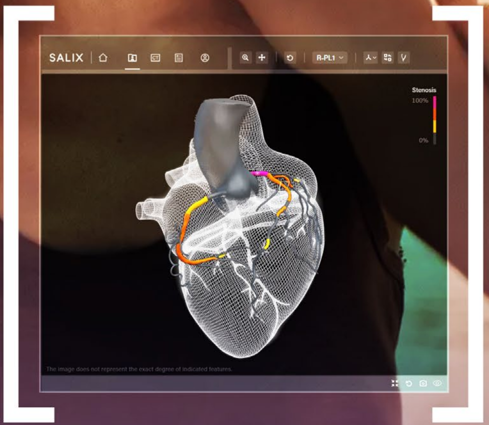
ARTRYA®

(ASX: AYA)

FY26 Financial Results & Operational Update

FINANCIAL YEAR ENDED 30 JUNE 2026

Scaling the Future of Heart Care



John Konstantopoulos, CEO & Co-Founder
Clayton Hatch, CFO
01 September 2026

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ARTRYA

Our Purpose is to save lives through faster and more accurate detection of coronary artery disease

ARTRYA®

Artrya – AI technology platform for coronary artery disease

Salix® is the only real-time, point of care platform globally improving patient care and streamlining workflow

1 Global health issue
- **More people die from heart disease than all cancers combined**[2]
- Every 40 seconds in the U.S., someone suffers a heart attack[1]

2 Differentiated product
- Artrya's **cloud-based, AI-driven** Salix® platform is a **single unified reporting platform**
- Salix® analyses CCTA scans and delivers **real-time** insights into the heart health, high-risk plaque and coronary flow

3 Attractive market
- **US$4.4B target addressable U.S. market** with 6.2% projected growth in cardiac CCTA scans to 2028[3]
- Attractive US CPT 1 reimbursement supports fees per scan

4 U.S. FDA clearances
- **Salix® Coronary Anatomy** and **Salix® Coronary Plaque** - 2025
- **Salix® Coronary Flow** targeted clearance end of 2026

5 Commercial traction
- **Three commercial U.S. customers secured -** Tanner Health live and generating revenue, Northeast Georgia Health System **'live' early FY27,** Cone progressing toward deployment.
- Strong balance sheet **with $74.0m cash (30 June 2026)** – supporting U.S. infrastructure and growing sales pipeline

6 SAPPHIRE Study
- Building **clinical validation** and access to **potential commercial customers**
- **Six large U.S. systems**: Mass General Brigham, Piedmont, HCA Midwest, Dignity Health, Ascension, Huntsville

7 Substantial shareholders

REGAL FUNDS MANAGEMENT · PARADICE INVESTMENT MANAGEMENT · Wilson Asset Management

1. Center for Disease Control and Prevention (CDC) - Heart Disease Facts – Heart Disease in the United States
2. American Heart Association (AHA) – Heart disease remains leading cause of death as key health risk factors continue to rise
3. https://www.dicardiology.com/article/rising-demand-cardiac-ct-positions-market-major-growth

ARTRYA®

Results & Highlights

Financial Year ended 30 June 2026

2026 Highlights & Achievements

This year we successfully executed our commercial launch – enabling us to grow revenues and deliver scale into the future

3 U.S. customers secured

Tanner Health, Cone Health, Northeast Georgia Health System

1st U.S. revenues

Subscriptions: Salix® Coronary Anatomy
Fee-per-scan: Salix® Coronary Plaque

1st Hospital-wide integration

5 Tanner Health hospitals

SAPPHIRE Study launched

6 major U.S. healthcare systems

FDA clearance received

Salix® Coronary Plaque, August 2025

Leadership expanded

Clinical Advisory Board
Board & senior management

U.S. Customer Success Team

Supporting the customer journey

$80M capital raised

Funding our future

ASX All Ordinaries & All Tech Index

Expanding institutional access & market awareness

ARTRYA®

Financial Summary – FY2026

Commercial revenue base established in FY26, with minimum contracted revenue secured across three foundation customers

