

Supplementary material 1.

Evaluation of Canine Mammary Tumors

Name: _____ **Age:** _____ **Breed:** _____
Pet Owner: _____ **Phone Number:** _____ **Address:** _____
Date: _____

Time elapsed since disease was first noticed:

_____ Days _____ Weeks _____ Months _____ Years

Are any lesion(s) recurring from previous lesion(s) surgically excised?

No

Yes

Date of previous surgery: _____

Previous diagnosis: _____

Previous history of mammary lesions?

No

Yes

Previous diagnosis: _____

Did the patient receive any kind of treatment?

Surgery Chemotherapy Surgery + Chemotherapy

Other: _____

Body Score and Diet

Weight: _____ **m²:** _____

Body score:

Underweight

Normal

Overweight

OBS: _____

Diet:

Mainly dried commercial food

Mainly dried commercial food + moist/wet commercial food

Mainly dried commercial food + homemade food

Mainly homemade food

- **Protein source:** _____

- **Carbohydrate source:** _____

- **Vegetables:** _____

- **Fruits:** _____

- **Supplements:** _____

Has the patient lost weight recently?

No

Yes

How many kilograms were lost during the last month? _____ *Reproductive History*

Estrus cycle:

Regular - Every 6 months

Irregular - < 6 months interval > 6 months interval

Unnoticed

Ovariosalpingohysterectomy:

No

Yes

How old was the patient at spaying? _____ What

was the intention of spaying the patient:

Elective

Disease - Pyometra Parturition abnormalities Other

Use of hormones:

For contraception?

No

Yes - Which medication? _____ - How many times? _____ For

abortion ?

No

Yes - Which medication? _____ - How many times? _____

Pseudocyesis:

No

Yes - Frequently Sporadically

Presence of milk secretion Treatment:

No

Yes - Type of treatment: _____

Litters

No

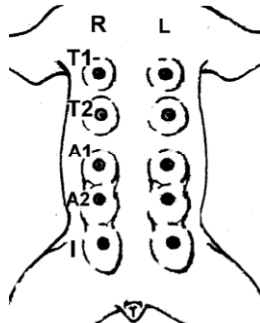
Yes - How many? _____

Familial mammary gland lesions:

No

Yes - Affected relatives: _____

Mammary gland physical examination



Mammary Gland	Size	Consistency	Tumor	Secretion	Ulceration	Involved Lymph Nodes
T1						
T2						
A1						
A2						
I						
R Right L Left	1 < 3.0 cm 2 3.0-5.0 cm 3 > 5.0 cm	1 Firm 2 Soft 3 Elastic	1 Not fixed 2 Fixed Skin 3 Fixed Muscle	1 Yes 2 No	1 Yes 2 No	1 Axillary 2 Inguinal 3 None

Metastasis screening

Evidence of metastasis by thoracic radiography?

- No
 Yes

Evidence of metastasis by abdominal ultrasound?

- No
 Yes

Any other evidence of metastasis?

- No
 Yes - Specific site: _____

Preliminar Clinical Stage

T ____ N ____ M ____

CS _____

Therapeutic plan

Surgical treatment:

- Lumpectomy
 Mastectomy - Type: _____

Clinical treatment:

- Neoadjuvant chemotherapy
 Adjuvant chemotherapy
 Metronomic chemotherapy

Chemotherapy protocol: _____

- Palliative treatment - Type: _____

Anatomopathological results

Diagnosis of the mammary gland lesion:

Regional lymph node metastasis?

No

Yes - Which lymph node? _____

Definitive Clinical Stage

T ____ N ____ M ____

CS _____

Supplement 2.

Evaluation of Canine Mammary Tumors

Name:

Age:

Breed:

Pet Owner:

Phone Number: Address:

Date:

Clinical History

Estrus: Regular Irregular Unnoticed

Spaying: Yes (Date: ____/____/____) No

Pseudocyesis: Yes No

Pyometra: Yes No

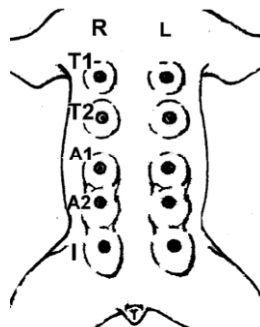
Previous history of mammary lesions? No Yes

Previous diagnosis: _____

Did the patient receive any kind of treatment? Surgery Chemotherapy Other

Evidence of distant metastasis? No Yes

Mammary gland physical examination



Mammary Gland	Size	Consistency	Tumor	Secretion	Ulceration	Involved Lymph Nodes
T1						
T2						
A1						
A2						
I						
R Right L Left	1 < 3.0 cm 2 3.0-5.0 cm 3 > 5.0 cm	1 Firm 2 Soft 3 Elastic	1 Not fixed 2 Fixed Skin 3 Fixed Muscle	1 Yes 2 No	1 Yes 2 No	1 Axillary 2 Inguinal 3 None