Chinese Society of Comparative Pathology

中華民國比較病理學會

第 89 次比較病理學研討會暨會員大會

口腔及胃腸道/肝膽胰系統疾病病理專題

主辦單位

Chinese Society of Comparative Pathology

中華民國比較病理學會

國立臺灣大學獸醫專業學院

中華民國 113 年 4 月 13 日(April 14, 2024)

SCHEDULE

89th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 89 次比較病理學研討會暨會員大會

口腔及胃腸道/肝膽胰疾病討論 病理討論會

時間：113 年 4 月 13 日（星期六）

地點：國立台灣大學 獸醫專業學院 獸醫三館地下一樓會議室

電話：02-33663873

Time (時間)	Schedule (議程)		Moderator (主持)
8:30~9:10	Registration (報到)		
9:10~9:30	Opening Ceremony (致詞)		
9:30~10:30	專題演講	主講：顧文輝醫師/執行長 台北病理中心 題目：分子病理診斷在精準醫學之最新發展趨勢	張俊梁 理事長
10:30~11:00	Coffee Break（合照）		
11:00~11:30	Case 598	**Shih, Chia-Wen (施洽雯), MD, MS[1]; Chen, Chu-Teh (陳朱德) , MD[1], Lin, Chuan-Yi (林傳益), MD[2]** [1]Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院 病理科) [2]Department of Otolaryngology, Lotung Poh-Ai Hospital (羅東博愛醫院耳鼻喉科) 題目：Warthin like mucoepidermoid carcinoma (WT MEC)	張惠雯 理事
11:30~12:00	Case 599	**Chien, Yao-Chun (簡耀君), DVM, MS, DCSVP; Chang, Yi-Sheng (張義聖), DVM, MS; Chiang, Yu-Chin (蔣雨青), DVM, MS.** Evergreen animal hospital (長青動物醫院) 題目：Canine gastric carcinoma	賴銘淙 理事
12:00~13:30	午餐 及 第十屆第四次理監事會議暨會員大會		
13:30~14:30	專題演講	主講：陳雅媚助理教授 國立屏東科技大學 獸醫學院 題目：Inflammatory bowel disease in companion animals	張俊梁 理事長
14:30~15:00	Case 600	**Chang, Junn-Liang (張俊梁), MD, PhD[1], Liu, Kuang-Ting (劉光庭), MT, MS[1], Chang, Yueh-Ching (張月清), MT, MS[1], Lin, Yu-Chieh (林鈺傑), MD[1], Liang Liang-Zu Wei (梁祖瑋) MD[2].** [1]Department of Pathology and Laboratory Medicine, Taoyuan Armed Forces General Hospital, Taoyuan City, Taiwan (國軍桃園總醫院 病理檢驗部) [2]Department of Surgery, Division of Cardiothoracic Surgery, Taoyuan Armed Forces General Hospital, Taoyuan City, Taiwan (國軍桃園總醫院 一般外科) 題目：Primary appendiceal signet-ring cell carcinoma (PASCC) with gangrenous appendicitis and peritonitis	邱慧英 理事

15:00~15:30	Coffee Break		
15:30~16:00	Case 601	**Chang, Hao-Kai (張皓凱), DVM, MS; Hsieh, Wan-Ru (謝宛儒), DVM, MS; Lin, Hsien-Chang (林顯昌), MS** Li-Tzung Pathology Lab (立眾病理實驗室) 題目：Feline gastrointestinal eosinophilic sclerosing fibroplasia	施洽雯 監事
16:00~16:30	Case 602	**Huang, Chung-Ping (黃仲平), DVM[1]; Liao, Jiunn-Wang (廖俊旺), DVM, PhD[1,2]; Chiou, Hue-Ying (邱慧英), DVM, PhD[1,2]** [1]Animal Disease Diagnostic Center, College of Veterinary Medicine, National Chung Hsing University (國立中興大學動物疾病診斷中心) [2]Graduate Institute of Veterinary Pathobiology, College of Veterinary Medicine, National Chung Hsing University (國立中興大學獸醫病理生物學研究所) 題目：Bovine viral diarrhea-mucosal disease	張俊梁 理事長
16:30~17:00	General Discussion (綜合討論)		張俊梁 理事長

目　錄

Special Lecture I (專題演講一)

分子病理診斷在精準醫學之最新發展趨勢

顧文輝醫師

台北病理中心 執行長

精準醫療(個人化醫療)，希望的是將正確的藥物給予正確的病人，以求得治療的最大效益與小成本與傷害。在 2015 年美國歐巴馬總統提出這個計畫之後，包括美國在內，全世界的主要大國皆投入巨資進行相關的研究與開發。目前我們看到的很多標靶藥物在癌症治療上的成功的例子。但是除了標靶藥物與基因之外，精準醫學也還包括了很多基因之外的學問。今天的演講，將由藥物基因學的角度來看精準醫療，除了藥物效應動力學之外，還要介紹藥物動力學未來在精準醫療上運用的可能性。

Precision medicine (personalized medicine) hopes to give the right medicine to the right patient in order to achieve maximum treatment benefits with minimal cost and harm. After U.S. President Obama proposed this plan in 2015, major powers around the world, including the United States, invested heavily in related research and development. At present, we have seen many successful examples of targeted drugs in cancer treatment. But in addition to targeted drugs and genes, precision medicine also includes a lot of knowledge other than genetics. Today's speech will look at precision medicine from the perspective of pharmacogenetics. In addition to pharmacodynamics, we will also introduce the possibility of using pharmacokinetics in precision medicine in the future.

講義下載：

https://drive.google.com/file/d/1TMI75rRsehNItq0dSmWBeGP2rgX8Q0og/view?usp=sharing

顧文輝

學歷：國立臺灣大學醫學系學士

現職：台北病理中心執行長兼分子醫學部主任/病理醫師

論文選錄：

1. The Ring Study: an international comparison of PD-L1 diagnostic assays and their interpretation in non-small cell lung cancer, head and neck squamous cell cancer and urothelial cancer, Yu SL, Hsiao YJ, Cooper WA, Choi YL, Avilés-Salas A, Chou TY, Coudry R, Raskin GA, Fox SB, Huang CC, Jeon YK, Ko YH, Ku WH, Kwon GY, Leslie C, Lin MC, Lou PJ, Neto CS, Ramírez SM, Savelov N, Shim HS, Torres CL, Werneck I, Zavalishina L, Chen YM, Pathology (2023) 55(1): 19-30.
2. Treatment outcomes and FGFR alterations in unresectable locally advanced or metastatic urothelial cancer in Taiwan, J. Li, Y. Feng, C. Chen, W. Ku, H. Huang, W.J. Huang, ESMO 2022. Annals of Oncology (2022) 33 (suppl_7): S785-S807.
3. Deciphering Genetic Alterations of Taiwanese Patients with Pancreatic Adenocarcinoma through Targeted Sequencing, Chi-Cheng Huang, Chih-Yi Liu, Chi-Jung Huang, Yao-Chun Hsu, Heng-Hui Lien, Jia-Uei Wong, Feng-Chuan Tai, Wen-Hui Ku, Chi-Feng Hung, Jaw-Town Lin, Ching-Shui Huang, and Han-Sun Chiang, Int. J. Mol. Sci. (2022) 23: 1579.
4. Resistance profiles of anaplastic lymphoma kinase tyrosine kinase inhibitors in advanced non-small cell lung cancer: a multicenter study using targeted next generation sequencing, Yen-Ting Lin, Chi-Lu Chiang, Jen-Yu Hung, Mei-Hsuan Lee, Wu-Chou Sui, Shang-Yin Wu, Yu-Feng Wei, Kang-Yun Lee, Yen-Han Tseng, Jian Su, Hsin-Pei Chung, Chih-Bin Lin, Wen-Hui Ku, Tsai-Shin Chiang, Chao-Hua Chiu, Jin-Yuan Shih, European Journal of Cancer (2021) 156: 1-11.
5. Once-daily tenofovir disoproxil fumarate in treatment-naive Taiwanese patients with chronic hepatitis B and minimally raised alanine aminotransferase (TORCH-B): a multicentre, double-blind, placebo-controlled, parallel-group, randomised trial, Yao-Chun Hsu, Chi-Yi Chen, I-Wei Chang, Chi-Yang Chang,Chun-Ying Wu, Teng-Yu Lee, Ming-Shiang Wu, Ming-Jong Bair, Jyh-Jou Chen, Chieh-Chang Chen, Cheng-Hao Tseng, Chi-Ming Tai, Yen-Tsung Huang, Wen-Hui Ku, Lein-Ray Mo, Jaw-Town Lin, Lancet Infect Dis (2021) 21: 823–33.

Special Lecture II (專題演講二)

Inflammatory bowel disease in companion animals

陳雅媚 助理教授

國立屏東科技大學 獸醫學系

Crohn's disease and ulcerative colitis are the two primary types of inflammatory bowel disease (IBD) in humans, characterized by severe lymphocyte infiltration in the mucosa and linked to immune system dysfunction. Similar manifestations occur in dogs and cats, but our understanding of IBD in companion animals remains limited compared to human diseases. This speech aims to introduce the disease and delve into possible pathogenesis based on existing references.

陳雅媚

Ya-Mei Chen

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經歷: 美國獸醫病理專科醫師

論文選錄：

1. Chen YM, Burrough E. The Effects of Swine Coronaviruses on ER Stress, Autophagy, Apoptosis, and Alterations in Cell Morphology. Pathogens. 2022 Aug 19;11(8):940. doi: 10.3390/pathogens11080940. PMID: 36015060; PMCID: PMC9416022.
2. Chen YM, Gabler NK, Burrough ER. Porcine epidemic diarrhea virus infection induces endoplasmic reticulum stress and unfolded protein response in jejunal epithelial cells of weaned pigs. Vet Pathol. 2022 Jan;59(1):82-90. doi: 10.1177/03009858211048622. Epub 2021 Nov 11. PMID: 34763602.
3. Chen YM, Helm ET, Groeltz-Thrush JM, Gabler NK, Burrough ER. Epithelial-mesenchymal transition of absorptive enterocytes and depletion of Peyer's patch M cells after PEDV infection. Virology. 2021 Jan 2;552:43-51. doi: 10.1016/j.virol.2020.08.018. Epub 2020 Oct 11. PMID: 33059319; PMCID: PMC7548064.
4. Chen YM, Helm ET, Groeltz-Thrush JM, Gabler NK, Burrough ER. Epithelial-mesenchymal transition of absorptive enterocytes and depletion of Peyer's patch M cells after PEDV infection. Virology. 2021 Jan 2;552:43-51. doi: 10.1016/j.virol.2020.08.018. Epub 2020 Oct 11. PMID: 33059319; PMCID: PMC7548064.

Case Diagnosis

89th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 89 次比較病理學研討會暨會員大會

口腔及胃腸道/肝膽胰疾病討論 病理討論會

民國 113 年 4 月 13 日

（**閱片網址**：http://140.120.114.107/slidecenter.php?id=543 ）

Case No.	Presenter	Slide No.	Diagnosis
Case 598	施洽雯	23-17381	Warthin like mucoepidermoid carcinoma (WT MEC) http://140.120.114.107/ivp_slide_view.php?id=2339
Case 599	簡耀君	EG24-59A	Canine gastric carcinoma http://140.120.114.107/ivp_slide_view.php?id=2342
Case 600	張俊梁	236356A	Primary appendiceal signet-ring cell carcinoma (PASCC) http://140.120.114.107/ivp_slide_view.php?id=2336
Case 601	張皓凱	S11209011 2022-S505	Feline gastrointestinal eosinophilic sclerosing fibroplasia http://140.120.114.107/ivp_slide_view.php?id=2341 http://140.120.114.107/ivp_slide_view.php?id=2340
Case 602	黃仲平	CM23-11001K M23-11001J	Bovine viral diarrhea-mucosal disease http://140.120.114.107/ivp_slide_view.php?id=2338

Case Number: 598

Slide Number: 23-17381

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2339

Abstract:

Warthin-like mucoepidermoid carcinoma (WT MEC) resembles the histologic pattern of Warthin tumor (WT) and pathologists unaware of this possibility may misdiagnose it as WT with squamous and mucous epithelium metaplasia or WT malignant transfer into mucoepidermoid carcinoma (MEC). We report a case of a 66-year-old female with enlarging mass in the left parotid gland. Microscopic observation revealed prominent lymphocytes infiltrate and multiple cystic structures similar to those seen in WT. However, it lacked the two layers of oncocytic epithelial tissue characteristic of WT. Mucous cells embedded in epidermoid cell nests or lining cystic spaces and stromal invasion were also noted. WT NEC was diagnoses. In conclusion, WT MEC as a special subtype of MEC has special histological characteristics, which required further observations and more case reports to clearly define this variant.

施洽雯

Chia-wen Shih

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學歷：

1975-1981 Chung-Shan Medical University.

1986-1988 Institute of Pathology, National Deference University.

經歷：

1983-1985 Resident of the Department of Internal Medicine, Show-Chwan Memorial Hospital.

1988-1989 Resident of the Department of Pathology, Tri-Service General Hospital.

1989-1990 Chief resident of the Department of Pathology, Chung-Shan Medical University Hospital.

1990-1993 Chief of the Department of Pathology, Chung-Shan Medical University.

1993-present Chief of the Department of Pathology, Lo-Tung Poh-Ai Hospital.

1989-1990 Lecture, Chung-Shan Medical Univaersity.

1990-1993 Associate Professor, Chung-Shan Medical Univaersity.

1995-2022 Associate Professor, Tzu Chi University.

論文選錄：

1. Chiang MF, Tseng TK, Shih CW, Yang TH, Wu SY. Clinical and contrast-enhanced image features in the prediction model for the detection of small hepatocellular carcinomas. J Cancer. 2020 Oct 18;11(24):7166-7175. doi: 10.7150/jca.47245. PMID: 33193879; PMCID: PMC7646160.
2. Tsai, Yu-Hsiang, Chia-Wen Shih, and Ching-Wen Chiang. "Nasal Glomus Tumor Presenting as Epistaxis-Case Report." 台灣耳鼻喉頭頸外科雜誌 55.4 (2020): 214-217. airiti Library. Web. 13 Nov. 2023. doi:10.6286/jtohns.202012_55(4).214

Shih, Chia-Wen (施洽雯), MD, MS[1], Chen, Chu-Teh (陳朱德) , MD[1], Lin, Chuan-Yi (林傳益), MD[2]

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CASE HISTORY:

Signalment: 66-year-old female.