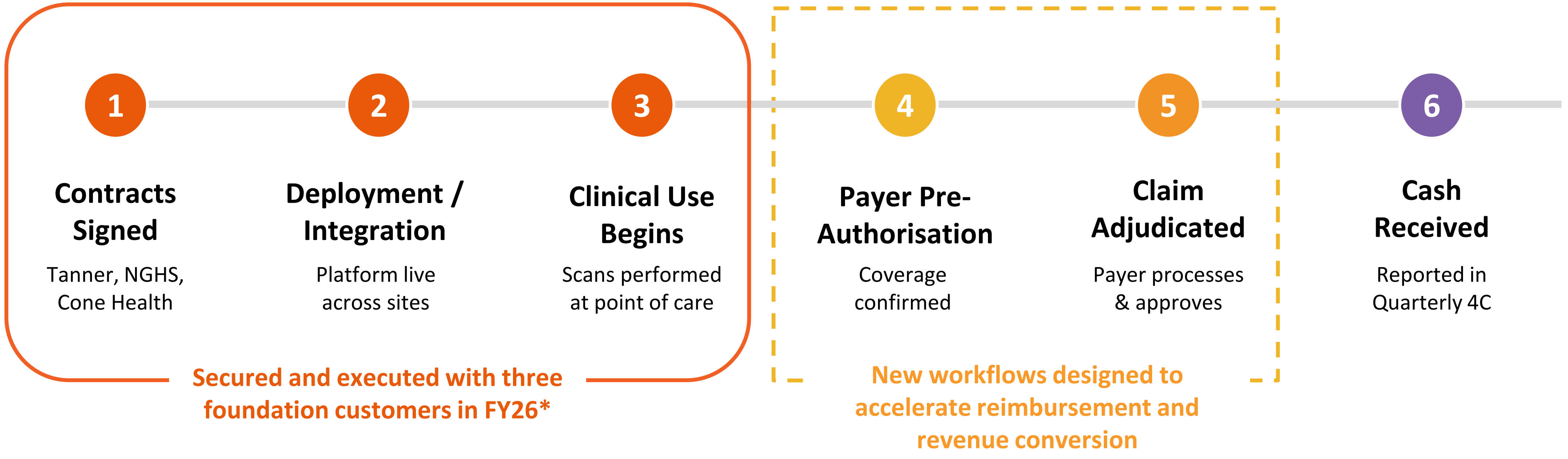
Cash[1]
$74.0m

Debt[1]
Nil

Market cap[2]
$780m

Funding secured[3]
$80.0m

1. As at 30 June 2026
2. As at 26 August 2026
3. FY26 funding, Annual Report



*NGHS went live clinically in July 2026, Cone will go live shortly

ARTRYA

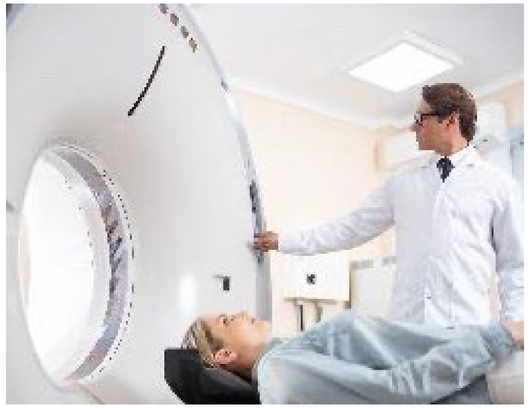
CCTA is transforming how coronary artery disease is diagnosed

CT-first adoption has shifted the bottleneck downstream

CAD is deadly and common

→

CCTA is becoming the front-line test



for diagnosing suspected CAD

→

One scan. Many insights

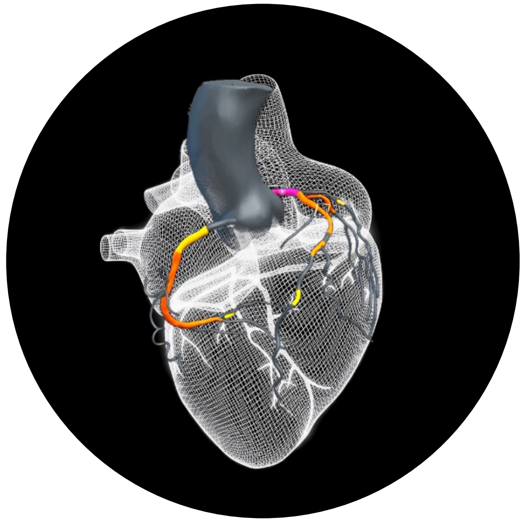
ANATOMY
Where is the disease?

