common histologically confirmed cause of feline spinal cord disease, affecting 24% of cases. A retrospective study of 26 FIP cases described 3 main distributions of neuropathologic changes: periventricular encephalitis, rhombencephalitis, and diffuse leptomeningitis with superficial encephalitis. The present case is classified as rhombencephalitis. However, the reasons for these 3 variations require further investigations of the mode of entry, pathogenesis and cell types involved in the inflammatory infiltrates in the CNS of cats affected by FIP.

The predisposing factors of FIP including multi-cat household, immunosuppression, and young age. The patient was only 5-month-old and was from a multi-cat family. Considering that the patient was in a poor body condition for a period of time, underlying immunosuppression associated with feline retroviral (FeLV and FIV) infection is suspected. These infections may have a permissive role in CNS disease by enabling establishment of infections such as FIP.

To sum up, this case presents typical clinical and pathological features of systemic infection of FIP that is caused by a mutated FCoV. Though FIP may be suspected based on the signalment, compatible clinical signs, and pathognomonic gross and histologic lesions, identification of viral antigen in lesions by immunohistochemistry is needed for a definite diagnosis.

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2. Gunn-Moore, D.A., Reed, N., 2011. CNS disease in the cat: current knowledge of infectious causes. *J Feline Med Surg* 13, 824-836.
3. Kipar, A., Meli, M.L., 2014. Feline infectious peritonitis: still an enigma? *Vet Pathol* 51, 505-526.
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Case Number: 543

Slide No.: CM19-1004

Slide View: http://www.ivp.nchu.edu.tw/slide_view.php?id=1678

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CASE HISTORY:

Signalment: 3 diseased 1-week-old piglets, LYD

A farrow-to-finishing farm located in western Taiwan reared approximately 2,000 pigs, including 200 sows. According to the owner's description, diarrhea in finishing pigs was firstly observed in mid-September in 2019. Later, diarrhea also happened in boars. Last, watery diarrhea could be seen in sows and suckling pigs. The morbidity was 10% in sows and 30% in piglets. The case-fatality in piglets was 40%. Therefore, three sick suckling pigs were submitted to ADDC for disease diagnosis on October 4th, 2019.

Gross Finding:

The three pigs showed emaciation and dehydration in clinic observation. Sunken eyes and watery yellowish diarrhea around the anus were observed, too. Grossly, distension of blood vessels was noticed on serosa surface in the intestine. In addition, both small and large intestine contained with watery yellowish fluid in the lumen.

CASE RESULT:

Histopathological Findings:

Microscopically, moderate villous atrophy and fusion was noticed in both jejunum and ileum. Vacuolar degeneration and exfoliation of enterocytes was noticed, also.

Morphological Diagnosis:

1. Enteropathy, with villous fusion and atrophy and vacuolar degeneration of enterocytes, diffuse, moderate, chronic, small intestine

Differential diagnosis:

1. Transmissible gastroenteritis virus (TGEV)
2. Rota virus infection
3. Porcine delta coronavirus infection (PDCoV)

Laboratory examination:

1. RT-PCR: TGEV and rotavirus (-); PEDV (+)

Disease Diagnosis:

Porcine epidemic diarrhea (PED)

Discussion:

Porcine epidemic diarrhea virus (PEDV) known as the family *Coronaviridae* within the order *Nidovirales*, which belongs to *Alphacoronavirus* genera, respectively. The classical PEDV strains infect swine of all ages and cause outbreaks of diarrhea. In 2010, a PED outbreaks in China caused

by highly virulent PEDV strains resulted in severe loss of piglets. The strains identified since 2010 are considered emerging PEDV strain^(1,2,3,4). This strain could also infect swine of all ages, however, it causes serious outbreaks in piglets which under 1 week old. Direct or indirect fecal-oral transmission is the main route of PEDV transmission. The clinical signs include watery diarrhea, vomiting, anorexia, and depression. Morbidity approaches 100% in piglets. Piglets up to 1 week of age may die from dehydration, and mortality ranges from 50 to 100%. Gross lesions are confined to the small intestine that distended with watery, yellowish fluid. Microscopically, vacuolation, syncytia, and exfoliation of small intestinal enterocytes occur mainly on the proximal villi, which cause villi atrophy^(1,5,6).

In this case, watery, yellowish diarrhea was noticed in piglets and diarrhea also noticed in both sows and finishing pigs. Grossly, yellowish watery fluid was spotted in small intestine. Microscopically, villous atrophy and fusion with vacuolar degeneration of enterocytes was seen. According to these findings, the differential diagnosis includes PEDV, TGEV, and rotavirus; however, they share the same clinical signs and lesions. Therefore, diagnosis should be made based on both clinical signs and laboratory detection of viral RNA, viral antigens, or increased PEDV antibodies. The most widely used laboratory method is RT-PCR or real-time RT-PCR.

There's no commercial vaccine available in Taiwan, recently. Besides, PEDV is highly contagious and it could transmit through facilities, transportation vehicles and boots, etc. Thus, strict sanitation and biosecurity are important to prevent virus entrance. Protection against PEDV is dependent on the presence of IgA in the intestinal mucosa. Piglets are protected by maternal antibodies via colostrum, which is induced in sows by intestinal infection with PEDV. Therefore, feedback treatment (feces or small intestines from acutely infected piglets to expose to late stage of pregnancy sows and all other sows) would be considered as an alternative method to stimulate lactogenic immunity in sow herd when facing the PED outbreak. It may reduce clinical signs in piglets, and shorten clinical outbreaks. However, it should be aware of other pathogens present in clinically affected animals can be transmitted via the feedback process.^(1,7,8)

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Case Number: 544

Slide Number: LP_14079

Slide View: http://www.ivp.nchu.edu.tw/slide_view.php?id=1689

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CASE HISTORY:

Signalment: 41-year-old woman. .

Clinical History:

A 41-year-old woman presented to our ER (emergency room) with the chief complaint of edema of face, neck, shoulder, and bilateral upper limbs. Under the impression of suspicious superior vena cava syndrome, she was admitted to ward for further management. She has past history of end stage renal disease on regular hemodialysis, hypertensive cardiovascular disease, permanent catheter implantation, total parathyroidectomy due to secondary hyperparathyroidism, and major depression disorder with medical treatment.

The CT scan showed a mass in anterior mediastinum and measuring 2.5 x 2.0 x 1.5 cm. The tumor was well-defined without invasion of surrounding tissue. No necrosis or calcification was noted. Under the impression of thymoma with innominate vein compression, median sternotomy, longitudinal pericardiotomy, Looped innominate vein and superior vena cava, expolored right neck Looped right internal jugular vein and resection of tumor were performed. The specimen was sent to the department of pathology for pathologic diagnosis. The specimen submitted consisted of a well-defined tumor and measuring up to 2.4 x 2.1 x 1.6 cm. The tumor was grayish-brown in color and soft-elastic in consistency.

Clinical Pathology:

BUN: 51 mg/dL (6-20 mg/dL), Creatinine: 10.1 mg/dL (0.7-1.3 mg/dL), Glucose: 150 mg/dL (70-100 mg/dL), Na: 131 mmol/L (135-145 mmol/L), K: 3.6 mmol/L (3.5-5.1 mmol/L), Ca: 11.2 mg/dL (8.6-10.2 mg/dL), AST (GOT): 17 U/L (5-40 U/L), ALT (GPT): 11 U/L (5-40 U/L), RBC: 3.48x10⁶/uL (4.6-6.2x10⁶/uL), Hb: 10.5 gm/dL (14.0-18.0 gm/dL), Hct: 31.2 % (40-54%), Plt: 18.3 x10⁴/dL (15-40 x10⁴/dL), WBC: 6.5 x10³/uL (4.5x10³-11.0x10³/uL), PTH : 679 ng/mL (15-65 ng/mL).

CASE RESULT:

Histopathologic Findings:

Histopathological examination revealed well defined tumor with rim of normal parathyroid-like tissue which was seen compressed to the edge of the tumor. The tumor was composed of proliferated chief-like cells, regular in size and shape with small central round nuclei, stippled chromatin, moderate amount of clear cytoplasm and indistinct nucleoli. No significant mitosis was noted. No necrosis was noted.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were positive for chromogranin-A, CD56, Synaptophysin and PTH.