Clinical History:
This 66 years old female visited ENT OPD of Lotung Poh-Ai Hospital on 2023/11/20 with the chief problem of left infra-auricle mass noted for 2-3 months and increasing in size recently. Physical examination showed enlarging mass measuring 3 x 3 x 2 cm in left parotid gland. No numbness or facial palsy. No neck lymphadenopathy was noted. She was admitted to ENT ward for further management. CT scan showed a 3.2 x 2.4 x 2.3 cm lobulated soft tissue mass in left parotid gland, involving deep and superficial lobe. Left total parotidectomy was performed on 2023/12/20. The specimen was sent to the department of pathology for pathologic diagnosis. The specimen submitted consisted of a parotid gland with tumor measuring 3.4 x 3.0 x 2.0 cm. The tumor was grayish-red in color and elastic firm in consistency.

Clinical Pathology:
BUN: 14 mg/dL (6-20 mg/dL), Creatinine: 0.7 mg/dL (0.5-1.1 mg/dL), Glucose: 98 mg/dL (70-100 mg/dL), Na: 140 mmol/L (135-145 mmol/L), K: 4.1 mmol/L (3.5-5.1 mmol/L), AST (GOT): 18 U/L (5-40 U/L), ALT (GPT): 13 U/L (5-40 U/L), RBC: 4.01x106/uL (4.2-5.4x106/uL), Hb: 12.2 gm/dL (12.0-16.0 gm/dL), Hct: 37.2 % (37-47%), Plt: 25.6 x104/dL (15-40 x104/dL), WBC: 5.6 x103/uL (4.5x103- 11.0x 103/uL).

CASE RESULT:

Histopathologic Findings:
Microscopically, multiple cystic structures of varying size and shape were present within the tumor. Prominent infiltration of lymphocytes around the cysts. The epithelium was multilayered with scattered mucous cells. Cysts lined by only a single mucinous columnar epithelium can also be seem. Mucous cells embedded in epidermoid cell nests or lining cystic spaces were also noted. There is no sinus structure in the lymphoid stroma. Parotid gland in the peripheral area of the tumor with salivary glands and ducts were noted with areas of chronic inflammatory cells infiltrate.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were positive for CK5/6, P63, P40, and CK18 and MUC1. Mucicarmine stain also showed focal positive.

Differential diagnosis:

Warthin's tumor with squamous and mucous epithelium metaplasia.
Malignant transformation of benign Warthin's tumor to mucoepidermoid carcinoma (MEC ex-WT).
Warthin like mucoepidermoid carcinoma (WT MEC)

Diagnosis: Warthin like mucoepidermoid carcinoma (WT MEC)

Comments:

Majority of salivary gland neoplasms involve parotid gland. Benign neoplasms are more common in major salivary glands while malignant neoplasms represent greater proportion of tumors in minor salivary glands. Mucoepidermoid carcinoma (MEC) is common in adults as well as children. Warthin's tumor (WT) is a benign neoplasm of salivary gland origin, the second most common after pleomorphic adenoma. WT is a clearly demarcated parotid tumor with a cystic structure and variable papillary shape histologically composed of (i) prominent lymphoid stroma and oncocytic epithelial elements; (ii) oncocytic epithelium consists of two layers of outer cuboidal basal cells with nuclei at the base and luminal epithelial cells with nuclei predominantly on the luminal side. MEC characterized as the most common malignant salivary gland neoplasm, is histologically defined by a mixture of three cell types: epidermal cells, intermediate cells, and mucous cells, which may be present in different proportions. Mild to moderate nuclear atypia with infiltration of atypical squamous cells in few glandular cysts was seen. The histology of MEC is varied and includes sclerosing, unicystic, oncocytic, sebaceous, clear cell, Warthin-like and goblet cell variants.

In 2012, Rotellini et al. proposed WT with myxoid and squamous metaplasia. In the same year, Mohapatra and Satyanarayana reported MEC with numerous eosinophilic epithelia lacking typical epidermal, mesenchymal, and mucous cells and with extensive lymphocytic infiltration, which was considered WT MEC. The term WT MEC was first formally proposed by Ishibashi and colleagues' group in 2015. Because WT MECs are characterized by a close resemblance to the histological pattern of WT, this potential pitfall may go unnoticed and be misidentified as WT. Since the first report by Ishibashi et al. in 2015, only 28 cases of WT MECs have been reported in the literatures.

The most common and predominant complaint is a painless mass. It is generally believed that this tumor appears in adults, but it can also occur in teenagers, as the broad age range is 13–60 years. Microscopically, WT MEC consists of multiple cystic structures of varying size and shaped filled with a protein-like substance all around the tumor. Areas of solid infiltrative tumor with mucinous, intermediate and epidermoid cells having complex architecture in a fibrotic stroma. Extracellular mucin pools may be seen. Cystic areas are lined by monolayered as well as bilayer epithelium. An

infiltration of lymphocytes with the formation of lymph follicles was evident around the cysts. Only occasional mitosis noted. The most important finding is that WT MECs lack the well-arranged, bilayered oncocytic epithelial tissue characteristic of WT. In rare cases, perineural invasion and necrosis are also observed.

The main pathologic differential diagnoses of WT MEC were WT with squamous and mucous epithelium metaplasia and malignant transformation of benign Warthin's tumor to MEC (MEC ex-WT). Focal squamous metaplasia in WT is well known. Although uncommon, WT with extensive squamous metaplasia is known as “metaplastic WT” or “infarcted WT,” with an incidence ranging from 0% to 7.6% of all WTs. In WT, the formation of both squamous and mucous epithelium metaplasia may occur but extremely rare at 0.2%. Metaplasia of WT is usually localized, with an increase in the epithelial layer and the formation of cystic structures covered with mucous and non-keratinized squamous epithelial cells. The key point in diagnosis of WT with mucinous and squamous metaplasia is merging of squamous islands with oncocytic epithelium. Also, there is lack of infiltrative growth in the surrounding stroma and absence of atypical cells. However, WT MECs exhibit atypical cells and infiltrative growth and lack the well-arranged bilayered oncocytic epithelial tissue characteristic of WT. The presence of double oncocytic epithelium (mucous and squamous epithelium metaplasia) is one of the most reliable histologic findings that distinguish metaplastic WT from WT MEC. The most frequent histological malignant transformation from the epithelial component of WT are squamous cell carcinoma, MEC, oncocytic carcinoma and adenocarcinoma. To support the diagnosis of MEC ex-WT, Seifert et al. proposed four criteria: (1) the presence of a WT background, (2) a transition zone between the epithelial components of WT and MEC, MEC ex-WT, (3) invasive growth into surrounding tissues (4) exclusion of metastasis of the extra salivary primary tumor to lymphatic stromal components.

Immunohistochemical stain shows that the mucosa cells are positive for CK7 and CK8/18, and the neoplastic epidermal cells are positive for CK5/6, CK8/18, and p40; the cell proliferation index due to Ki67 positivity is not high and about 5% for both the neoplastic epidermal and mucosal cells.

The most characteristic molecular mutation seen in MEC and WT MEC is MAML2 rearrangement while the classic WT and WT with squamous and mucinous metaplasia lacks MAML2 rearrangement. MAML2 rearrangement should be confirmed by FISH studies or RT PCR. The most important finding is that WT, which has both mucous and squamous epithelium metaplasia, lacks the MAML2 rearrangement that is often present in WT MEC and conventional MEC.

Generally, WT MEC have low to intermediate grade MEC component (Grade 1). Low grade MEC, WT MEC also have good prognosis. Complete total excision is the choice of treatment and many patients are treated successfully. Current guidelines state that the treatment strategy for MEC is often to perform a total parotidectomy with some degree of neck dissection. Low-grade lesions are usually managed with surgery alone while high-grade lesions or high-risk lesions (with neural invasion, necrosis, mitotic figures, anaplasia), and margin-positive lesions require adjuvant radiotherapy. In cases of high-grade tissue or positive resection margins, adjuvant radiation therapy

should be considered. Like low-grade MEC, WT MEC appears to have a slow biological behavior, and no metastasis of WT MEC has been reported to date.

Conclusion:

Mucoepidermoid carcinoma with Warthin like features (WT MEC) is deceptive tumor and can be potentially misdiagnosed. When WT is lacking classic bilayer oncocytic epithelium and epithelium is showing more complex architecture, with infiltration of squamoid and mucus cells, then the diagnosis of WT MEC should be considered. Detection of MAML2 rearrangements may also lead to an accurate pathology diagnosis. Pathologists should increase their attention to and awareness of this tumor to avoid misdiagnosis.

References:

1. Ishibashi K, Ito Y, Masaki A, Fujii K, Beppu S, Sakakibara T, Takino H, Takase H, Ijichi K, Shimozato K, Inagaki H. Warthin-like Mucoepidermoid Carcinoma: A Combined Study of Fluorescence In Situ Hybridization and Whole-slide Imaging. Am J Surg Pathol. 2015 Nov;39(11):1479-87.
2. Bishop JA, Cowan ML, Shum CH, Westra WH, Rotellini M, Paglierani M, et al. MAML2 Rearrangements in Variant Forms of Mucoepidermoid Carcinoma: Ancillary Diagnostic Testing for the Ciliated and Warthin-like Variants. Am J Surg Pathol. 2018;42(1):130–6.
3. Citak EC, Yilmaz EB, Sagcan F, Bozkurt F, Arpaci RB, Vayisoglu Y. Mucoepidermoid Carcinoma in Warthin Tumor of the Parotis in Childhood: A Case Report and Review of the Literature. J Pediatr Hematol Oncol. 2019 Aug;41(6): 494–7.
4. Zhang D, Liao X, Tang Y, Meyer RG, Dyke DLV, Liu X, et al. Warthin-like Mucoepidermoid Carcinoma of the Parotid Gland: Unusual Morphology and Diagnostic Pitfalls. Anticancer Res. 2019;39(6):3213–7.
5. Wade TV, LiVolsi VA, Montone KT, Baloch ZW. A Cytohistologic Correlation of Mucoepidermoid Carcinoma: Emphasizing the Rare Oncocytic Variant. Patholog Res Int. 2011; 2011:135796.
6. Mohapatra M, Satyanarayana S. Low grade mucoepidermoid carcinoma in a setting of Warthin's tumor. Indian J Pathol Microbiol. 2012 Jul-Sep;55(3):392-4.
7. Zhang X, Baloch ZW, Baloch K, Cooper K, Zhang PJ, Puthiyaveettil R, et al. The significance of mucinous metaplasia in Warthin tumor: a frequent occurrence and potential pitfall. Hum Pathol. 2020; 99:13–26.
8. Noda Y, Ishida M, Okano K, Sandoh K, Ebisu Y, Miyasaka C, Fujisawa T, Yagi M, Iwai H, Tsuta K. Fine needle aspiration cytology of Warthin-like mucoepidermoid carcinoma: A case report with cytological review. Mol Clin Oncol. 2022 Jan; 16(1):5.
9. Heatley N, Harrington KJ, Thway K. Warthin Tumor-Like Mucoepidermoid Carcinoma. Int J Surg Pathol. 2018 Feb;26(1):31–3.

10. Basak K, Mericoz CA, Firat P. Warthin-Like Mucoepidermoid Carcinoma: A Morphological Spectrum - A Report of 3 Cases with Histological and Cytological Findings and Review of the Literature. Acta Cytol. 2022;66(3):244–52.
11. Balasubiramaniyan V, Sultania M, Sable M, Muduly D, Kar M. Warthin-like mucoepidermoid carcinoma of the parotid gland: a diagnostic and therapeutic dilemma. Autops Case Rep. 2019 Sep30;9(4).
12. Daoud EV, McLean-Holden AC, Pfeifer CM, Timmons CF, Oliai BR, Bishop JA. Pediatric Warthin-like Mucoepidermoid Carcinoma: Report of Two Cases with One Persistent/Recurrent as Conventional Mucoepidermoid Carcinoma. Head Neck Pathol. 2020 Dec;14(4):923–8.
13. Fehr A, Werenicz S, Trocchi P, Falk M, Friedrich RE, Stammler A, Stang A, Oesterling F, Khil L, Stenman G, Böcker W, Tiemann K, Löning T. Mucoepidermoid carcinoma of the salivary glands revisited with special reference to histologic grading and CRTC1/3-MAML2 genotyping. Virchows Arch. 2021 Nov;479(5):975–85.
14. Taraz Jamshidi S, Mahjouri S, Vazifeh Mostaan L. Mucoepidermoid Carcinoma Superimposed on a Warthin's Tumor: A Case Report and Review of the Literature. Iran J Otorhinolaryngol. 2021 Jan;33(114):49–54.
15. Bienkowski M, Kunc M, Iliszko M, Ku´zniacka A, Studniarek M, Biernat W, et al. MAML2 rearrangement as a useful diagnostic marker discriminating between Warthin tumour and Warthin-like mucoepidermoid carcinoma. Virchows Arch. 2020;477(3): 393–400.
16. Seifert G, Bull HG, Donath K. Histologic subclassification of the cystadenolymphoma of the parotid gland. Analysis of 275 cases. Virchows Arch A Pathol Anat Histol. 1980;388(1):13–38.
17. Jamshidi ST, Mahjouri S, Mostaan LV. Mucoepidermoid Carcinoma Superimposed on a Warthin’s Tumor: A Case Report and Review of the Literature. Iran J Otorhinolaryngol. 2021;33(114):49–54.

Case Number: 599

Slide Number: EG24-59A

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2342

Abstract

A 5-year-old, male castrated, Chow Chow was presented to a local animal hospital for hyporexia in 2023/12. Gastric mass was identified on ultrasound examination. Endoscopic exam and mucosal biopsy were performed on 1/23. A histopathologic diagnosis of mild lymphoplasmacytic gastritis was made. Computed tomography was performed at EGAH on 1/31. There was asymmetrical wall thickening of the gastric body and pylorus. We performed laparotomy and biopsied the stomach and regional swollen lymph node on 2/17. Histopathologic examination of the gastric fundus, lesser curvature, and greater curvature revealed a poorly circumscribed neoplasm consisting of individual or small groups of round cells infiltrating the skeletal muscle. Tumor cells have eccentric oval to reniform dark nuclei that lack nuclear details. There is abundant foamy and pale basophilic cytoplasm. Neoplastic round cells as described above accumulate in the gastric lymph node. Immunohistochemical stains revealed diffuse positivity for pan-cytokeratin AE1/AE3. Signet ring cell adenocarcinoma of the stomach with metastasis to the regional lymph node was thus diagnosed.