Plaque
How much disease?

Flow
Does it restrict blood flow?

→

More complete view of CAD



One non-invasive pathway

The Impact: ▶ More CCTA's are being performed ▶ More information from every scan. More information to manage treatment more effectively ▶ Creating a greater demand for fast, scalable analysis

ARTRYA

Adoption of CCTA is outpacing the ability of Hospital Systems to respond

CT-first adoption is accelerating faster than hospital capacity can absorb

Rising Demand

- **Guideline shifts:** CCTA is now first-line for chest pain
- **Reimbursement tailwinds:** Reimbursement is accelerating adoption
- **Disease burden:** CAD remains the leading cause of mortality in the U.S.

Volume is increasing rapidly

Health System Constraints

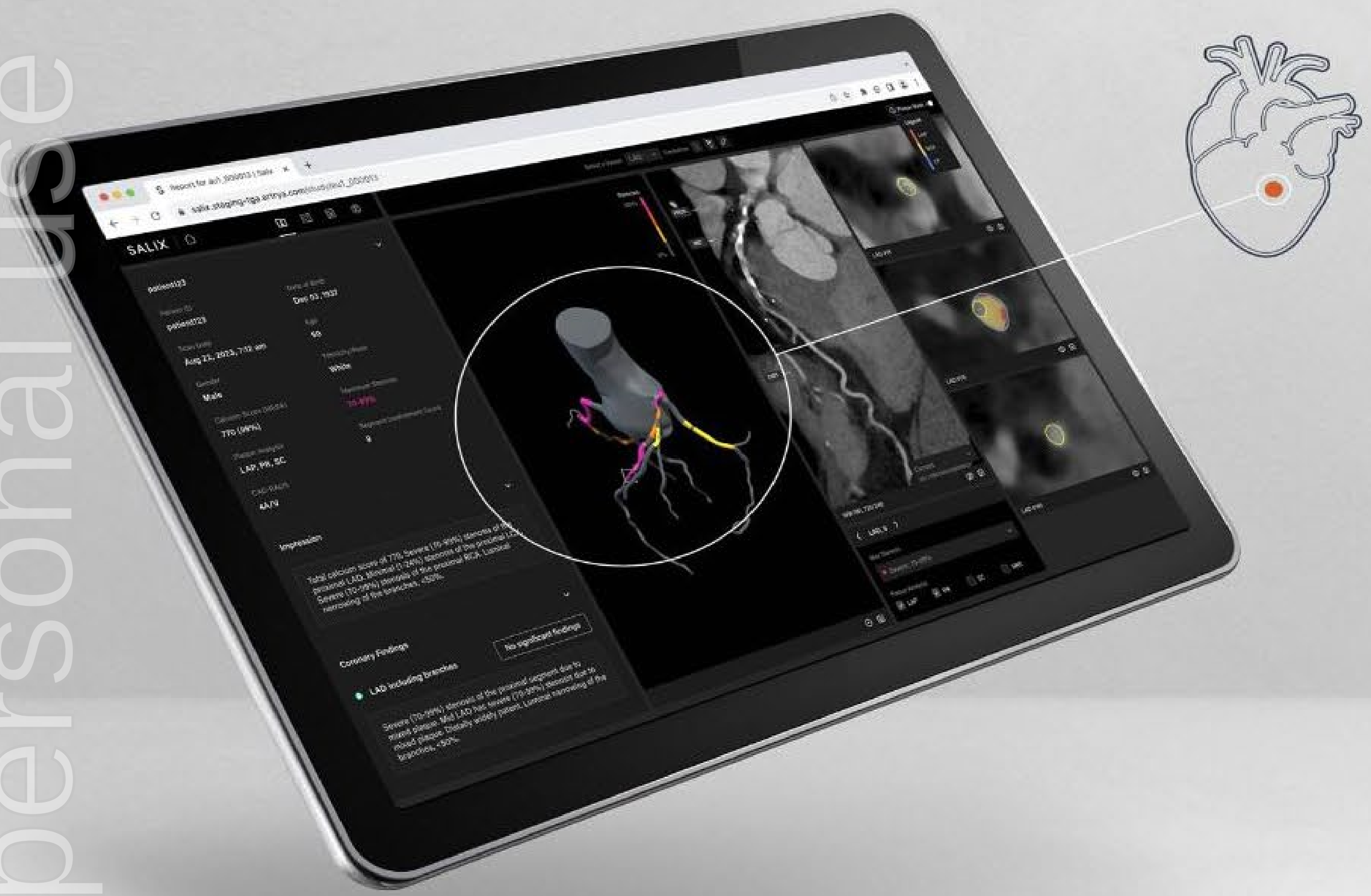
- **Growing volumes:** scan volumes are growing faster than existing staffing and infrastructure
- **Bottlenecks:** clinical demand is outpacing reporting capacity
- **Tooling limits:** existing solutions delay reporting, increasing backlogs and slowing care

