PROGRAMME BOOK

The 12th Bali Cardiology Update

"Improving Knowledge on Latest Cardiovascular Disease: Translating Guideline into Real-world Experience"

23-26 August 2023 | The Westin Nusa Dua, Bali
CHAIRMAN FOREWORD

As the COVID-19 pandemic has been resolved, we are glad to welcome our colleagues to visit the paradise island, Bali, while joining our annual meeting, the 12th Bali Cardiology update that will be held offline. We organise workshops, symposiums, plenary talks, lectures with international and national keynote speakers, and interactive gatherings from throughout regions to discuss cutting-edge discoveries to advance the profession and medications specializing in cardiovascular disease managements, providing an absolutely superb framework for professionals in cardiovascular health, researchers, scientists, healthcare specialists, academicians, and individuals with interest in cardiology. This is your best opportunity to network with the most individuals from hospitals, academic institutions, heart associations, and research facilities because there are people from all over the world interested in finding a few solutions in the field of cardiology. The opportunity to network with colleagues and hear from renowned cardiologists and cardiovascular researchers at this cardiology summit is unmatched.

Agung Pradnyana Suwirya
### Workshop I: Physical Examination in Clinical Setting: Tips and Tricks for General Practice
Venue: Jakarta Room A  
PIC: dr. Made Agung Erika Permata, SpJP

<table>
<thead>
<tr>
<th>TIME</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07.30 - 07.50</td>
<td>Opening</td>
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<tr>
<td>07.50 - 08.00</td>
<td>Opening by Chairperson: dr. Made Agung Erika Permata, SpJP</td>
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<tr>
<td>08.00 - 10.10</td>
<td>Pre-test</td>
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<tr>
<td>08.25 - 08.55</td>
<td>Lecture 1: General approach to vascular murmur related to hemodynamics</td>
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<td>08.55 - 09.10</td>
<td>Discussion</td>
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<tr>
<td>09.10 - 09.40</td>
<td>Lecture 2: General approach to cardiac defect murmur</td>
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<td>09.40 - 09.55</td>
<td>Discussion</td>
</tr>
<tr>
<td>09.55 - 10.20</td>
<td>Lecture 3: Physical examination in Acute coronary syndrome and heart failure: what should we focus on?</td>
</tr>
<tr>
<td>10.20 - 10.40</td>
<td>Discussion</td>
</tr>
<tr>
<td>10.40 - 11.10</td>
<td>Lecture 4: Cardiac murmur: Interactive quiz in real cases</td>
</tr>
<tr>
<td>11.10 - 11.25</td>
<td>Discussion</td>
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<tr>
<td>11.25 - 11.55</td>
<td>Hands-on demonstration (30 minutes)</td>
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<tr>
<td>11.55 - 12.10</td>
<td>Post-test</td>
</tr>
<tr>
<td>12.10 - 12.15</td>
<td>Closing workshop</td>
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</table>

1. Pembacaan pemutaran video bag up dan sponsor (bila ada) dan dibaca.
2. Pembacaan CV Chairman
3. Penyerahan arya ke Chairman

### Workshop II: Exercise Stress Test: How to Session
Venue: Jakarta Room B  
PIC: dr. Made Junior Rina Artha, SpP(II), FIHA, FAACC, FESC, FSCAI

<table>
<thead>
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<td>Opening by Chairperson: dr. Made Junior Rina Artha, SpP(II), FIHA, FAACC, FESC, FSCAI</td>
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<td>08.00 - 08.05</td>
<td>Pre-test</td>
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<tr>
<td>08.15 - 08.45</td>
<td>Lecture 1: Overview of Exercise Physiology: Recognizing the Modalities and Protocols of Exercise Stress Test</td>
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<tr>
<td>08.45 - 09.15</td>
<td>Lecture 2: The Role of Exercise Stress Test in Diagnostic of CAD</td>
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<tr>
<td>09.15 - 09.45</td>
<td>Lecture 3: The Role of Exercise Stress Test in Assesment Fitness Classification and Exercise Prescription</td>
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<tr>
<td>09.55 - 10.00</td>
<td>Hands-on Session</td>
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Handout: *Structured exercise test and the exercise protocol*
Workshop V: Acute Heart Failure
Venue: Jakarta Room A
PIC: dr. Hendy Wirawan, SpJP