Keywords:

Gastric carcinoma, signet ring cell adenocarcinoma

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論文選錄:

1. Chien, Y. C., Lien, C. Y., Guo, J. C., Chin, S. C., Chang, Y. P., & Liu, C. H. (2013). Meningothelial meningioma in a Malayan sun bear (Helarctos malayanus). Journal of Veterinary Diagnostic Investigation, 25(5), 636-640.
2. 簡耀君、葉力森、林文傑、劉振軒。貓口腔型嗜酸性球肉芽腫（Oral Eosinophilic Granuloma in a Cat）。101 年度組織病理研討會專輯。P.91-93。2012。
3. 簡耀君。淋巴瘤及淋巴球性白血病（Lymphoma and Lymphoid Leukemia）。小動物腫瘤學。P.209-222。2015。
4. 簡耀君。骨髓分化不良症候群（Myelodysplastic Syndromes）。小動物腫瘤學。P.229-234。2015。
5. 簡耀君。胃腸道線蟲感染症（Gastrointestinal Nematode Infections）。貓常見疾病臨床指引。P.91-96。2013。
6. 簡耀君。傷口癒合不良與引流瘻管（Non-healing Wounds and Draining Tracts）。貓常見疾病臨床指引。P.239-242。2013。
7. 簡耀君。淋巴瘤（Lymphoma）。貓常見疾病臨床指引。P.311-316。2013。
8. 簡耀君。腸道腺癌（Intestinal adenocarcinoma）。貓常見疾病臨床指引。P.333-336。2013。

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CASE HISTORY:

Signalment: 5-year-old, male castrated, Chow Chow

The dog was presented to a local animal hospital for hyporexia in 2023/12. Gastric mass was identified on ultrasound examination. Endoscopic exam and mucosal biopsy were performed on 1/23. A histopathologic diagnosis of mild lymphoplasmacytic gastritis was made.

Computed tomography was performed at EGAH on 1/31. There was asymmetrical wall thickening of the gastric body and pylorus. We performed laparotomy and biopsied the stomach and regional swollen lymph node on 2/17.

CASE RESULT:

Gross Findings:

The specimen is received in formalin in four parts. The first part labeled "gastric LN" consists of three fragments of tan soft tissue. Each fragment measures 0.5 x 0.3 x 0.2 cm. The second part labeled "gastric fundus" consists of three fragments of white/tan soft tissue. Each fragment measures 0.5 x 0.3 x 0.2 cm. The third part labeled "lesser curvature" consists of a 0.7 x 0.5 x 0.3 cm beige fragment of soft tissue. The fourth part labeled "greater curvature" consists of 2 white core biopsies, each measuring 1.2 x 0.1 x 0.1 cm.

Histopathological Findings:

Stomach, fundus, lesser curvature and greater curvature (per labeling): As all specimens reveal similar findings with minor differences, they are described together. No gastric mucosa is contained. Sections reveal a poorly circumscribed neoplasm consisting of individual or small groups of round cells infiltrating the skeletal muscle. Tumor cells have eccentric oval to reniform dark nuclei that lack nuclear details. There is abundant foamy and pale basophilic cytoplasm. Cellular margins are demarcated. Mitotic figures are not seen (0 per 2.37 mm^2). A variable amount of mature fibrous connective tissue as well as rare lymphocytes surrounds the tumor cells.

Lymph node, gastric: Neoplastic round cells as described above accumulate in the subcapsular sinus and, to a lesser extent, the medullary sinus. Rare tumor cells are surrounded by extracellular mucinous matrix. Tumor emboli are occasionally seen in the afferent lymphatic vessels.

Ancillary tests:

Immunohistochemistry: All neoplastic cells are positive for cytokeratin AE1/AE3. Controls stain appropriately.

Pathological Diagnosis:

1. Stomach, fundus and lesser curvature (per labeling), punch biopsy: Adenocarcinoma, diffuse signet ring cell type.
2. Stomach, greater curvature (per labeling), Tru-cut biopsy: Adenocarcinoma, diffuse signet ring cell type.
3. Lymph node, gastric, wedge biopsy: Adenocarcinoma, signet ring cell type, metastatic.

Discussion:

Canine gastric carcinoma (CGC) is relatively rare, accounting for approximately 1% of all canine tumors. It primarily affects older dogs, with a higher incidence in males and a mean age of around nine years. Risk factors include breed predisposition (such as Chow chow, Staffordshire bull terrier, rough collies, and Scottish Terriers), chronic gastritis, and genetic susceptibility. Human gastric carcinoma (HGC) is more common, especially in certain regions (such as Asia). Risk factors include Helicobacter pylori infection, smoking, high salt intake, and a family history of gastric cancer.

Clinical signs of CGC include vomiting, weight loss, anorexia, and abdominal pain. Unfortunately, these symptoms are often nonspecific, leading to delayed diagnosis. Symptoms in humans include dyspepsia, early satiety, weight loss, and upper abdominal discomfort such as epigastric pain. Unlike dogs, humans can articulate their symptoms, leading to earlier diagnosis.

Both CGC and HGC exhibit similar histopathological features, including glandular differentiation and invasion into adjacent tissues. In a retrospective study, the most common histological subtype in 149 CGC cases was the undifferentiated carcinoma. The remaining subtypes included tubular, papillary, mucinous, and signet-ring cell carcinomas. The Lauren classification proposed in 1965 divided HGC into intestinal, diffuse, and mixed types. In the 5th edition of the WHO classification of the digestive system, main subtypes of HGC are papillary, tubular, poorly cohesive (signet ring cell and NOS), mucinous, and mixed.

Genetic mutations play a crucial role in tumor development. Nevertheless, understanding the molecular pathways of CGC is challenging. TP53 mutations are common in both species, affecting tumor suppressor pathways. Notably, 14-3-3σ serves as a marker in undifferentiated, tubular, and papillary carcinomas. p16 expression increases in mucinous and signet ring cell carcinomas. Adhesion molecules E-cadherin and CD44 exhibit context-dependent expression.

Treatment options for CGC include surgery, chemotherapy, and radiation therapy. However, the prognosis remains guarded due to late-stage diagnosis and aggressive tumor behavior. Treatment options for HGC include surgery, chemotherapy, targeted therapy, and immunotherapy. Prognosis varies based on tumor stage and patient-specific factors.

In conclusion, CGC serves as a valuable model for studying human gastric cancer. By understanding the similarities and differences, we can improve diagnostic methods and treatment strategies for both species.

References:

1. Carrasco, V., Canfrán, S., Rodriguez-Franco, F., Benito, A., Sáinz, A., & Rodriguez-Bertos, A. (2011). Canine gastric carcinoma: immunohistochemical expression of cell cycle proteins (p53, p21, and p16) and heat shock proteins (Hsp27 and Hsp70). Veterinary pathology, 48(1), 322-329.
2. Hardas, A., Suárez-Bonnet, A., Beck, S., Becker, W. E., Ramírez, G. A., & Priestnall, S. L. (2021). Canine gastric carcinomas: a histopathological and immunohistochemical study and similarities with the human counterpart. Animals, 11(5), 1409.
3. Meng, N. L., Wang, Y. K., Wang, H. L., Zhou, J. L., & Wang, S. N. (2022). Research on the histological features and pathological types of gastric adenocarcinoma with mucinous differentiation. Frontiers in Medicine, 9, 829702.
4. Nagtegaal, I. D., Odze, R. D., Klimstra, D., Paradis, V., Rugge, M., Schirmacher, P., ... & Cree, I. A. (2020). The 2019 WHO classification of tumours of the digestive system. Histopathology, 76(2), 182.
5. Gonzalez, R. S., Raza, A., Propst, R., Adeyi, O., Bateman, J., Sopha, S. C., ... & Auerbach, A. (2021). Recent advances in digestive tract tumors: updates from the 5th edition of the World Health Organization “Blue Book”. Archives of Pathology & Laboratory Medicine, 145(5), 607-626.
6. Candido, M. V., Syrjä, P., Kilpinen, S., & Spillmann, T. (2018). Canine breeds associated with gastric carcinoma, metaplasia and dysplasia diagnosed by histopathology of endoscopic biopsy samples. Acta veterinaria scandinavica, 60, 1-9.
7. Seim-Wikse, T., Jörundsson, E., Nødtvedt, A., Grotmol, T., Bjornvad, C. R., Kristensen, A. T., & Skancke, E. (2013). Breed predisposition to canine gastric carcinoma-a study based on the Norwegian canine cancer register. Acta Veterinaria Scandinavica, 55, 1-6.

Case Number: 600

Slide Number: 236356A

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2336

Abstract:

Introduction

Primary cancer of the appendix, especially a signet-ring cell carcinoma is an very rare neoplasm that usually presents with signs and symptoms of acute appendicitis and in particular with a right lower abdominal pain, and it is rarely suspected before surgery.

Case presentation

Herin, we report a 76-year-old male with persistent to the Emergency Department (ER) with one day of right lower quadrant (RLQ) abdominal pain. The patient had no fever or history of asbestos exposure. The computed tomography (CT) scan of the abdomen revealed related acute appendicitis. He was admitted our hospital further evaluation and treatment. Subsequently, the laparoscopic partial cecectomy with appendectomy was performed. The final diagnosis with histopathological and further immunohistochemical (IHC) staining was primary appendiceal signet-ring cell carcinoma (PASRCC) with gangrenous appendicitis with peritonitis. He was subsequently referred to medical center to receive completely chemotherapeutic regimen. Four months after the surgery, he is now doing well.

Discussion

Primary adenocacinonoma of the vermiform appendix is a rare neoplasm of the gastrointestinal tract that occurs in approximately 0.5% of appendectomies and generally affects adults. Primary appendiceal signet ring cell carcinoma (PASRCC) is an exceedingly rare entity, comprising only 4% of all appendiceal neoplasms.

Conclusion

Preoperative imaging detection of appendiceal adenocarcinoma is of great value as it may lead to appropriate surgical procedures. Thus, a review of the past history, histopathology, and immunohistochemical (IHC) evaluation plays a crucial and valuable role in the definite and differential diagnosis of this tumor type.

Keywords:

Appendix, signet-ring cell carcinoma, adenocarcinoma, appendicitis, immunohistochemical

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論文選錄:

1. Chiu YF, Wu CC, Kuo MH, Miao CC, Zheng MY, Chen PY, Lin SC, **Chang JL**, Wang YH, Chou YT. Critical role of SOX2-IGF2 signaling in aggressiveness of bladder cancer. Sci Rep. 2020 May 19;10(1):8261.
2. Chang HJ, Lin KR, Lin MT, ***Chang JL**. Associations Between Lifestyle Factors and Reduced Kidney Function in US Older Adults: NHANES 1999-2016. Int J Public Health. 2021 Jul 15;66:1603966.

Primary signet-ring cell carcinoma of the appendix presenting as acute gangrenous appendicitis with peritonitis: A case report

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CASE HISTORY:

This is a 76-years-old male with chief complaints of RLQ abdominal pain.

Clinical history:
According to the patient's previous medical record and he was relatively stable before admission. He suffered from RLQ abdominal pain was noted for one day. He visited at our ER. The CT scan of abdomen showed relative acute appendicitis. He was admitted for further surgical intervention.
On admission, the vital signs were BT: 35.5°C, PR: 84/min, RR: 16/min, BP: 108/61 mmHg. The patient was no family history of malignancy was found. He had a history of benign prostatic hyperplasia for years. He denied historied of systemic disease or previous surgical procedure. He denied a history of socializing alcoholic beverages or drug abuse or addiction. He was no any drug allergies and/or adverse reactions. His occupation is not related to asbestos. He did not report any COVID-19 symptoms. There was no history of smoking, chewing betel nut, or TOCC survey (travel, occupation, cluster, contact history) in the past three months. There was no contributing family history included any relevant genetic information, malignancy, and psychosocial history. He was persistent right lower quadrant abdominal pain with moderate to severe tenderness with distention, no rebounding pain.

Laboratory results (Clinical Pathology) and Imaging study:
Clinical laboratory abstracted analysis included hematological complete blood count revealed mild leukocytosis with neutrophilia and normal lymphocyte count included Hgb: 12.9 (14-18 g/dl), Hct: 39.6 (42-52%), WBC: 4.22 x 103 (4.8-10.8 u/l), lymphocytes: 11.3 (19-48 %), neutrophil (segment): 80.2 (40-74%), CRP (C-Reactive Protein): 80.38 (<5 mg/L). The biochemistry analysis showed within normal limits. The biomarker serum levels were CA-125 (carbohydrate antigen125 cancer antigen 125 or carbohydrate antigen 125）: 7.3 (<35 U/ml), CA19-9 (cancer antigen 19-9 or Carbohydrate antigen 19-9): 43.5 (< 34 U/mL). The serological evaluations were negative, included the HIV status evaluated by enzyme-linked immunosorbent assay (ELISA) or Western blot studies; detection of hepatitis C virus (HCV) by serologic studies or polymerase chain reaction (PCR);

detection of EBV and COVID-19 by PCR was negative.
The appendiceal orifice was carefully and systematically examined during colonoscopy, but no appendiceal lesion was found. Preoperative CT scan of abdomen showed a wide and severe thickening of the appendiceal walls with extensive soft-tissue stranding and inflammation of the peri-appendicular fat. The relative acute appendicitis was impressed. Subsequently, he underwent the laparoscopic partial cecectomy with appendectomy and drainage tube insertion was performed by senior doctor of General Surgery (GS) Division. The post-operative period was uneventful and no complication.

Gross Findings:
On macroscopic examination, the appendix appeared grayish-brown-pink, measuring 7 x 2 x 1 cm, with a maximum luminal wall thickness of 1.2 cm. Serial sections revealed a 1.5 x 1.5 x 1 cm irregular ulcerated polypoid mass invading the subserosa, located proximal to the appendix, adjacent to the appendiceal orifice. The cecum showed chronic ulcerative mucosa.

CASE RESULT:

Histopathologic Findings:
Microscopic examination of the ulcerative polypoid tumor mass showed predominantly signet ring-like cells forming localized mucin pools. These proliferative solidly, individual signet-ring cells invaded the appendiceal mucosa and entered the subserosa and mesoappendix.
The tumor cells showed hyperchromatic nuclei and nucleoli with abundant vacuolated cytoplasm with signet-ring-like architectural infiltration. Focal lymphovascular invasion (LVI) and no perineural invasion was found. There also presented gangrenous appendicitis with peritonitis. The appendix wall showed obvious acute transmural inflammation, the appendiceal wall was necrotic, and a large number of neutrophils accumulated. Thrombus formed medium-sized blood vessels with a serosal surface covered by a dense neutrophils. The cecal base showed chronic ulceration with perforation without tumor involvement.

