Supplementary material 1.

Evaluation of Canine Mammary Tumors

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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

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<tr>
<th>Mammary Gland</th>
<th>Size</th>
<th>Consistency</th>
<th>Tumor</th>
<th>Secretion</th>
<th>Ulceration</th>
<th>Involved Lymph Nodes</th>
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<tbody>
<tr>
<td>T1</td>
<td>&lt; 3.0 cm</td>
<td>1 Firm</td>
<td>1 Not fixed</td>
<td>1 Yes 2</td>
<td>1 Yes 2</td>
<td>1 Axillary</td>
</tr>
<tr>
<td></td>
<td>3.0-5.0 cm</td>
<td>2 Soft</td>
<td>2 Fixed Skin</td>
<td>No</td>
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</tr>
<tr>
<td></td>
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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: ________________________________

Preliminary 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.

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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

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