Differential diagnosis:

1. Ectopic parathyroid gland.

2. Ectopic parathyroid hyperplasia.
3. Ectopic parathyroid adenoma.
4. Ectopic parathyroid carcinoma.

Diagnosis: Ectopic parathyroid adenoma, anterior mediastinum.

Comments:

The parathyroid glands develop from endoderm of the third and fourth pharyngeal pouches. From there, these glands migrate to their usual position behind the thyroid gland. The superior parathyroid glands develop from the fourth pharyngeal pouch, whereas the inferior parathyroid glands arise from the third pharyngeal pouch and descend a further distance with the thymus, which migrates into the mediastinum.

Ectopic parathyroid glands can occur anywhere along the embryologic descent of the parathyroid glands. Less than 0.1% of the inferior parathyroid glands are located ectopically. Most commonly they occur in the mediastinum, in the path of the vagus nerve and recurrent laryngeal nerve, and within the thyroid parenchyma, within the hypoglossal nerve, posterior triangle of the neck, axilla and pericardium. Lesions can less commonly occur higher in the pharyngeal structures with only two reports describing lesions in either the oropharynx or nasopharynx or soft palate.

In 85% of humans, four pea-sized parathyroid glands are present. The parathyroid glands produce parathyroid hormone (PTH) which regulates calcium and phosphate homeostasis. In case of PTH overproduction serum calcium levels are increased through enhanced bone resorption, increased intestinal calcium absorption and decreased urinary excretion.

The diagnosis of primary hyperparathyroidism (PHPT) is usually characterized by hypercalcemia and elevated PTH concentration or inappropriately elevated hypercalcemia with normal range of PTH. PHPT is commonly caused by either a parathyroid adenoma or parathyroid hyperplasia. PHPT is in 90% the cases caused by a solitary parathyroid adenoma. The other 10% is caused by multiple adenomas, parathyroid hyperplasia or a very rare parathyroid carcinoma.

Parathyroidectomy has a success rate of >95 % for cure of PHPT. The most common cause of persistent hyperparathyroidism is an ectopic parathyroid adenoma. Ectopic parathyroid adenomas have been reported to account for anywhere from 4 to 16 % of patients with hyperparathyroidism and are thought to be the cause of a significant portion of failed primary surgery for hyperparathyroidism.

The occurrence of ectopic parathyroid adenomas is not uncommon (3-4% of all parathyroid adenomas). Ectopic parathyroid adenomas are predominantly located in the thymus (38%), followed by the retro-esophageal region (31%), tracheal-oesophageal groove in the posterior superior mediastinum (27%) and intrathyroidal (18%). Only a few reports describing ectopic parathyroid adenomas in very superior locations. In a series of 288 patients with persistent hyperparathyroidism, Jaskowiak et al. described one patient with a lesion in the wall of the nasopharynx near the nasal septum and one patient with a lesion high in the vagus nerve at the level of the C1-C2 vertebrae. Unusual ectopic locations of parathyroid adenomas must be considered. Instead of the upper range of parathyroid glands being stated as the angle of the mandible, the parathyroid adenomas should be considered possible at least as high as the nasopharynx. Chan et al. reported on a small series of patients with ectopic parathyroid adenomas in the pharyngeal or surrounding structures.

For detecting ectopic glands, most commonly ^{99m}Tc-sestamibi scan and ultrasound are used as first-line imaging modalities. CT and MRI are generally used as a second line imaging choice.

Pathologically, parathyroid adenoma is a benign neoplasm of chief cells or less commonly of oncocytic (oxyphil) cells, or a mixture of the two. Chief cells have round uniform nuclei and a moderate amount of cytoplasm. Mitoses are very uncommon. Numerous hemosiderin laden macrophages are present. The presence of normal parathyroid tissue at the periphery of an adenoma is a helpful feature in distinguishing adenoma from hyperplasia. Oxyphilic cells occur in some

adenomas but rarely in hyperplasia and fat is characteristically absent in the parenchymal cell areas of both. In adenoma and hyperplasia, fat is displaced by a proliferation of chief cells arranged in sheets, and sometimes trabecular or follicular patterns. The absence of fat helps distinguish adenoma from normal gland. Rarely, oxyphil cell hyperplasia occurs. There is lack of cellular pleomorphism. Another helpful feature, if present, is a rim of normal parathyroid tissue in the case of adenoma. In hyperplasia all four parathyroid glands are affected although they are not necessarily enlarged. In adenoma usually only one gland is affected while the other parathyroid glands may become atrophic. The potential for malignancy in ectopic parathyroid adenomas is unknown except in a few cases of parathyroid carcinoma in intrathyroidal parathyroid tissues.

Symptomatic hyperparathyroidism (nephrolithiasis, symptomatic hypercalcemia) is always an indication for treatment. Though medical management is recommended for asymptomatic patients with PHPT, surgical intervention of parathyroidectomy is still adequate in certain cases due to its benefit of curing the disease, decreasing the risk of renal stones, improving bone mineral density, and cost efficient etc. Although most ectopic adenomas can be removed by a cervical approach, a transthoracic dissection is necessitated when the parathyroid adenoma is located in a deep and complicated anatomic position in the thoracic cavity. Postoperative hypocalcaemia is an important complication, which occurs within the first 24 to 48 hours after surgery. For this reason, calcium and serum PTH should be monitored. Distinction between mild and severe hypocalcaemia can be made postoperative. Mild hypocalcaemia is generally treated through a short period of daily 1500-2000 mg oral calcium supplementation due to calcium carbonate or citrate. Patients with severe hypocalcaemia should be treated with oral and intravenous calcium supplementation.

In conclusion, an unusual location for a parathyroid adenoma is the mediastinum, and it can be a cause of persistent hyperparathyroidism. It is important to consider the possibility of an additional localization of the adenoma in order to achieve the right diagnosis and avoid inappropriate treatments.

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Case Number: 545

Slide Number: S2014-10334

Slide View: http://www.ivp.nchu.edu.tw/slide_view.php?id=1679

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CASE HISTORY:

Signalment:

A 36-year-old woman presented to Hualien Tzu Chi Hospital (HTCH) with chief complaint of intermittent chest pain for 5 days. She is a drug abuser who has used heroin 3-4 times per day. No fever, chills, or other systemic symptoms was complained. CT scan showed abscess formation at psoas muscle and staphylococcus aureus was found in the blood culture. Besides, echocardiography showed large vegetation on the tricuspid valve. The patient received antibiotic treatment for several days. Then she received a target vessel revascularization (TVR) with a 29mm Hancock tissue valve and Rt. pulmonary artery embolectomy. One year later, on July fourth, 2014, the patient presented to HTCH again with a chief complaint of intermittent chest pain accompanied with dyspnea for 3 days. The lab data showed leukocytosis(28650/uL) with bandemia(15%), NT-proBNP up to 10699pg/mL. Also, echocardiography showed an oscillating soft mass(0.52cm x 1.25cm) at a tricuspid valve near the RV side, highly suspected vegetation, and Candida parapsilosis was found in the blood culture.

Gross Findings:

There is a 0.52cm x 1.25 cm vegetation at the tissue valve, which was the replacement of the original tricuspid valve.

CASE RESULT:

Histopathological Findings:

Microscopically, there is the amount of pus located in the tricuspid valve. And with PAS, it clearly showed spores and pseudohyphae of Candida species under the light microscope.

Pathological Diagnosis: Candida endocarditis

Differential diagnosis:

6. Bacterial endocarditis

Discussion:

In recent years, the incidence of fungus infective endocarditis (IE) has increased extensively, especially Candida endocarditis. Candida species (52%) is the major and most frequently reported agent, followed by Aspergillus species (24%), and Histoplasma capsulatum (6%). Among Candida endocarditis, Candida albicans (24%) is the most common agent, followed by Candida parapsilosis, Candida tropicalis, and Candida guilliermondii. And the risk factors of suffering Candida endocarditis include previous prosthetic heart valves, intravenous drug use, central venous catheters, broad-spectrum antibiotics use, previous endocarditis, and healthcare-associated infection.