Differential Diagnoses:
Acute suppurative appendicitis / gangrenous appendicitis
Secondary/Metastatic neoplasms: poorly differentiated adenocarcinoma of colon or unknown origin
Signet-ring cell carcinoma, primary / secondary

Immunohistochemistry:
Subsequent IHC staining analysis, these proliferative infiltrating signet-ring cells demonstrated positive immunoreactivity for pan-CK, CK20, CK18, CEA, CDX2, Muc-1, and focal for CK7 stain. There also presented positive for mucin and PAS stains.

Anatomic Diagnosis:

Primary appendiceal signet-ring cell carcinoma (PASCC) with gangrenous appendicitis with peritonitis.

Pathological TNM stage, AJCC, 8th edition: pT1NoM (correlate with clinical M), stage IIA.

Follow-up and workup:

After surgery, the patient recovered uneventfully. He was referred to the medical center for further scheduled adjuvant chemotherapy. Written informed consent was obtained from the patient for this case report. He has been undergoing chemotherapy since the surgery. Four months after surgery, the patient is currently living well.

Discussion:

Primary adenocarcinoma of the appendix is an uncommon malignancy, representing less than 0.5% of all gastrointestinal neoplasms. PASRCC is a very rare tumor that usually presents with signs and symptoms of acute appendicitis, particularly pain in the right lower abdomen. Among primary appendiceal carcinomas, PASRCC is an even rarer subset, constituting only 4% of all cases. PASRCC is characterized by malignant cells containing large intracytoplasmic mucin vacuoles that displace the nucleus to the periphery, giving the cell a signet-ring appearance. While PASRCC can originate from various organs, the stomach is the most common primary site, making PASRCC an exceedingly rare and aggressive form of appendiceal cancer. Only few cases of PASRCC have been described in the literature showing different CT imaging findings, depending on the histological type.

The most common symptom of these tumors is a RLQ abdominal pain indistinguishable from acute appendicitis. There are no specific CT findings useful to distinguish a signet ring cell carcinoma from other histological types, except from the spread to adjacent organs (76%) at presentation compared with mucinous (63%) and colonic type (37%) cancers.

Preoperative diagnosis of an appendiceal neoplasm is important with regard to surgical planning in patients presenting with symptoms of acute appendicitis, but it is difficult due to the absence of specific imaging findings. As PASRCCs can present with signs and symptoms of acute appendicitis, it may often be misdiagnosed. The presence of a non-homogeneous mass in the appendicular area with enhancing wall and stranding of peri-appendicular fat suggests the possibility of adenocarcinoma. These findings along with the presence of surrounding lymph nodes may be suggestive of a malignant lesion and should be carefully evaluated as an aid in the differential diagnosis with a non-neoplastic disease.

IHC staining in the diagnosis of PASRCC typically stains positively for cytokeratin-20 (CK20) and CDX2, while staining negatively for cytokeratin-7 (CK7), as was observed in our case. Using IHC in distinguishing the cancer site of origin. Several immunohistochemical biomarkers have been described as useful discriminating tools in carcinomas with PASRCC features, including expression of mucins (MUC2, MUC5AC, MUC6) and transcription factors (CDX2, TTF1). The advantage and practicality that high-throughput molecular platforms may provide in this context is still debated.

The optimal management of PASRCC is still uncertain and requires an individualized approach based on the patient's clinical and pathological characteristics. The treatment approach often depends on the cancer stage, and retrospective series offer guidance. Adjuvant chemotherapy may be considered for appendiceal carcinoma in cases of perforation or the invasion of surrounding structures, but its role in treatment remains controversial. Some authors reports that appendectomy is a curative procedure for mucosal lesions and recommends right hemicolectomy only for advanced stages of appendiceal carcinomas. It provides recommendations for diagnostic imaging, surgical resection, adjuvant chemotherapy, and addresses metastatic disease and peritoneal dissemination management, underlining the importance of a multidisciplinary approach in treating this rare and aggressive malignancy.

Poor prognosis of PASRCC is a high prevalence of distant metastases and low survival rates. PASRCC generally has a poor prognosis, particularly when the cancer metastasizes to other organs or tissues. As previous study have shown this cancer type exhibited a high prevalence of distant metastases (60%) and a low 5-year survival rate (18%). Early diagnosis and appropriate management are crucial for improving patient outcomes in these rare malignancies. Overall, clinicians should consider PASRCC in the differential diagnosis of patients presenting with symptoms of acute appendicitis, particularly those with atypical symptoms or unexpected histopathological findings. This is the characteristic of this case report that demonstrates the pathological diagnosis, treatment limitations and complex properties.

Conclusions

PASRCC is a rare and aggressive malignancy that presents with non-specific symptoms, making early diagnosis challenging. Accurate diagnosis and appropriate management and a multidisciplinary approach is necessary for optimal treatment. The imaging studies and histopathological morphology and IHC are crucial for accurate diagnosis. Surgical intervention remains the primary treatment for appendiceal malignancies, while adjuvant chemotherapy may be considered in selected cases.

References

1. Fusari M, Sorrentino N, Bottazzi EC, Del Vecchio W, Cozzolino I, Maurea S, Salvatore M, Imbriaco M. Primary signet ring cell carcinoma of the appendix mimicking acute appendicitis. Acta Radiol Short Rep. 2012 Oct 5;1(9):arsr.2012.120017.
2. Dahoud W, Gullo I, Imam R, Tang LH. Morphologic heterogeneity of carcinoma with signet ring cell features at different primary sites. Pathobiology. 2023 Dec 23.
3. Wang F, Tao Y, Liu Y, Tang G. Primary signet ring cell carcinoma of the appendix: An interesting case. Am J Med Sci. 2022 Oct;364(4):e10-e11.
4. Sato A, Sato Y, Hiruta N, Oshiro T, Yoshida Y, Urita T, Kitahara T, Kadoya K, Nabekura T, Moriyama Y, Okazumi S. Signet-ring cell carcinoma of the appendix with ganglioneuromatosis: a case report. Surg Case Rep. 2022 Aug 5;8(1):151.
5. Caesar-Peterson S, Tulla K, Southall C, Lin Y, Genelus-Dominique E. A rare case of signet ring

cell carcinoma of the appendix. J Surg Case Rep. 2020 Jul 14;2020(7):rjaa139.
6. Nakajima Y, Kajiwara A, Sakaki M, Otoyama Y, Nishihara S, Suzuki N, Usami T, Nakatani S, Wang T, Yoshida H. [Primary appendiceal signet ring cell carcinoma:a case report]. Nihon Shokakibyo Gakkai Zasshi. 2019;116(11):927-933. Japanese.
7. Matsushita M, Fukata N, Omiya M, Nishio A, Okazaki K. Signet-ring cell carcinoma of the appendix: Primary or secondary tumor? Gastrointest Endosc. 2018 Jul;88(1):197.
8. Kulkarni RV, Ingle SB, Siddiqui S. Primary signet ring cell carcinoma of the appendix: A rare case report. World J Clin Cases. 2015 Jun 16;3(6):538-41.
9. Fusari M, Sorrentino N, Bottazzi EC, Del Vecchio W, Cozzolino I, Maurea S, Salvatore M, Imbriaco M. Primary signet ring cell carcinoma of the appendix mimicking acute appendicitis. Acta Radiol Short Rep. 2012 Oct 5;1(9):arsr.2012.120017.
10. Ko YH, Jung CK, Oh SN, Kim TH, Won HS, Kang JH, Kim HJ, Kang WK, Oh ST, Hong YS. Primary signet ring cell carcinoma of the appendix: a rare case report and our 18-year experience. World J Gastroenterol. 2008 Oct 7;14(37):5763-8.
11. Mastoraki A, Papanikolaou IS, Kanakis D, Safioleas P, Sakorafas G, Safioleas M. A case of signet ring carcinoma of the appendix: dilemmas in differential diagnosis and management. J Gastrointest Cancer. 2010 Jun;41(2):141-4.

Case Number: 601

Slide Number: S11209011, 2022-S505

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2341
http://140.120.114.107/ivp_slide_view.php?id=2340

Abstract:

The patient was a 4-year-old neutered male British Shorthair cat, with a history of presenting with and surgically removing a gastrointestinal mass one year prior to this visit. In September 2023, upon returning for a follow-up, another gastrointestinal mass was detected during an ultrasound examination. Subsequently, surgery was performed to excise the mass, and a sample was sent for histopathological examination. Microscopically, the mass was found to be unencapsulated and lacked a clear boundary with the gastrointestinal muscle layer. The lesion exhibited a trabecular or dendritic pattern with eosinophilic staining. At high magnification, the mass was composed of densely fibrous connective tissue arranged in trabecular patterns, with spindle-shaped fibroblasts distributed within the connective tissue. Between the fibrous trabeculae, there was infiltration of numerous inflammatory cells, including eosinophils, macrophages, and lymphocytes. The final diagnosis was feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF).

張皓凱

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論文選錄：

1. Chang, H. K., Chiang, P. J., Lin, C. C., Chiou, H. Y., Chuang, S. T., Chen, K. S., & Lin, Y. L. (2020). Pathology in Practice. Journal of the American Veterinary Medical Association, 256(1), 59-61.
2. Chang, H. K., Chen, Y. A., Tsai, Y. L., Wu, Y. C., Shien, J. H., Chang, W. F., & Lin, C. C., et al. (2016). Outbreak of swim bladder inflammation caused by Sphaerospora dykovae in Koi (Cyprinus carpio koi) in Taiwan. Pak. Vet. J, 36, 499-502.
3. Chang, H. K., Li, K. P., Tsai, Y. L., Wu, Y. C., Shien, J. H., Hsuan, S. L., & Lin, C. C. (2016). Pathobiological findings of epitheliocystis in giant grouper (Epinephelus lanceolatus) in Taiwan.
4. Chang, H. K., Lin, C. C., & Hsuan, S. L. (2017). Histological and histochemical investigation of the compound eye of the whiteleg shrimp (Litopenaeus vannamei) (No. e3453v1). PeerJ Preprints.
5. Hsu, J. C. N., Lin, C. C., Hou, F. H., Chang, H. K., Hsu, T. H., Liao, J. W., & Lee, W. C. (2016). Case report: isoimmune thrombocytopenic purpura in suckling pigs. Taiwan Veterinary Journal, 42(04), 213-217.
6. Hsu, J. C. N., Chang, H. K., Ho, C. L., Chen, K. S., Wu, H. Y., Hsu, T. H., & Lin, C. C. (2016). Comminuted fracture of right tarsal bones with old callus formation in a slaughtered pig. Taiwan Veterinary Journal, 42(03), 177-180.

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CASE HISTORY:

Signalment: A 4-year-old, neutered male, British Shorthair cat

The patient was a 4-year-old neutered male British Shorthair cat, who had a history of gastrointestinal mass in 2022, which was surgically excised. In September 2023, during ultrasound examination, another gastrointestinal mass was identified. Subsequently, surgical excision was arranged, followed by histopathological examination.

Gross Findings:

The submitted tissue consists of a disc-shaped mass, presumably intestinal sampling tissue based on the medical history. It measures approximately 2.7 × 2.5 × 0.7 cm and has a firm, elastic consistency. Multiple yellow-white ulcerative lesions are visible on the mucosal surface of the intestine samples. The mass appears homogeneously milky white in color. Upon sectioning the tissue, there is a noticeable color contrast between the proliferative mass and the adjacent normal tissue, with faintly discernible boundaries between the two.

CASE RESULT:

Histopathological Findings:

Under low magnification, there is no clear demarcation between the proliferative mass and normal intestinal tissue. The mass exhibits a mixed eosinophilic and basophilic staining pattern with distinctive interlacing patterns. At medium magnification, densely packed fibrous bundles resembling small beams or branching structures are observed within the proliferative tissue, with high-density cell distribution between these beam-like structures. At high magnification, the fibrous bundles primarily consist of spindle-shaped or polygonal fibroblasts, with a tendency towards basophilic staining. Additionally, numerous eosinophilic cells, including macrophages, lymphocytes, and other inflammatory cells, are distributed among the beam-like fibrous tissue. Occasionally, fungal masses are observed within the lesion.

Masson's trichrome staining reveals the interlacing bundles of the aforementioned beam-like structures appearing deep blue, while the remaining tissue appears red.

Pathological Diagnosis: feline gastrointestinal eosinophilic sclerosing fibroplasia, FGESF

Differential diagnosis:

1. Sclerosing mast cell tumor

2. Extra-skeletal osteosarcoma

Discussion:

Feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF) is an inflammatory lesion occurring in the intestines and adjacent lymph nodes of cats, characterized by intramural or transmural masses often associated with mucosal ulceration. Similar lesions resembling FGESF have been reported in tissues outside the gastrointestinal tract, such as retroperitoneal and cervical lymph nodes. FGESF typically affects middle-aged cats, with a reported median age of onset around 7 years, although cases have been documented in cats aged 2 to 11 years.

Clinical manifestations may include decreased appetite, vomiting, weight loss, and diarrhea, with palpable, non-painful abdominal masses commonly observed upon examination. Hematological findings may include hyperglobulinemia, hyper-albuminemia, eosinophilia, and neutrophilia.

Histopathologically, the lesion is characterized by densely packed collagenous fibrous tissue bundles with low cell density, forming interwoven, anastomosing beams or branches, gradually blending with surrounding connective tissue at the lesion periphery without distinct borders or encapsulation. Within the beams of fibrous tissue, abundant eosinophils are observed, accompanied by infiltration of lymphocytes, macrophages, and other inflammatory cells. The histopathological features, such as eosinophil infiltration and fibrous tissue proliferation, suggest a possible association with eosinophilic granuloma complex, including eosinophilic granuloma, indolent ulcer, and eosinophilic plaque. However, the exact relationship remains to be clarified.

On histological examination, while FGESF exhibits characteristic morphology, it still needs to be distinguished from other proliferative lesions in the gastrointestinal tract. For instance, the densely packed collagenous fiber structures resembling beams in FGESF lesions need to be differentiated from osteoid and bone matrix in extra-skeletal osteosarcoma. If FGESF lesions show infiltration of numerous mast cells, discrimination from sclerosing mast cell tumor is necessary. In FGESF lesions, mast cells typically infiltrate sporadically or in multiple localized areas within the tissue, rather than in a sheet-like distribution. Furthermore, if there is a predominance of spindle cells in the lesion, differentiation from malignant fibrous histiocytoma and gastrointestinal stromal tumor is required.

