

中華民國比較病理學會第四十五次比較病理學研討會 議程表

時間：中華民國九十八年三月十四日（星期六）上午 09：00~下午 16：30

地點：國立臺灣大學獸醫專業學院獸醫三館 B01 演講廳

地址：臺北市羅斯福路四段一號

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主辦單位：中華民國比較病理學會/國立臺灣大學獸醫專業學院

時 間	議 程		主持人
08:30~09:00	報 到		主持人
09:00~09:10	致詞與頒獎		劉振軒 理事長
09:10~09:40	專題演講	實驗動物大小鼠常見腫瘤 梁鐘鼎 獸醫師	
09:40~10:10	專題演講	野生動物腫瘤 卓宜興 獸醫師	
10:10~10:30	Coffee Break		
10:30~11:00	專題演講	犬及人類乳房腫瘤的比較研究 朱旆億 醫師	T.B.A.
11:00~11:30	病例討論 Case 313	佛教慈濟綜合醫院暨慈濟大學 盧俊璋 醫師	
11:30~12:00	病例討論 Case 314	羅東博愛醫院病理科 施洽雯 醫師	
12:00~13:30	Lunch (中華民國比較病理學會理監事會議)		
13:30~14:00	病例討論 Case 315	天主教耕莘醫院病理科 陳燕麟 醫師	T.B.A.
14:00~14:30	病例討論 Case 316	臺灣大學獸醫專業學院 傅大鈞 獸醫師	
14:30~15:00	Coffee Break		
15:00~15:30	病例討論 Case 317	臺灣大學獸醫專業學院 蔡承龍 獸醫師	T.B.A.
15:30~16:00	病例討論 Case 318	臺灣大學獸醫專業學院 劉家伶 獸醫師	
16:00~16:30	綜 合 討 論		

中華民國比較病理學會
九十八年度第四十五次比較病理學研討會

病例列表

Case 313：佛教慈濟綜合醫院暨慈濟大學 A300-12

Signalment：49- year-old woman

Case 314：羅東博愛醫院病理科 LP-08-7317

Signalment：54-year-old man

Case 315：天主教耕莘醫院病理科 CTH 285788

Signalment：62-year-old woman

Case 316：臺灣大學獸醫專業學院 NTU08-297K

Signalment：14-year-old, spayed female, mongrel dog

Case 317：臺灣大學獸醫專業學院 NTU08-772A

Signalment：13-year-old, male, Shih-Tzu dog

Case 318：臺灣大學獸醫專業學院 NTU09-28e

Signalment：4-year-old, male, Labrador Retriever dog

盧俊璋; Hsu, Y.H. (許永祥), M.D.

Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

CASE HISTORY:

Signalment : 49- year-old woman

Clinical History:

A 49-year-old woman suffered from RUQ discomfort with radiation to back and chillness for one week. She visited 新店 Tzu-Chi Hospital. Abdominal CT showed one huge tumor measures 8.0 x 6.0 cm in dimension at S5 & S6 and segmentectomy was performed on 2008/3/19. The pathology report was poorly differentiated hepatocellular carcinoma. Two months later, she felt RUQ pain again, and abdominal CT revealed tumor recurrent with multiple lesions at S7 & S8 and metastasis to rib and right lower lung were also found. TACE was done at 2008/5/28, and radiotherapy for rib metastasis was done during 2008/6. During these period, she frequently suffered from RUQ pain and vomiting, and had to take pain killer and antiemetic drugs for symptoms control. This time, she visited Hualien Tzu-Chi Hospital for second opinion on 2008/7/1. Her condition was fair after admission but became drowsy and disoriented since 2008/7/1. Then she was transferred to Hospice care on 2008/7/11. Only supportive care and pain control were given. Then she died of hepatic failure on 2008/7/20.

Gross Finding :

At autopsy, she was 162 cm and 57.5 kg. Generalized jaundice accompanied bilateral pitting edema of legs was noted. One previous operation scar on RUQ measuring 23.0 cm in length was noted. Opening the chest and abdominal wall, marked adhesion of right pleura was noted. Bilateral lungs (right: 750 gm and left: 700gm) showed multiple yellowish white disseminated small tumor nodules. Multiple bronchopneumonia patches were also noted. The heart weighed 300 gm. On cut, no evidence of metastatic lesion was noted. Only a few small vegetation coated the surface of aortic valve . The right 7th ribs showed metastatic grayish white tumor. In the abdomen, huge liver (2700 gm) with multiple recurrent yellowish tumor nodules adhesion into diaphragm were noted. On serial sections, tumor emboli were also noted. Bilateral kidneys (right 150 gm and left 170 gm) revealed some small disseminated nodules. In the serosa of uterus also showed some small nodules. On cut, one cervical leiomyoma measuring 2.5 x 2.0 x 2.0 cm in size was seen. Right ovary showed unilocular cyst with serous fluid. In the G-I tract, no evidence of abnormal tumor lesion was seen. Removed the skull bone, the brain weighed 1320 gm. No evidence of tumor metastasis was noted on serial brain cutting.

