

# 中華民國比較病理學會

## Chinese Society of Comparative Pathology



### 第 47 次比較病理學研討會

國立臺灣大學獸醫專業學院

臺北市・臺灣

中華民國 98 年 11 月 7 日

47th Meeting of Comparative Pathology

School of Veterinary Medicine, National Taiwan University

Taipei, Taiwan

November 7, 2009

# 中華民國比較病理學會第 47 次比較病理學研討會議程表

## Schedule

### 47th Meeting of the Chinese Society of Comparative Pathology

時間：98 年 11 月 7 日(星期六) 09:00~15:30

Date: November 7, 2009 (Sat) 09:00~15:30

地點：國立臺灣大學獸醫學系 B01 演講廳

Location: B01, School of Vet Med, NTU

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Time 時間	Schedule 議程		Moderator 主持
08:30~09:00	Registratio 報到		
09:00~09:10	Opening Ceremony 致詞		Dr. C.H. Liu 劉振軒 院長
09:10~09:40	Keynote 專題演講	標把治療的分子檢驗 江宏 醫師	
10:10~10:30	Coffee Break		
11:00~11:30	Case 329 病例討論	蘇子誠 醫師 Department of Pathology, Changhua Christian Hospital 彰化基督教醫院病理科	Dr. Y.H. Hsu 許永祥 主任
11:30~12:00	Case 330 病例討論	Dr. Y.L. Chen 陳燕麟 醫師 Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	
12:00~13:30	Lunch 午餐暨「中華民國比較病理學會理監事會議」		
13:30~14:00	Case 331 病例討論	Dr. Y.Z. Chen 陳盈妊 醫師 Department of Pathology, Tzu Chi General Hosipital 花蓮慈濟醫院病理科	Dr. Y.L. Chen 陳燕麟 醫師
14:00~14:30	Case 332 病例討論	Dr. L.C. Chen 陳俐君 獸醫師 Animal Disease Diagnostic Center, National Chung-Hsing University 中興大學動物疾病診斷中心	
14:30~15:00	Case 333 病例討論	Dr. W.T. Tsao 曹文恬 獸醫師 School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	
15:00~15:30	General Discussion 綜合討論		

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Case Signalment

47th Meeting of the Chinese Society of Comparative Pathology

November 7, 2009

Case No.	Presenter	Institution	Slide No.	Signalment
Case 329	蘇子誠 醫師	Department of Pathology, Changhua Christian Hospital 彰化基督教醫院病理科	09-13677J	17- year-old female
Case 330	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH	47-year-old male
Case 331	Dr. Y.Z. Chen 陳盈妊 醫師	Department of Pathology, Tzu Chi General Hosipital 花蓮慈濟醫院病理科	S2009-11436E	53-year-old male
Case 332	Dr. L.C. Chen 陳俐君 獸醫師	Animal Disease Diagnostic Center, National Chung-Hsing University 中興大學動物疾病診斷中心	CO09-377-1R	17-weekk-old, male, SHR rat
Case 333	Dr. W.T. Tsao 曹文恬 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-772A	219-day-old, male, black-footed penguin

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Case Diagnosis

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Novmber 7, 2008

Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 329	蘇子誠 醫師	Department of Pathology, Changhua Christian Hospital 彰化基督教醫院病理科	09-13677J	Sclerosing stromal tumor
Case 330	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH	Pheochromocytoma
Case 331	Dr. Y.Z. Chen 陳盈妊 醫師	Department of Pathology, Tzu Chi General Hosipital 花蓮慈濟醫院病理科	S2009-11436E	Histoplasmosis
Case 332	Dr. L.C. Chen 陳俐君 獸醫師	Animal Disease Diagnostic Center, National Chung-Hsing University 中興大學動物疾病診斷中心	CO09-377-1R	Pulmonary Blastomycosis
Case 333	Dr. W.T. Tsao 曹文恬 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-772A	Lordosis, C6 to C11

蘇子誠, MD.

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

### **CASE HISTORY:**

**Signalment:** 17-year-old female

#### **Clinical History:**

A 17-year-old Chinese girl complained of abdominal fullness lasting 6 months with poor appetite, body weight loss and irregular menstruation. She visited the gastroenterology & hepatology outpatient department, where abdominal distension, shifting dullness and herniation of the umbilicus were noted under physical examination. There was no clinical or hormonal evidence of active excess hormone secretion. Computed tomography revealed right pleural effusion with atelectasis of the right lower lung, a rounded mass in the pelvic region measuring 15 × 14 × 10 cm in size, and massive ascites. No lymphadenopathy or metastatic lesions were present.

Due to the high suspicion of malignancy, a diagnostic laparotomy was performed and a large right ovarian tumor with a smooth surface and a 9000-ml clear ascite was noted without intrabdominal carcinomatosis. The postoperative course was uneventful; the serum CA-125 level became normal and the ascites were resolved. The patient was followed-up on an outpatient basis without recurrence.

#### **Clinical Pathology:**

Serum CA 125 levels elevated: 4208.3 IU/ml (< 35IU/ml)

AFP: 1.17 ng/ml; CEA: 0.7 ng/ml; CA19-9: 22.86 U/ml: within normal limits

GOT:13 U/L (11-39 U/L)

GPT: 6 U/L (4-38 U/L)

BUN:8 mg/dl (9-23mg/dl)

Creatinin:0.62 mg/dl (0.6-1.5mg/dl)

CBC/DC: within normal limit

#### **Gross Findings:**

On gross findings, the specimen consisted of an 890-gm ovarian tumor measuring 14.5 × 13 × 9.5 cm attached to an unremarkable fallopian tube. The external surface was grayish white and glistening. The solid-cystic tumor was yellow, white and solidly firm, with areas of myxoid and cystic change. No necrosis was present.

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### **CASE RESULT:**

#### **Histopathologic Findings:**

Microscopically, the ovarian tumor was found to be composed of a pseudolobular arrangement of tumor cells with alternative hypercellular and hypocellular areas. The tumor cells were spindle to polygonal in shape, eosinophilic to vacuolated cytoplasm, bland nuclei and rarely in mitosis. Hemangiopericytoma-like vessels, myxoid to fibrotic stroma and focal cystic change were noted

#### **Immunohistochemistry:**

Immunoprofiles of the tumor revealed that it was  $\alpha$ -inhibin (+), CA-125 (-) and cytokeratin (-)

#### **Differential Diagnosis:**

1. Sclerosing stromal tumor
2. Fibrothecoma
3. hemangiopericytoma
4. Massive edema

**Diagnosis:** Sclerosing stromal tumor with Meigs' syndrome and elevated serum CA125 levels

#### **Discussion:**

Although elevation of serum CA 125 in association with a pelvic solid mass and ascites is suggestive of an ovarian malignancy, a rare sclerosing stromal tumor of the ovary associated with Meig's syndrome is also a diagnostic possibility, especially in patients of a young age

Sclerosing stromal tumors account for only 2.5% of ovarian sex cord-stromal tumors. Unlike other sex-cord stromal tumors, which occur in the fifth and sixth decades of life, SSTs often present in the 2nd and 3rd decades, and under the age of 30 in 80% of cases. Almost all reported SSTs have been unilateral, and most commonly on the right side; bilaterality is very unusual.

Ovarian tumors associated with Meigs' syndrome and elevated serum CA 125 levels are unusual; only thirty-six cases have been reported in the literature, including just three cases of ovarian sclerosing stromal tumor.

The mechanisms of effusion on Meigs' syndrome are not fully understood. Many hypothesis were introduced including irritation of the peritoneal surface by a hard, solid ovarian tumor, leakage from the edematous stroma of a tumor, active fluid secretion by the tumor, obstruction or congestion of peritoneal lymphatics by the tumor, increased permeability of the neovasculature and trasudation through the tumor surface that exceeds the capacity for reabsorption. More recently, reports have suggested that the mesothelium is the main source in the production of ascites

In Meigs' syndrome, the elevation of serum CA 125 levels is though to be result from mesothelial expression of CA 125 rather than tumor expression. The presence of ascites is a major factor contributing to mesothelial expression of CA 125, and expression level is correlated with ascite volume.

