Neutrophilic Inclusions in a Hunter
(See pages 1102–1103 for the Answer to the Photo Quiz.)

A 45-year-old man from Poughquag, New York, who was on a hunting trip in Manitoba, Canada, presented to a hospital with headache, fever, myalgias, and shortness of breath. His history included a remote traumatic splenectomy and frequent deer hunting and taxidermy. The findings of an initial evaluation were unremarkable, except that hypoxia with a hemoglobin saturation of 77% was documented and hypoxemia was confirmed by arterial blood gas analysis. An electrocardiogram and initial chest radiograph did not reveal any significant abnormalities, although follow-up chest radiographs had findings that indicated mild pulmonary edema. The results of routine laboratory investigations indicated lymphopenia (44 × 10⁹ cells/L) and thrombocytopenia (44 × 10⁹ cells/L). Biochemistry showed elevated liver transaminase levels (aspartate aminotransferase level, 217 U/L; alanine transaminase level, 117 U/L) and a moderately elevated conjugated bilirubin level (28 μmol/L). Initially, a diagnosis of pulmonary embolism or cardiogenic pulmonary edema was considered, but ventilation-perfusion scans did not reveal any segmental ventilation-perfusion abnormality, and an electrocardiogram and echocardiogram (performed 2 days after presentation) revealed no evidence of cardiac dysfunction or ischemia. A routine Geimsa blood smear that was performed to evaluate the hematological abnormalities that were noted by the analyzer confirmed the automated differential, and neutrophilic inclusions were noted (Figure 1). A polymerase chain reaction confirmed the diagnosis.

What is your diagnosis?