The clinical features of Candida endocarditis include symptoms and signs of cardiac involvement (dyspnea, edema, or other findings suggestive of congestive heart failure; chest pain; new or changing murmurs on physical examination); embolic phenomena, often involving major

vessels supplying the brain, extremities, and the gastrointestinal tract; and systemic symptoms of fever, night sweats, malaise, and weight loss. Besides, arterial embolization is more common in fungal endocarditis than in bacterial endocarditis, and the most common sites are the cerebral circulation, extremities, and gastrointestinal tract. Classic signs of endocarditis, such as Osler nodes, Roth spots, and Janeway lesions are rarely noted. Patients with *Candida* endocarditis can develop other complications of candidemia, including endophthalmitis, vertebral osteomyelitis, and meningitis.

The way to diagnose IE is according to the proposed modified Duke Criteria. The major criteria include blood culture positive for IE, evidence of endocardial involvement, echocardiogram positive for IE, and new valvular regurgitation. And the minor criteria include predisposition (like a predisposing heart condition or injection drug use), fever (temperature > 38 °C), vascular phenomena, immunological phenomena, and microbiological evidence. Definite IE must meet 2 major criteria, or 1 major criterion and 3 minor criteria, or 5 minor criteria.

In this case, the patients had suffered intermittent chest pain with dyspnea for 3 days, and it was the same as the clinical features of *Candida* endocarditis. Besides, *Candida parapsilosis* found in the blood culture, as well as echocardiogram positive for IE, are both two major criteria for the diagnosis of IE. Thus, the patient could be categorized to definite IE.

Pathology

- *Candida* proliferation: endogenesis, which comes from patients' skin or mucosa, or exogenesis, which comes from intravenous injection or catheter, etc.
- The defect on the patient's skin or mucosa, which can facilitate the *Candida* species to invade patients' circulating system.
- The immunity function of the patient is low, and finally, causes candidiasis.
- *Candida* species, fibrin, and platelet deposit at the valve and develop to *Candida* endocarditis.

Antifungal agents are the priority choice to treat *Candida* endocarditis. Then, if the situation of the patient is good enough for surgery, the patient should receive valve replacement. Otherwise, the patient needs to use long-term fluconazole (6–12 mg/kg) daily to control the disease.

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Case Number: 546

Slide No.: CP20-02004

Slide view: http://www.ivp.nchu.edu.tw/slide_view.php?id=1702

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CASE HISTORY:

Signalment: 18-day-old, broilers

This case was submitted from a poultry farm raised 47,000 broilers in central Taiwan. According to the veterinarian's description who delivered this case, affected chickens showed weakness, mouth breathing with severe ascites. These symptoms were firstly found on 12 day-old chickens. The daily out rate and mortality were about 0.2%. Therefore, three 18 day-old sick chickens were sent to Animal Disease Diagnosis Center, NCHU, on February 5th, 2020 for pathological examination. In clinical examination, chickens showed depression, respiratory distress, abdominal breathing, enlarged abdomen with large amount of ascites, walking imbalance and fell on the floor.

Gross Findings:

Large amount of straw color liquid with fibrin complexes were noted in the abdominal cavity. Pale-yellow hydropericardium, cardiac dilatation and thickened right ventricular wall were also found. Both lung lobes were dark-red and edema. The livers were atrophy and firm.

CASE RESULT:

Histopathological Findings:

Histopathologic examination showed that diffuse, mild to moderate degeneration with contracture bands in the myocardial fibers and ventricular dilation were observed in the heart. The lungs were slightly congested and edematous. In addition, focal chondrocytic metaplasia were also noted in the lungs. Thickened capsule with fibrinous tissue covered on the serosa, hepatocytic atrophy and centrilobular congestion in the central area were found in the liver.

Morphological Diagnosis:

2. Ventricular dilation, extensive, moderate, chronic, heart
3. Edema, extensive, moderate, chronic, lungs
4. Serositis, extensive, moderate, chronic, with centrilobular congestion and hepatic atrophy, liver

Differential diagnosis:

4. Inclusion body hepatitis (IBH)
5. Hydropericardium syndrome (HPS)
6. Bacterial infection

Disease Diagnosis:

Ascites syndrome in broilers

Discussion:

According to the clinical and gross examinations, the chickens had moderate disturbance of circulation and congestion in the organs. Microscopic findings showed myocardium fiber degeneration, wavy arrangement and contracture which was expected to be caused by high pressure

of heart chamber. Around many lung blood vessels, we could see interstitial dilation that resulting in abnormally obvious space between parabronchi. This was due to accumulation of edema fluid in the lungs. In this case, a characteristic hypoxic lesion occurred in lungs: nodules formed by chondrocytes metaplasia or dysplasia between parabronchi. In order to enhance organ protection, fibrous connective tissue in the lungs would transformed into cartilage or hard bone to assist damage⁽¹⁾. The livers capsule thickened, mainly composed of fibrous connective tissue. The reason was as follows: after right heart failure due to circulatory disturbance, obstruction of vena cava hypertension occurred, then hepatic vein hypertension was caused by. The liver continued to endure a high tension environment, and had to thicken its capsule and connective tissue around blood vessels to strengthen the organ supporting capacity⁽¹⁾. The hepatocytes atrophy and sinusoid dilatation we found were relate to above reason, too. If liver fibrous connective tissue continues to proliferate heavily, liver fibrosis (cirrhosis) would form and then hepatocytes atrophy happen⁽¹⁾. Sinusoid dilation might relatively widen due to hepatocytes atrophy, or caused by liver congestion. In addition, liver fibrosis can lead to increase portal vascular resistance and impeded blood return, finally resulting in ascites.

However, some grosses such as earthy yellow livers, pericardial effusion, gray-white plaques in the epicardium, mild swelling of the kidneys, enlarged kidneys that on-site veterinary saw, were similar to that of inclusion body hepatitis (IBH) and pericardial effusion syndrome, or called hydropericardium syndrome (HPS)⁽⁶⁾. It was necessary to check whether there is a possibility of suffering from these two diseases by pathological examination and laboratory diagnosis. Inclusion body hepatitis is an infectious disease caused by avian adenovirus (ADV). It usually occurs in 3 to 15 weeks age broilers which well-developed and plump. We can see almost all sick chicken livers had lesions such as enlarged, brittle, yellow or brownish mottled. There are numerous bleeding spots, and necrotic lesions on liver surface. Inclusion bodies can be seen in epithelium cell nucleus of liver, kidney, pancreas, and bursa. By pathological examination and PCR, we can diagnose IBH⁽⁹⁾. Hydropericardium syndrome (HPS) is prone to occur in 3 to 6 weeks well-developed broilers. The pathogen is avian adenovirus too, but in a different serotype (IBH: group I serotype 8 or 11, HPS: group I serotype 4). The main gross lesion is significant amount of pericardial effusion. Microscopic lesions could see inclusion bodies in liver, and vacuolar degeneration in myocardial fibers and hepatocytes. Its diagnosis methods are the same as inclusion body hepatitis⁽¹³⁾. In this case, no significant lymphocyte or heterocyte infiltration and inclusion bodies were found in tissue sections. And the result of PCR detection of avian adenovirus I group (totally 12 serotypes) was negative, so the doubt of infection with inclusion body hepatitis and hydropericardium syndrome can be excluded. In addition, fibrinous adhesion and ascites were found on the liver surface, and it was necessary to confirm whether it is inflammation and increased vascular permeability caused by bacterial infection⁽⁴⁾. The appearance of the ascites in this case was clear straw color, which was different from the turbid sample of severe bacterial infection. We sent the liver to bacterial cultivation at 37 ° C for 72 hours. It worked out that no bacterial growth was observed. Therefore, the doubt of bacterial infection could be ruled out. Based on the poultry farm history, gross, histopathology, microbiological examination, the final diagnosis was broilers ascites syndrome.