### **Reference:**

1. Lin JY, Angel C, Sickel JZ: Meigs syndrome with elevated serum CA 125. *Obstet Gynecol* 1992, 80: 563-6.
2. Abad A, Cazorla E, Ruiz F, Aznar I, Asins E, Llixiona J: Meigs' syndrome with elevated CA125: case report and review of the literature. *Eur J Obstet Gynecol Reprod Biol* 1999, 82: 97-9.
3. Meigs JV, Cass JW: Fibroma of the ovary with ascites and hydrothorax, with a report of seven cases. *Am J Obstet Gynecol* 1937, 33: 249-266.
4. Timmerman D, Moerman P, Vergote I: Meigs' syndrome with elevated serum CA 125 levels: two case reports and review of the literature. *Gynecol Oncol* 1995, 59: 405-8.
5. Buttin BM, Cohn DE, Herzog TJ: Meigs' syndrome with an elevated CA 125 from benign Brenner tumors. *Obstet Gynecol* 2001, 98: 980-2.
6. Sevinc A, Buyukberber S, Sari R, Kiroglu Y, Turk HM, Ates M: Elevated serum CA-125 levels in hemodialysis patients with peritoneal, pleural, or pericardial fluids. *Gynecol Oncol*. 2000, 77: 254-7.
7. Mezger J, Wilmanns W, Lamerz R: Elevated serum CA 125 levels in patients with benign ascitic or pleural effusions. *Tumour Biol* 1988, 9: 47-52.

Chen, Yen-Lin (陳燕麟), MD; 林進耀, MD; Leu F.J. (呂福江), MD, PhD; 江蓉華, Ms; Suen, J.H. (孫政宏), MD; 廖俊厚 MD.

*Department of Pathology, Cardinal Tien Hospital (天主教耕莘醫院病理科)*

### **CASE HISTORY:**

**Signalment:** 47-year-old male

### **Clinical History:**

This 47 years old male had past history of schizophrenia for 5 years with regular medication and chronic hepatitis C. He had mild abdominal distention and tea-color urine 3 weeks ago. He came to OPD for check up and the doctor found abnormal liver function then requested sonography. There is a mass with pseudo-kidney sign near left kidney. CT scan was done and found 5.2x4.2cm well defined nodular lesion at the left suprarenal region. He denied dizziness, headache, tachycardia, sweating or history of hypertension. He underwent operation and transferred to SICU for further post-op care due to significant blood loss during operation. Post -OP course was smooth and no sign of tumor recurrence for 2 months follow up.

### **Laboratory Results:**

CBC/DC: WNL

Biochemistry: (sugar, Ca, BUN, Cr, Na, K, Cl.): WNL

AST/ALT: 59/76

Serum: Anti-HCV Ab: positive

VMA: 7.29 (1-7.5)

Plasma renal activity: 0.25 (0.15-2.33)

ACTH: 26.3 (<46)

AFP: 32.4 (<8)      CEA: 2.45 (<3)

### **Gross Findings:**

The specimen submitted consists of a bottle labeled as "left adrenal gland". It is an adrenalectomy specimen (measuring 6.5 x 5 x 4.5 cm and weighing 55 gm) completely surrounded by adipose tissue varying in thickness from 0.3 cm to 0.5 cm.

On dissecting, there is 5.5 x 4 x 4 cm well circumscribed bright yellow to grayish tumor, which is soft and focal necrosis and micro-calcification. Hemorrhage can be noted focally. No extra-glandular expansion is noted. Representative sections are taken and embedded.

Chen, Yen-Lin (陳燕麟), MD; 林進耀, MD; Leu, F.J. (呂福江), MD, PhD; 江蓉華, Ms; Suen, J.H. (孫政宏), MD; 廖俊厚 MD.

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## **CASE RESULT:**

### **Histopathological Finding:**

Sections show pictures of pheochromocytoma. The tumor cells appear in well defined nest with fibrovascular stroma (alveolar pattern) and trabecular features. Melanin like pigment deposition can be noted and nuclear pseudoinclusion is prominent. There is neither isolated ganglion cell nor adipose tissue of brown type (hibernating) in the surrounding tissue. Focal areas reveal calcification and hemorrhage. Tumor necrosis is absent.

### **Special Stains:**

- a) Inhibin -, p53 -, CK-, RCC-, calretinin -
- b) Melan-A focal weakly+, MIB-1 no increased proliferative index
- c) S100 + (sustantacular cells), chromogranin A + + +, vimentin +
- d) PAS positive hyaline globules +
- e) Reticulin stain: outlined cellular alignment pattern.

### **Diagnosis:**

Adrenal gland, left, adrenalectomy - Pheochromocytoma

### **Discussion:**

Pheochromocytoma is a benign tumor of chromaffin cells (pheochromocytes) of the adrenal medulla. The incidence is about 0.4~9.5 per 1 million in a year. About 10% are syndromic association and no sexual predominant. The peak occurring age is around 30~40 y/o, syndromic are younger. Most sporadic pheochromocytomas are solitary and syndromic may be bilateral.

Clinical presentation has a classic triad:headache, sweating, and tachycardia but not all patients have these symptoms. Sustained or paroxysmal hypertension is the most common sign but 5 to 15 % patients have normal BP. Headache will be mild or severe and happens in 90 % of symptomatic patients. Other symptoms including generalized sweating in about 60 ~ 70 %, palpitations, dyspnea, generalized weakness, and panic attack-type symptoms are particularly in pheochromocytomas that produce epinephrine.

Grossly, pheochromocytomas are confined to adrenal gland and may be encapsulated. The

average size is 3~5 cm, gray/white to tan in color. Focal hemorrhage, cystic change, central degeneration and calcification can be found. Malignant pheochromocytomas tend to be larger and nodular, lobulated or bosselated with mottled hemorrhage and necrosis. Microscopically, the capsule usually not separates from adjacent adrenal. It often shows alveolar or trabecular growth pattern and the tumor cells resemble chromaffin cells or become larger with granular and basophilic to amphophilic cytoplasm. Prominent nucleoli, nuclear pseudoinclusion, hyaline globule and small amount of melanin like pigment can be found. The tumor becomes malignant if the following criteria happen.

- Capsular invasion
- Vascular invasion
- Extension to fat
- Diffuse growth
- Necrosis
- Cellularity ↑
- Spindling
- Nuclear pleomorphism
- Monotony
- Nuclear hyperchromasia
- Macronucleoli
- Mitotic figure ↑
- Atypical mitosis
- No hyaline globules
- Large and confluent nests (size >3 Zellballen)

Pheochromocytomas must differential diagnosis with metastatic carcinoma especially HCC and RCC. The HCC is Hepar1+ and Cam5.2+. The RCC is RCC+ and EMA+. These help to distinguish most of the metastatic carcinomas. Another important differential diagnosis is adrenal cortex adenoma. The IHC are summarized in the following table.

	Cortex adenoma	pheochromocytoma
cromogranin A	—	+
Bcl2	—	+
S100	+	+(Sustantacular cell)
α Inhibin	+	—
Mela A	+	—
calretinin	+	—

Some pheochromocytomas are associated with inherited diseases, including multiple endocrine neoplasia type 2 (MEN2), von-Hippel-Lindau disease (VHL), neurofibromatosis type 1 (NF1), hereditary paraganglioma syndrome (PGL) and Sturge - Weber disease.

The prognosis of pheochromocytomas are primarily depend on surgical resection and pre-OP HTN complications. In other word, It has indolent course but not in malignant pheochromocytomas which have only 45~55% of 5 years survival rate.

#### Diagnostic Criteria:

1. Tumor of chromaffin cells (pheochromocytes) of the adrenal medulla
2. Cromogranin A positive

3. No other malignant criteria in the discussion paragraph.

**Reference:**

1. UpToDate, Clinical presentation and diagnosis of pheochromocytoma, 2009
2. WHO classification of tumors, tumors of endocrine organs, 2004
3. David G. Bostwick , urologic surgical pathology, 2nd edition
4. Dabbs, Diagnostic immunohistochemistry, 2002

Chen, Y. Z (陳盈妊); Hsu, Y. H. (許永祥), MD.

*Department of Pathology, Tzu Chi General Hospital (花蓮慈濟醫院病理科)*

### CASE HISTORY:

**Signalment:** 53-year-old male

#### **Clinical History:**

A 53 year old man, came to our ER due to fever up to 39 degree on and off for 1 month. He has been to CGH for help but in vain and then AAD to transfer to our hospital.

After admission, antibiotics with Penicillin-G and Cravit were given for FUO. All cultures of blood, urine, pus and sputum were no growth. Chest to Abdomen CT showed multiple hypodense lesions in spleen and wedge-shape lesions in both kidneys. whole body inflammation scan revealed high uptake in right eye, left kidney and both lower limbs. Antibiotics were shifted to Penicillin-G, Bactar, acyclovir, ganciclovir and Tienem, and fever was subsided during July 24-27, 2009. However, spike fever appeared again on July 28. At PE, erythematous nodules were noted and TB was suspected. Lab data showed worsened liver functions (GOT/GPT: 175/360). Anti-TB agents (EMB, Streptomycin and Moxifloxacin) with Hydrocortisone were prescribed on July 31. The patient still got intermittent spiking fever, urine fungus culture was sent but did not show yeast-like pathogen. But considering prolonged use of antibiotics, Fluconazole was added. In last week, his vital signs were stable, there was no spiking fever attack and the status of tachycardia was improved. The erythematous nodules over bilateral legs got remission. We canceled ganciclovir on 8/05 and fluconazole on 8/06. We also tried steroid tapering, he tolerated this process well. Therefore, we canceled prednisolone on 8/08.