**TIME**

Thursday, 24 August 2023

- **07.30 - 07.50**
  - Opening oleh MC

- **07.50 - 08.00**
  - Pembukaan pembukaan video kasus pada sponsor (bila ada) dan dea
  - Pembacaan CV Chairman
  - Penerimaan uang ke Chairman

- **08.00 - 08.10**
  - Opening by Chairman:
    - dr. N Made Dharma Lestari, SpP, FHIA

- **08.10 - 08.20**
  - Pre-test

- **08.20 - 08.45**
  - Lecture 1
    - Symptomatic Relief and Acute Treatment in AHF
    - Speaker:
      - dr. Hendy Wirawan, SpP, FHIA

- **08.45 - 08.55**
  - Discussion

- **08.55 - 09.15**
  - Acute Pulmonary Oedema with Hypertensive Emergency
  - Speaker:
    - dr. Rini Parmitha Iwan Mattawan, SpJP, FHIA

- **09.15 - 09.25**
  - Discussion

- **09.25 - 09.45**
  - Role of ultrasound in guiding acute heart failure with cardiological shock
  - Speaker:
    - dr. Hendy Wirawan, SpP, FHIA

- **09.45 - 09.55**
  - Lecture 2
    - Ventilatory Support in Acute Heart Failure
    - Speaker:
      - dr. Soekendar, SpJP (Resident dr. Tobing Kasugha, SpJP)

- **10.00 - 10.20**
  - Discussion

- **10.20 - 11.25**
  - Case Discussion

- **11.25 - 11.45**
  - Post-test

- **11.45 - 11.55**
  - Pembacaan peserta terbaik (2 orang)
  - Pembacaan video kasus pada sponsor (bila ada)

Closing Workshop:

- **11.45 - 11.55**
  - Pembacaan peserta terbaik (2 orang)
  - Pembacaan video kasus pada sponsor (bila ada)

Workshop VIII: Arhythmia
Venue: Jakarta Room A
PIC: dr. I Made Putra Swa Astara, SpP(K), FHIA

**TIME**

Thursday, 24 August 2023

- **13.00 - 13.20**
  - Opening oleh MC:

- **13.20 - 13.30**
  - Pembukaan pembukaan video kasus pada sponsor (bila ada) dan dea
  - Pembacaan CV Chairman
  - Penerimaan uang ke Chairman

- **13.30 - 13.40**
  - Opening by Chairman:
    - dr. Dwi Gede Widyawati, SpP, FHIA

- **13.40 - 13.55**
  - Pre-test

- **13.55 - 14.25**
  - Approach to palpitation as a most frequent symptom in daily practice
  - Speaker:
    - dr. I Dewa Gede Dwi Sumarjay, SpP, FHIA

- **14.35 - 14.55**
  - Discussion

- **14.55 - 15.05**
  - Introducing confusing ECGs: Supraventricular arrhythmia
  - Speaker:
    - dr. Gede Agung Pornama

- **15.05 - 15.15**
  - Discussion

- **15.15 - 15.45**
  - Ventricular arrhythmias from benign PCs to ventricular tachycardia
  - Speaker:
    - dr. Putu Prasisman Buyawati, SpJP

- **15.45 - 15.55**
  - Discussion

- **15.55 - 16.25**
  - Basic Understanding of Holter ECG Monitoring: the importance of 24-hour ECG dynamics
  - Speaker:
    - dr. I Made Putra Swa Astara, SpP(K), FHIA

- **16.25 - 16.35**
  - Discussion

- **16.35 - 16.55**
  - Real Case discussion

- **16.55 - 17.10**
  - Post-test

- **17.10 - 17.20**
  - Pembacaan peserta terbaik (2 orang)
  - Pembacaan video kasus pada sponsor (bila ada)

Closing Workshop:

- **17.10 - 17.20**
  - Pembacaan peserta terbaik (2 orang)
  - Pembacaan video kasus pada sponsor (bila ada)

Workshop VIII: Peripheral Arterial & Venous Disease
Venue: Jakarta Room B
PIC: dr. Agung Pradnyana Swamy, SpJP

**TIME**

Thursday, 24 August 2023

- **13.00 - 13.20**
  - Opening oleh MC:

- **13.20 - 13.30**
  - Pembukaan pembukaan video kasus pada sponsor (bila ada) dan dea
  - Pembacaan CV Chairman
  - Penerimaan uang ke Chairman

- **13.30 - 13.40**
  - Opening by Chairman:
    - dr. Deok Gede Widyawati, SpP, FHIA