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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、 其他有關比較病理學術發展之事項。
- 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 本會置秘書長一人，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。但秘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。應於七日以前以書面通知，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 第八屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	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
2	常務理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	國立臺灣大學獸醫專業學院院長	台灣大學分子暨比較病理生物學研究所教授
3	常務理事	施洽雯	男	國立國防醫學院病理研究所	中山醫學院病理科副教授	羅東博愛醫院病理科主任
4	常務理事	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授兼所長	台灣大學獸醫學系教授
5	常務理事	邱慧英	女	國立台大獸醫專業學院博士	台灣養豬科學研究所	國立中興大學獸醫病理生物學研究所 助理教授
6	理事	朱旆億	男	國立臺灣大學醫學系	輔仁大學醫學系兼任助理教授	彰化秀傳紀念醫院病理科主任
				國立臺灣大學獸醫專業學院博士		
7	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
8	理事	阮正雄	男	日本國立岡山大學大學院醫齒藥總合研究科博士	台北醫學大學副教授兼細胞科學中心主任	輔英科技大學附設醫院
9	理事	林永和	男	國立台大病理研究所碩士	台北醫學院病理科講師	台北醫學院病理科副教授
10	理事	祝志平	男	台大病理研究所	台北醫學院講師	彰化秀傳紀念醫院病理部

11	理事	賴銘淙	男	清華大學生命科學院博士	彰濱秀傳紀念醫院病理科主任	衛生福利部臺中醫院病理學科主任
12	理事	賈敏原	男	國立臺灣大學獸醫專業學院 博士	國衛院研究員	國立中興大學獸醫系助理教授
13	理事	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
14	理事	陳姿妤	女	國立中興大學獸醫病理學研究所碩士	生技中心研究員	國家實驗動物中心病理獸醫師
15	理事	鄭明芳	男	國立陽明大學口腔生物研究所博士	國防醫學院醫學系病理學科暨病理及寄生蟲研究所	805 醫院病理主任
16	常務監事	廖俊旺	男	國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	國立中興大學獸醫病理生物學研究所教授
17	監事	蔡慧玲	女	台灣女科技人學會		監事
18	監事	楊俊宏	男	長庚大學生物醫學研究所博士		農委會農業藥物毒物試驗所
19	監事	簡耀君	男	國立臺灣大學獸醫學研究所獸醫學碩士		國立臺灣大學分子暨比較病理生物學研究所 病理科總醫師
20	監事	彭奕仁	男	國防醫學院醫學科學研究所博士班學生		三軍總醫院病理部主治醫師
21	秘書長	張惠雯	女	國立臺灣大學獸醫專業學院 博士		國立臺灣大學分子暨比較病理生物學研究所 助理教授

中華民國比較病理學會

108 年度工作報告

一、召開會員大會、理監事會議、邀請國內專家學者進行學術演講

1. 會員大會

中華民國比較病理學會第八屆第二次會員大會於 108 年 4 月 21 日國軍桃園總醫院。

2. 第八屆理監事會議

- i. 第八屆第七次理監事會議於 108 年 4 月 21 日於衛國軍桃園總醫院召開。
- ii. 第八屆第八次理監事會議於 108 年 8 月 10 日於國立臺灣大學獸醫專業學院召開。
- iii. 第八屆第九次理監事會議於 108 年 12 月 14 日於臺北市立動物園召開。

3. 舉辦學術研討會

- i. 第 75 次比較病理研討會於 108 年 4 月 21 日於衛國軍桃園總醫院召開。
- ii. 第 76 次比較病理研討會於 108 年 8 月 10 日於國立臺灣大學獸醫專業學院召開。
- iii. 第 77 次比較病理研討會於於 108 年 12 月 14 日於臺北市立動物園召開。

三、舉辦學術演講

1. 第 75 次比較病理研討會邀請專題演講:三軍總醫院病理部高鴻偉主任，題目：Overview of Blistering Disorders of Human
2. 第 76 次比較病理研討會邀請專題演講:臺北醫學大學病理學科林永和副教授，題目：A tooth life span course with any possible changes
3. 第 77 次比較病理研討會邀請雙專題演講，專題演講一由疾病管制署蘇迎士醫師，題目：大型人畜共通傳染病爆發的調查以及監測系統的介紹，專題演講二由及新加坡動物園許家達獸醫師，題目：Pathology in Wildlife Reserves Singapore

四、舉辦學術病理切片病例討論

1. 於第 75 次比較病理研討會共有 5 個單位提供 7 個病例會員討論。
2. 於第 76 次比較病理研討會共 5 個單位提供 7 個病例供會員討論。
3. 於第 77 次比較病理研討會共有 5 個單位提供 7 個病例供會員討論。

五、架設學會網站

提供 75、76 及 77 次比較病理研討會活動花絮照片，於學會網站地址：<http://www.ivp.nchu.edu.tw/cscp/>

六、完成 75、76 及 77 次比較病理研討會與會獸醫師再教育學分認證。

中華民國比較病理學會

109 年度工作計劃

一、會務

1. 徵求會員
持續進行學會推廣及會員招募，擴大會員陣容，
2. 整理會籍與清查會費
 - i. 更新整理會籍資料，並製作會員通訊錄
 - ii. 清查會員繳費狀況，進行催繳，缺繳三年以上徹底實行停權
3. 召開會議
召開會員大會一次，審查 108 年度工作報告與經費收支狀況，研議 109 年度之工作計劃及預算
4. 學術活動
持續辦理三次研討會，並邀請國內外專家學者做學術性的演講

二、業務

1. 繳納會費
2. 文書處理
整理與更新會員信箱，刪除無效信箱
3. 病例資料處理
掃描研討會議病例切片，供會員研究教學使用
4. 研討會活動照片、會員狀態及網頁維護更新
5. 進行獸醫再教育學分申請及協助會員學分認證

中華民國比較病理學會
收支預算表

中華民國 108 年 1 月 1 日至 108 年 12 月 31 日

單位：新臺幣(元)

款	項	目	名稱	本年度 預算數	上 年 度 預算數	本年度與上年度 預算比較數		說 明
						增加	減少	
1			本會經費收入	75,080	75,080			
	1		入會費	6,000	6,000			學生入會 100 元;一般會員 1000 元
	2		常年會費	35,000	35,000			學生會員 100 元;一般會員 1000 元
	3		贊助會費	30,000	30,000			贊助廠商 5000 元
	4		利息收入	80	80			
	5		其他收入	4,000	4,000			
2			本會經費支出	75,080	54,460	20,620		
	1		人事費	8,000	8,000			
		1	兼職人員車馬費	0	0			
		2	其他人事費	8,000	8,000			講師費 2000 元
	2		辦公費	22,580	11,000	11,580		
		1	印刷費	7,580	8,000		420	會議手冊印製
		2	旅運費	3,000	2,000	1,000		
		3	郵電費	5,000	1,000	4,000		病例切片郵寄
		4	公共關係費	0	0			
	3		業務費	45,000	30,000	15,000		
		1	會議費	45,000	30,000	15,000		
	4		雜費支出	4,500	4,500			
	5		提撥基金	2000	2000			如有盈餘，得依規定提列 5% 以上
3			本期餘絀	0	20,620			

理事長：



常務監事



秘書長：



會計：



中華民國比較病理學會
現金出納表

中華民國 108 年 1 月 1 日至 108 年 12 月 31 日止

單位：新臺幣(元)

收			入	支			出		
科	目	名稱	金 額	科	目	名稱	金 額		
上	期	結	存	174,901	本	期	支	出	62,521
本	期	收	入	88,315	本	期	結	存	209,857
合			計	263,216	合			計	272,378

理事長：



常務監事：



秘書長：



會計：



中華民國比較病理學會

基金收支表

中華民國 108 年 1 月 1 日至 108 年 12 月 31 日止

單位：新臺幣(元)

收		入	支		出
科目名稱	金額		科目名稱	金額	
準備基金	0		準備基金	0	
歷年累存	13,900				
本年度提撥	2,000				
			結餘		15,900

理事長：



常務監事：



秘書長：



會計：



說明：本會暫無基金專戶。於年底時依盈餘情形提列為不可動支的準備基金，於活期存簿中(合作金庫)。目前歷年累存之準備基金為壹萬五千玖百元。

中華民國比較病理學會

收支決算表

中華民國 108 年 1 月 1 日至 108 年 12 月 31 日

單位：新臺幣(元)