Currently, there are no established histological prognostic criteria for FGESF. Prognosis is often associated with the timing of diagnosis and whether the lesion can be completely excised through surgical intervention. Lesions located at the pyloric region are more challenging to manage surgically, and delayed diagnosis leading to complete intestinal obstruction and severe clinical symptoms may result in a poorer prognosis for the affected animal.

There are no standardized treatment protocols for this condition. However, based on previous case reports and relevant literature, surgical excision of the lesion followed by adjunctive therapy with corticosteroids such as prednisolone, antibiotics, and other immunomodulators appears to be a more favorable treatment approach at present.

References:

1. Craig LE, Hardam EE, Hertzke DM, et al. Feline gastrointestinal eosinophilic sclerosing fibroplasia. Vet Pathol 46:63-70, 2009.
2. Eckstrand CD, Barr BC, Woods LW, et al. Nematode-associated intramural alimentary nodules in pumas are histologically similar to gastrointestinal eosinophilic sclerosing fibroplasia of domestic cats. J Comp Pathol 148:405-409, 2013.
3. Grau-Roma L, Galindo-Cardiel I, Isidoro-Ayza M, et al. A case of feline gastrointestinal eosinophilic sclerosing fibroplasia associated with phycomycetes. J Comp Pathol 151:318-321, 2014.
4. Halsey CH, Powers BE, Kamstock DA. Feline intestinal sclerosing mast cell tumour: 50 cases (1997-2008). Vet Comp Oncol 8:72-79, 2010

Case Number: 602

Slide Number: CM23-11001J, CM23-11001K

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2337
http://140.120.114.107/ivp_slide_view.php?id=2338

Abstract:

A dairy farm from Changhua has raising two hundred Holstein cows, mixing of 5 and 10-month-old calves due to barn maintenance in October 2023. Afterwards, the calves showed bloody diarrhea and death. The morbidity and mortality were about 25% (5/20) and 25% (5/20), respectively. A 5-month-old ill calf was sent to the Animal Disease Diagnostic Center of National Chung Hsing University for pathological examination. At necropsy, multifocal erosions to ulceration on the mucosal surface of the soft palate, flushing of the serous surface of the small intestine, Peyer's patches flushing and multifocal white spots, flushing of the abomasum mucosa, liver enlargement and discoloration were observed. Under histopathological examination, enteritis, Peyer's patch lymphoid depletion, crypt herniation, gastric erosion, tracheitis, and fatty liver were noted. In the microbiological examination, Escherichia coli and Clostridium perfringens were isolated from intestinal tissues. In addition, the molecular biological examination of BVDV type I by RT-PCR was detected and the result was positive. Based on the history, histopathology, microbiological and molecular examinations, the final diagnosis of bovine viral diarrhea-mucosal disease was made in a Holstein calf.

Keywords:

Bovine viral diarrhea-mucosal disease (BVD-MD), pestivirus, Holstein cow

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CASE HISTORY:

History

A dairy farm from Changhua has raising two hundred Holstein cows, mixing of 5 and 10-month-old calves due to barn maintenance in October 2023. Afterwards, the calves showed bloody diarrhea and death. The morbidity and mortality were about 25% (5/20) and 25% (5/20), respectively. A 5-month-old ill calf was submitted to Animal Disease Diagnostic Center of National Chung Hsing University for the diagnosis of possible disease.

CASE RESULTS:

Gross Pathology

At necropsy, multifocal pinpoint erosions to ulcers on the mucosal surface of the soft palate were noted. The abomasal and small intestinal mucosa was diffusely reddened. There were numerous, dark red and yellow-white foci on the Peyer's patches of ileum. Mild liver enlargement and discoloration was observed.

Histological Examination

Mucosal villi and crypts of the small intestine are mildly to moderately blunted and necrosis with increased numbers of lymphoplasmacytic and eosinophilic inflammatory cells in the lamina propria. Lymphoid depletion, hemorrhage, crypt herniation, necrosis and neutrophils infiltration are also found in the Peyer's patches. Multifocal crypts are ectatic, lined by columnal, cuboidal to flat epithelial cells, and contain sloughed enterocytes, necrotic cellular debris, and neutrophils within luminal spaces. The rumen, reticulum, and omasum presented multifocal, mild, erosion and micro-abscess in stratum corneum with lymphoplasmacytic cells infiltration. In the trachea, tracheitis presented multifocal, mild, neutrophilic and lymphocytic infiltration in the mucosa layer of the trachea.

Microbiological Examination

Escherichia coli and *Clostridium perfringens* were isolated from intestinal tissues; no other bacteria were isolated from liver and spleen.

Molecular Diagnosis

Bovine viral diarrhea virus (BVDV) was detected by reverse transcriptase polymerase chain reaction (RT-PCR) and the gene sequencing and comparing 5'UTR gene sequence were analyzed to be the genotype 1b.

Final Diagnosis

Bovine viral diarrhea-mucosal disease in a Holstein calf

Discussion

In this case, 5-month-old Holstein calf was suffered from diarrhea clinic. In histological examination, lymphoid depletion of Peyer's patches and crypt herniation were observed. These lesions were consistent with bovine viral diarrhea virus (BVDV) infection. Furthermore, BVDV type I was detected by RT-PCR. In microbiological examination, *Escherichia coli* and *Clostridium perfringens* were isolated from intestinal tissues, but no associated lesions such as edematous or emphysematous enteritis were observed, so it might be a normal intestinal flora. Other common pathogens would cause enteritis in cattle, such as *Salmonella* spp., would cause hemorrhagic and necrotizing enteritis, with pseudomembrane formation [2], but in this case no associated lesions were observed, and no *Salmonella* spp. was isolated from the intestines and liver of this case. The cause of tracheitis could be BVDV or other secondary infection due to immunosuppression. Fatty liver may be related to metabolic abnormality of anorexia caused by enteritis.

Bovine viral diarrhea virus (BVDV) belongs to Flaviviridae *Pestivirus*, are enveloped, single-stranded, positive-sense RNA viruses, it can be divided into two genotype by comparing 5'UTR gene sequence, and can be divided into two biotype, cytopathic (CP) or noncytopathic (NCP) by their effect on cultured cells [5]. BVDV is endemic in Taiwan, a survey in 2013 revealed that the antibody prevalence of BVD was 46.5% (181/387) [1]. BVDV can infect multiple organ systems, and cause diarrhea, immunosuppression, mucosal disease, thrombocytopenia, pneumonia and reproductive disease [7]. In this case, diarrhea has been observed by farm veterinarian and no response after therapeutic treatment. Upon necropsy, except typical lesions of lymphoid depletion in the Peyer's patches, but also oral and gastric mucosal erosion were observed.

No specific treatment is available for BVDV infection. Providing fluids, electrolytes, and vitamin supplement may be indicated [5]. Disease prevention can be achieved by identified and removed of persistent infection animals, vaccination, improving of biosecurity and routine disease monitoring [4].

Modified live-virus vaccines and inactivated vaccines are available in other countries, but there is not available in Taiwan. Vaccination can reduce clinical symptoms effectively, but it cannot avoid infection [3]. The disadvantage of modified live-virus vaccine is not recommended use in calf and pregnant cows because it can lead to infection and immunosuppression [6]. On contrast, inactivated vaccine is recommended to administer in higher frequency [7].

Conclusion

Nowadays, BVDV is one of common viral pathogens in dairy farms in Taiwan. BVDV-induced immunosuppression and reproductive failure cause serious economic loss. Unfortunately, there is no vaccine for BVDV available due to small marketing in Taiwan. Therefore, identified of persistent infection in farm animals and improving of biosecurity to avoid the introduction of pathogens are the key points of prevention.

References

1. 潘翊誠。台灣牛病毒性下痢(BVD)及牛傳染性鼻氣管炎(IBR)盛行率之調查，碩士論文。2013
2. Buergelt, C. D., Clark, E. G., & Del Piero, F. (2018). *Bovine Pathology: A Text and Color Atlas*. CABI.
3. Carman S, van Dreumel T, Ridpath J, et al (1998): *Severe acute bovine viral diarrhea in Ontario, 1993-1995*, J Vet Diagn Invest 10:27–35.
4. Khodakaram-Tafti, A., & Farjanikish, G. H. (2017). *Persistent bovine viral diarrhea virus (BVDV) infection in cattle herds*. Iran. J. Vet. Res, 18(3), 154–163.
5. Lanyon, S. R., Hill, F. I., Reichel, M. P., & Brownlie, J. (2014). *Bovine viral diarrhoea: pathogenesis and diagnosis*. Vet J (London, England: 1997), 199(2), 201–209.
6. Palomares, R. A., Marley, S. M., Givens, M. D., Gallardo, R. A., & Brock, K. V. (2013). *Bovine viral diarrhea virus fetal persistent infection after immunization with a contaminated modified-live virus vaccine*. Theriogenology, 79(8), 1184-1195.
7. Smith, B. P. (Ed.). (2014). *Large animal internal medicine* (6th ed.). Elsevier, 820-830.

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 第十屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	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兼任主治醫師/台北榮民總醫院桃園分院兼任主治醫師/銘傳大學、國防醫學院兼任教授
2	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副教授
3	常務理事	張惠雯	女	國立臺灣大學獸醫專業學院博士	美國哈佛醫學院博士後	台灣大學分子暨比較病理生物學研究所副教授
4	常務理事	陳燕麟	男	輔仁大學化學研究所博士	日本國立神經精神中心研究員	三軍總醫院病理部主治醫師/國防醫學院助理教授
5	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兼任教授
6	理事	江家瑋	男	國立臺灣大學獸醫專業學院碩士		霍普獸醫病理專科醫院病理獸醫師
7	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
8	理事	張皓凱	男	國立中興大學獸醫病理學研究所碩士		立眾病理實驗室主任病理獸醫
9	理事	彭奕仁	男	國防醫學院醫學科學研究所博士	美國西雅圖華盛頓大學病理研究員	三軍總醫院病理部主任/國防醫學院病理及寄生蟲研究所所長/副教授
10	理事	黃威翔	男	國立臺灣大學獸醫專業學院博士		台灣大學分子暨比較病理生物學研究所副教授
11	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副教授
12	理事	鄭明芳	男	國立陽明大學口腔生物研究所博士	三軍總醫院病理部主治醫師	國軍花蓮總醫院組織臨床病理科主任
13	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/中山醫學大學病理科副教授
14	理事	簡耀君	男	國立臺灣大學獸	長青動物醫院病	長青動物醫院病理部

				醫專業學院碩士	理部主任	主任
15	常務監事	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	財團法人國家實驗研究院國家實驗動物中心副技術師
16	監事	朱旆億	男	國立臺灣大學醫學系/國立臺灣大學獸醫專業學院博士	輔仁大學醫學系兼任助理教授	彰化秀傳紀念醫院病理科主任
17	監事	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
18	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
19	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院長	台灣大學分子暨比較病理生物學研究所教授
20	秘書長	張晏禎	女	國立臺灣大學獸醫專業學院博士	中央研究院博士後	台灣大學分子暨比較病理生物學研究所助理教授

中華民國比較病理學會 會員名單

排序	會員編號	姓名	類別	備註
1	A00002	劉振軒	常務理事	
2	A00015	廖俊旺	監事	
3	A00022	蔡睦宗	一般會員	
4	A00041	許永祥	一般會員	停權
5	A00061	鄭謙仁	監事	
6	A00069	阮正雄	一般會員	停權
7	A00071	祝志平	一般會員	停權
8	A00074	李進成	一般會員	停權
9	A00076	施洽雯	監事	
10	A00087	林正忠	一般會員	停權
11	A00105	林永和	理事	
12	A00143	賴銘淙	理事	
13	A00262	楊俊宏	一般會員	停權
14	A00268	張俊梁	理事長	
15	A00286	江蓉華	一般會員	停權
16	A00288	蔡慧玲	一般會員	
17	A00294	魯懿萍	一般會員	停權
18	A00296	朱旆億	監事	
19	A00297	蔡懷德	一般會員	停權
20	A00299	林以樂	一般會員	停權
21	A00303	張文發	一般會員	停權
22	A00305	黃心宏	一般會員	
23	A00310	邱慧英	常務理事	
24	A00311	白馨	一般會員	停權
25	A00313	江家瑋	理事	
26	A00314	張惠雯	常務理事	
27	A00315	陳佳其	一般會員	停權
28	A00316	施正心	一般會員	
29	A00317	楊伊平	一般會員	
30	A00319	蔣克新	一般會員	停權
31	A00320	蔡清龍	一般會員	停權

排序	會員編號	姓名	類別	備註
32	A00321	吳佳樺	一般會員	停權
33	A00322	簡耀君	理事	
34	A00323	陳彥伯	一般會員	停權
35	A00324	黃馨頤	一般會員	停權
36	A00325	陳姿妤	常務監事	
37	A00326	賈敏原	理事	
38	A00327	鄭明芳	理事	
39	A00328	彭奕仁	理事	
40	A00329	李育翰	一般會員	停權
41	A00330	陳燕麟	常務理事	
42	A00331	許志勤	一般會員	
43	A00332	于知仁	一般會員	
44	A00333	何佳霖	一般會員	
45	A00334	蔡雨倫	一般會員	停權
46	A00335	林宜信	一般會員	
47	A00336	陳縱宇	一般會員	
48	A00337	郭建均	學生會員	原一般會員
49	A00338	周品君	一般會員	停權
50	A00339	陳威廷	一般會員	停權
51	A00340	高郁茜	一般會員	停權
52	A00341	趙曉梅	一般會員	停權
53	A00342	洪義文	一般會員	停權
54	A00343	羅雅文	一般會員	停權
55	A00344	黃威翔	理事	
56	A00345	郭軒	一般會員	停權
57	A00346	徐治平	一般會員	停權
58	A00347	何永傳	一般會員	
59	A00348	曹文恬	一般會員	
60	A00349	羅怡琪	一般會員	
61	A00350	張晏禎	秘書長	
62	A00351	陳謙豪	一般會員	
63	A00352	邱泓錫	一般會員	
64	A00353	黃泰堂	一般會員	

排序	會員編號	姓名	類別	備註
65	A00354	田永田	一般會員	
66	A00355	杭仁釩	一般會員	
67	A00356	張皓凱	理事	
68	A00357	林東衛	一般會員	
69	A00358	吳保樹	一般會員	
70	A00359	徐治平	一班會員	
71	A00360	張權星	一般會員	
72	A00361	陳以瑛	一般會員	
73	A00362	楊馥華	一般會員	
74	A00363	林秉郁	一般會員	
75	A00364	彭曉婷	一般會員	
76	A00365	向家珍	一般會員	
77	A00366	李勻	一般會員	
78	A00367	廖淑惠	一般會員	
79	A00368	林鈺傑	一般會員	
80	A00369	蔡文銓	一般會員	