- **13.40 - 13.55**
  - Pre-test

- **13.55 - 14.35**
  - Anatomy and Physiology of Artery and Vein Structure
  - Speaker:
    - dr. N Wissay Soera Agustino, SpP, FHIA
Lecture 1

08.30 - 08.50  
Assessing LV Performance with Echocardiography  
Speaker: dr. Ni Gusti Putri Ari Astuti, SpJP, FIHA, FAdCC

08.50 - 09.00  
Discussion

09.00 - 09.20  
Assessing RV Performance with Echocardiography  
Speaker: dr. Luh Oka Sarawati Soewardi, SpP(K), FIHA

09.20 - 09.30  
Discussion

09.30 - 09.50  
Pericardial Effusion and Tamponade Echocardiography Assessment  
Speaker: dr. Ida Bagus Rangga Widjaja, SpP(K), FIHA, FASE

09.50 - 10.00  
Discussion

Lecture 2

10.00 - 10.20  
Echocardiography as a Non-Invasive Method of Hemodynamic Monitoring: What GPs can do  
Speaker: dr. Ni Made Ayu Wulansari, SpP(K), FIHA

10.20 - 10.30  
Discussion

10.30 - 11.10  
Hands-on

11.10 - 11.25  
PROMOSI SPONSOR

11.25 - 11.30  
Closing workshop

11.30 - 12.25  
1. Pembacaan peserta terbaik (3 orang)  
2. Pemutaran video bersama dan sertai (3 atas)

PROSANDUS: ALIP, ROBT, DEMA

Lecture 3

14.25 - 14.55  
Pitfalls of Diagnosing and Managing Disorders of the Veins and How to manage comprehensively in Primary Health Care Services  
Speaker: dr. Agung Pranadiwana Sumiya, SpJP, FIHA

14.55 - 15.25  
CTI and AUI: the difference and treatment  
Speaker: Dr. dr. Bagus Ari Pradnyana DS, SpP(K), FIHA, FICA, FASE, FICAI

15.25 - 15.55  
Basic duplex ultrasound for arterial/vein disorder  
Speaker: dr. Taatian, Sp.JP(K), FIHA, FICA, FACC

15.55 - 16.10  
Discussion

16.10 - 16.20  
Real Case Discussion

16.20 - 17.05  
Hands-on

17.05 - 17.20  
PROMOSI SPONSOR

17.20 - 17.30  
Post-test

17.30 - selesai  
Closing workshop

1. Pembacaan peserta terbaik (3 orang)  
2. Pemutaran video bersama dan sertai (3 atas)

PERLU 3 ORANG PROSANDUS (1 NORMAL, 1 CVL, 1 PAO)
Symptomatic Relieve and Acute Treatment in AHF
Hendy Wirawan, MD- FIHA
Department of Cardiology and Vascular Medicine BaliMed Hospital Denpasar

Abstract

Acute heart failure (AHF) is a life-threatening medical condition, where urgent diagnostic and treatment methods are of key importance because it causing the majority unplanned admission in patients aged of 65 years or more. The diagnostic workup of Acute Heart Failure (AHF) starts at the time of the first medical contact, several additional investigations, i.e. chest x-ray and lung ultrasound may be used to confirm the diagnosis faster so we can identify the clinical presentation and to diagnose and manage any potentially reversible causes, precipitants or coexisting life threatening condition. AHF can be defined as a new onset (de novo heart failure) or worsening case on acutely decompensated heart failure symptoms sign of heart failure mostly related to systemic congestion. Management of AHF relies on rapid recognition of the symptoms, assessing severity of AHF, recognizing complications and initiating specific treatment as soon as possible. Diagnostic workup and appropriate pharmalogical and non pharmalogical treatment must be started promptly and in parallel. Both ESC and ACCF/AHA guidelines underscore that, similarly to acute coronary syndrome (ACS), AHF patients might benefit from “time-to-therapy” concept. AHF patients are triaged to the appropriate level of care according to the degree of haemodynamic instability and severity of the critical illness. Management of acute Heart failure can be subdivided in three stages, pre hospital, in hospital and pre discharge, every stage having different goals and requiring different approaches. To reduce mortality and rehospitalization rate, the pre-discharge assessment and post discharge management planning also important. Studies have shown that such optimization of medical treatment is associated with a lower risk of 30 day readmission because AHF has high mortality and rehospitalization rates in AHF with 4-10% in hospital mortality and 25-30% 1 year post discharge mortality.