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Department of Pathology, Lotung Poh-Ai Hospital. (羅東博愛醫院病理科)

CASE HISTORY:

Signalment: 54-year-old man

Clinical History:

The 54-year-old man was generally healthy in the past. He has suffered from an asymptomatic mass at left third toe for about six months. For the mass enlarged recently, he came to our GS OPD for help.

Physical examination showed a subcutaneous mass at the left third toe measuring about 2.5 cm in greatest diameter. The mass was elastic, firm in consistency. The mass without adherence to the skin. X ray of the foot showed no bone destruction. Surgical treatment was arranged. The tumor was completely removed and no muscle, neurovascular and bone involvement.

Clinical Pathology:

RBC: $5.23 \times 10^6/\mu\text{L}$ ($0-5 \times 10^6/\mu\text{L}$), Hb: 13.2 gm/dL (14.0-18.0 gm/dL), Hct: 40.2 % (40-54%), WBC: 4500/ μL (4500-11000/ μL), Plt: $18.7 \times 10^4/\text{dL}$ ($15-40 \times 10^4/\text{dL}$), Lymphocyte: 38% (20.0-45.0%), Neutrophil: 47.1% (45.0-75.0%), Monocyte: 8.4% (0.0-9.0%), Eosinophil: 5.6% (1.0-3.0%), Basophil: 0.9% (0.0-1.0%). BUN: 16 mg/dL (7-22 mg/dL), Creatinine: 0.9 mg/dL (0.6-1.3 mg/dL), Glucose: 130 mg/dL (70-110 mg/dL), AST: 44 U/L (5-40 U/L), ALT: 44 U/L (5-40 U/L), Na: 138.5 mmol/L (133-145 mmol/L), K: 3.7 mmol/L (3.3-5.1 mmol/L)

Gross Findings:

The specimen submitted consisted of a small tumor measuring 2.3 x 1.4 x 1.0 cm in size. The tumor was well defined, elastic firm in consistency and grayish-white in color. No hemorrhage nor necrosis is noted.

Postoperative workup revealed no evidence of metastasis.

Chen, Y.L. (陳燕麟), M.D.; Suen, J.H. (孫政宏), M.D.; Leu F.J. (呂福江), M.D., Ph.D.; 江蓉華; 林進耀; 陳正文.

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

CASE HISTORY:

Signalment: 62-year-old woman

Clinical History:

This 62 y/o woman has history of Diabetes mellitus. She visited ENT OPD due to the right submandibular mass noted for 1+ months with no size progression on 9/7. The mass was about 3.5×4 cm but painless and elastic in texture. Neck CT scan was performed and showed: 2.8×2.2 cm enlarged right submandibular gland with central hypoenhancement, enlarged right submandibular gland, R/O tumor. Sonogram was also performed on 07/21 and revealed: One large low echoic mass about 2.7×2.7 cm at right submandibular gland, tumor growth can't be R/O. FNA is also done under sonoguided and revealed Negative for malignant cell. Due to right submandibular gland mass was enlarged, she had underwent excision of submandibular gland mass on 9/9/1.

Gross Findings:

The specimen submitted consisted of a small piece of soft tissue measuring 3.8 × 2.5 × 2.5 cm in size, fixed in formalin.

Grossly, it showed a light yellowish firm tumor of 3.3 × 2.5 × 2.3 cm in size. The capsule was irregular and capsule invasion was seen. Some areas had myxoid / chondroid appearance. The consistence was elastic firm. Representative sections were taken in 4 blocks.

Laboratory results:

CBC/DC: WNL

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

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CASE HISTORY:

Signalment: 14-year-old, spayed female, mongrel dog

Clinical History:

The patient had onset of poor appetite and lethargy for two weeks before admitting to hospital. The body weight dropped from 9.4 kg (as record of three months ago) to 6.75 kg. Hemagram revealed neutrophilia, high level of ALKP (239 U/L), BUN (up to 180 mg/dU) and creatinine (up to 3.1 mg/dL). Microfilaria was detected upon blood smear. Positive result of adult heartworm antibody test was detected by commercial kit. Chest X-ray disclosed right heart dilation with two radiopaque masses measured 4×4 cm and 4×2 cm respectively found adjacent to anterior ribs.