中華民國比較病理學會 113 年度工作計劃

一、 會務

(一) 徵求會員

二、 持續進行學會推廣及會員召募，擴大會員陣容，

(一) 整理會藉與清查會費

1. 更新整理會藉資料，並製作會員通訊錄
2. 清查會員繳費狀況，進行催繳，缺繳三年以上徹底實行停權

(二) 召開會議：召開會員大會一次，審查 112 年度工作報告與經費收支狀況，研議 113 年度之工作計劃及預算

(三) 學術活動：持續辦理三次研討會，並邀請國內外專家學者做學術性的演講

三、 業務

(一) 繳納會費

(二) 文書處理

(三) 整理與更新會員信箱，刪除無效信箱

(四) 病例資料處理：掃描研討會議病例切片，供會員研究教學使用

(五) 研討會活動照片、會員狀態及網頁維護更新

(六) 進行獸醫再教育學分與病理學分申請，協助會員學分認證

中華民國比較病理學會 113 年度工作報告

一、　召開會員大會、理監事會議、舉辦學術研討會

(一) 會員大會

1. 第十屆第一次會員大會於 113 年 4 月 13 日於台大獸醫專業學院召開。

(二) 理監事會議

1. 第十屆第四次理監事會議於 113 年 4 月 13 日於台大獸醫專業學院召開。

二、 舉辦學術演講

(一) 第 89 次比較病理研討會邀請專題演講：

1. 顧文輝醫師：分子病理診斷在精準醫學之最新發展趨勢

2. 陳雅媚助理教授：Inflammatory bowel disease in companion animals

三、 舉辦學術病理切片病例討論

(一) 於第 89 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。

四、 架設學會網站（網址： http://www.ivp.nchu.edu.tw/cscp/）

(一) 提供第 89 次比較病理研討會活動花絮照片

五、 獸醫師繼續教育學分認證

(一) 第 89 次比較病理研討會提供獸醫師繼續教育認證。

中華民國比較病理學會

收支預算表

中華民國 113 年 1 月 1 日至中華民國 113 年 12 月 31 日

單位：新臺幣（元）

科目				預算數	上年度預算數	本年度與上年度預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**75,080**	**75,080**			
	1		入會費	6,000	6,000			學生入會費 100 元，一般會員 1000 元
	2		常年會費	35,000	35,000			學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	30,000	30,000			廠商贊助 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	**142,000**	**59,500**	82,500		CP 90 慶祝活動
	1		人事費	**16,000**	**12,000**	4000		
		1	兼職人員車馬費	0	0			
		2	其他人事費	16,000	12,000	4000		講師演講費、CP 90 慶祝活動
	2		辦公費	**17,000**	**11,000**	6000		
		1	印刷費	14,000	8,000	6000		會議手冊印製、CP 90 慶祝活動
		2	旅運費	2,000	2,000			
		3	郵電費	1,000	1,000			病理切片、邀請函郵寄
		4	公共關係費	0	0	0		
	3		業務費	**105,500**	**30,000**	70000		
		1	會議費	100,000	30,000	70000		CP 90 慶祝活動
		2	網站維護付費	5,500				
	4		雜費支出	**7,000**	**4,500**	2,500		CP 90 慶祝活動
	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	**-72,420**	**15,580**			

理事長：張俊梁　常務監事：陳姿妤　秘書長：張晏禎　會計：張晏禎

中華民國比較病理學會 收支決算表

中華民國 112 年 1 月 1 日至中華民國 112 年 12 月 31 日　　單位：新臺幣（元）

科目				決算數	預算數	決算與預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**164,579**	**75,080**	**89499**		
	1		入會費	13,200	6,000	7200		學生入會費 100 元，一般會員 1000 元
	2		常年會費	43,800	35,000	8,800		學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	105,000	30,000	75000		
	4		利息收入	1,579	80	1,499		
	5		其他收入	1,000	4,000		3,000	
2			本會經費支出	**62,047**	**60,500**	**1547**		
	1		人事費	**10,000**	**12,000**		**2,000**	
		1	兼職人員車馬費	0	0		0	
		2	其他人事費	10,000	12,000		2,000	CP86 僅一位講者
	2		辦公費	**6,657**	**12,000**		**5343**	
		1	印刷費	6,147	8,000		1853	會議手冊印製
		2	旅運費	0	2,000		2000	
		3	郵電費	510	2,000		1,490	病理切片、收據郵寄
		4	公共關係費	0	0		0	
	3		業務費	**35,510**	**30,000**	**5,510**		
		1	會議費	35,510	30,000	5510		
	4		雜費支出	**7,880**	**4,500**	**3,380**		
	5		提撥基金	**2,000**	**2000**		**0**	如有盈餘，得依規定提列 5%以上。 說明：本會暫無基金專戶，於年底時依照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）。
3			本期餘絀	**102,532**	**14,580**	87,952		

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 112 年 12 月 31 日

單位：新臺幣（元）

資	產	負債 基金 暨	餘絀
合作金庫活存	350,760	歷年歲末累計結餘	291,027
現金	44,799	提撥準備基金	2,000
		112 年度餘絀	102,532
合 計	395,559	合 計	395,559

理事長: 張俊梁　常務監事: 陳姿好　秘書長: 張晏禎　會計: 張晏禎

中華民國比較病理學會

基金收支表

中華民國 112 年 1 月 1 日至 112 年 12 月 31 日

單位：新臺幣（元）

收入		支出	
科目名稱	金額	科目名稱	金額
準備基金 歷年累存 本年度提撥	0 20,900 2,000	準備基金	0
		結餘	22,900

理事長：張俊梁　常務監事：陳姿好　秘書長：張晏禎　會計：張晏禎

說明：本會暫無基金專戶，於年底時依照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）。目前歷年累計貳萬貳仟玖佰元。

中華民國比較病理學會

現 金 出 納 表

中華民國 112 年 1 月 1 日至 112 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	291,027	本期支出	60,047
本期收入	164,579	本期結存	395,559
合計	455,606	合計	455,606

理事長：　常務監事：　秘書長：　會計：

說明：

1. 本會暫無基金專戶，於年底時依照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），故扣除提撥基金後，本年度實際支出為 60,047 元。
2. 本表為一團體在會計年度內現金（包括銀行存款）收支之表報。
3. 本表須經製表、出納、會計及機構負責人蓋章。

資料庫使用須知

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

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

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

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

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

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

比較病理研討會病例分類一覽表

中華民國比較病理學會

第一次至第八十九次比較病理學研討會病例分類一覽表

腫瘤

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

59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
64.	8	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
71.	9	Myelolipoma	Human	台北耕莘醫院
72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
	10	Angiomyolipoma	Human	羅東博愛醫院
	10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
	10	Nephrogenic adenoma	Human	國泰醫院
	10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
	10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
	10	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
90.	10	Clear cell sarcoma of kidney	Human	台北醫學院
93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, palillary carcinoma, metaststic	Human	羅東聖母醫院
95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院

99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
	13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院
	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
	13	Schwannoma	Human	三軍總醫院
	13	Osteosarcoma	Dog	美國紐約動物醫學中心
	14	Mixed germ-cell stromal tumor, mixed sertoli cell and seminoma-like cell tumor	Dog	美國紐約動物醫學中心
	14	Krukenberg's Tumor	Human	台北病理中心
	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院
	14	Polypoid adenomyoma	Human	大甲李綜合醫院
	14	Gonadal stromal tumor	Human	耕莘醫院
	14	Gestational choriocarcinoma	Human	彰化基督教醫院
	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	15	Kaposi's sarcoma	Human	華濟醫院
	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院
	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系
	17	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所
143	18	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
144	18	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院
145	18	Osteosarcoma, osteogenic	Dog	臺灣大學獸醫學系
146	18	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院

147	18	Papillary Mesothelioma of pericardium	Leopard	屏東科大學獸醫學系
148	18	Cystic ameloblastoma	Human	台北醫學院
149	18	Giant cell tumor of bone	Canine	中興大學獸醫學院
150	18	Desmoplastic small round cell tumor (DSRCT)	Human	華濟醫院
152	18	Hepatocellular carcinoma	Human	羅東聖母醫院
158	20	Hemangiopericytoma	Human	羅東聖母醫院
160	20	Cardiac fibroma	Human	高雄醫學大學病理學科
166	21	Nephroblastoma	Rabbit	紐約動物醫學中心
168	21	Nephroblastoma	Pig	台灣動物科技研究所
169	21	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科
172	21	Spindle cell sarcoma	Human	羅東聖母醫院
174	21	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科
190	27	Angiosarcoma	Human	高雄醫學大學病理學科
192	27	Cardiac myxoma	Human	彰化基督教醫院病理科
194	27	Kasabach-Merrit syndrome	Human	慈濟醫院病理科
195	27	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
197	27	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
198	27	Extraplacental chorioangioma	Human	耕莘醫院病理科
208	30	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
210	30	Primary non-Hodgkin’s lymphoma of bone, diffuse large B cell, right humerus	Human	彰化基督教醫院病理科
213	30	Lymphoma, multi-centric type	Dog	中興大學獸醫系
214	30	CD30 (Ki-1)-postitive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	30	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	30	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	31	Acquired immunodeficiency syndrome	Human	慈濟醫院病理科

		(AIDS)with disseminated Kaposi's sarcoma		
	32	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	32	Cutaneous B cell lymphoma, eyelid , bilateral	Human	羅東聖母醫院病理科
	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科病理科
	32	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教耕莘醫院病理科
	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	34	1. Pleura: fibrous plaque 2. Lung: adenocarcinoma 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設 中和醫院病理科
	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	35	Glioblastoma multiforme	Human	羅東聖母醫院
	35	Pineoblastoma	Wistar rat	綠色四季
	35	Chordoid meningioma	Human	高醫病理科
	35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
	35	Microcystic Meningioma.	Human	耕莘醫院病理科
	36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
	36	Adenocarcinoma of lung.	Human	羅東聖母醫院
	36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系獸醫學研究所
	36	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科

	37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科
	37	Hashimoto's thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
	38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
	39	Merkel cell carcinoma	Human	羅東博愛醫院
	39	Cholangiocarcinoma	Human	耕莘醫院病理科
	39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
	39	Mammary Carcinoma	Canine	中興大學獸醫學系
	39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
	39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
	39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	40	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
	40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
	40	Hepatocellular carcinoma	Human	國軍桃園總醫院
	40	Feline diffuse iris melanoma	Faline	中興大學獸醫學系
	40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
	41	Tonsil Angiosarcoma	Human	羅東博愛醫院
	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	41	Renal cell tumor	Rat	中興大學獸醫學系
	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	41	Myopericytoma	Human	新光吳火獅紀念醫院
	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科

	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學獸醫專業學院
	43	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
	43	Lymphoma	Canine	臺灣大學獸醫專業學院
	43	Solitary fibrous tumor	Human	彰化基督教醫院
	43	Multiple sarcoma	Canine	臺灣大學獸醫專業學院
	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	45	Parachordoma	Human	羅東博愛醫院病理科
	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
	45	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	45	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
323	46	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
324	46	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
329	47	Sclerosing stromal tumor	Human	彰化基督教醫院
330	47	Pheochromocytoma	Human	天主教耕莘醫院
334	48	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院

335	48	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
336	48	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院
337	48	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學 獸醫專業學院
338	48	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
340	49	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
342	49	Plexiform fibromyxoma	Human	彰化基督教醫院
343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
344	49	Epithelioid sarcoma	Human	林新醫院
346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業學院
347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐阜大学)
354	50	Granular cell tumor	Dog	國立臺灣大學 獸醫專業學院
356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學 獸醫專業學院
357	51	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
364	51	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosi	Human	高雄醫學大學附設中和紀念醫院病理科
365	52	Angiosarcoma, skin (mastectomy)	Human	天主教耕莘醫院病理科
366	52	Rhabdomyoma (Purkinjeoma), heart	Swine	屏東縣家畜疾病防治所
368	52	Langerhans cell sarcoma, lung	Human	高雄醫學大學附設中和紀念醫院病理科
369	52	Biliary cystadenocarcinoma, liver	Camel	國立屏東科技大學獸醫教學醫院病理科
371	52	Malignant melanoma, nasal cavity	Human	羅東博愛醫院病理科

373	53	Malignant giant cell tumor of tendon sheath	Human	天主教耕莘醫院病理科
376	53	Malignant mesothelioma of tunica vaginalis	Golden hamster	中興大學獸醫病理生物學研究所
377	53	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus	Human	彰化基督教醫院病理部
378	53	Medullary carcinoma	Human	高雄醫學大學病理部
389	55	Mantle cell lymphoma involving ascending colon, cecum, ileum, appendix and regional lymph nodes with hemorrhagic necrosis in the colon and leukemic change.	Human	奇美醫院病理部
390	55	Pulmonary Squamous Cells Carcinoma of a Canine	Dog	國立屏東科技大學 獸醫教學醫院病理科
391	55	Squamous cell carcinoma, lymphoepithelioma-like type	Human	高醫附設醫院病理科
393	55	Malignant peripheral nerve sheath tumor (MPNST), subcutis, canine.	Dog	中興大學獸醫學系
394	55	Desmoplastic malignant melanoma (mimic malignant peripheral nerve sheath tumor)	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
397	56	Atypical meningioma	Human	奇美醫院病理科
401	57	Lymph nodes, excision - Hodgkin's lymphoma, mixed cellularity	Human	天主教耕莘醫院
402	57	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas. 2. Pinworm infestation, moderate, large intestines. 3. Fibrosis, focal, myocardium.	Mouse	國家實驗動物中心
403	57	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
404	57	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad	Goose	國立中興大學獸醫病理生物學研究所