However, higher body temperature ( $37.9^{\circ}\text{C}$ ) was noted at the night of 8/08. In this week, higher body temperature with persistent tachycardia was noted. We shifted Penicillin to Minocycline on 8/09. Progressive erythema nodosum and newly formation of several pustules were noticed. Thus, we prescribed Aspirin 30mg/kg divided 3 times per day as anti-inflammation agent. Unfortunately, tachycardia and low grade fever was persistent even under Aspirin used. Therefore, we shifted Minocycline to Tigecycline and consult radiologist for CT-guide spleen biopsy on 8/13. On 8/14, spleen biopsy was performed and he tolerated this procedure well generally. And we shift Aspirin to Tienem as anti-inflammation agent. Besides, we consulted rheumatologist because his symptoms never improved during that period of steroid used. On 8/15, we added Tienem and fluconazole. Under the suggestion, we checked anti-cardiolipin antibody, lupus anticoagulant, anti-SSA/SSB, and HLA-ABC.

According to his TPR sheet, his temperature became stable when fluconazole, tienam, and prednisolone used. He performed splenectomy at 2009/08/21 and then transferred to our SICU for monitor the vital sign. The condition was stable and he was transferred to general ward.

**Gross Finding:**

The specimen submitted consists of one spleen measuring 12.0 x 10.0 x 6.0 cm in size and 220 gm in weight in fresh state. Grossly, multiple abscesses with yellowish milky like pus measuring up to 2.5 x 2.0 x 2.0 cm in size are seen.

Chen, Y. Z (陳盈妊); Hsu, Y. H. (許永祥), MD.

*Department of Pathology, Tzu Chi General Hospital (花蓮慈濟醫院病理科)*

### **CASE RESULT:**

#### **Histopathologic Findings:**

Multiple suppurative granulomas with focal accumulations of mononuclear phagocytes filled with fungal yeasts throughout the tissues.

#### **Special Stain:**

PAS and GMS show numerous yeast like capsulated fungi with budding resembling histoplasmosis.

#### **Differential diagnosis:**

1. *Penicillium marneffi*
2. *Leishmania donovani*
3. *Toxoplasmosis gondii*
4. Histoplasmosis

**Diagnosis:** Histoplasmosis

#### **Discussion:**

*Histoplasma capsulatum* infection is acquired by inhalation of dust particles from soil contaminated with bird or bat droppings that contain small spores (microconidia), the infectious form of the fungus. Like *M. tuberculosis*, *H. capsulatum* is an intracellular parasite of macrophages. The clinical presentations and morphologic lesions of histoplasmosis also strikingly resemble those of tuberculosis, including (1) a selflimited and often latent primary pulmonary involvement, which may result in coin lesions on chest radiography; (2) chronic, progressive, secondary lung disease, which is localized to the lung apices and causes cough, fever, and night sweats; (3) localized lesions in extrapulmonary sites, including mediastinum, adrenals, liver, or meninges; and (4) a widely disseminated involvement, particularly in immunosuppressed patients.

The pathogenesis of histoplasmosis is incompletely understood. It is known that macrophages are the major target of infection. *H. capsulatum* may be internalized into macrophages after opsonization with antibody or by a distinct mechanism that appears unique to this fungus. The fungus expresses heat shock protein 60 (HSP60) on the cell surface that binds to the  $\beta 2$  integrins on the surface of macrophages. *Histoplasma* yeasts so phagocytosed by the

unstimulated macrophages, multiply within the phagolysosome, and lyse the host cells. Histoplasma infections are controlled by helper T cells that recognize fungal cell wall antigens and heat-shock proteins and subsequently secrete interferon- $\gamma$ , which activates macrophages to kill intracellular yeasts. In addition, Histoplasma induces macrophages to secrete TNF, which recruits and stimulates other macrophages to kill Histoplasma. Lacking cellular immunity, patients with AIDS are susceptible to disseminated infection with Histoplasma, which is a major opportunistic pathogen in this disease.

**Morphology.** In the lungs of otherwise healthy adults, Histoplasma infections produce epithelioid cell granulomas, which usually undergo coagulative necrosis and coalesce to produce large areas of consolidation but may also liquefy to form cavities. With spontaneous or drug control of the infection, these lesions undergo fibrosis and concentric calcification (tree-bark appearance). Histologic differentiation from tuberculosis, sarcoidosis, and coccidioidomycosis requires identification of the 3- to 5- $\mu$ m thin-walled yeast forms (stained with methenamine silver) that may persist in tissues for years.

In chronic histoplasmosis, gray-white granulomas are usually present in the apices of the lungs with retraction and thickening of the pleura and in the hilar nodes. Further progression involves more and more of the lung parenchyma, with cavity formation less frequent than in tuberculosis.

In fulminant disseminated histoplasmosis, which occurs in immunosuppressed individuals, epithelioid cell granulomas are not formed; instead, there are focal accumulations of mononuclear phagocytes filled with fungal yeasts throughout the tissues and organs of the body. The presence of macrophages stuffed with organisms resembles that found in severe cases of visceral leishmaniasis.

The diagnosis of histoplasmosis is firmly established by culture of the fungus. Identification of the fungus in tissue lesions can also be useful. In addition, serologic tests for antibodies and antigen are also available. Antigen detection in body fluids is most useful in the early stages, because antibodies are formed two to six weeks after infection.

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2. Bullock WE. Histoplasma capsulatum Chapter 4. In : Principles and practice of infectious diseases. 4th ed. Mandell GL, Bennett JE, Dolin R, editors. Churchill Livingstone: London ; 1995. p. 2340.
3. Tewari SC, Chauhan MS, Jaiswal R, Rajan RS, Ahuja JM. Enlarging pulmonary Histoplasmosis associated with pulmonary tuberculosis. *J Assoc Physic India* 1989; 37 :769-71.
4. Singh TS, Singh YI, Devi KH, Mutum S, Singh YM, Singh TH. Acute disseminated Histoplasmosis in a patient with AIDS. *Indian J Med Microbiol* 1996; 14 :23-4.
5. Mohanchand R, Singh AP, Salopal TK. Histoplasmosis in acquired immunodeficiency syndrome. *MJAFI* 2000;

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6. Padhye AA, Pathak AA, Katkar VJ, Hazare VK, Kaufman L. Oral histoplasmosis in India: A case report and an overview of cases reported during 1968-92. *J Med Vet Mycol* 1994; 32 :93-103.
7. Randhawa HS, Khan ZU. Histoplasmosis in India: Current status. *Indian J Chest Dis Allied Sci* 1994; 36: 193-213.
8. Wheat LJ, Small CB. Disseminated histoplasmosis in acquired immunodeficiency syndrome. *Arch Intern Med* 1984; 144 :2147-9.
9. Johnson PC, Khardori N, Najjar AF, Butt F, Mansell PW, Sarosi GA. Progressive disseminated Histoplasmosis in patients with acquired immunodeficiency syndrome. *Am J Med* 1988; 85 :152-8.

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### **CASE HISTORY:**

**Signalment:** Experimented SHR rat, male, 17 wk-old.

#### **Case History:**

During the process of feeding experiment, one rat showed depression and lost body weight.

#### **Gross findings:**

The tissues were fixed by 10% formalin. Pulmonary lesions are characterized by multifocal to coalescing firm gray-white nodules randomly scattered throughout the lung lobes. Furthermore, multiple whitish nodules with variable in sizes scattered on the lung lobes ( $<0.1 \times 0.1 \times 0.1$  cm and  $>0.2 \times 0.2 \times 0.2$  cm).

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## **CASE RESULT:**

### **Microscopic Findings:**

Microscopically, severe acute to subacute, multifocal granulomatous interstitial bronchopneumonia was found in the lung. The bronchiole and alveoli contained a lot of neutrophils and macrophages. The characteristics of pyogranulomas were mainly infiltrated with numerous neutrophils, macrophage (epithelioid cells), and thick-walled yeast-form cells. Yeast-form cells are 5 to 25 μm in diameter, no branch of hyphae but with budding were noted and much better observed when they were either tissue smeared and stained with Diff Quick or PAS staining.

**Morphologic Diagnosis:** Bronchopneumonia, pyogranulomatous, interstitial, multifocal, acute to subacute, moderate to severe, with numerous yeast-form cells and hyphae grown in the lung, SHR rat.