科目			決算數	預算數	決算與預算比較數		說明
款	項	目			增加	減少	
1		本會經費收入	88,315	75,080	13,235		
	1	入會費	2,600	6,000		3,400	
	2	常年會費 (三年內)	45,100	35,000	10,000		
	3	贊助會費	40,000	30,000	10,000		廠商捐款
	4	利息收入	115	80	35		
	5	其他收入	500	4,000		3,500	單次報名
		本會經費支出	62,521	54,460	8,061		
2	1	人事費	8,000	8,000			
	1	兼職人員車馬費	0	0			
	2	其它人事費	0	0		0	專題演講者車馬費(共4位)
	2	辦公費	7,385	11,000		3,615	
	1	印刷費	7,022	8,000		978	印刷第75、76及77次會議手冊
	2	旅運費	0	2,000		2,000	
	3	郵電費	363	1,000		637	
	4	公共關係費	0	0		0	
	3	業務費	35,251	30,000	5,251		
	1	會議費	35,251	30,000	5,251		
	4	雜費支出(獸醫再教育登錄)	4,500	4,500			
	5	提撥基金	2,000	2,000			
3			32,956	0	26,547	10,515	

理事長：



常務監事：



秘書長：



會計：



中華民國比較病理學會

資產負債表

中華民國 108 年 12 月 31 日

單位：新臺幣(元)

資 產		負 債 基 金 暨 餘 絀	
歷年歲末累計結餘	174,901	合作金庫活存	185,248
提撥準備基金	2,000	現金	22,609
108 年度餘絀	32,956		
合 計	209,857	合 計	209,857

理事長：



常務監事：



秘書長：



會計：



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
第一次至第七十次比較病理學研討會病例分類一覽表

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

腫 瘤	73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
	74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
		10	Angiomyolipoma	Human	羅東博愛醫院
		10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
		10	Nephrogenic adenoma	Human	國泰醫院
		10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
		10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
		10	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
	90.	10	Clear cell sarcoma of kidney	Human	台北醫學院
	93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
	94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, papillary carcinoma, metastatic	Human	羅東聖母醫院
	95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
	96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
	97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
	98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院
	99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
	100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
	102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
腫 瘤	103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
		13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
		13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院

腫 瘤	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院	
	13	Schwannoma	Human	三軍總醫院	
	13	Osteosarcoma	Dog	美國紐約 動物醫學中心	
	14	Mixed germ-cell stromal tumor, mixed sertoli cell and seminoma-like cell tumor	Dog	美國紐約 動物醫學中心	
	14	Krukenberg's Tumor	Human	台北病理中心	
	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院	
	14	Polypoid adenomyoma	Human	大甲李綜合醫院	
	14	Gonadal stromal tumor	Human	耕莘醫院	
	14	Gestational choriocarcinoma	Human	彰化基督教醫院	
	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系	
	15	Kaposi's sarcoma	Human	華濟醫院	
	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院	
	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系	
	17	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所	
	143	18	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
	144	18	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院
	145	18	Osteosarcoma, osteogenic	Dog	臺灣大學獸醫學系
	146	18	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院
	147	18	Papillary Mesothelioma of pericardium	Leopard	屏東科大學獸醫學系
	148	18	Cystic ameloblastoma	Human	台北醫學院
	149	18	Giant cell tumor of bone	Canine	中興大學獸醫學院
	150	18	Desmoplastic small round cell tumor (DSRCT)	Human	華濟醫院
	152	18	Hepatocellular carcinoma	Human	羅東聖母醫院
	158	20	Hemangiopericytoma	Human	羅東聖母醫院
	160	20	Cardiac fibroma	Human	高雄醫學大學病理學科
	166	21	Nephroblastoma	Rabbit	紐約動物醫學中心
	168	21	Nephroblastoma	Pig	台灣動物科技研究所
169	21	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科	
172	21	Spindle cell sarcoma	Human	羅東聖母醫院	
174	21	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科	
190	27	Angiosarcoma	Human	高雄醫學大學病理學科	

192	27	Cardiac myxoma	Human	彰化基督教醫院病理科
194	27	Kasabach-Merrit syndrome	Human	慈濟醫院病理科
195	27	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
197	27	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
198	27	Extraplacental chorioangioma	Human	耕莘醫院病理科
208	30	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
210	30	Primary non-Hodgkin's lymphoma of bone, diffuse large B cell, right humerus	Human	彰化基督教醫院病理科
213	30	Lymphoma, multi-centric type	Dog	中興大學獸醫系
214	30	CD30 (Ki-1)-positive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	30	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	30	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	31	Acquired immunodeficiency syndrome (AIDS)with disseminated Kaposi's sarcoma	Human	慈濟醫院病理科
	32	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	32	Cutaneous B cell lymphoma, eyelid , bilateral	Human	羅東聖母醫院病理科
	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科病理科
	32	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教耕莘醫院病理科
	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	34	1. Pleura: fibrous plaque 2. Lung: adenocarcinoma 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設中和醫院病理科
	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	35	Glioblastoma multiforme	Human	羅東聖母醫院

腫瘤

腫瘤

35	Pineoblastoma	Wistar rat	綠色四季
35	Chordoid meningioma	Human	高醫病理科
35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
35	Microcystic Meningioma.	Human	耕莘醫院病理科
36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
36	Adenocarcinoma of lung.	Human	羅東聖母醫院
36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系 獸醫學研究所
36	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科
37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科
37	Hashimoto's thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
39	Merkel cell carcinoma	Human	羅東博愛醫院
39	Cholangiocarcinoma	Human	耕莘醫院病理科
39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
39	Mammary Carcinoma	Canine	中興大學獸醫學系
39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
40	Vertebra, T12, laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
40	Hepatocellular carcinoma	Human	國軍桃園總醫院
40	Feline diffuse iris melanoma	Feline	中興大學獸醫學系
40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
41	Tonsil Angiosarcoma	Human	羅東博愛醫院

腫瘤

	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	41	Renal cell tumor	Rat	中興大學獸醫學系
	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	41	Myopericytoma	Human	新光吳火獅紀念醫院
	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科
	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學獸醫專業學院
	43	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
	43	Lymphoma	Canine	臺灣大學獸醫專業學院
	43	Solitary fibrous tumor	Human	彰化基督教醫院
	43	Multiple sarcoma	Canine	臺灣大學獸醫專業學院
	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	45	Parachordoma	Human	羅東博愛醫院病理科
	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
	45	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	45	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
323	46	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
324	46	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院

腫 瘤	329	47	Sclerosing stromal tumor	Human	彰化基督教醫院
	330	47	Pheochromocytoma	Human	天主教耕莘醫院
	334	48	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院
	335	48	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
	336	48	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院
	337	48	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學獸醫專業學院
	338	48	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
	340	49	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
	342	49	Plexiform fibromyxoma	Human	彰化基督教醫院
	343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
	344	49	Epithelioid sarcoma	Human	林新醫院
	346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業學院
	347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
	348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
	349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設中和紀念醫院病理科
	351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐阜大学)
	354	50	Granular cell tumor	Dog	國立臺灣大學獸醫專業學院
	356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學獸醫專業學院
	357	51	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
	364	51	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosis	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	

腫瘤

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

		(2) Hodgkin's lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica		
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 (<i>Astrochelys radiata</i>)	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	Malignant lymphoma, diffuse large B-cell (DLBCL) in a women	Human	國軍桃園總醫院病理檢驗部
429	62	Immune reconstitution inflammatory syndrome (IRIS)-associated Kaposi's sarcoma in a man	Human	花蓮慈濟醫院
430	62	Mammary adenocarcinoma, tubular form in a female feline	Cat	中興大學獸醫病理生物學研究所
433	62	Rhabdomyosarcoma, retroperitoneal cavity in a female mouse	Mouse	國家實驗動物中心
434	62	Malignant pheochromocytoma with pleural metastasis in a man	Human	天主教聖馬爾定醫院病理科
436	63	Primary non-Hodgkins lymphoma of terminal ileum	Human	國軍桃園總醫院病理檢驗部
438	63	Ectopic thyroid gland tumor	Beagle	台灣大學獸醫專業學院分子暨比較病理生物學研究所
440	63	Hepatocellular cell carcinoma Squamous cell carcinoma	Human	天主教聖馬爾定醫院口腔顎面外科
442	64	Large B cell lymphoma in a man	Human	羅東博愛醫院

