**Granulosa cell tumor in a double yellow-headed Amazon parrot (*Amazona oratrix*)**

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A 25 year old, intact female, double yellow-headed Amazon parrot (*Amazona oratrix)* presented with acute diarrhea, coelomic distention, respiratory distress and reluctance to perch. Ultrasound-guided coelomocentesis was performed. Cytology of coelomic fluid indicated exudative effusion containing macrophages and heterophils, but no infectious organisms. A coelomic computed tomography scan revealed coelomic fluid, compressed caudal air sacs and a coelomic mass, presumptively oviductal or ovarian in origin. A 4.7 mg subcutaneous deslorelin implant was placed interscapular. Coelomic exploratory surgery was performed, with an intention to remove the mass via salpingohysterectomy or ovariosalpingohysterectomy. During surgery, a cystic structure that filled majority of caudal coelom was drained of thick, amber fluid. Deep to this structure, a mass associated with left oviduct was identified, along with a second suspected mass in the right coelom. Due to severity of adhesions throughout coelom, association of masses to ureters and large vessels and high surgical risk, owner elected to discontinue surgery and pursue palliative treatment. Patient was maintained on deslorelin implants and regular therapeutic coelomocentesis as needed. Three months after initial presentation, the patient died. At necropsy, there was a malignant granulosa cell tumor that originated from the ovary and metastasized into lymphatics and surrounding tissues. This presentation of an ovarian granulosa cell tumor was unusual in Psittacines. Surgical excision of neoplastic tissue is challenging, but medical management may provide conservative treatment for reproductive neoplasia and secondary coelomic ascites in Psittacines.

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