		4. cyst and atherosclerosis, chronic, testis		
406	57	Castleman's disease	Human	羅東博愛醫院
407	58	Hepatoid adenocarcinoma of colon with multiple liver metastases	Human	羅東博愛醫院
408	58	Cardiac and pulmonary melanoma	Pig	國立中興大學獸醫病理生物學研究所
409	58	Double Tumors: (1) small cell carcinoma of lung (2) Hodgkin's lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica	Human	佛教慈濟綜合醫院暨慈濟大學病理科
410	58	Von Hippel–Lindau disease	Human	奇美醫院病理部
411	58	Multiple neoplasia	Tiger	國立屏東科技大學獸醫教學醫院病理科
412	58	Hepatocellular carcinoma and multiple myeloma	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
413	59	DEN plus AAF carcinogens induced hepatic tumor in male rats	Rat	中興大學獸醫病理生物學研究所
417	59	Alveolar soft part sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
418	60	Seminoma associated with supernumerary testicles	Human	羅東博愛醫院
422	61	Retinoblastoma in a baby girl	Human	彰化基督教醫院
423	61	Colloid goiter in a female Radiated tortoise (Astrochelys radiata)	Tortoise	台灣大學獸醫專業學院分子暨比較病理生物學研究所
424	61	Lymphoepithelial carcinoma in a women	Human	羅東博愛醫院
425	61	Histiocytic sarcoma in a SJL/J mouse	mouse	國家實驗動物中心
428	62	Maligant lymphoma, diffuse large B-cell (DLBCL) in a women	Human	國軍桃園總醫院病理檢驗部
429	62	Immune reconstitution inflammatory syndrome (IRIS)-associated Kaposi's sarcoma in a man	Human	花蓮慈濟醫院
430	62	Mammary adenocarcinoma, tubular form in a female feline	Cat	中興大學獸醫病理生物學研究所

433	62	Rhabdomyosarcoma, retroperitoneal cavity in a female mouse	Mouse	國家實驗動物中心
434	62	Malignant pheochromocytoma with pleural metastasis in a man	Human	天主教聖馬爾定醫院病理科
436	63	Primary non-Hodgkins lymphoma of terminal ileum	Human	國軍桃園總醫院病理檢驗部
438	63	Ectopic thyroid gland tumor	Beagle	台灣大學獸醫專業學院分子暨比較病理生物學研究所
440	63	Hepatocellular cell carcinoma Squamous cell carcinoma	Human	天主教聖馬爾定醫院口腔顎面外科
442	64	Large B cell lymphoma in a man	Human	羅東博愛醫院
444	64	Olfactory neuroblastoma in a female cat	Cat	台灣大學獸醫專業學院分子暨比較病理生物學研究所
445	64	Oligodendroglioma in a man	Human	國軍桃園總醫院病理檢驗部
447	64	Ameloblastoma of mandible in a man	Human	天主教聖馬爾定醫院口腔顎面外科
448	65	EBV associated extranodal NK / T-cell lymphoma, nasal type	Human	羅東博愛醫院
451	65	Mouse, subcutaneously mass – exocrine pancreatic adenocarcinoma, AsPC-1 cells, human origin, heterotopical model	Mouse	國家實驗動物中心
452	65	1. Extranodal NK/T-cell lymphoma, nasal type 2. 2. Regional lymph nodes and omentum are involved.	Human	台中醫院
457	66	Metastatic squamous cell carcinoma (SCC)	Horse	台灣大學獸醫專業學院分子暨比較病理生物學研究所
459	66	Squamous intraepithelial lesion (SIL)	Human	高雄醫學大學附設醫院病理部
460	66	Subcutaneous liposarcoma and uterine endometrial stromal sarcoma	African hedgehog	中興大學獸醫病理生物學研究所

463	67	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster	Hamster	國立中興大學獸醫教學醫院鳥禽與野生動物科
465	67	Plasmacytoid urothelial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
467	67	1.Poorly differentiated hemangiosarcoma in face 2.Squamous cell carcinoma in ear	Civet	農委會特有生物研究保育中心
473	68	Simple mammary gland adenocarcinoma	Guinea pig	中興大學獸醫病理生物學研究所
476	69	Mediastinum dedifferentiated liposarcoma	Human	羅東博愛醫院
477	69	Uterus adenosarcoma	Hedgehog	中興大學獸醫病理生物學研究所
478	69	Primary pericardial mesothelioma in a woman	Human	佛教慈濟綜合醫院暨慈濟大學病理科
479	69	Pulmonary solid adenocarcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
481	70	Paraganglioma of liver	Human	佛教慈濟綜合醫院暨慈濟大學病理科
482	70	Adenocarcinoma, transmural, recurrent, with desmoplasia and metastasis to regional lymph node, jejunum and ileocecal junction Mast cell tumor, moderately-differentiated, multiple, jejunal and ileocecal masses	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
483	70	Solitary fibrous tumor of pelvis	Human	羅東博愛醫院病理科
484	70	Chronic lymphocytic leukemia, with systemic dissemination, bone marrow, intestine, generalized lymph node, spleen, liver, kidney and lung	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
485	70	Intestine, large, colon, ascending, --- Carcinoma, poorly differentiated (pT4aN1b). (ADVANCED) 2. Stomach, distal, --- Adenocarcinoma, moderately	Human	秀傳醫療社團法人秀傳紀念醫院

		differentiated (pT1bNO) (EARLY) (Synchronous cancer)		
487	70	Angiomyolipoma of the liver	Human	衛生福利部臺中醫院病理科
490	71	Xp11.2 translocation renal cell carcinoma	Human	羅東博愛醫院病理科
491	71	Anaplastic renal cell carcinoma	Djungarian hamster	國立中興大學獸醫病理生物學研究所
493	71	Mucin-producing urothelial-type adenocarcinoma of the prostate (MPUAP)	Human	天主教耕莘醫療財團法人耕莘醫院
494	71	Left paratesticular dedifferentiated liposarcoma with leiomyomatous differentiation.	Human	天主教耕莘醫療財團法人耕莘醫院
495	71	Renal nephroblastoma, blastema-predominant with metastasis to gingiva, renal mass	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
496	71	Testis, left: Malignant mixed germ cell–sex cord stromal tumor (spermatocytic germinoma and Sertoli cell tumor), with angiolymphatic invasion. Testis, right: Germ cell atrophy, multifocal, moderate.	Dog	長青動物醫院
499	72	Brain, frontal lobe, Lt., Malignant melanoma, consistent with metastatic cutaneous malignant melanoma.	Human	國軍桃園總醫院
501	72	Anaplastic carcinoma thyroid (spindle cell type)	Human	天主教耕莘醫院
502	72	Primitive neuroectodermal tumor (PNET), most likely originating from ureter, with metastasis to liver and involvements of urinary bladder, uterus and left adrenal gland	Formosan serow	臺灣大學獸醫學系
503	72	Metastatic follicular carcinoma	Human	衛生福利部台中醫院
506	73	Type B1 thymoma	Human	天主教耕莘醫院
508	73	Metastatic melanoma	Human	秀傳醫療社團法人秀傳紀念醫院
511	74	Crystal storing histiocytosis associated with multiple myeloma.	Human	羅東博愛醫院病理科

512	74	Myeloid sarcoma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
513	74	Neurolymphomatosis (neurotropic lymphoma), B cell, right musculocutaneous nerve	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
514	74	Primary diffuse large B-cell lymphoma (activated B- cell type) of right testis, Stage IE at least	Human	國防醫學院三軍總醫院病理部
515	74	Thymoma, most likely, mediastinal mass	Dolphin	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
516	74	Extranodal marginal zone lymphoma of mucosa- associated lymphoid tissue (MALT lymphoma)	Human	秀傳醫療社團法人秀傳紀念醫院
517	74	Angioliposarcoma in a Cockatiel	Dog	國立中興大學獸醫病理生物學研究所
520	74	Intravascular diffuse large B cell lymphoma.	Human	國防醫學院三軍總醫院病理部
521	75	Primary anorectal malignant melanoma (PAMM)	Human	國軍桃園總醫院
523	75	Pancreatic panniculitis associated with acinar cell carcinoma	Human	羅東博愛醫院
524	75	Anaplastic large cell lymphoma (ALCL), ALK-negative	Human	秀傳醫療社團法人秀傳紀念醫院
525	75	Canine cutaneous epitheliotropic T-cell lymphoma with the involvement of left axillary lymph node	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
528	75	Basal cell carcinoma with sebaceous differentiation	Human	天主教耕莘醫院
529	76	Tongue, Schwannoma	Human	國軍桃園總醫院
530	76	Amyloid-producing odontogenic tumor	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
531	76	Embryonal rhabdomyosarcoma	Human	花蓮慈濟大學暨慈濟醫院病理科
532	76	Adenocarcinoma, suspected mammary gland tumor metastasis, mass from iris and partially ciliary bodies of right eye	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

533	76	Kaposi's sarcoma, parotid gland.	Human	羅東博愛醫院病理科
537	77	Primary appendiceal mantle cell lymphoma (MCL), B-cell type, caused acute suppurate appendicitis.	Human	國軍桃園總醫院
538	77	Follicular lymphoma in thyroid of nodular goiter.	Human	羅東博愛醫院
544	78	Ectopic parathyroid adenoma, anterior mediastinum.	Human	羅東博愛醫院
547	79	Glucagonoma, pancreas	Human	羅東博愛醫院
548	79	Neuroendocrine carcinoma, skin	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
549	79	Paraganglioma of urinary bladder	Human	花蓮慈濟大學暨慈濟醫院病理科
550	79	Hepatic carcinoid (Neuroendocrine carcinoma), liver	Cat	霍普獸醫病理診斷中心
551	79	Strumal carcinoid tumor of the ovary (SCTO) arising from mature cystic teratoma	Human	國軍桃園總醫院
552	79	Pheochromocytoma and Associated Cardiomyopathy	Meerkat (*Suricata suricatta*)	國立中興大學獸醫病理生物學研究所
553	79	Adrenal, left, laparoscopic adrenalectomy --- Pheochromocytoma, malignant. Staging (pT2)	Human	天主教耕莘醫院
554	80	Carcinoma, sweat gland, with metastases to the lung and cerebrum, the left forelimb 3rd and 4th digits, skin	North American cougar (*Puma concolor couguar*)	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
555	80	Angiosarcoma, scalp	Human	羅東博愛醫院
559	80	Sebaceous adenoma	Human	天主教耕莘醫院
560	81	Glioblastoma	Human	天主教耕莘醫院
561	81	Transmissible venereal tumor (TVT)	Dog	霍普獸醫病理診斷中心
562	81	Metastatic small cell carcinoma. Right axillary lymph node.	Human	羅東博愛醫院
563	81	Presumptive chronic myelomonocytic leukemia	Central bearded dragon	國立中興大學獸醫病理生物學研究所

			(Pogona vitticeps)	
564	82	Epithelioid gastrointestinal stromal tumor (GIST)	Human	羅東博愛醫院
566	82	Intestine, small bowel, segmental resection,---Primitive neuroectodermal tumor(PNET) / Extraskeletal Ewing sarcoma Lung, needle biopsy,Small blue cell tumor, compatible with primitive neuroectodermal tumor (PNET) metastasis	Human	衛生福利部台中醫院病理科
567	82	Gastric carcinoma, whit lymphatic infiltration, stomach, dog Lymph node metastasis from gastric carcinoma, dog	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
568	82	Descending colon, adenocarcinoma, grade 2; C/W FAP syndrome associated advanced CRC.	Human	國軍桃園總醫院
569	83	Gastric Schwannoma	Human	羅東博愛醫院
571	83	Feline inductive odontogenic tumor (FIOT), cat	Cat	霍普獸醫病理診斷中心
573	83	Multiple primary malignant (MPM) (Synchronous / metachronous? or metastatic) non-Hodgkin lymphomas (DLBCLs) of the jejunum with JJ intussusception with mesenteric lymph nodal and pleural involvement.	Human	國軍桃園總醫院
574	84	Testicular carcinoid	Human	羅東博愛醫院
577	84	Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL	Human	國軍桃園總醫院
579	85	Mixed germ cell tumor (seminoma and mature teratoma)	Human	三軍總醫院
580	85	Renal cell 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
581	85	Leiomyoma with ovarian sex cord-like elements	Human	羅東博愛醫院
582	85	Endometrial stromal sarcoma and endometrial polyp, uterus	Hedgehog	霍普獸醫病理診斷中心
583	85	Uterine papillary serous carcinoma, metastatic	Human	國軍桃園總醫院

585	86	T-cell rich large B-cell lymphoma (TCRLBCL)	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
586	86	Epithelioid sarcoma, right hand.	Human	羅東博愛醫院
587	86	Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma)	Mouse	國立中興大學獸醫病理生物學研究所
588	86	Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic.	Human	國軍桃園總醫院
590	87	Glandular cardiac myxoma, heart.	Human	羅東博愛醫院
594	88	Malignant pleural mesothelioma	Human	國軍桃園總醫院
597	88	Bronchial 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
598	89	Warthin-like mucoepidermoid carcinom	Human	羅東博愛醫院
599	89	Gastric carcinoma	Dog	長青動物醫院
600	89	Primary appendiceal signet-ring cell carcinoma	Human	國軍桃園總醫院

細菌

病例編號	會議場次	診　　斷	動物別	提 供 單 位
	1	Tuberculosis	Monkey	臺灣大學獸醫學系
7.	1	Tuberculosis	Human	省立新竹醫院
12.	2	H. pylori-induced gastritis	Human	台北病理中心
13.	2	Pseudomembranous colitis	Human	省立新竹醫院
26.	3	Swine salmonellosis	Pig	中興大學獸醫學系
27.	3	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
28.	4	Nocardiosis	Human	台灣省立新竹醫院
29.	4	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
32.	4	Actinomycosis	Human	台灣省立豐原醫院
33.	4	Tuberculosis	Human	苗栗頭份為恭紀念醫院
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex.	Human	林口長庚紀念醫院

		Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.		
58.	7	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	8	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	8	Proliferative enteritis (Lawsonia intracellularis infection)	Porcine	屏東縣家畜疾病防治所
68.	9	Liver abscess (Klebsillae pneumoniae)	Human	台北醫學院
	10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院
	10	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	10	Severe visceral gout due to kidney damaged Infectious serositis	Goose	中興大學獸醫學系
	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	13	Tuberculous meningitis	Human	羅東聖母醫院
	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	16	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by Streptococcus spp. infection	Swine	國家實驗動物繁殖及研究中心
	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	20	Porcine polyserositis and arthritis（Glasser's disease）	Pig	中興大學獸醫學院
	20	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	21	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	37	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系

	38	Leptospirosis	Human	慈濟醫院病理科
	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	42	Staphylococcus spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	42	Leptospirosis	Dog	台灣大學獸醫學系
	43	Leptospirosis	Human	花蓮慈濟醫院
	43	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所
321	46	Pneumonia, Buirkholderia pseudomallei	Goat	屏東縣家畜疾病防治所
339	48	Mycoplasmosis	Rat	國家實驗動物中心
352	50	Chromobacterium violaceum Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學獸醫學院
367	52	Melioidosis (Burkholderia pseudomallei), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
374	53	Pulmonary coccidiodomycosis	Human	彰化基督教醫院
375	53	Paratuberculosis in Macaca cyclopis	Macaca cyclopis	國立屏東科技大學獸醫學院
379	53	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病防治所
380	53	NTB, Mycobacterium abscessus	Human	佛教慈濟綜合醫院暨慈濟大學病理科
382	54	Leptospirosis	Pig	國立屏東科技大學獸醫學院
384	54	Neisseria Infected Pneumonitis	Cat	中興大學獸醫學系
385	54	Mycobacteria avian complex dacryocyctitis	Human	花蓮佛教慈濟綜合醫院
387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
396	56	Suppurative meningitis caused by Streptococcus spp in pigs	Pig	國立中興大學獸醫病理生物學研究所
399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所
435	63	Tuberculosis	Human	花蓮佛教慈濟綜合醫院
438	63	Porcine proliferative enteritis (PPE)	Pig	國立中興大學獸醫病理生物學研究所