444	64	Olfactory neuroblastoma in a female cat	Cat	台灣大學獸醫專業學院 分子暨比較病理生物學 研究所
445	64	Oligodendroglioma in a man	Human	國軍桃園總醫院病理檢 驗部
447	64	Ameloblastoma of mandible in a man	Human	天主教聖馬爾定醫院口 腔顎面外科
448	65	EBV associated extranodal NK / T-cell lymphoma, nasal type	Human	羅東博愛醫院
451	65	Mouse, subcutaneously mass – exocrine pancreatic adenocarcinoma, AsPC-1 cells, human origin, heterotopical model	Mouse	國家實驗動物中心
452	65	1. Extranodal NK/T-cell lymphoma, nasal type 2. 2. Regional lymph nodes and omentum are involved.	Human	台中醫院
457	66	Metastatic squamous cell carcinoma (SCC)	Horse	台灣大學獸醫專業學院 分子暨比較病理生物學 研究所
459	66	Squamous intraepithelial lesion (SIL)	Human	高雄醫學大學附設醫院 病理部
460	66	Subcutaneous liposarcoma and uterine endometrial stromal sarcoma	African hedgehog	中興大學獸醫病理生物 學研究所
463	67	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster	Hamster	國立中興大學獸醫教學 醫院鳥禽與野生動物科
465	67	Plasmacytoid urothelial carcinoma	Dog	國立台灣大學獸醫專業 學院分子暨比較病理生 物學研究所
467	67	1.Poorly differentiated hemangiosarcoma in face 2.Squamous cell carcinoma in ear	Civet	農委會特有生物研究保 育中心
473	68	Simple mammary gland adenocarcinoma	Guinea pig	中興大學獸醫病理生物 學研究所
476	69	Mediastinum dedifferentiated liposarcoma	Human	羅東博愛醫院
477	69	Uterus adenosarcoma	Hedgehog	中興大學獸醫病理生物 學研究所
478	69	Primary pericardial mesothelioma in a woman	Human	佛教慈濟綜合醫院暨慈 濟大學病理科
479	69	Pulmonary solid adenocarcinoma	Dog	國立台灣大學獸醫專業 學院分子暨比較病理生 物學研究所

481	70	Paraganglioma of liver	Human	佛教慈濟綜合醫院暨慈濟大學病理科
482	70	Adenocarcinoma, transmural, recurrent, with desmoplasia and metastasis to regional lymph node, jejunum and ileocecal junction Mast cell tumor, moderately-differentiated, multiple, jejunal and ileocecal masses	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
483	70	Solitary fibrous tumor of pelvis	Human	羅東博愛醫院病理科
484	70	Chronic lymphocytic leukemia, with systemic dissemination, bone marrow, intestine, generalized lymph node, spleen, liver, kidney and lung	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
485	70	Intestine, large, colon, ascending, -- - Carcinoma, poorly differentiated (pT4aN1b). (ADVANCED) 2. Stomach, distal, --- Adenocarcinoma, moderately differentiated (pT1bNO) (EARLY) (Synchronous cancer)	Human	秀傳醫療社團法人秀傳紀念醫院
487	70	Angiomyolipoma of the liver	Human	衛生福利部臺中醫院病理科
490	71	Xp11.2 translocation renal cell carcinoma	Human	羅東博愛醫院病理科
491	71	Anaplastic renal cell carcinoma	Djungarian hamster	國立中興大學獸醫病理生物學研究所
493	71	Mucin-producing urothelial-type adenocarcinoma of the prostate (MPUAP)	Human	天主教耕莘醫療財團法人耕莘醫院
494	71	Left paratesticular dedifferentiated liposarcoma with leiomyomatous differentiation.	Human	天主教耕莘醫療財團法人耕莘醫院
495	71	Renal nephroblastoma, blastema-predominant with metastasis to gingiva, renal mass	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
496	71	Testis, left: Malignant mixed germ cell–sex cord stromal tumor (spermatocytic germinoma and Sertoli cell tumor), with angiolymphatic invasion. Testis, right: Germ cell atrophy, multifocal, moderate.	Dog	長青動物醫院
499	72	Brain, frontal lobe, Lt., Malignant melanoma, consistent with metastatic cutaneous malignant melanoma.	Human	國軍桃園總醫院

501	72	Anaplastic carcinoma thyroid (spindle cell type)	Human	天主教耕莘醫院
502	72	Primitive neuroectodermal tumor (PNET), most likely originating from ureter, with metastasis to liver and involvements of urinary bladder, uterus and left adrenal gland	Formosan serow	臺灣大學獸醫學系
503	72	Metastatic follicular carcinoma	Human	衛生福利部台中醫院
506	73	Type B1 thymoma	Human	天主教耕莘醫院
508	73	Metastatic melanoma	Human	秀傳醫療社團法人秀傳紀念醫院
511	74	Crystal storing histiocytosis associated with multiple myeloma.	Human	羅東博愛醫院病理科
512	74	Myeloid sarcoma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
513	74	Neurolymphomatosis (neurotropic lymphoma), B cell, right musculocutaneous nerve	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
514	74	Primary diffuse large B-cell lymphoma (activated B- cell type) of right testis, Stage IE at least	Human	國防醫學院三軍總醫院病理部
515	74	Thymoma, most likely, mediastinal mass	Dolphin	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
516	74	Extranodal marginal zone lymphoma of mucosa- associated lymphoid tissue (MALT lymphoma)	Human	秀傳醫療社團法人秀傳紀念醫院
517	74	Angioliposarcoma in a Cockatiel	Dog	國立中興大學獸醫病理生物學研究所
520	74	Intravascular diffuse large B cell lymphoma.	Human	國防醫學院三軍總醫院病理部
521	75	Primary anorectal malignant melanoma (PAMM)	Human	國軍桃園總醫院
523	75	Pancreatic panniculitis associated with acinar cell carcinoma	Human	羅東博愛醫院
524	75	Anaplastic large cell lymphoma (ALCL), ALK-negative	Human	秀傳醫療社團法人秀傳紀念醫院
525	75	Canine cutaneous epitheliotropic T-cell lymphoma with the involvement of left axillary lymph node	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
528	75	Basal cell carcinoma with sebaceous differentiation	Human	天主教耕莘醫院
529	76	Tongue, Schwannoma	Human	國軍桃園總醫院

	530	76	Amyloid-producing odontogenic tumor	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所	
	531	76	Embryonal rhabdomyosarcoma	Human	花蓮慈濟大學暨慈濟醫院病理科	
	532	76	Adenocarcinoma, suspected mammary gland tumor metastasis, mass from iris and partially ciliary bodies of right eye	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所	
	533	76	Kaposi's sarcoma, parotid gland.	Human	羅東博愛醫院病理科	
	537	77	Primary appendiceal mantle cell lymphoma (MCL), B-cell type, caused acute suppurate appendicitis.	Human	國軍桃園總醫院	
	538	77	Follicular lymphoma in thyroid of nodular goiter.	Human	羅東博愛醫院	
細菌		1	Tuberculosis	Monkey	臺灣大學獸醫學系	
		7.	1	Tuberculosis	Human	省立新竹醫院
		12.	2	H. pylori-induced gastritis	Human	台北病理中心
		13.	2	Pseudomembranous colitis	Human	省立新竹醫院
		26.	3	Swine salmonellosis	Pig	中興大學獸醫學系
		27.	3	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
		28.	4	Nocardiosis	Human	台灣省立新竹醫院
		29.	4	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
		32.	4	Actinomycosis	Human	台灣省立豐原醫院
		33.	4	Tuberculosis	Human	苗栗頭份為恭紀念醫院
		53.	7	Intracavitary aspergilloma and cavitory tuberculosis, lung.	Human	羅東聖母醫院
		54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
		58.	7	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
		61.	8	Spirochetosis	Goose	國立嘉義農專獸醫科
		63.	8	Proliferative enteritis (Lawsonia intracellularis infection)	Porcine	屏東縣家畜疾病防治所
		68.	9	Liver abscess (Klebsillae pneumoniae)	Human	台北醫學院
		10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院	
		10	Emphysematous pyelonephritis	Human	彰化基督教醫院	

