Hendrix's Legacy *Fighting for every Staffy*

When behaviour may be neurological

Screening guidance for rescue and rehoming organisations

Summary

- 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), but nobody yet knows.
- Neurological disease can show itself first as behaviour: anxiety, aggression, noise sensitivity and intolerance of handling.[1]
- Most fearful or reactive rescue dogs are exactly that, and behavioural work is the right first response. This guide asks you to consider a medical cause when a dog's behaviour is severe, progressive and does not respond to that work.
- There is no DNA test for a condition that has not been identified. What rescues notice, record and report is how it can be found.

Why rescues matter

Rescues see adult Staffordshire Bull Terriers and bull breeds whose histories are often unknown. A dog showing early signs of a neurological problem may be assessed, listed and rehomed with labels such as "reactive to other dogs", "doesn't like men" or "adult-only home". Those labels may be entirely right. But nobody can say how many of these dogs have an underlying neurological condition unless someone looks.

How neurological disease can look like behaviour

We do not know what the signs of the condition we suspect in Staffordshire Bull Terriers are. The best example we have is NCL4A, a known neurological disease in the closely related American Staffordshire Terrier. It is an example only: NCL4A has not been reported in Staffordshire Bull Terriers, and we are not saying any dog has it.

Behaviour. In one study of American Staffordshire Terriers with NCL4A, owners reported:[1]

- 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

Movement and balance.[2,3]

- Unsteadiness, loss of balance and a wide-based stance
- Difficulty with stairs, slopes and turns

- An exaggerated, high-stepping gait, stiffness or tremors

Eyes. Problems with vision, and abnormal eye movements. A normal routine eye examination does not rule out a problem.[1,2]

These signs have many causes. Behaviour problems can be caused by medical problems, such as pain and epilepsy.[4] That is why a veterinary check matters before a dog is labelled.

When to suspect a neurological cause

Talk to your vet when an adult Staffordshire Bull Terrier or bull breed shows one or more of the following:

- Fear, reactivity or intolerance of handling that is severe, progressive, and does not respond to well-delivered behavioural work
- A bite or attack that comes from nowhere, with no growl, snarl or other warning, and the dog returning to its normal self moments later
- New or increasing sensitivity to noise, or to grooming and bathing
- Any change in gait, balance, coordination, or confidence on stairs, especially alongside behaviour changes
- Bumping into things, misjudging distances or startling at things in plain view
- Unusually poor response to sedation. Note it in the dog's records; well-recorded cases are how this question can be answered.

A screening protocol

1. **At intake.** Record the dog's breed or type, age, and any known history of behaviour, movement or eye problems. Include a veterinary health check.
2. **During assessment.** Record behaviour changes over time, not just at a single point. Short videos of gait, stairs and reactions are a useful record for your vet.
3. **Before a final decision.** Before a dog is assessed as unrehomeable, or before a behavioural euthanasia decision, ask your vet to look for a medical or neurological cause.
4. **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, or NCL4A. A clear result rules out that one variant only; it does not rule out a condition nobody has yet identified. Our guide "DNA testing for Staffies" explains what each test can and cannot tell you.
5. **If a dog is put to sleep with unexplained neurological signs.** Ask your vet whether a blood sample can be kept, or a post-mortem examination considered. Without a sample, the cause can never be investigated.
6. **Record and report.** Keep records and results with the dog's file and give them to the adopter. With the adopter's or owner's consent, tell the breed's Lead Breed Health Co-ordinator about any Staffordshire Bull Terrier with unexplained neurological signs, through the contact form on The Royal Kennel Club's Staffordshire Bull Terrier breed page.
7. **Train your team.** Make behaviour, intake and veterinary staff aware of this guidance.

Rehoming a dog with unexplained signs

Unexplained signs should not stop a dog finding a home. Knowing is better than not knowing. If I knew that a dog I was adopting or fostering had a neurological problem, it would not stop me. It would let me prepare my home and myself to give that dog the safest, highest quality of life possible. A full, honest history gives adopters and fosterers that chance; an unrecognised condition does not.

