

Supplemental Table 1. Signalment, clinical information and necropsy findings of 20 cases of equine intestinal lymphoma.^a

	Case	Gender	Age	Breed	Presenting complaint	Intestinal localization at clinical presentation	Surgical findings	Treatment (*)	Outcome	Reason for death/euthanasia	Days survival	Necropsy/gross findings
EATL1	1	M	12	TB	Chronic diarrhoea, weight loss, anorexia	Large intestinal	N/A	N/A	E (LR)	Lack of response to treatment	20	Diffuse SI thickening, multifocal erosion/ulceration
	2	M	8	TB	Acute colic of moderate severity	Large intestinal	N/A	N/A	E (LR)	Laminitis secondary to colitis	14	LI nodules and mural thickening
	3	M	6	QH	Chronic weight loss	Small intestinal	N/A	Corticosteroids	E (LR)	Deterioration of clinical signs	25	LI diffuse thickening and reddening and multifocal nodules and plaques
	4	F	30	Galloway	Acute colic	Small intestinal	Partial obstruction mid jejunum due to mural thickening	Resection and anastomosis	E (LR)	Recurrence of colic following discharge	60	SI thickening (jejunum)
	5	F	20	TB	Weight loss, chronic colic	Small intestinal	Multiple diverticulae of jejunum and partial obstruction	Resection and anastomosis	E (LR)	Recurrence of colic following discharge	90	SI diverticulae (recurrence), lumphadenomegaly

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EATL2	6	M	16	TB	Acute colic	Small intestinal	Fluid distension of the small intestine	Corticosteroids	E (LR)	Recurrence of colic, persistent reflux	8	SI thickening, serosal adhesions
	7	M	20	Pony	Chronic weight loss, hypoalbuminaemia, immune compromise	Non specific	N/A	N/A	E (LR)	Suspicion of neoplasia	N/A	SI mucosal reddening and oedema, caecum and small colon
	8	M	12	TB	Chronic diarrhea, weight loss, anorexia, recurrent colic	Large intestinal	N/A	N/A	E (LR)	Deterioration of clinical signs	120	LI thickening
	9	M	15	Pony	Acute colic	Large intestinal	Caecocaecal intussusception	Partial typhlotomy	E (NLR)	Fracture during recovery from anesthesia	0	LI thickening and reddening
	10	M	11	WB	Colic, persistent low volume reflux, fever	Small intestinal	Thickened small intestine	Corticosteroids	A	N/A	650	N/A
	11	F	6	QH	Chronic diarrhea (3 months prior to presentation), weight loss, anorexia	Large intestinal	N/A	N/A	E (LR)	Deterioration in clinical signs	90	N/A
	12	F	N/A	TB	Low grade colic progressing to marked pain	Small intestinal	Thickening of small intestine, enlargement of lymph nodes	Corticosteroids	A	N/A	360	N/A

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13	M	6	QH	Acute colic	Small intestinal	focal thickening of small intestine causing obstruction	Resection and anastomosis	E (LR)	Diagnosis of neoplasia and post- operative complications	2	Diffuse SI thickening and multifocal erosion/ulceration
14	F	5	TB	Weight loss of 8 week duration	Small intestinal	Jejunum entrapped in nephrosplenic space, multifocal small intestinal plaques	N/A	E (NLR)	Diagnosis of neoplasia	12	SI nodules and plaques, mucosal ulceration
15	M	6	TB	Acute colic unresponsive to analgesia	Small colon	Small colon impaction	N/A	E (LR)	Based on histological diagnosis during relaparotomy	0	Impaction (recurrence), reddening of SI and LI
16	F	1	Miniature pony	Colic, extreme tachycardia, suspected acute toxicity	Small intestinal	Serosal inflammation, small intestinal distension	N/A	D (NLR)	Progressive cardiovascular collapse	5	Multiple nodules in SI and LI
17	F	18	Arab	Colic, lethargy, fever, weight loss	Small intestinal	Multifocal serosal nodules and small intestinal distension	N/A	E (LR)	Suspicion of neoplasia	0	SI multiple nodules

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TCRLBCL	18	M	13	WB	Colic non responsive to medical management	Large intestinal	Large colon displacement, mass on right dorsal colon	Surgical resection, corticosteroids	A	N/A	360	N/A
	19	M	27	Arab	Chronic diarrhea, weight loss	Large intestinal	N/A	N/A	E (LR)	Unresponsive to medical management	15	LI nodules and mesenteric lymphadenomegaly
	20	M	22	TB	Colic, non-responsive to medical management	Large intestinal	transverse colon impaction and caecal impaction at relaparotomy	Corticosteroids	E (LR)	Based on histologic diagnosis and repeated post op colic	2	LI nodules and mesenteric lymphadenomegaly

^aTreatment aimed at neoplastic disease. EATL=Enteropathy-associated T cell lymphoma; TCRLBCL= T cell rich large B cell lymphoma; M=male(gelding), F=female, SI=small intestine, LI=large intestine; A=alive at the end of the study, D=died, E=euthanized; LR= lymphoma-related; NLR= non lymphoma-related; N/A=not available; TB=thoroughbred, WB= warmblood, QH= quarter horse.