Keyword: Acute heart failure, acute treatment AHF
Acute Heart Failure

A syndrome defined as a new onset (de novo heart failure) or worsening (acutely decompensated heart failure) of symptoms of HF, mostly related to systemic congestion. Acute Heart Failure causing the majority of unplanned admission in patients aged 65 years or more. Associated with high mortality and rehospitalization rates, with 4-10% in-hospital mortality dan 25-30% 1 year post discharge mortality.

Diagnostic Workup new onset Acute Heart Failure

Diagnostic Test in Acute Heart Failure

Triggering factors AHF

(1) Decompensation of pre-existing chronic heart failure (e.g., cardiomyopathy)
(2) Acute coronary syndromes
   (a) myocardial infarction/unstable angina with large extent of ischemia and ischemic dysfunction
   (b) mechanical complication of acute myocardial infarction
(3) Hypertensive crisis
(4) Acute arrhythmia (ventricular tachycardia, ventricular fibrillation, atrial fibrillation or flutter, other supraventricular tachycardia)
(5) Valvular regurgitation: endocarditis, rupture of chordae tendineae, worsening of pre-existing valvular regurgitation
(6) Severe aortic valve stenosis
(7) Acute severe myocarditis
(8) Cardiac tamponade
(9) Aortic dissection
(10) Post partum cardiomyopathy
Clinical Profiling Acute Heart Failure

This classification maybe helpful to guide therapy in initial phase and carries prognostic information.

**CONGESTION**
- Pulmonary congestion, flapping intercostal spaces, rales, systolic murmur, tachycardia, possible left ventricular failure, cardiomegaly, peripheral edema, oliguria, acidosis, hypotension

**HYPOPERFUSION**
- Local warm extremities, diaphoresis, mental confusion, bradycardia, tachycardia

Initial management of a patient with ACUTE HEART FAILURE

1. **Heart rate**
   - Increase heart rate to 120-140 bpm
   - Avoid giving inotropes to achieve desired rate

2. **Blood pressure**
   - Increase blood pressure to 100-110 mmHg
   - Avoid giving vasopressors to achieve desired rate

3. **Inotropic support**
   - Start inotropes to increase cardiac output
   - Avoid excessive inotropes

4. **Diuretics**
   - Start diuretics to reduce congestion
   - Avoid giving diuretics to reduce congestion

5. **Hydration**
   - Maintain hydration to prevent hypotension
   - Avoid giving fluids to maintain hydration

6. **Vascular volume**
   - Increase vascular volume to maintain blood pressure
   - Avoid decreasing vascular volume

**Dyspnea**: Acute heart failure (see chapter 4.1)
- Immediate 911 call, assess patient, ABC, patient data, vital signs
- Immediate interventions
  - Remove patient from exertion
  - Position patient upright

**Clinical Manifestation Acute Heart Failure**

**Risk factors AHF**
- Age
- Obesity
- Hypertension
- Diabetes mellitus
- Heart failure
- Coronary artery disease
- Pulmonary disease
- Chronic kidney disease
- Valvular heart disease
- Malignancy
- Alcohol use
- Professional or occupational stress
- Stressful life events
- Acute/chronic infection
- Medications (lipid lowering agents, angiotensin-converting enzyme inhibitors, 
  diuretics, beta-blockers, aldosterone antagonists, nonsteroidal anti-inflammatory 
  drugs, corticosteroids, glucocorticosteroids)

**Initial Management**
- Oxygen therapy
- Intravenous fluid therapy
- Inotropic agents
- Diuretics
- Nutritional support
- Psychological support
- Pain management
- Prophylaxis for thromboembolic events

**What should we do next?**
Take home messages

- Patient with AHF require urgent evaluation with subsequent initiation or intensification of treatment (therapy or procedure).
- Intravenous vasodilators may be considered to relieve AHF symptoms when SBP is >110 mmHg. They may be started at low doses and up-titrated to achieve clinical improvement and BP control.
- Early treatment with intravenous loop diuretics was associated with lower in-hospital mortality.

Case Study

**Age:** 46 y.o  
**Gender:** Male  
**Chief complaint:** Shortness of Breath  

**Assessment:**
- The patient came to the clinic with complaint of dyspnea that started 4 months ago and worsened over the past week. Dyspnea occurs in the supine position and during physical activity.
- Patient also complained of chest pain that intermittent and not related to activity and cough that occasionally accompanied by blood, with the latest occurrence being today. The patient had a fever for approximately 2 days one month ago.
- History of COVID-19, PND, bilateral orthopnea, and ankle edema (++) bilateral.
- Past medical history: no history of diabetes diseases.
- Past medication: not taking regular medication.
- Social history: smoking 1 pack per day.

