A 55-year-old Chinese man presented with fever and jaundice for 4 days. There was also a 4-week history of progressive worsening of right upper quadrant abdominal pain. He reported a consumption of 10 bottles of goat milk during the 2 months before the onset of symptoms. Laboratory investigations revealed leukocytosis with atypical lymphocytes, thrombocytopenia, and deranged liver function with a cholangiohepatitic picture. Computed tomography of the abdomen showed normal biliary ducts and no bile duct stones, but multiple hemangiomata were found in the liver. Serological examination for viral hepatitis and brucellosis serology were negative. Tests for antinuclear, anti-smooth muscle, and antimicrosomal antibodies were negative. Microbiological cultures of blood, sputum, and urine were negative.

The patient was treated with broad-spectrum antibiotics including cefuroxime and then cefoperazone/sulbactam. In view of the persistent fever and abnormal blood film, bone marrow aspirate and trephine biopsy were performed (Figure 1A and 1B).

What is your diagnosis?