



## Bellwether Magazine

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# Ryan Case Study: K9 Diablo in the Fight for His Life

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# K9 Diablo in the Fight for His Life

BY KELLY STRATTON

““We were on fire,” said Officer Chris Sarnecky from the New Castle County, Delaware Police K9 unit. Sarnecky, a seasoned street officer, had been teamed up with Diablo – his first K9 companion – in March 2009. The duo graduated in August and were off to a strong start.

But in the early morning hours of November 11 the now two-year-old Belgian Malinois had to be rushed to the Matthew J. Ryan Veterinary Hospital after he’d been shot – in his chest and left hind leg – in the line of duty.

“I didn’t know to what extent he’d been hurt,” said Sarnecky, “but from what I could see, his leg was blown apart.”

Their first stop was at Wyncrest Animal Hospital in Wilmington, DE. Doctors’ X-rays confirmed that the dog’s leg had been shattered. “At that point they said they didn’t know if we’d be able to save his leg and suggested we go to Penn,” said Sarnecky.

A police caravan escorted Diablo to Philadelphia. “I crawled into the kennel with him to hold him on the drive. That helped keep him – and me – calm,” said Sarnecky.

Upon arrival at Ryan Hospital, the Emergency Service team went to work checking Diablo’s vitals and stabilizing him. “They told me he was gonna live but that he might lose his leg,” said Sarnecky. At 6:00 a.m. Sarnecky headed to headquarters to complete paperwork. “They told me to go home, take a nap, relax, but I couldn’t. I felt weird leaving him. I knew he was in good hands, but it felt strange.”

It must have felt strange for Diablo, too.

“When we first saw him, you could not touch this dog,” said Dr. Elaine Holmes, resident, Matthew J. Ryan Veterinary Hospital. “He was feeling compromised, he didn’t trust us and every once in a while he would bear his teeth,” she said. “When I first saw him, Emergency Service had sedated him, started him on antibiotics, pain medications and fluids right away. We set him up in ICU so he was stabilized before we went in for surgery on his leg.”

That afternoon, Sarnecky got a call from Dr. Holmes. Diablo had gotten through surgery and it had gone well.

## “He’s a Hard-Headed Nut”

While the surgery itself was a success, Diablo was showing signs of aspiration pneumonia, an inflammation in the lungs that occurs when foreign matter like vomit or blood is breathed in and travels into the lungs.

Diablo’s respiratory recovery depended on the expertise and attention of the ICU team.

“Pre- and post-operative care is essential to a surgical patient’s outcome. End of story,” said Dr. Elise Mittleman Boller, a staff veterinarian in the ICU. “And in Diablo’s case, ICU care was absolutely critical. Every single person in ICU had a role in that dog’s care.”

“He was a trauma victim,” said Dr. Holmes. “His overall systemic health was compromised and that made him more susceptible to complications and he was having difficulty handling the anesthesia. The pneumonia was our biggest close call.”

“Pneumonia was the big issue,” said Sarnecky, who, throughout the length of Diablo’s stay, spoke to Dr. Holmes two-to-three times each day. “Dr. Holmes was up-front; she didn’t sugar-coat anything, which is what I asked for. She called me every morning to tell me how Diablo did through the night. And she told me at the beginning that he may get pneumonia after his surgery and he did. He went down hill.”

Dr. Holmes and Sarnecky talked about how to proceed and came up with three options: 1) Do nothing and see how and if Diablo progressed; 2) Give him meds to dry out his lungs; or 3) Put him on a ventilator that would breathe for him. They decided on the ventilator, but with specific parameters.

“We said that if he’s on the ventilator for 24 hours and he’s worse, we’re going to end it,” said Sarnecky. “If in 48 hours he’d improved, we’d continue and by 72 hours we’d know if he was going to pull through.”

The first night the dog did well, but throughout the day, progress faltered. On the second night, doctors gave Diablo a breathing challenge as his oxygen levels had once again progressed. Clinicians turned the ventilator down, but the dog couldn’t breathe on his own.

“The days I felt most defeated were the days that the pneumonia took a turn in a negative way,” Dr. Holmes said.

Right: Dr. Holmes shows Officer Sarnecky and his wife the progress Diablo's lungs have made. Below: Diablo visits Ryan Hospital — with stuffed toy in mouth and in good spirits — for a bandage change weeks after his December release from ICU.



Sarnecky and his colleagues visited Diablo while he was on the ventilator. “One day he’s walking around, recovering from the surgery and then to see him laying there motionless...everybody in the room was teary-eyed. That was the first time you said, ‘Oh, he looks bad’ and wondered if he was going to pull through,” said Sarnecky.

At the end of the 72 hours, Sarnecky made another trip to ICU. “Based on how he looked the last time I’d seen him, I was fully expecting to have to make the decision to take him off the ventilator. But by the time we’d made our drive, the doctors had taken him off the ventilator and he had been pretty much breathing on his own. It was unreal. Phenomenal,” said Sarnecky. “Less than 20 percent of dogs make it off the ventilator, let alone go home. But he beat it. He’s a hard-headed nut. It’s like he needed those 72 hours to reset himself, relax, shut down and recover.”

## Gaining Ground

After he was off the ventilator, doctors collaborated to find ways to sedate Diablo since he had to be anesthetized to have his leg bandages changed and to have doctors and nurses manipulate his leg.

“He did not like having his feet touched,” said Dr. Holmes. She consulted with Sarnecky and Dr. Paula Larenza, assistant professor/clinical educator and anesthesiologist. “We needed a creative way to sedate and anesthetize him. I knew Dr. Larenza would have a couple of ideas on how to do that.”

“Diablo was considered a high-risk patient for anesthesia because he was already compromised,” said Dr. Larenza. “He’d lost so much blood, his cardiovascular function was unstable, so Dr. Holmes didn’t want to put him under general anesthesia again because of how badly he’d tolerated it.”

The team administered epidural blocks that numbed Diablo from the waist down and allowed them to change the bandage, but they also administered a new technique using radiology.

“We locate the exact nerves we want to numb by using ultrasound,” said Dr. Larenza. “It’s more non-invasive. The patient receives mild sedation and then, using ultrasound, a local anesthetic is administered to the precise location of the nerves that need to be blocked.”

Diablo’s bandage change was the first time this method of administering local anesthesia was used at Ryan Hospital in a sedated/awake patient.

## Homeward Bound

After a 21-day stay in the ICU, Diablo was ready to go home.

“Diablo was in my garage before the shooting,” said Sarnecky. “My goal was to get him to work, get him into a routine and then get him into the house.”

But those plans changed. Now, because Diablo is on bed rest, he’s housed in a crate in the Sarneckys’ den. “Most of the time he’s in the crate or laying on the floor with me,” said Sarnecky. “If he had his way, he’d be running around all day but he isn’t allowed. He’s dealing with it better than I expected, but he still has his drive.”

Diablo continues to make progress. “We’re moving in the right direction,” said Dr. Holmes. “He’s getting some bone growth in his leg and he’s doing well.”

“My hope,” said Sarnecky, “is that he’ll be able to come back to work. The potential for this dog is amazing and I love working with him. But, if it turns out he’s not able to work, that’s okay, too. He’s paid his debt and he’ll stay a part of my family.”