### **Laboratory Examination:**

Periodic acid Schiff (PAS) staining: Strong positive reaction of PAS staining on yeast-form cells and hyphae was found in the pyogranulomas of lung.

Immunohistochemistry (IHC) staining: Negative reactions of *Aspergillus* spp. and *C. albicans* antibodies were noted in the pulmonary pyogranulomas.

Polymerase chain reaction (PCR) assay: Polymerase chain reaction (PCR) using panfungal universal primers could amplify the predict products (580 bp). After sequencing the products and matching with the GenBank, the similarities were up to 94.6% with *Ajellomyces dermatitidis* (*Blastomyces dermatitidis*).

**Final Diagnosis:** Pulmonary Blastomycosis in a SHR Rat

### **Comments:**

Blastomycosis occurs in many countries of the American continent, Africa, and the Middle East

and occasionally in Europe (Wu et al., 2005; Lpel, 2007). *Blastomyces dermatitidis* is a dimorphic fungus (mycelia-yeast) seen mainly in young dogs and occasionally in cats (Lpel, 2007). The fungal cells appear as round to oval yeasts with thick, sharply defined, refractile cells walls. The yeast cells generally range from 6 to 15  $\mu$ m in diameter, but can be seen as small as 2-4  $\mu$ m and as large as 20-30  $\mu$ m. With H&E, the protoplasm is readily stained basophilic or amphophilic and is usually separated from the rigid, unstained cell wall by a clear space. Typically, these cells reproduce by single budding. The bud is attached to the parent cell by a very wide base and as yeast in tissue (Buxton and Fraser, 1977; Chandler et al., 1980; Lpel, 2007).

This fungus is present in the soil, and inhalation of spores is considered the principal route of infection; thus it most frequently affects outdoor and hunting dogs. In the skin, intraepithelial abscesses with epithelioid reaction in the dermis and subcutis, ulceration, and slow healing of the epidermis are found. From the lung, infection is disseminated hematogenously to other organs, mainly bone, skin, brain, and eyes probably. Pulmonary lesions are characterized by multifocal to pyogranulomatous pneumonia, generally with firm nodules scattered through the lung. Microscopically, nodules are granuloma with numerous macrophages (epithelioid cells), some neutrophils, multinucleated giant cells, and thick walled yeasts (Chandler et al., 1980; Lpel, 2007).

Clinical signs of *B. dermatitidis* infection reflect the inflammatory and multisystemic nature of the disease. Anorexia, weight loss, and fever are common, with 40% to 60% of affected dogs having a fever of 39.4°C (103°F) or higher (2). Pulmonary lesions occur in 65% to 85% of cases and may be clinically silent or, more often, associated with respiratory signs, including exercise intolerance, tachypnea, and cough (McMillan and Taylor, 2008).

Accurate and rapid diagnosis of pulmonary blastomycosis is important due to the life threatening nature of severe disease and improved survival with early diagnosis. Although not always clearly visible, each yeast cell contains several nuclei. Stains for bound glycogen (PAS, Gomori methenamine silver) will stain the outer wall of the organism selectively (vet path). A diagnosis can be made by microscopic examination of pus, tissue or autopsy material in unstained wet film. The specimen can be cleared in 10% potassium or sodium hydroxide under a cover-glass. After the cultivation of the organism in a suitable media at 22 or 37°C, for 1-3 weeks, creamy or waxy colonies are formed on blood agar at 37 °C, and consisted consisting of budding yeast cells (Buxton and Fraser, 1977). Furthermore, diagnostic techniques employed to collect samples from the respiratory tract for cytologic examination include transtracheal aspirates (TTA), bronchoalveolar lavage (BAL), and fine-needle pulmonary aspirates. (McMillan and Taylor, 2008)

Recently, a *Blastomyces dermatitidis* nested PCR assay targeting the gene encoding the Wisconsin 1 (WI-1) adhesin was developed and compared with a nested PCR targeting the 18S

rRNA gene (rDNA) of members of the family Onygenaceae. The *B. dermatitidis* PCR amplified DNA from 8 of 13 tissue samples in which yeast cells were detected by microscopy. Sequencing revealed that all PCR products were homologous to the *B. dermatitidis* WI-1 adhesin gene. The PCR targeting a gene encoding the unique WI-1 adhesin is as sensitive as but more specific than the PCR targeting the 18S rDNA for detection of *B. dermatitidis* in canine tissue (Bialek et al., 2003). A novel panfungal PCR assay which detects the small-subunit rRNA gene sequence of the fungal organism was used the test. The 580-bp PCR product was identified after amplification by panfungal primers and hybridization to a 245-bp digoxigenin-labeled probe. The panfungal PCR assay can detect multiple fungal genera and may be used as an adjunct to conventional methods for the detection of fungal infection (Burik et al., 1998).

For therapy, Amphotericin B is curative, but, because of toxicity, oral azole agents have replaced amphotericin B as therapy for less than overwhelming blastomycosis. The treatment of choice is itraconazole. Itraconazole is now considered to be the agent of choice with fluconazole, voriconazole, and posaconazole having a role in selected patients (Bradsher, 2008). Prognosis is fair in dogs without central nervous disease and guarded in cats (Brömel and Sykes, 2005). In a pilot reconstitution experiment in pulmonary blastomycosis, treatment of infected young mice with IFN-gamma ( $18.5 \times 10^3$  U, s.c.) on days 0, 1, and 2 significantly increased survival (Kethineni et al., 2006) and may be a alternative method in the future.

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### **CASE HISTORY:**

**Signalment:** 219-day-old, male, black-footed penguin

### **Clinical History:**

The animal was borne paralyzed, and received physical therapy and feeding by keeper everyday since birth. Because of prolonged ventral and sternal recumbency, the ventral surface of the body was lack of feathers and the feet were ulcerated and treated repeatedly. The spirit and appetite progressively worsen with occasional vomiting. On March 2nd, the animal vomited in the afternoon, and was found dead on March 3rd.

### **Gross Findings:**

On the ventral side of the wings and feet, there were multiple round to oval, 0.5~1.5 cm, white to yellow ulcerated lesions. Approximately 70% of the lungs had multiple yellowish, 0.2~0.5 cm, firm and caseous nodules. The 4th ~8th cervical vertebrae protruded ventrally (lordosis) into a curvature of closer to 90°. Radiography revealed malformed vertebrae with ventral aspect longer than its dorsal aspect resulted in misalignment or stenosis of the vertebral canal. The muscle of both hind legs was atrophic and appeared shiny.

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### **CASE RESULT:**

#### **Histopathology Description:**

In the 6th~8th cervical vertebrae, the disorder arrangement chondrocytes are presented in the bone, accompanied with abundant uncalcified matrix. The eosinophilic bone matrix is loosely arranged, the number of myeloblasts in the bone marrow is increased and the Haversian canals are widened. Most of the trabeculae of the woven bone is thick, and lose network structure. The nerve bundles in the muscle reveal sporadic myelin dilation, edema, and axon vacuolated or swelling.

#### **Morphologic Diagnosis:**

Lordosis (C6 to C11) and systemic disorder of bone formation (malformed vertebrae), most likely disorder in endochondral ossification with secondary nerve bundles degeneration, necrosis.

#### **Comment:**

In this case, we described a 219-day-old penguin with an abnormality of the cervical vertebrae and resulted in paralyzed. Because of the history, gross findings and the absence of an etiology agent on histopathology examination, the lordosis of the penguin probably caused by congenital deformity. The disorder arrangement chondrocytes can be seen in cervical vertebrae and synsacrum, and general skeletal disorder included chondrodysplasia, osteogenesis imperfect, osteopetrosis, congenital hyperostosis, osteochondromatosis and idiopathic multifocal osteopathy. Based on the microscopic findings, the general skeletal disorder is most likely attributable to chondrodysplasia and compressed the spinal cord, leads to paralyzed.

The mechanism of chondrodysplasia is interfere in endochondral ossification, caused abnormal growth plate, principally in the zone of cartilage hypertrophy, led to decreased primary spongiosa in the metaphyses, and impaired mineralization of the cartilage matrix associated with cores of retained cartilage in the medullary bone. These disorders induce variable reduction in diaphyseal length, rotation and valgus and varus deformities, and the changed in vertebrae lead to lordosis, kyphosis, and spinal cord compression in severe cases and doming of the skull. In veterinary medicine, chondrodysplasia is well recognized in cattle, sheep, pigs and dogs, there is little information about avian chondrodysplasia.