Given what I went through, you might expect me to be the last person to take on a dog like this. In fact the dog I would hesitate over is one showing these signs that has never been looked at by a vet. Behaviour training that assumes a problem is purely behavioural can push a dog beyond what it can cope with. Hendrix's most serious bite happened during a training session. We cannot shy away from bite risk: it is why dogs like him are put to sleep as "cannot be rehomed" or "behavioural". When the possibility of a medical cause is known, the dog's care, training and home can be planned around what is really going on.

A call to action: helping to find the cause

Rescues, like vets and breeders, are on the front line. You see adult Staffordshire Bull Terriers and bull breeds from every kind of background, many with no known history. If there is a neurological condition in the breed that has not yet been identified, rescues are among the places it is most likely to be seen.

The breed has been here before. L-2-HGA, now one of the two DNA tests The Royal Kennel Club lists as best practice for the Staffordshire Bull Terrier, was traced to its gene through a study of 21 affected Staffordshire Bull Terriers, published in 2007.[5,6] A test became possible because affected dogs were recognised, investigated and studied.

1. **Look.** Use the signs above, and ask your vet to investigate before a dog is labelled.
2. **Record.** Dates, videos, sedation response and any test results.
3. **Keep samples where you can.** Ask your vet about keeping a blood sample from any dog with unexplained neurological signs, particularly before euthanasia.
4. **Report, with consent.** Tell the breed's Lead Breed Health Co-ordinator.

Hendrix

Hendrix's Legacy exists because of Hendrix, a Staffordshire Bull Terrier who died in September 2026. **Hendrix was never diagnosed.** No laboratory test was carried out and no sample was kept. Over several years, recorded in his veterinary notes, his fear and reactivity grew despite behaviour training, a behaviourist and a veterinary behaviourist. Noise, grooming and handling became harder for him, and sedation repeatedly failed. In his final hours he was given a sedative at six times the licensed dose for his weight, and it did not properly sedate him.[7] The professionals attending him considered a neurological cause likely, and at the time NCL4A was thought the most likely explanation. Specialists have since pointed out that other conditions, including ones not yet identified, can look similar. In a rescue, a dog like Hendrix would very likely have been listed as reactive. That is why we are asking rescues to look for a neurological cause.

Next steps

- Read our guide "DNA testing for Staffies: what the tests can and cannot tell you".
- Share our guide "Recognising neurological warning signs" with adopters and foster carers.
- Share our guide for vets, "Unexplained neurological signs in adult Staffordshire Bull Terriers", with your veterinary team.

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

Sources

1. Kick GR, Marzano SL, Ota-Kuroki J, Bullock G, Katz ML. Retinal function deficits in American Staffordshire Terriers with a late-onset neurodegenerative disease associated with an ARSG variant. *Veterinary Sciences*. 2025;12(11):1078.

https://doi.org/10.3390/vetsci12111078

2. Neuronal ceroid lipofuscinosis 4A in American Staffordshire Terriers: first report in Brazil. *Ciência Rural*. 2025. https://www.scielo.br/j/cr/a/nH6c3ykbtFbvKP3PBFDkDks/?lang=en
3. Sisó S, Navarro C, Hanzlíček D, Vandevelde M. Adult onset thalamocerebellar degeneration in dogs associated to neuronal storage of ceroid lipopigment. *Acta Neuropathologica*. 2004;108:386-392. https://boris.unibe.ch/117835/1/401_2004_Article_902.pdf
4. Royal Veterinary College. Animal Behaviour Clinic. Undated. https://www.rvc.ac.uk/small-animal-vet/specialist-referrals/clinical-services/animal-behaviour
5. Penderis J, Calvin J, Abramson C, et al. L-2-hydroxyglutaric aciduria: characterisation of the molecular defect in a spontaneous canine model. *Journal of Medical Genetics*. 2007;44:334-340. https://pmc.ncbi.nlm.nih.gov/articles/PMC2597990
6. The Kennel Club. Health Standard. January 2025. https://kc-media-production.azureedge.net/media/qvffqvwg/kc_health_standard.pdf
7. The Veterinary Medicines Directorate. Summary of Product Characteristics: Tessie 0.3 mg/ml oral solution for dogs (tasipimidine). Revised September 2025. https://www.vmd.defra.gov.uk/productinformationdatabase/files/SPC_Documents/SPC_2146308.PDF