89.	10	Severe visceral gout due to kidney damaged Infectious serositis	Goose	中興大學獸醫學系
	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	13	Tuberculous meningitis	Human	羅東聖母醫院
	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	16	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by Streptococcus spp. infection	Swine	國家實驗動物繁殖及研究中心
	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	20	Porcine polyserositis and arthritis (Glasser's disease)	Pig	中興大學獸醫學院
	20	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	21	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	37	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	38	Leptospirosis	Human	慈濟醫院病理科
	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	42	Staphylococcus spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	42	Leptospirosis	Dog	台灣大學獸醫學系
	43	Leptospirosis	Human	花蓮慈濟醫院
	43	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所
321	46	Pneumonia, Burkholderia pseudomallei	Goat	屏東縣家畜疾病防治所
339	48	Mycoplasmosis	Rat	國家實驗動物中心
352	50	Chromobacterium violaceum Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學獸醫學院
367	52	Melioidosis (Burkholderia pseudomallei), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with	Rat	國立中興大學獸醫學院

		Trichosomoides crassicauda infestation			
374	53	Pulmonary coccidiomycosis	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 dacryocystitis	Human	花蓮佛教慈濟綜合醫院	
387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所	
396	56	Suppurative meningitis caused by Streptococcus spp in pigs	Pig	國立中興大學獸醫病理生物學研究所	
399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所	
435	63	Tuberculosis	Human	花蓮佛教慈濟綜合醫院	
438	63	Porcine proliferative enteritis (PPE)	Pig	國立中興大學獸醫病理生物學研究所	
446	64	Actinomycosis (lumpy jaw) in a dairy cattle	Cattle	國立中興大學獸醫病理生物學研究所	
450	65	Mycobacterium avium infection	Human	花蓮佛教慈濟綜合醫院	
464	67	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man	Human	嘉義聖馬爾定醫院	
469	68	Scrub typhus	Human	佛教慈濟綜合醫院暨慈濟大學	
489	71	Malakoplakia due to Escherichia coli infection, left testis	Human	佛教慈濟綜合醫院暨慈濟大學	
492	71	Cystitis, bilateral ureteritis and pyelonephritis, hemorrhagic, necrotic, purulent, severe, diffuse, chronic progressive, urinary bladder, ureters and kidneys	Dog	國立中興大學獸醫病理生物學研究所	
522	75	Secondary syphilis	Human	佛教慈濟綜合醫院暨慈濟大學	
526	75	Dermatophilosis caused by <i>Austwickia chelonae</i> (basonym <i>Dermatophilus chelonae</i>) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系	
病毒	21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
	22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系

30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
78.	10	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
92.	11	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
101.	11	Swine pox	Pig	屏東科技大學獸醫學系
	13	Pseudorabies	Piglet	國立屏東科技大學
	13	Avian encephalomyelitis	Chicken	國立中興大學
	15	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	15	Fowl pox and Marek's disease	Chicken	中興大學獸醫學系
	16	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	17	Viral encephalitis, polyomavirus infection	Lory	美國紐約動物醫學中心
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	19	Enterovirus 71 infection	Human	彰化基督教醫院
	19	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	19	Rabies	Longhorn Steer	台灣大學獸醫學系
	20	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	28	SARS	Human	台大醫院病理科
	28	TGE virus	swine	臺灣動物科技研究所
	28	Feline infectious peritonitis(FIP)	Feline	台灣大學獸醫學系
	30	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus (PCV)infection. 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

病毒	221	31	Canine distemper virus Canine adenovirus type II co-infection	Canine	國家實驗動物繁殖及研究中心
	223	32	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
	238	35	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
	248	36	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
	250	36	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2), porcine reproductive and respiratory syndrome (PRRS) virus and Salmonella typhimurium.	Swine	屏東縣家畜疾病防所
	255	37	Vaccine-induced canine distemper	gray foxes	國立台灣大學獸醫學系
	265	39	Bronchointerstitial pneumonia (PCV II infection)	Swine	台灣大學獸醫學系
	295	42	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
	362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
	381	54	Polyomavirus infection of urinary tract	Human	羅東博愛醫院
	405	57	Porcine circovirus-associated lymphadenitis	Swine	國立屏東科技大學獸醫教學醫院病理科
	414	59	Rabies virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
	415	59	Canine distemper virus infection	Dog	台灣大學獸醫專業學院

				分子暨比較病理生物學研究所	
420	60	Respiratory syncytial virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科	
421	60	Porcine epidemic diarrhea (PED)	Piglet	國立中興大學獸醫病理生物學研究所	
455	66	Goose Haemorrhagic Polyomaviruses (GHPV)	Goose	農委會家畜衛生試驗所	
456	66	HPV associated small cell neuroendocrine carcinoma of uterine cervix	Human	羅東博愛醫院病理科	
458	66	Roventricular dilatation disease (PDD)	Cacatuini	國立中興大學獸醫病理生物學研究所	
468	68	Avian poxvirus	Eagle	國立中興大學獸醫病理生物學研究所	
472	68	Suspected viral infection with secondary aspergillosis	Parrot	國立中興大學獸醫病理生物學研究所	
510	73	Porcine reproductive and respiratory syndrome (PRRS)	pig	國立中興大學獸醫病理生物學研究所	
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
		15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
		17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
		43	Systemic Candidiasis	Tortoise	中興大學獸醫學院
黴菌		45	Alfatoxicosis in dogs	Canine	國立臺灣大學獸醫專業學院
	322	46	Allergic fungal sinusitis	Human	羅東博愛醫院

	326	46	Meningoencephalitis, <i>Aspergillus flavus</i>	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 <i>Cryptococcus neoformans</i> infection in a Golden Retriever	Dog	國立台灣大學分子暨比較病理生物學研究所
	441	63	Protothecosis	Dog	國家實驗動物繁殖及研究中心
	449	65	Porcine epidemic diarrhea (PED)	Pig	國立台灣大學分子暨比較病理生物學研究所
	519	75	Chicken infectious anemia in chicken	Chicken	國立中興大學獸醫學院
	536	77	Skin infection of Orf virus	Human	佛教慈濟醫療財團法人 花蓮慈濟醫院
寄生蟲	14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	3	Sparganosis	Human	台北榮民總醫院
	46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	7	Echinococcosis	Human	台北榮民總醫院
	60.	8	Intestinal capillariasis	Human	台北馬偕醫院
	64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院
	66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
	67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
		13	Parasitic meningoencephalitis, caused by <i>Toxocara canis</i> larvae migration	Dog	臺灣養豬科學研究所
		17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
		17	Eosinophilic meningitis caused by <i>Angiostrongylus cantonensis</i>	Human	台北榮民總醫院 病理檢驗部
	156	19	<i>Parastrongylus cantonensis</i> infection	Formosan gem-faced civet	中興大學獸醫學院
		19	<i>Capillaria hepatica</i> , <i>Angiostrongylus cantonensis</i>	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
		29	Colnorchiasis	Human	高雄醫學院附設醫院
		29	Trichuriasis	Human	彰化基督教醫院

寄生蟲		29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所	
		29	Pulmonary dirofilariasis	Human	和信治癌中心醫院	
		29	Capillaries philippinesis	Human	和信治癌中心醫院	
		29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院	
		41	Etiology- consistent with Spironucleus (Hexamita) muris	Rat	國家實驗動物繁殖及研究中心	
		327	46	Dermatitis, mange infestation	Serow	中興大學獸醫學院
		328	46	Trichosomoides crassicauda, urinary bladder	Rat	國家實驗動物中心
		362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
		370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
		416	59	Toxoplasmosis in a finless porpoise	Finless porpoise	國立屏東科技大學獸醫教學醫院病理科
			63	Liver milk spots in pig	Pig	中興大學獸醫病理生物學研究所
		453	66	Liver fluke infection	Buffalo	中興大學獸醫病理生物學研究所
		471	68	Haemosporidian parasite infection	pigeon	國立台灣大學分子暨比較病理生物學研究所
		540	77	Systemic toxoplasmosis	Ring-tailed lemur	國立台灣大學分子暨比較病理生物學研究所
原蟲	4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所	
	15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所	
	16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所	
	17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系	
	51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心	
	57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系	
	65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所	
	211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所	
	242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系	
	263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科	
	320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院	
	325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院	