The underlying molecular defects in most chondrodysplasia of animals have yet to be

determined, probably associated with a mutation in the gene encoding fibroblast growth factor receptor 3 (FGFR3). Manganese deficiency was a possible cause of the lesions because manganese is necessary for the normal development of bone, it is responsible for the formation of the organic matrix that makes up the physis and has a specific role in the production of mucopolysaccharides which are the vital structural constituents of the cartilage. Inhibition of this process results in defective and retarded skeletal formation. Zinc deficiency has also been associated with foetal bone deformities secondary to impairment of chondrocyte activity in the growth plate. Zinc is essential for bone development and is the most abundant trace element in bone. Severe zinc deficiency throughout pregnancy is known to be embryotoxic resulting in small foetuses, foetal death and malformations. In addition, deoxynivalenol, a mycotoxin produced by the *Fusarium* species detected worldwide in cereals and can induce avian tibial chondrodysplasia.

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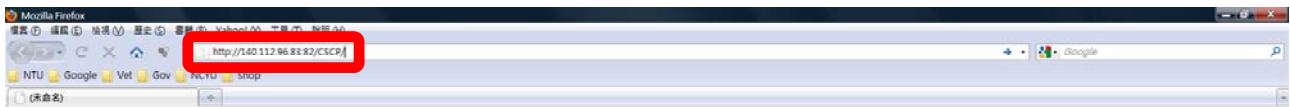
## 中華民國比較病理學會數位式組織切片影像資料庫

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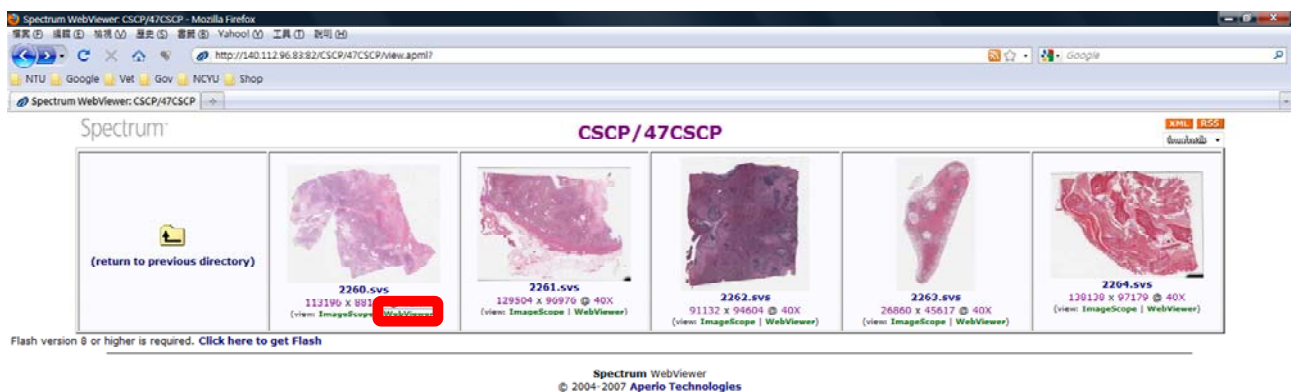
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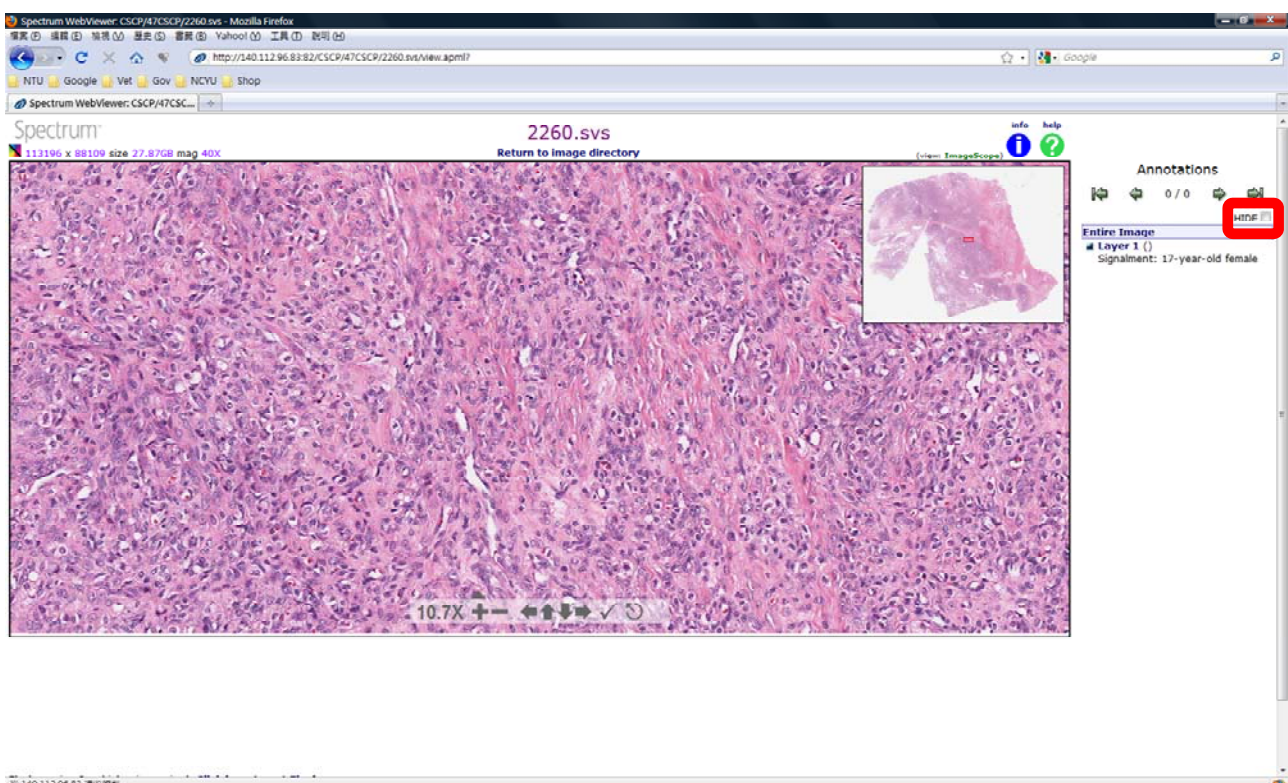
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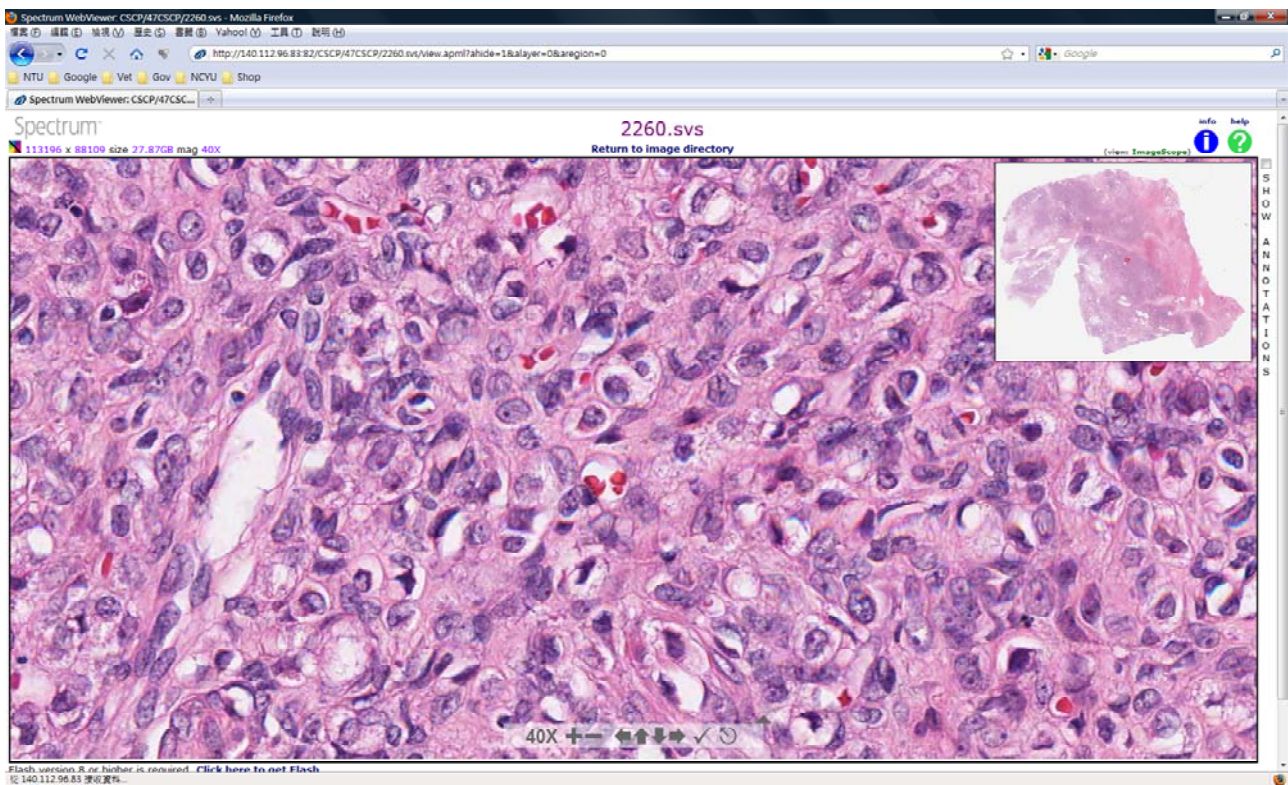
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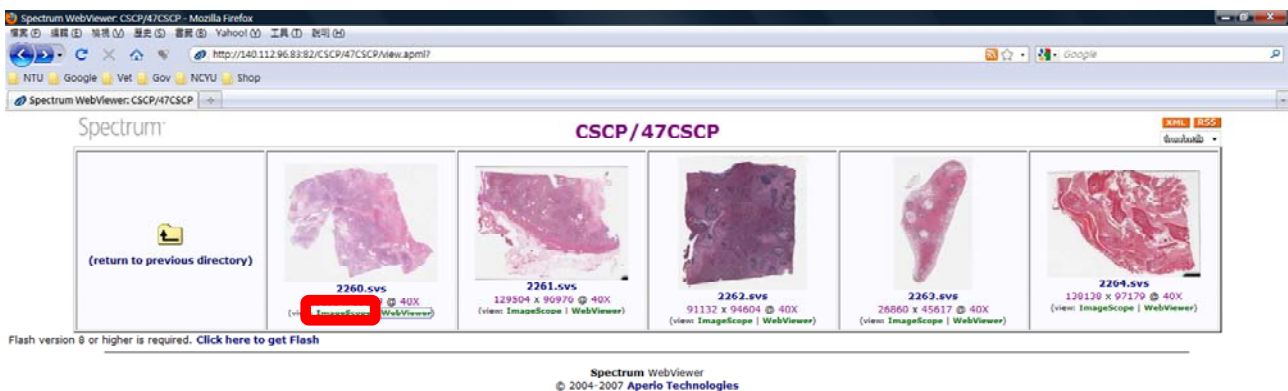
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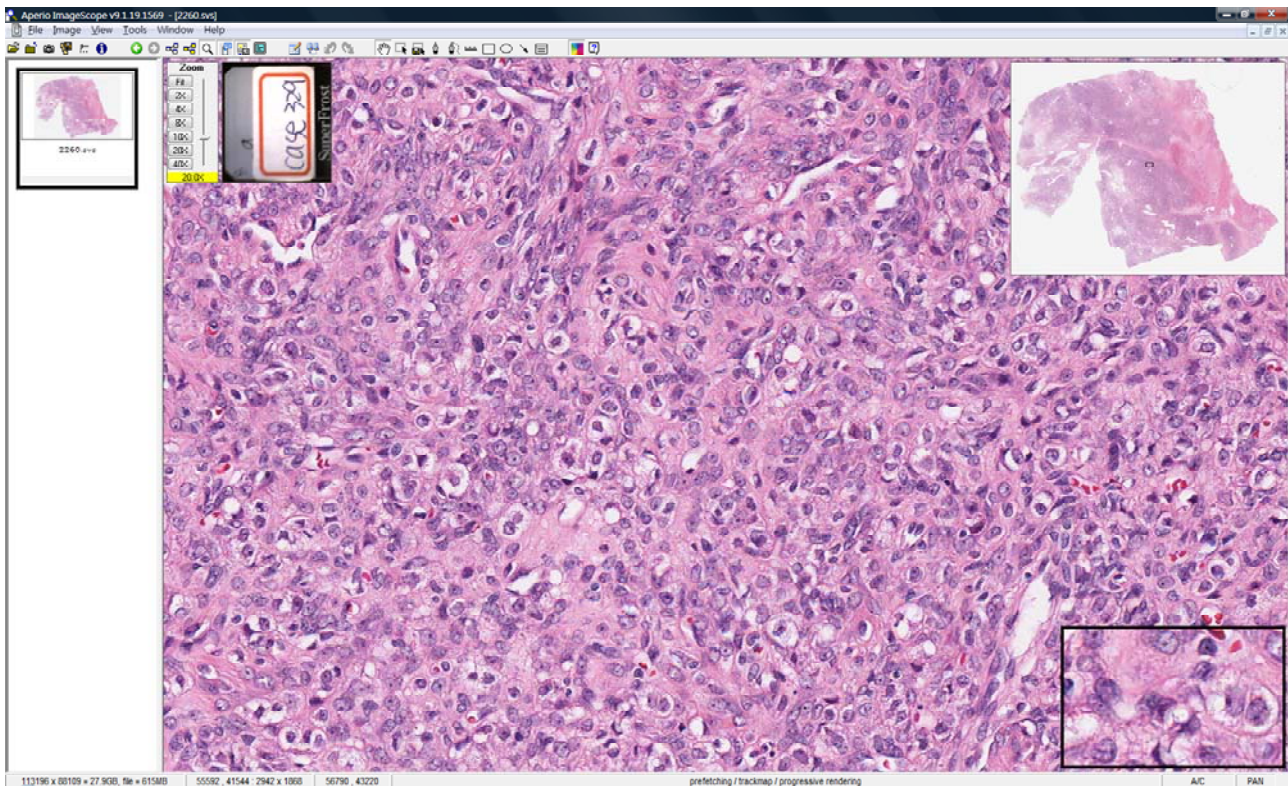
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**中華民國比較病理學會**  
**第一次至第四十六次比較病理學研討會病例分類一覽表**

