A 46-year-old man, recently emigrated from a rural area in the Philippines, presented to an emergency department in Winnipeg, Manitoba, Canada, with 2 weeks of progressive abdominal pain, nausea, vomiting, fatigue, anorexia, and weight loss. He had a history of benign biliary strictures, had undergone a cholecystectomy and hepatojunostomy at age 37 years, and was treated for vertebral tuberculosis of his sacrum at 39 years of age. During examination, his blood pressure was initially low at 96/45 mm Hg; he was diaphoretic and febrile (temperature, 39°C), had a heart rate of 116 beats per minute, and was experiencing mild respiratory distress (respiratory rate 28 breaths per minute, and SpO2 97% on 2L O2 [peripheral percent saturation of hemoglobin via pulse oxymetry, while being administered 2 litres per minute of oxygen via nasal prongs]). Visible icterus and jaundice were evident, and abdominal examination disclosed tenderness over the liver edge in the right upper quadrant. Examination of a blood sample was remarkable for a white blood cell count of 26.6 cells/10³/μL with neutrophilia and left shift; a platelet count of 41 000 platelets/μL; international normalized ratio of 3.3; total and direct bilirubin levels of 93 and 85 umol/L, respectively; alanine aminotransferase level of 1785 U/L; aspartate aminotransferase level of 5615 U/L; lactate dehydrogenase of 4185; albumin level of 29 g/L, and a creatinine level of 103 umol/L. A contrast-enhanced computed tomographic scan of the abdomen was performed (Figure 1). Culture of the material from the liver mass on blood agar is shown in Figure 2. What is your diagnosis?

Figure 1. Contrast-enhanced computed tomography of the abdomen.

Figure 2. Colonial morphology of the microorganism isolated from the liver mass, on blood agar.