	443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
	462	67	Toxoplasmosis	Human	佛教慈濟綜合醫院病理科
	470	68	Leucocytozoonosis	chickens	中興大學獸醫病理生物學研究所
立克次體	229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
	251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科
皮膚	216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
	359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
	360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
其它	9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
	10.	2	Choledochocyst	Human	長庚紀念醫院
	11.	2	Bile duct ligation	Rat	中興大學獸醫學系
	37.	4	Myositis ossificans	Human	台北醫學院
	75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
	76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
	80.	10	Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
	83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及中心
	85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所
	89.	10	Severe visceral gout due to kidney damaged infectious serositis	Goose	中興大學獸醫學系
	91.	10	Hypervitaminosis D	Orange-rumped agoutis	台灣大學獸醫學系
		14	Cystic endometrial hyperplasia	Dog	臺灣養豬科學研究所
		14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
		15	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
		15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	15	Alopecia areata	Mouse	國家實驗動物繁殖及研究中心	

其它

	17	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
151	18	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	21	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	21	Malakoplakia	Human	彰化基督教醫院
	25	Darier's disease	Human	高雄醫學大學病理科
191	27	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	27	Norepinephrin cardiotoxicity	Cat	台中榮總
196	27	Cardiomyopathy (Experimental)	Mice	綠色四季
212	30	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	耕莘醫院病理科
225	32	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	34	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
234	34	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	34	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	35	Arteriovenous malformation (AVM) of cerebrum	Human	耕莘醫院病理科
244	35	Organophosphate induced delayed neurotoxicity in hens	Hens	中興大學獸醫學病理學研究所
257	37	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	慈濟醫院病理科
294	42	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	43	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	44	Hyperplastic goiter	Piglet	屏東家畜疾病防治所
311	44	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
318	45	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
333	47	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院
341	49	Pulmonary placental transmogrification	Human	羅東博愛醫院
345	49	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院

其他

350	50	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	50	Eosinophilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	51	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	51	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	52	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院
383	54	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	54	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	55	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	56	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科
400	56	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫教學醫院病理科
419	60	Mucopolysaccharidosis	Cat	國立中興大學獸醫病理生物學研究所
426	61	Phleboliths in a man	Human	台北醫學大學附設醫院口腔外科口腔病理科
427	61	Visceral gout in a Green iguana (Iguana iguana)	Iguana	中興大學獸醫病理生物學研究所
431	62	pulmonary alveolar proteinosis in a man	Human	羅東博愛醫院病理科
432	62	Congenital pulmonary airways malformation, type 2 in a women	Human	高雄醫學大學附設醫院
437	63	Large solitary luteinized follicular cyst of pregnancy and puerperium	Human	羅東博愛醫院病理科
454	66	Eosinophilic granuloma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
461	67	Intestinal emphysema	Pig	中興大學獸醫病理生物學研究所
466	67	Nodular goiter	Human	彰化秀傳醫院病理科
474	68	Parastrongyliasis (Previously called Angiostrongyliasis)	squirrel	中興大學獸醫病理生物學研究所
475	69	Bronchogenic cyst	Dog	國立臺灣大學獸醫專業學院

480	69	Toxic pneumonitis caused by inhalation of waterproofing spray	Dog	中興大學獸醫學病理學研究所
486	70	IgG4-related sclerosing cholangitis (ISC)	Human	天主教耕莘醫療財團法人耕莘醫院
488	70	Crohn's disease	Human	彰化基督教醫院病理部
Gross	64	Hydronephrosis	Pig	中興大學獸醫病理生物學研究所
Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease	Cattle	中興大學獸醫病理生物學研究所
497	72	Combined central and peripheral demyelination (CCPD)	Dog	國立臺灣大學獸醫專業學院
498	72	Inflammatory demyelinating pseudotumour	Human	佛教慈濟綜合醫院暨慈濟大學病理科
500	72	Ischemic stroke in a dog	Dog	中興大學獸醫病理生物學研究所
504	73	Autoimmune pancreatitis (IgG4 related pancreatitis)	Human	羅東博愛醫院病理科
505	73	Thrombotic microangiopathy with hemorrhagic infarct of brain, acute myocardial ischemia and acute kidney injury	Human	佛教慈濟綜合醫院暨慈濟大學病理科
507	73	The most likely diagnosis is erythema multiforme (EM).	Dog	國立臺灣大學獸醫專業學院
509	73	Doxorubicin-induced diseases	Chicken	中興大學獸醫病理生物學研究所
518	74	Idiopathic multicentric Castleman disease with abundant IgG4-positive cells	Human	佛教慈濟綜合醫院暨慈濟大學病理科
527	75	Coryneform hyperkeratosis in NOG mice	Mice	中興大學獸醫病理生物學研究所
534	76	Multiple Cartilaginous Exostoses Causing Spinal Cord Compression in a Dog	Dog	中興大學獸醫病理生物學研究所
535	76	Chondrodysplasia, diffuse, severe, chronic, growth plate, femur.	Rat	中興大學獸醫病理生物學研究所
539	77	Epitheliotropic mastocytic conjunctivitis	Cat	臺灣動藥國際股份有限公司
541	77	Protothecosis	Dog	國立臺灣大學獸醫專業學院

會員資料更新服務

各位會員：

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

中華民國比較病理學會秘書處

張惠雯 助理教授

cseptaiwan@gmail.com

02-33661296

106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院

-----中華民國比較病理學會-----

會員資料更改卡

姓 名：_____

會員類別：一般會員

學生會員

贊助會員

最高學歷：_____

服務單位：_____職 稱：_____

永久地址：_____

通訊地址：_____

電 話：_____傳 真：_____

E-Mail Address：_____

中華民國比較病理學會

誠摯邀請您加入

入 會 辦 法

一、 本會會員申請資格為：

- (一) 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校（或同等學歷）生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。
- (二) 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其他相關科系肄業者（請檢附學生身份證明）。
- (三) 贊助會員：贊助本會工作之團體或個人。
- (四) 榮譽會員：凡對比較病理學術或會務之推廣有特殊貢獻，經理事會提名並經會員大會通過者。

二、 會員：

- (一) 入 會 費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。
 - (二) 常年會費：一般會員新台幣壹仟元，學生會員壹佰元。
- 【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、入會費及常年會費繳交方式：以銀行轉帳或匯款（006 合作金庫銀行、帳號：0190-717-052017、戶名：中華民國比較病理學會）；並請填妥入會申請表連同銀行轉帳交易明細表或匯款單以郵寄或傳真方式寄回中華民國比較病理學會秘書處 張惠雯老師收。地址：106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院
電話：02-33661296

中華民國比較病理學會入會申請及會員卡

會電腦編號

姓名	中文		姓別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	出生 身 份 証	民國	年	月	日	出生地	
	英文		會員身份： <input type="checkbox"/> 一般 <input type="checkbox"/> 學生 <input type="checkbox"/> 贊助								
學歷	(1)				稱謂(圈選) 先生 小姐 醫師 獸醫師 教授 博士 研究員 主任 其他:						
	(2)				研究 興 趣	(1)					
	(3)					(2)					
	(4)					(3)					
主要 經 歷	機關名稱				職務	起		止			
						年	月	年	月		
						年	月	年	月		
現職						年	月	年	月		
通訊地址 現在： 電話： 傳真： 永久： 電話 傳真： 電子信箱(E-mail)：											
茲 贊 同 貴會宗旨擬加入為會員嗣後並願遵守一切章共圖發展 此 致 中華民國比較病理學會 申請人 簽章 介紹人 簽章 介紹人 簽章 中華民國 年 月 日										審核結果	