Gross Findings:

At necropsy, multiple nodules and masses with variable sizes were found in the thoracic cavity. One mass measured 2×2×1.5 cm in size with pale discoloration and firmness attached to the heart base and encompassed aorta and pulmonary artery. On the section view, the mass appeared central darkish discoloration and solid meaty texture without encapsulation. Two bulged masses (measuring 4×4×2 cm and 3×3×1.5 cm in size respectively), had darkish smooth surface with soft to rubbery texture, and were present on anterior lobe of left lung. Many small darkish nodules, ranging from 0.2×0.2×0.3 cm to 0.5×0.5×0.4 cm in size, were unevenly disseminated throughout the both lung lobes. In addition, several darkish masses with similar characterization as described in the lungs were present at the tongue base and bilateral retropharyngeal lymph nodes.

Tsai, C.L. (蔡承龍), D.V.M.; Jeng, C.R. (鄭謙仁), D.V.M., Ph.D.

School of Veterinary Medicine, National Taiwan University (國立臺灣大學獸醫專業學院)

CASE HISTORY:

Signalment: 13-year-old, male, Shih-Tzu dog

Clinical History:

A firm mass in the left side of abdomen had been noted by the owner. The animal didn't present other uncomfortable. Radiography and ultrasonography revealed a fluid-contained mass, measuring 8×3×3 cm in size, located at left side of abdomen and the left kidney was unable to identify.

The dog received lapratomy on 2008/9/25, and found that the abdomen mass was a kidney. Nephroectomy was performed.

Gross Finding:

The size of the mass was about 8×3×3 cm. On the cut surface, there was a cyst formation which surrounded by folding structure with yellowish to brownish in color. The parenchyma was very thin and was difficult to identify cortex and medulla. Hemorrhage was also noticeable.

Liu, C.L. (劉家伶), D.V.M.; Liu, C.H. (劉振軒), D.V.M., Ph.D.; Hsiao, S.H. (蕭世烜), D.V.M., Ph.D.; Chueh, L.L. (蘇璧伶), D.V.M., Ph.D.; Pang, V.F. (龐飛), D.V.M., Ph.D.

School of Veterinary Medicine, National Taiwan University (國立臺灣大學獸醫專業學院)

CASE HISTORY:

Signalment: 4-year-old, male, Labrador Retriever dog

Clinical History:

An outbreak of severe illness and death affected 181 dogs in an animal shelter starting in August, 2008 and subsided in January, 2009. Clinically, the dogs progressively developed signs of vomiting, anorexia, depression, icterus, ascites, melena, hematochezia or hematemesis, and eventually death. All dogs received vaccination and deworming for endo/ectoparasites. They were fed a commercialized dog food, 彼特愛心. PCR results for *Leptospira sp.*, parvovirus, adenovirus, *Ehrlichia sp.*, and *Babesia sp.* were all negative. Analysis for organic phosphorus and cyanide in intestinal content was also negative. Based on the presentation and preliminary laboratory results, intoxication by a yet-to-be-identified cause was speculated by the clinicians.

The tissue section submitted for discussion was from one of the dogs who also had a history of lethargy, anorexia, vomiting, melena, and severe icterus. He died of acute hepatic failure after being treated and hospitalized at the N.T.U. Veterinary Hospital for a few days.

Gross Findings:

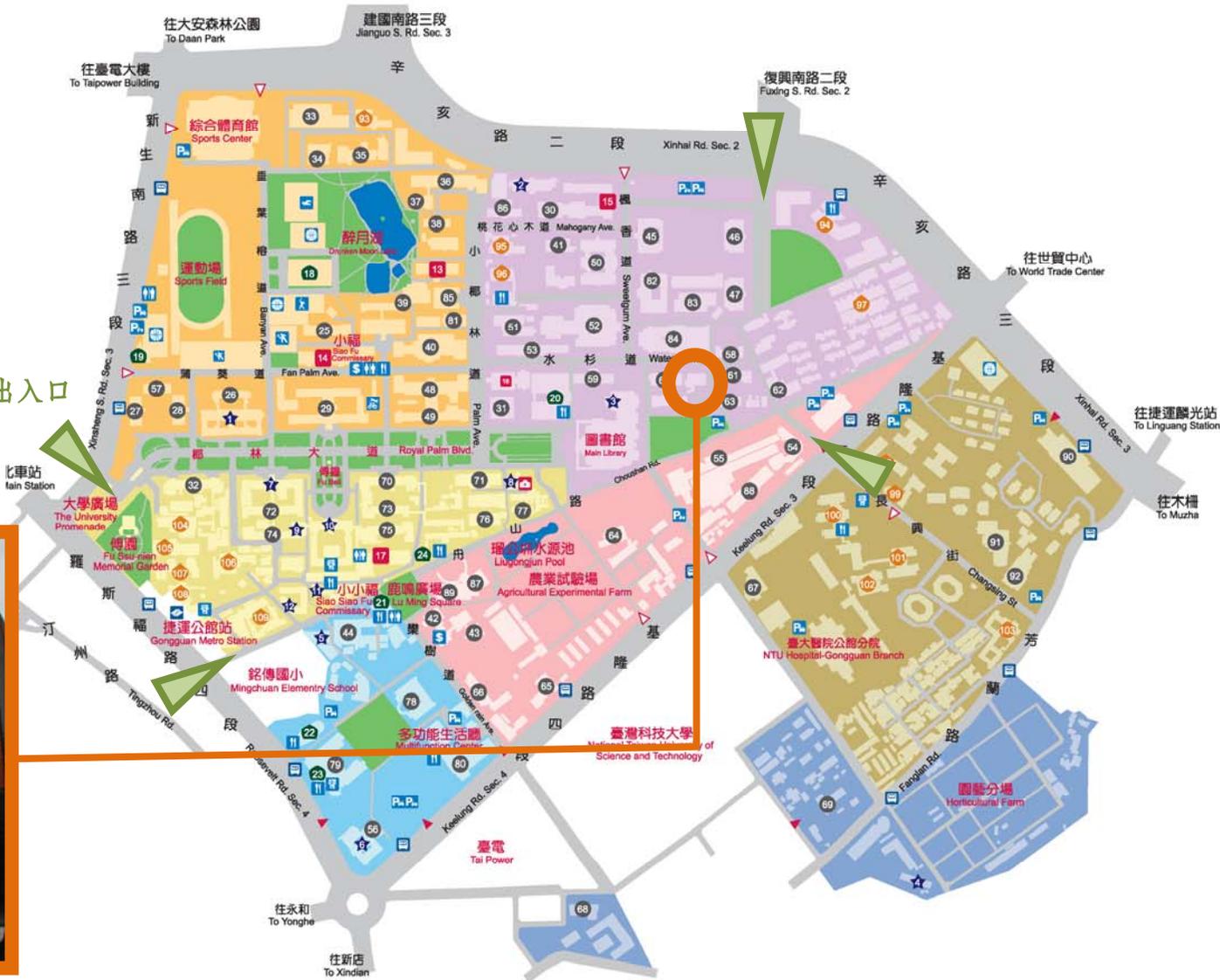
The dog was severely icteric with marked yellow discoloration on mucous membranes, skin, sclera, and adipose tissue. The abdominal cavity contained approximately 970 ml of a yellow to dark orange, translucent, watery fluid (ascites). There were a few fibrin strings adherent to the serosa of intestines. The liver was slightly enlarged, diffusely yellow-tinged and firm with locally extensive, white, irregular, scar-like areas. The gall bladder wall was thickened with marked submucosal edema. There were multifocal to coalescing, red foci (hemorrhage) scattered on the gastrointestinal tract, urinary bladder, pancreas, and heart. The intestines contain small to moderate amounts of dark red, tarry contents. Aside from the hemorrhage, the urinary bladder was diffusely yellow. Lungs were diffusely reddened, wet and heavy. Bronchi were filled with frothy fluid. Both kidneys were slightly enlarged, and the medulla was yellowish on cut surfaces.

國立臺灣大學 校總區地圖



校園出入口

獸醫三館



- 捷運站 MRT
- 公車站 Bus Stop
- 汽車停車場 Vehicle Parking
- 機車停車場 Motorcycle Parking
- 急救站 First-Aid Station
- 廁所 Toilet
- 餐廳 Restaurant
- 金融機構 Bank
- 自動提款機 ATM
- 腳踏車店 Bicycle Shop
- 網球場 Tennis Court
- 籃球場 Basketball Court
- 排球場 Volleyball Court
- 游泳池 Swimming Pool
- 出入口(車輛可行駛) Vehicles Exit
- 出入口(僅供行人與腳踏車通行) Pedestrian/Bicycle Exit