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

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

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

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

			科
226	Cutaneous B cell lymphoma , eyelid , bilateral	Human	羅東聖母醫院病理科
227	Extramammary Paget' s disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科,病理科
228	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
231	Malignant melanoma, metastasis to intra-abdominal cavity	Human	天主教耕莘醫院
232	Vaccine-associated rhabdomyosarcoma	Cat	國立臺灣大學獸醫專業學院
233	1. Pleura: fibrous plaque, 2. Lung: adenocarcinoma, 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設中和醫院病理科
235	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	佛教慈濟綜合醫院
239	Glioblastoma multiforme	Human	羅東聖母醫院
240	Pineoblastoma	Wistar rat	綠色四季
241	Chordoid meningioma	Human	高醫病理科
243	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	佛教慈濟綜合醫院
245	Microcystic Meningioma.	Human	天主教耕莘醫院
247	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
249	Adenocarcinoma of lung.	Human	羅東聖母醫院
252	Renal cell carcinoma	Canine	國立臺灣大學獸醫專業學院
253	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科
256	Metastatic adrenal cortical carcinoma	Human	天主教耕莘醫院
258	Hashimoto' s thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
262	Medullar thyroid carcinoma	Canine	國立臺灣大學獸醫專

			業學院
264	Merkel cell carcinoma	Human	羅東博愛醫院
266	Cholangiocarcinoma	Human	天主教耕莘醫院
268	Sarcomatoid carcinoma of renal pelvis	Human	佛教慈濟綜合醫院
269	Mammary Carcinoma	Canine	中興大學獸醫學系
270	Metastatic prostatic adenocarcinoma	Human	天主教耕莘醫院
271	Malignant canine peripheral nerve sheath tumors	Canine	國立臺灣大學獸醫專業學院
272	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
273	Vertebra, T12, laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
274	rhabdomyosarcoma	Canine	國立臺灣大學獸醫專業學院
275	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
276	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
277	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院病理科
278	Hepatocellular carcinoma	Human	國軍桃園總醫院
279	Feline diffuse iris melanoma	Feline	中興大學獸醫學系
280	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	佛教慈濟綜合醫院
281	Tonsil Angiosarcoma	Human	羅東博愛醫院病理科
282	Malignant mixed mullerian tumor	Human	天主教耕莘醫院
283	Renal cell tumor	Rat	中興大學獸醫學系
284	Multiple Myeloma	Human	佛教慈濟綜合醫院
285	Myopericytoma	Human	新光吳火獅紀念醫院
287	Extramedullary plasmacytoma with amyloidosis	Canine	國立臺灣大學獸醫專業學院
288	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
289	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
292	Hemangioendothelioma of bone	Human	佛教慈濟綜合醫院
293	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
297	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
300	Cutaneous epitheliotropic lymphoma	Canine	國立臺灣大學獸醫專業學院
301	Cholangiocarcinoma	Felis Lynx	國立臺灣大學獸醫專業學院

