Hendrix's Legacy *Fighting for every Staffy*

Recognising neurological warning signs

A guide for Staffordshire Bull Terrier owners

Before you read this

The signs in this guide can have many causes. Most dogs that show them will not have a serious neurological condition. This guide is not a way to diagnose your dog; only your vet can do that.

Hendrix's Legacy began after Hendrix, a Staffordshire Bull Terrier, died in September 2026 from what we believe was a neurological condition. It has not been identified. It may be inherited, and it may turn out to be a form of NCL (neuronal ceroid lipofuscinosis), a group of inherited brain diseases, but nobody yet knows.[1] Because the condition has not been identified, nobody can yet say what its signs are. This guide describes the kinds of signs that can point to a problem in the nervous system, so that you know when to ask your vet.

Neurological problems can look like behaviour

Problems with the brain and nervous system do not always start with a wobble or a fit. Sometimes the first thing an owner notices is a change in behaviour. Veterinary behaviour services recognise that behaviour problems can be caused by medical problems, such as pain and epilepsy.[2]

One example comes from a closely related breed. NCL4A is a known neurological disease of American Staffordshire Terriers. It has not been reported in Staffordshire Bull Terriers, and we are not saying your dog has it. But in one study, owners of affected American Staffordshire Terriers recorded these changes:[3]

- Anxiety
- Aggression towards other dogs and people
- Increased sensitivity to loud sounds
- Less tolerance of grooming or bathing
- Compulsive circling and other compulsive behaviours
- Less interest in food

Signs worth mentioning to your vet

Balance and movement.[3,4,5]

- Unsteady or wobbly walking, and loss of balance
- An exaggerated, high-stepping gait, or stiffness
- Tremors, including head bobbing
- Hesitation or difficulty on stairs, slopes and turns

Eyes and vision.[3,6]

- Abnormal eye movements
- Bumping into things, misjudging distances, or startling at things in plain view

- A normal routine eye check does not always rule out a problem with sight[3]

Behaviour.

- Fear, anxiety or reactivity that keeps getting worse despite good training
- New or increasing sensitivity to noise, grooming, bathing or handling
- A bite or snap with no warning, and your dog back to normal moments later

Other.

- Seizures (fits)[7]
- Unusually poor response to sedation at the vet

Why the early signs can be missed

The first signs are often subtle and come on slowly. Behaviour changes in particular can be put down to training or temperament. Small changes, such as misjudging distances, bumping into things or hesitating on stairs, are easy to put down to a clumsy young dog. If your dog's behaviour changes, especially alongside any change in balance, movement or sight, it is worth asking your vet whether a medical cause should be ruled out.

What to do if you are worried

1. **Book an appointment with your vet.** Describe what you have seen and when it started.
2. **Keep a record.** A diary of dates and changes, and short videos of anything unusual (how your dog walks, turns, uses stairs or reacts), can help your vet see what you see at home. This is our practical suggestion, not a requirement.
3. **Ask about referral.** Your vet may refer your dog to a veterinary neurologist.
4. **Ask about ruling known conditions out.** Your vet may suggest DNA tests for known conditions, such as L-2-HGA, which is tested for in the breed. A clear result rules out that one condition only. Our guide "DNA testing for Staffies" explains what the tests can and cannot tell you.
5. **Tell your dog's breeder.** Breeders need to know about health problems in their lines.
6. **Consider telling the breed's health team.** With your vet's help, you can tell the breed's Lead Breed Health Co-ordinator, through the contact form on The Royal Kennel Club's Staffordshire Bull Terrier breed page. If something new is affecting the breed, reports like yours are how it will be found.

Hendrix's experience

Hendrix was never diagnosed. He was never DNA tested, no laboratory test was carried out and no sample was kept. We include his story because it is why this campaign exists, not because it shows what any disease looks like. What follows is my account, looking back over his life. Much of it is recorded in his veterinary notes, from his many vet visits, his referral to a behaviourist and then to a veterinary behaviourist, through to his final day. Some signs only made sense in hindsight.

Hendrix became reactive to other dogs at around 10 months of age. Over the following years his fear and anxiety grew, despite behaviour training, medication and specialist help. From about two years of age, sedation his vet prescribed for visits repeatedly failed to work, although sedatives had worked normally when he was younger.

He also became increasingly sensitive to noise, particularly loud bangs, even though as a young dog he had worked as an assistance dog at many rock concerts and festivals without showing any sensitivity. Baths and grooming

became more and more frightening for him. For his last two years only leave-in foam shampoos were possible, and in his last nine months he would not tolerate even those.

From early on there were also physical signs we could not explain at the time. He had a problem with his right eye. A basic eye check, before he was a year old, found nothing wrong; later, as his eye problems persisted and seemed to worsen, he would not tolerate being handled for further examination, despite behaviour training. He misjudged his surroundings, often bumping his muzzle as he turned his head, and he would jump as though he had not seen something that was clearly in his line of sight. He never had a wobble or an unusual walking gait, but looking back, he always struggled to get going when running up the stairs. He would sometimes pull up on his right leg as though he had hurt a muscle or tendon, yet examinations found no ligament, kneecap or hip problems.

Only in his last 11 days did his back legs struggle. They became stiff, he stopped going upstairs and he became withdrawn. In his final hours, he was given a sedative at six times the licensed dose for his weight, a dose his vets said was enough for a 160kg dog, and it did not properly sedate him; he weighed 25kg.[8] Every professional we have asked has said that failing to sedate on this scale points to a neurological condition. With his mother recorded as clear of L-2-HGA, at the time they considered NCL4A the most likely explanation. Specialists have since pointed out that other conditions, including ones not yet identified, can look similar. That is their professional view; it is not a diagnosis.

His mother is recorded by The Royal Kennel Club as hereditary clear for L-2-HGA, which means clear by descent from tested parents. His father has no health test results recorded with The Royal Kennel Club. Looking back, that should have been a red flag. But if I had seen it as one, I would never have had those five beautiful years with Hendrix.

This is not about blame. What happened to Hendrix may never be known, because no sample was kept. That is why we are asking owners, breeders, vets and rescues to notice, record and report unexplained neurological signs, so that if something new is affecting our breed, it can be found.

Next steps

- If you are worried about your dog, talk to your vet.
- Read our guide "DNA testing for Staffies: what the tests can and cannot tell you".

This guide is for information only and is not veterinary advice. Information correct as at October 2026; check the sources for updates.

Sources

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