Case Study

**GCS:** E4V5M6  
**BP:** 110/68 mmHg  
**HR:** 110 bpm/regular  
**RR:** 24/min  
**SpO2:** 95% RA  

**Vital Signs:**
- **BP:** 110/68 mmHg
- **HR:** 110 bpm/regular
- **RR:** 24/min
- **SpO2:** 95% RA

**Laboratory:**
- Blood glucose: 130 mg/dL
- ECG: Normal sinus rhythm

**Fluid requirement:** 2450 mL

Case Study

**ECG:**
- Sinus rhythm, 100 bpm, normal axis, P wave normal, PR interval <200 ms, QRS complex <100 ms, R/S V1 >1, R/S V5 >1, ST-T changes (-)

**Conclusion:** Sinus tachycardia (183 bpm), LV high voltage (+)
Case Study

Chest X-Ray Examination

AP position
Heart: CTR 65%, Acute cardiac enlargement (+)
Lung: Cephalization (+), Increase in bronchovascular pattern, Pernicious haziness at both lungs

IMPRESSION: Cardiomegaly with aortic stenosis
Pulmonary edema

Laboratory Results

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<tr>
<th>Parameter</th>
<th>Normal Range</th>
<th>Value</th>
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<tbody>
<tr>
<td>Hemoglobin</td>
<td>13.5-17.5 g/dL</td>
<td>15.6 g/dL</td>
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<tr>
<td>WBC</td>
<td>4.5-11.0 x 10^9/L</td>
<td>10.0 x 10^9/L</td>
</tr>
<tr>
<td>RBC</td>
<td>5.0-7.0 x 10^12/L</td>
<td>5.8 x 10^12/L</td>
</tr>
<tr>
<td>Platelets</td>
<td>150-450 x 10^9/L</td>
<td>300 x 10^9/L</td>
</tr>
<tr>
<td>BUN</td>
<td>8-20 mg/dL</td>
<td>12 mg/dL</td>
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<tr>
<td>Creatinine</td>
<td>0.5-1.5 mg/dL</td>
<td>1.2 mg/dL</td>
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<tr>
<td>Sodium</td>
<td>135-145 mEq/L</td>
<td>140 mEq/L</td>
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<tr>
<td>Potassium</td>
<td>3.5-5.0 mEq/L</td>
<td>4.5 mEq/L</td>
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<tr>
<td>Chloride</td>
<td>98-106 mEq/L</td>
<td>102 mEq/L</td>
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<tr>
<td>pH</td>
<td>7.35-7.45</td>
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Echocardiography Bedside on Furosemide drip

Impression:
- Cardiac chamber (LV, RV) dilatation
- Decreased left ventricular ejection function (EF 35%)
- Cardiac dysfunction
- Decreased right ventricular ejection function (TAPSE 14 mm)
- Hypokinesia, mid-inferior wall, septal wall, anterolateral wall, apical wall
- Irregular ventricular rhythm
- Moderate mitral regurgitation
- D-dimer positive
- TR: Mild

Echocardiography

Echocardiography
WHAT IS THE DIAGNOSIS?

- ADHF Prox II b/c Susp CAD
  - EF SP 35%, LVHNA (+)
  - TR Mild-Moderate with high probability of PH
  - MR Mild
- Hypertension 3+ II

Observation of hemoptysis pursel grade I, ec susq cardiac related

TREATMENT

- IVF: KNO50 10 mg 8 pm
- Furosemide 20 mg IV TID
- ACE dep 12QD
- Atenolol 80mg OQD
- Ramipril 5 mg OQD
- Bogipril 1.25 mg OQD
- Sonniclorette 25 mg OQD
- Ambukid 10 mg OQD
- Simvastatin 20 mg OQD
- Linsoliprazide 50 mg OD 1/9

Plan:
- Diuretics
- Subcutanugram full study
- Coronary angiography
- Pulmonology

- Bronchospasm if hemoptysis doesn’t improve

WHAT’S NEXT?