	302	Lymphoma	Canine	國立臺灣大學獸醫專業學院
	303	Solitary fibrous tumor	Human	彰化基督教醫院
	304	Multiple sarcoma	Canine	國立臺灣大學獸醫專業學院
	306	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院
	307	Carcinoma with thymus-like element	Human	彰濱秀傳紀念醫院
	308	Medullary carcinoma of right lobe of thyroid	Human	彰化基督教醫院
	309	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	國立臺灣大學獸醫專業學院
	312	Systemic T- lymphocytic leukemia/lymphoma	Koala	國立臺灣大學獸醫專業學院
	313	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院
	314	Parachordoma	Human	羅東博愛醫院病理科
	315	Carcinoma ex pleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院
	316	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	317	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
	323	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
	324	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
細菌	329	Sclerosing stromal tumor	Human	彰化基督教醫院
	330	Pheochromocytoma	Human	天主教耕莘醫院
	6.	Tuberculosis	Monkey	國立臺灣大學獸醫專業學院
	7.	Tuberculosis	Human	省立新竹醫院
	12.	H. pylori-induced gastritis	Human	台北病理中心
	13.	Pseudomembranous colitis	Human	省立新竹醫院
	26.	Swine salmonellosis	Pig	中興大學獸醫學系
	27.	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
	28.	Nocardiosis	Human	台灣省立新竹醫院
	29.	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
	32.	Actinomycosis	Human	台灣省立豐原醫院
	33.	Tuberculosis	Human	苗栗頭份為恭紀念醫院

53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
58.	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	Proliferative enteritis ( <i>Lawsonia intracellularis</i> infection)	Porcine	屏東縣家畜疾病防治所
68.	Liver abscess ( <i>Klebsillae pneumoniae</i> )	Human	台北醫學院
77.	1. Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. 2. Ureteral stone, right.	Human	羅東聖母醫院
79.	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	1. Severe visceral gout due to kidney damaged 2. Infectious serositis	Goose	中興大學獸醫學系
108.	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
113.	Tuberculous meningitis	Human	羅東聖母醫院
134.	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
135.	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by <i>Streptococcus</i> spp. infection	Swine	國家實驗動物繁殖及研究中心
140	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
161	Porcine polyserositis and arthritis (Glasser's disease)	Pig	中興大學獸醫學院
162	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	佛教慈濟綜合醫院
170	Chronic nephritis caused by <i>Leptospira</i> spp	Pig	中興大學獸醫學院
173	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
254	Pulmonary actinomycosis.	Human	天主教耕莘醫院
259	Tuberculous peritonitis	Human	彰化基督教醫院病理科

	260	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	261	Leptospirosis	Human	佛教慈濟綜合醫院
	267	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	290	<i>Staphylococcus</i> spp. infection	Formosa Macaque	中興大學獸醫病理學 研究所
	291	Leptospirosis	Dog	國立臺灣大學獸醫專 業學院
	296	Leptospirosis	Human	佛教慈濟綜合醫院
	305	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
	319	Placentitis, <i>Coxiella burnetii</i>	Goat	台灣動物科技研究所
	321	Pneumonia, <i>Buirkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治 所
病毒	21.	Newcastle disease	Chickens	國立臺灣大學獸醫專 業學院
	22.	Herpesvirus infection	Goldfish	國立臺灣大學獸醫專 業學院
	30.	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
	31.	Adenovirus infection	Malayan sun bears	國立臺灣大學獸醫專 業學院
	50.	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗 所
	55.	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸 醫學系
	69.	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
	78.	Marek' s disease in native chicken	Chicken	屏東縣家畜疾病防治 所
	92.	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治 所
	101.	Swine pox	Pig	屏東科技大學獸醫學 系
	110.	Pseudorabies	Piglet	國立屏東科技大學
	112.	Avian encephalomyelitis	Chicken	國立中興大學
	128.	Contagious pustular dermatitis	Goat	屏東縣G台東縣家畜 疾病防治所
	130.	Fowl pox and Marek' s disease	Chicken	中興大學獸醫學系
	133.	Japanese encephalitis	Human	佛教慈濟綜合醫院
	136	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中 心
	138	1.Aspergillus spp. encephalitis and	Dog	國立臺灣大學獸醫專

	myocarditis 2.Demyelinating canine distemper encephalitis		業學院
153	Enterovirus 71 infection	Human	彰化基督教醫院
154	Ebola virus infection	African Green monkey	行政院國家科學委員會 實驗動物中心
155	Rabies	Longhorn Steer	國立臺灣大學獸醫專 業學院
163	Parvoviral myocarditis	Goose	屏東科技大學獸醫學 系
199	SARS	Human	台大醫院病理科
200	TGE virus	swine	臺灣動物科技研究所
201	Feline infectious peritonitis(FIP)	Feline	國立臺灣大學獸醫專 業學院
209	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	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	Cytomegalovirus colitis	Human	彰化基督教醫院病理 科
221	Canine distemper virus Canine adenovirus type II co-infection	Canine	國家實驗動物繁殖及 研究中心
223	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
238	Hydranencephaly	Cattle	國立屏東科技大學獸

			醫學系	
248	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系	
250	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 <i>Salmonella typhimurium</i> .	Swine	屏東縣家畜疾病防所	
255	Vaccine-induced canine distemper	gray foxes	國立臺灣大學獸醫專業學院	
265	Bronchointerstitial pneumonia (PCV II infection)	Swine	國立臺灣大學獸醫專業學院	
295	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所	
黴菌	23.	Chromomycosis	Human	台北病理中心
	47.	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	48.	Adiaspiromycosis	Wild rodents	國立臺灣大學獸醫專業學院
	52.	Aspergillosis	Goslings	屏東縣家畜疾病防治所
	53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
	54.	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.	Mucormycosis Diabetes mellitus	Human	佛教慈濟綜合醫院
	127.	Eumycotic mycetoma	Human	佛教慈濟綜合醫院
	138	1.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	國立臺灣大學獸醫專業學院
	298	Systemic Candidiasis	Tortoise	中興大學獸醫學院
322	Allergic fungal sinusitis	Human	羅東博愛醫院	

	326	Meningoencephalitis, <i>Aspergillus flavus</i>	Cat	國立臺灣大學獸醫專業學院
	331	Histoplasmosis	Human	花蓮慈濟醫院病理科
	332	Pulmonary Blastomycosis	Rat	中興大學獸醫學院
寄生蟲	14.	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	Sparganosis	Human	台北榮民總醫院
	46.	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	Echinococcosis	Human	台北榮民總醫院
	60.	Intestinal capillariasis	Human	台北馬偕醫院
	64.	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
	66.	Echinococcosis	Chapman's zebra	國立臺灣大學獸醫專業學院
	67.	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	106.	Parasitic meningoencephalitis, caused by <i>Toxocara canis</i> larvae migration	Dog	臺灣養豬科學研究所
	139	Disseminated strongyloidiasis	Human	佛教慈濟綜合醫院
	141	Eosinophilic meningitis caused by <i>Angiostrongylus cantonensis</i>	Human	台北榮民總醫院病理檢驗部
	156	<i>Parastrongylus cantonensis</i> infection	Formosan gem-faced civet	中興大學獸醫學院
	157	<i>Capillaria hepatica</i> , <i>Angiostrongylus cantonensis</i>	Norway Rat	行政院農業委員會農業藥物毒物試驗所
	202	Colnorchiasis	Human	高雄醫學院附設醫院
	203	Trichuriasis	Human	彰化基督教醫院
	204	<i>Psoroptes cuniculi</i> infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	205	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	206	Capillaries philippinesis	Human	和信治癌中心醫院
	207	Adenocarcinoma with schistosomiasis	Human	佛教慈濟綜合醫院
	286	Etiology- consistent with <i>Spironucleus (Hexamita) muris</i>	Rat	國家實驗動物中心
原蟲	327	Dermatitis, mange infestation	Serow	中興大學獸醫學院
	328	<i>Trichosomoides crassicauda</i> , urinary bladder	Rat	國家實驗動物中心
	4.	Cryptosporidiosis	Goat	台灣養豬科學研究所

	15.	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
	16.	Toxoplasmosis	Squirrel	台灣養豬科學研究所
	17.	Toxoplasmosis	Pig	屏東技術學院獸醫學系
	51.	Pneumocystis carinii pneumonia	Human	台北病理中心
	57.	Cecal coccidiosis	Chicken	中興大學獸醫學系
	65.	Cryptosporidiosis	Carprine	台灣養豬科學研究所
	211	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
	242	Neosporosis	Cow	國立屏東科技大學獸醫學系
	263	Intestinal amebiasis	Human	彰化基督教醫院病理科
	320	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
	325	Myocarditis/encephalitis, <i>Toxoplasma gondii</i>	Wallaby	國立臺灣大學獸醫專業學院
立克次體	229	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟綜合醫院
	251	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟綜合醫院
皮膚	216	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院
其它	9.	Perinephric pseudocyst	Cat	國立臺灣大學獸醫專業學院
	10.	Choledochocyst	Human	長庚紀念醫院
	11.	Bile duct ligation	Rat	中興大學獸醫學系
	37.	Myositis ossificans	Human	台北醫學院
	75.	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
	76.	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
	151	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所 G 台東縣家畜疾病防治所
	80.	1.Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate 2.Benign hypertension	SHR rat	國防醫學院 G 國家實驗動物繁殖及研究中心
	83.	Phagolysosome-overload nephropathy	SD rats	實驗動物繁殖及研究中心
	85.	Renal amyloidosis	Dog	台灣養豬科學研究所