446	64	Actinomycosis (lumpy jaw) in a dairy cattle	Cattle	國立中興大學獸醫病理生物學研究所
450	65	Mycobacterium avium infection	Human	花蓮佛教慈濟綜合醫院
464	67	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man	Human	嘉義聖馬爾定醫院
469	68	Scrub typhus	Human	佛教慈濟綜合醫院暨慈濟大學
489	71	Malakoplakia due to Escherichia coli infection, left testis	Human	佛教慈濟綜合醫院暨慈濟大學
492	71	Cystitis, bilateral ureteritis and pyelonephritis, hemorrhagic, necrotic, purulent, severe, diffuse, chronic progressive, urinary bladder, ureters and kidneys	Dog	國立中興大學獸醫病理生物學研究所
522	75	Secondary syphilis	Human	佛教慈濟綜合醫院暨慈濟大學
526	75	Dermatophilosis caused by *Austwickia chelonae (basonym Dermatophilus chelonae*) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系
584	85	*Salmonella* Enteritidis Infection in Chicks	Chicks	國立中興大學獸醫病理生物學研究所

病毒

病例編號	會議場次	診　　斷	動物別	提 供 單 位
21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系
30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所

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

		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.		
238	35	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
248	36	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
250	36	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2), porcine reproductive and respiratory syndrome (PRRS) virus and Salmonella typhimurium.	Swine	屏東縣家畜疾病防所
255	37	Vaccine-induced canine distemper	gray foxes	國立台灣大學獸醫學系
265	39	Bronchointerstitial pneumonia (PCV II infection)	Swine	台灣大學獸醫學系
295	42	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
381	54	Polyomavirus infection of urinary tract	Human	羅東博愛醫院
405	57	Porcine circovirus-associated lymphadenitis	Swine	國立屏東科技大學 獸醫教學醫院病理科
414	59	Rabies virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
415	59	Canine distemper virus infection	Dog	台灣大學獸醫專業學院

				分子暨比較病理生物學研究所
420	60	Respiratory syncytial virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
421	60	Porcine epidemic diarrhea (PED)	Piglet	國立中興大學獸醫病理生物學研究所
455	66	Goose Haemorrhagic Polyomaviruses (GHPV)	Goose	農委會家畜衛生試驗所
456	66	HPV associated small cell neuroendocrine carcinoma of uterine cervix	Human	羅東博愛醫院病理科
458	66	Roventricular dilatation disease (PDD)	Cacatuini	國立中興大學獸醫病理生物學研究所
468	68	Avian poxvirus	Eagle	國立中興大學獸醫病理生物學研究所
472	68	Suspected viral infection with secondary aspergillosis	Parrot	國立中興大學獸醫病理生物學研究所
510	73	Porcine reproductive and respiratory syndrome (PRRS)	pig	國立中興大學獸醫病理生物學研究所
542	78	Feline infectious peritonitis (FIP)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
543	78	Porcine epidemic diarrhea (PED)	Pig	國立中興大學獸醫系
556	80	Cutaneous pigeonpox	Pigeon	國立中興大學獸醫系
596	88	Porcine respiratory disease complex	Pig	國立中興大學獸醫系
602	89	Bovine viral diarrhea-mucosal disease	Cattle	國立中興大學獸醫系

黴菌（含藻類）

病例編號	會議場次	診　　斷	動物別	提 供 單 位
23.	3	Chromomycosis	Human	台北病理中心
47.	7	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院

48.	7	Adiaspiromycosis	Wild rodents	台灣大學獸醫學系
52.	7	Aspergillosis	Goslings	屏東縣家畜疾病防治所
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
105.	13	Mucormycosis Diabetes mellitus	Human	花蓮佛教慈濟綜合醫院
	15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	43	Systemic Candidiasis	Tortoise	中興大學獸醫學院
	45	Alfatoxicosis in dogs	Canine	國立臺灣大學 獸醫專業學院
322	46	Allergic fungal sinusitis	Human	羅東博愛醫院
326	46	Meningoencephalitis, Aspergillus flavus	Cat	國立臺灣大學 獸醫專業學院
331	47	Histoplasmosis	Human	花蓮慈濟醫院病理科
332	47	Pulmonary Blastomycosis	Rat	中興大學獸醫學院
355	50	Encephalitozoonosis	Rabbit	國立中興大學獸醫學院
356	50	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
386	54	Dermatophytic pseudomycetoma	Cat	台灣動物科技研究所
395	56	Systemic Cryptococcus neoformans infection in a Golden Retriever	Dog	國立台灣大學分子暨比較病理生物學研究所
441	63	Protothecosis	Dog	國家實驗動物繁殖及研究中心
449	65	Porcine epidemic diarrhea (PED)	Pig	國立台灣大學分子暨比較病理生物學研究所
519	75	Chicken infectious anemia in chicken	Chicken	國立中興大學獸醫學院
536	77	Skin infection of Orf virus	Human	佛教慈濟醫療財團法人花蓮慈濟醫院
545	78	Candida endocarditis	Human	佛教慈濟醫療財團法人花蓮慈濟醫院

570	83	Protothecosis	Dog	立众生技有限公司
595	88	Cryptococcosis	Cat	霍普獸醫病理診斷中心

寄生蟲（含原蟲）

病例編號	會議場次	診　　斷	動物別	提 供 單 位
14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
20.	3	Sparganosis	Human	台北榮民總醫院
46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
49.	7	Echinococcosis	Human	台北榮民總醫院
60.	8	Intestinal capillariasis	Human	台北馬偕醫院
64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院
66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	13	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	17	Eosinophilic meningitis caused by Angiostrongylus cantonensis	Human	台北榮民總醫院 病理檢驗部
156	19	Parastrongylus cantonensis infection	Formosan gem-faced civet	中興大學獸醫學院
	19	Capillaria hepatica, Angiostongylus cantonensis	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
	29	Colnorchiasis	Human	高雄醫學院附設醫院
	29	Trichuriasis	Human	彰化基督教醫院
	29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	29	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	29	Capillaries philippinesis	Human	和信治癌中心醫院
	29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
	41	Etiology- consistent with Spironucleus (Hexamita) muris	Rat	國家實驗動物繁殖及研究中心

327	46	Dermatitis, mange infestation	Serow	中興大學獸醫學院
328	46	Trichosomoides crassicauda, urinary bladder	Rat	國家實驗動物中心
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
416	59	Toxoplasmosis in a finless porpoise	Finless porpoise	國立屏東科技大學獸醫教學醫院病理科
	63	Liver milk spots in pig	Pig	中興大學獸醫病理生物學研究所
453	66	Liver fluke infection	Buffalo	中興大學獸醫病理生物學研究所
471	68	Haemosporidian parasite infection	pigeon	國立台灣大學分子暨比較病理生物學研究所
540	77	Systemic toxoplasmosis	Ring-tailed lemur	國立台灣大學分子暨比較病理生物學研究所
4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系
51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系
263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科
320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院
443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
462	67	Toxoplasmosis	Human	佛教慈濟綜合醫院病理科

470	68	Leucocytozoonosis	chickens	中興大學獸醫病理生物學研究所
572	83	Systemic Coccidiosis	ducks	中興大學獸醫病理生物學研究所

立克次體

病例編號	會議場次	診　　斷	動物別	提 供 單 位
229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科

其他

病例編號	會議場次	診　　斷	動物別	提 供 單 位
216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
10.	2	Choledochocyst	Human	長庚紀念醫院
11.	2	Bile duct ligation	Rat	中興大學獸醫學系
37.	4	Myositis ossificans	Human	台北醫學院
75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
80.	10	Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及中心
85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所

89.	10	Severe visceral gout due to kidney damaged infectious serositis	Goose	中興大學獸醫學系
91.	10	Hypervitaminosis D	Orange-rumped agoutis	台灣大學獸醫學系
	14	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所
	14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	15	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
	15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	15	Alopecia areata	Mouse	國家實驗動物繁殖及研究中心
	17	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
151	18	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	21	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	21	Malakoplakia	Human	彰化基督教醫院
	25	Darier's disease	Human	高雄醫學大學病理科
191	27	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	27	Norepinephrin cardiotoxicity	Cat	台中榮總
196	27	Cardiomyopathy (Experimental)	Mice	綠色四季
212	30	Kikuchi disease (histiocytic necrotizing lymphandenitis)	Lymphandenitis	耕莘醫院病理科
225	32	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	34	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
234	34	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	34	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	35	Arteriovenous malformation (AVM) of cerebrum	Human	耕莘醫院病理科
244	35	Organophosphate induced delayed neurotoxicity in hens	Hens	中興大學獸醫學病理學研究所

257	37	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	慈濟醫院病理科
294	42	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	43	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	44	Hyperplastic goiter	Piglet	屏東家畜疾病防治所
311	44	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
318	45	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
333	47	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院
341	49	Pulmonary placental transmogrification	Human	羅東博愛醫院
345	49	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院
350	50	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	50	Eosionphilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	51	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	51	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	52	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院
383	54	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	54	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	55	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	56	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科

400	56	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫教學醫院病理科
419	60	Mucopolysaccharidosis	Cat	國立中興大學獸醫病理生物學研究所
426	61	Phleboliths in a man	Human	台北醫學大學附設醫院口腔外科口腔病理科
427	61	Visceral gout in a Green iguana (Iguana iguana)	Iguana	中興大學獸醫病理生物學研究所
431	62	pulmonary alveolar proteinosis in a man	Human	羅東博愛醫院病理科
432	62	Congenital pulmonary airways malformation, type 2 in a women	Human	高雄醫學大學附設醫院
437	63	Large solitary luteinized follicular cyst of pregnancy and puerperium	Human	羅東博愛醫院病理科
454	66	Eosinophilic granuloma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
461	67	Intestinal emphysema	Pig	中興大學獸醫病理生物學研究所
466	67	Nodular goiter	Human	彰化秀傳醫院病理科
474	68	Parastrongyliaisis (Previously called Angiostrongyliasis)	squirrel	中興大學獸醫病理生物學研究所
475	69	Bronchogenic cyst	Dog	國立臺灣大學獸醫專業學院
480	69	Toxic pneumonitis caused by inhalation of waterproofing spray	Dog	中興大學獸醫學病理學研究所
486	70	IgG4-related sclerosing cholangitis (ISC)	Human	天主教耕莘醫療財團法人耕莘醫院
488	70	Crohn’s disease	Human	彰化基督教醫院病理部
Gross	64	Hydronephrosis	Pig	中興大學獸醫病理生物學研究所
Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease	Cattle	中興大學獸醫病理生物學研究所
497	72	Combined central and peripheral demyelination (CCPD)	Dog	國立臺灣大學獸醫專業學院
498	72	Inflammatory demyelinating pseudotumour	Human	佛教慈濟綜合醫院暨慈濟大學病理科

500	72	Ischemic stroke in a dog	Dog	中興大學獸醫病理生物學研究所
504	73	Autoimmune pancreatitis (IgG4 related pancreatitis)	Human	羅東博愛醫院病理科
505	73	Thrombotic microangiopathy with hemorrhagic infarct of brain, acute myocardial ischemia and acute kidney injury	Human	佛教慈濟綜合醫院暨慈濟大學病理科
507	73	The most likely diagnosis is erythema multiforme (EM).	Dog	國立臺灣大學獸醫專業學院
509	73	Doxorubicin-induced diseases	Chicken	中興大學獸醫病理生物學研究所
518	74	Idiopathic multicentric Castleman disease with abundant IgG4-positive cells	Human	佛教慈濟綜合醫院暨慈濟大學病理科
527	75	Coryneform hyperkeratosis in NOG mice	Mice	中興大學獸醫病理生物學研究所
534	76	Multiple Cartilaginous Exostoses Causing Spinal Cord Compression in a Dog	Dog	中興大學獸醫病理生物學研究所
535	76	Chondrodysplasia, diffuse, severe, chronic, growth plate, femur.	Rat	中興大學獸醫病理生物學研究所
539	77	Epitheliotropic mastocytic conjunctivitis	Cat	臺灣動藥國際股份有限公司
541	77	Protothecosis	Dog	國立臺灣大學獸醫專業學院
546	78	Ascites syndrome in broilers	Avian	國立中興大學動物疾病診斷中心
557	80	Systemic lupus erythematosus with erythema multiforme-like lesions, human	Human	佛教慈濟綜合醫院暨慈濟大學病理科
558	80	Pododermatitis, left forelimb and right hindlimb foot pad	Cat	霍普獸醫病理診斷中心
565	82	Intestinal intramural hemorrhage/hematoma, small intestine	Dog	霍普獸醫病理診斷中心
575	84	Ovotestes, epididymis, and uterus, reproductive organs	Cat	霍普獸醫病理診斷中心
576	84	Oxalate nephropathy	Asian yellow pond turtle (柴棺龜;	國立中興大學獸醫病理生物學研究所

			Mauremys mutica)	
578	84	Yolk embolism	Savannah monitor	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
589	87	Portosystemic shunt	feline	霍普獸醫病理診斷中心
591	87	Fabry disease	human	三軍總醫院病理科
592	87	Atherosclerosis	mouse	財團法人國家實驗研究院國家實驗動物中心
593	88	Minute pulmonary meningothelial-like nodules	human	羅東博愛醫院
601	89	Feline gastrointestinal eosinophilic sclerosing fibroplasia	Cat	立眾病理實驗室

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

張晏禎 助理教授
cscptaiwan@gmail.com
02-33663873
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 張晏禎 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：02-33663873

中華民國比較病理學會入會申請及會員卡

會電腦編號

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<tr><td rowspan="2">姓名</td><td>中文</td><td></td><td rowspan="2">姓別</td><td rowspan="2">□男
□女</td><td>出生</td><td>民國 年 月 日</td><td rowspan="2">出生地</td><td rowspan="2"></td></tr>
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研究員 主任 其他:</td></tr>
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永久： 電話 傳真：

電子信箱(E-mail)：</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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