ECG EVALUATION

Sino-atrial rhythm, 89 bpm, normal axis, P wave normal, PR interval <200 ms, QRS complex <120 ms, RV5+V1 s, RV5+SV2 s

Matur Sukisma
23rd - 26th August 2023 | The Westin Nusa Dua, Bali

Translating Guideline into Real-World Experience

Improving Knowledge on Latest Cardiovascular Disease

Workshop of Acute Heart Failure

in the 12th Ball Cardiology Update 2023

SPEAKER

as


This certificate is proudly presented to

CERTIFICATE
**SURAT TUGAS**
Nomor : 451/UN14.2.2.V.23/PD/2023

Dalam rangka Tri Dharma Perguruan Tinggi Program Studi Spesialis Jantung dan Pembuluh Darah Fakultas Kedokteran Universitas Udayana, bersama ini Dekan Fakultas Kedokteran Universitas Udayana menugaskan Dosen Program Studi Spesialis Jantung dan Pembuluh Darah Fakultas Kedokteran Universitas Udayana sebagai Pelaksana Kegiatan atas nama :

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAMA</th>
<th>NIP</th>
<th>PANGKAT/GOLONGAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>dr. I Made Putra Swi Antara, Sp.JP(K), FIHA</td>
<td>198201032008121002</td>
<td>KETUA</td>
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<tr>
<td>2.</td>
<td>Dr.dr. Bagus Ari Pradnyana Dwi Sutanegara, Sp.JP(K), FIHA</td>
<td>197203272009121001</td>
<td>ANGGOTA</td>
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<tr>
<td>3.</td>
<td>Dr.dr. I Made Junior Rina Artha, Sp.JP(K), FIHA</td>
<td>197606122014121002</td>
<td>ANGGOTA</td>
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<tr>
<td>4.</td>
<td>dr. Ida Bagus Rangga Wirhuti, M.Biomed, Sp.JP(K), FIHA</td>
<td>198312262018011001</td>
<td>ANGGOTA</td>
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<tr>
<td>5.</td>
<td>dr. I Kadek Susila Surya Darma, M.Biomed, Sp.JP, FIHA</td>
<td>197708132023211001</td>
<td>ANGGOTA</td>
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<tr>
<td>6.</td>
<td>dr. I Nyoman Wiryawan, Sp.JP(K), FIHA</td>
<td>197509052008011016</td>
<td>ANGGOTA</td>
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<td>7.</td>
<td>dr. A.A.Ayu Dwi Adelia Yasmin, M.Biomed, Sp.JP(K), FIHA</td>
<td>198610082018012001</td>
<td>ANGGOTA</td>
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<tr>
<td>8.</td>
<td>Dr.dr. Luh Oliva Saraswati Suastika, Sp.JP(K), FIHA</td>
<td>198603052012122001</td>
<td>ANGGOTA</td>
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<tr>
<td>9.</td>
<td>dr. Made Satria Yudha Dewangga, M.Biomed, Sp.JP(K), FIHA</td>
<td>19860312018011001</td>
<td>ANGGOTA</td>
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<tr>
<td>10.</td>
<td>dr. Hendy Wirawan, Sp.JP, FIHA</td>
<td>198402202019021001</td>
<td>ANGGOTA</td>
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<tr>
<td>11.</td>
<td>dr. Rani Paramitha Iswari Maliawan, M.Biomed, Sp.JP, FIHA</td>
<td>198801302022032002</td>
<td>ANGGOTA</td>
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<td>15.</td>
<td>dr. Putu Primeriana Nugiaswari, Sp.JP, FIHA</td>
<td>199009182022032007</td>
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<tr>
<td>16</td>
<td>dr. Ni Made Dharma Laksmi, Sp.JP, FIHA</td>
<td>198905222022032004</td>
<td>ANGGOTA</td>
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<td>17</td>
<td>dr. I Dewa Gde Aditya Diprohawa, Sp.JP, FIHA</td>
<td>198803292022031005</td>
<td>ANGGOTA</td>
</tr>
</tbody>
</table>

Untuk mengikuti kegiatan The 12th Bali Cardiology Update, yang akan diselenggarakan pada:

Tanggal          : 23 - 26 Agustus 2023  
Tempat           : Hotel Westin, Nusa Dua, Bali

18 Agustus 2023  
a.n. Dekan Fakultas Kedokteran  
Koordinator Program Studi Spesialis Jantung dan Pembuluh Darah  
FK Universitas Udayana,

I Made Putra Swi Antara  
NIP 198201032008121002