89.	1. Severe visceral gout due to kidney damaged 2. Infectious serositis	Goose	中興大學獸醫學系
91.	Hypervitaminosis D	Orange-rumped agoutis	國立臺灣大學獸醫專業學院
118.	Cystic endometrial hyperplasia	Dog	臺灣養豬科學研究所
121.	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
124.	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
125.	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院病理科
126.	Alopecia areata	Mouse	實驗動物繁殖及研究中心
142	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
159	Hypertrophic cardiomyopathy	Pig	國立臺灣大學獸醫專業學院
165	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
167	Acute pancreatitis with rhabdomyolysis	Human	佛教慈濟綜合醫院
171	Malakoplakia	Human	彰化基督教醫院
183	Darier's disease	Human	高雄醫學大學病理科
191	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	國立臺灣大學獸醫專業學院
193	Norepinephrin cardiotoxicity	Cat	台中榮總
196	Cardiomyopathy (Experimental)	Mice	綠色四季
212	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	天主教耕莘醫院
225	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	國立臺灣大學獸醫專業學院
230	Hemochromatosis, liver, bird	Bird	國立臺灣大學獸醫專業學院
234	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	Arteriovenous malformation (AVM) of cerebrum	Human	天主教耕莘醫院
244	Organophosphate induced delayed	Hens	中興大學獸醫學病理

	neurotoxicity		學研究所
257	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	佛教慈濟綜合醫院
294	Arteriovenous malformation of the left hindlimb	Dog	國立臺灣大學獸醫專業學院
299	Polioencephalomalacia	Caprine	屏東家畜疾病防治所
310	Thyroid Follicular Hyperplasia (hyperplastic goiter)	Porcine	屏東縣家畜疾病防治所
311	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	國立中興大學獸醫學院
318	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
333	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院

# 中華民國比較病理學會章程

## 第一章 總則

- 第一條 本會定名為中華民國比較病理學會，英文名稱為 Chinese Society of Comparative Pathology (CSCP) (以下簡稱本會)
- 第二條 本會依內政部人民團體法設立，為非營利目的之社會團體，以結合人類醫學與動物醫學資源，提倡比較病理學之研究與發展，交換研究教學心得，聯絡會員友誼及促進國際間比較醫學之交流為宗旨。
- 第三條 本會以全國行政區域為組織區域，會址設於主管機關所在地區，並得報經主管機關核准設主分支機構。前項分支機構組織簡則由理事會擬訂，報請主管機關核准後行之。會址及分支機構之地址於設置及變更時應報請主管機關核備。
- 第四條 本會之任務如左：
- 一、 提倡比較病理學之研究與發展。
  - 二、 舉辦學術演講會、研討會及相關訓練課程。
  - 三、 建立國內比較醫學相關資料庫。
  - 四、 發行比較病理學相關刊物。
  - 五、 促進國內、外比較醫學之交流。
  - 六、 其他有關比較病理學術發展之事項。
- 第五條 本會之主管機關為內政部。目的事業主管機關依章程所訂之宗旨與任務，主要為行政院衛生署及農業委員會，其目的事業應受各該事業主管機關之指導與監督。

## 第二章 會員

- 第六條 本會會員申請資格如下：
- 一、 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校(或同等學歷)生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。
  - 二、 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其它相關科系肄業者 (檢附學生身份證明)。
  - 三、 贊助會員：贊助本會工作之團體或個人。
  - 四、 榮譽會員：凡對比較病理學術或會務之推展有特殊貢獻，經理事會提名並經會員大會通過者。
- 前項一、二、三項會員申請時應填具入會申請書，經一般會員二人之推薦，經理事會通過，並繳納會費。學生會員身份改變成一般會員時，得再補繳一般會員入會費之差額後，即成為一般會員，榮譽會員免繳入會費與常年會費。
- 第七條 一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、

學生會員與榮譽會員無前項權利。

第八條 會員有遵守本會章程、決議及繳納會費之義務。

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

第十條 會員喪失會員資格或經會員大會決議除名者，即為出會。

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

### 第三章 組織及職員

第十二條 本會以會員大會為最高權力機構。

第十三條 會員大會之職權如下：

- 一、 訂定與變更章程。
- 二、 選舉及罷免理事、監事。
- 三、 議決入會費、常年會費、事業費及會員捐款之方式。
- 四、 議決年度工作計畫、報告、預算及決算。
- 五、 議決會員之除名處置。
- 六、 議決財產之處分。
- 七、 議決本會之解散。
- 八、 議決與會員權利義務有關之其他重大事項。

前項第八款重大事項之範圍由理事會訂定之。

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

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

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條 理事會之職權如下：

- 一、 審定會員之資格。
- 二、 選舉及罷免常務理事及理事長。
- 三、 議決理事、常務理事及理事長之辭職。
- 四、 聘免工作人員。
- 五、 擬訂年度工作計畫、報告、預算及決算。
- 六、 其他應執行事項。

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

理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

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

理事長或常務理事出缺時，應於一個月內補選之。

第十七條 監事會之職權如左：

- 一、監察理事會工作之執行。
  - 二、審核年度決算。
  - 三、選舉及罷免常務監事。
  - 四、議決監事及常務監事之辭職。
  - 五、其他應監察事項。
- 第十八條 監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。  
常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。
- 第十九條 理事、監事均為無給職，任期三年，連選得連任。理事長之連任以一次為限。
- 第二十條 理事、監事有下列情事之一者，應即解任：  
一、喪失會員資格。  
二、因故辭職經理事會或監事會決議通過者。  
三、被罷免或撤免者。  
四、受停權處分期間逾任期二分之一者。
- 第二十一條 本會置祕書長一人，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記後，章

程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。

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

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

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

## 第五章 經費及會計

第二十九條 本會經費來源如下：

- 一、入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。
- 二、常年會費：一般會員新台幣五百元，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。

## 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  
10617 臺北市大安區羅斯福路四段 1 號  
國立臺灣大學獸醫系三館 106 室 蕭世烜秘書長 收  
Tel: (02) 33663858  
Fax: (02) 23682423  
e-mail address: shsiao1@ntu.edu.tw

-----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
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### 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：一般會員新台幣一仟元，學生會員一百元，贊助會員伍仟元，於入會時繳納。
- (二) 常年會費：一般會員新台幣伍佰元，學生會員一百元。
- 【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、請填妥入會申請表郵寄或傳真方式寄回中華民國比較病理學會秘書處收。

地址：10617 臺北市大安區羅斯福路四段 1 號 國立臺灣大學獸醫系三館 106 室  
蕭世烜秘書長 收

電話：02-33663858、傳真 02-23682423。

# 中華民國比較病理學會入會申請及會員卡

會籍電腦編號：

姓名	中文		性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期	民國    年    月    日	出生地	省  縣/市	
	英文			身份字號				
		會員身份： <input type="checkbox"/> 一般； <input type="checkbox"/> 學生； <input type="checkbox"/> 贊助						
學歷	1.			稱謂： <input type="checkbox"/> 醫師； <input type="checkbox"/> 獸醫師； <input type="checkbox"/> 先生； <input type="checkbox"/> 小姐； <input type="checkbox"/> 教授； <input type="checkbox"/> 主任； <input type="checkbox"/> 研究員； <input type="checkbox"/>				
	2.			研究興趣	1.			
	3.				2.			
	4.				3.			
主要經歷	機關名稱			職稱		起	止	
						年    月	年    月	
						年    月	年    月	
						年    月	年    月	
現職						年    月	年    月	
地址	通訊：							
	戶籍：							
	Email：				電話：			
茲贊同  貴會宗旨妳加入為會員嗣後並願遵守一切規章共圖發展  此致  中華民國比較病理學會  <div style="display: flex; justify-content: space-between;"> <div>           申請人：             介紹人：             介紹人：         </div> <div>           簽章             簽章             簽章         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>中華民國            年            月            日</div> <div></div> </div>							審核結果	

# 國立臺灣大學 校總區地圖



## 獸醫三館



校園出入口