Health systems cannot scale

CT-first works clinically but today's health systems weren't designed for this level of volume

Salix®: The Operating Platform for Cardiac CT

Clear clinical insights into actionable decisions in minutes



One Reporting Platform for CAD

Centralised CCTA reporting, analysis, and workflow. Reduces physician fatigue and reporting costs

More Clinical Capacity

Improved efficiency and care, transforms CCTA into a scalable, high-margin service line

Better Clinical Decisions, Faster Patient Care

Real-time assessment of high-risk plaque and FFRCT* for improved treatment

* Salix Coronary Flow not yet cleared by FDA

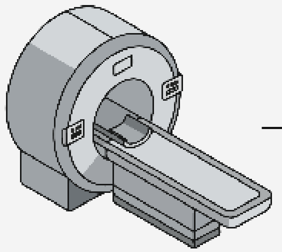
ARTRYA®

From off-site workflows to 10-minute decision

Salix® fits directly into the existing clinical workflow; no portals, no off-site vendors

Current approach

Fragmented & off-site



4–8-week backlogs Volume outpaces capacity

Onsite - Manual CCTA Assessment

CCTA Visualisation Software

Review & Prepare Scan for Reporting

Clinician Reports CCTA

Techs prep scan and reporting can take hours or days

Clinician Orders Plaque and/or Flow Assessment

Offsite – 'Human in the loop'

Heartflow
cleerly
elucid

Review, Prepare & Report
24hrs-48hrs

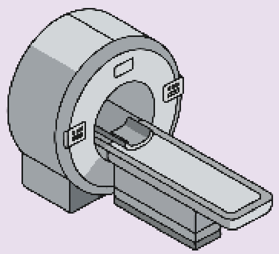
Clinician Receives results and finalizes CCTA report and clinical decision

24-48hrs offsite analysis for Plaque and Flow. Introduces latency and compounds backlog, Can take weeks for result if clinician disagrees

Currently

- Inefficient workflow
- Downstream treatment delays

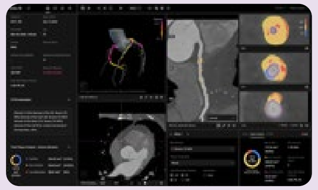
Streamlined approach with Salix®



Reduced backlogs

Point of Care

SALIX®



CCTA Report, Plaque, FFRCT
in <10mins

Real-time at point of care within 10mins

Clinician Finalizes CCTA Report and clinical decision

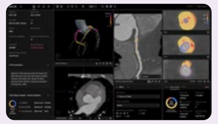
Reporting within 5-10mins

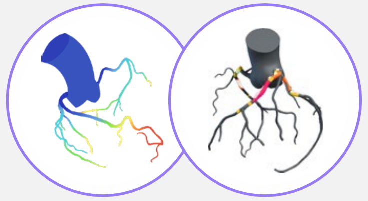
With Salix®

- Faster throughput
- Faster time to treatment

Salix® patients have Symptomatic or Acute chest pain

U.S. treatment guidelines specify patients with CCTA who require coronary plaque and / or flow analysis

Symptomatic Patients with Suspected CAD → **CCTA Performed** →  **Salix® Platform Read**

- **No Plaque Detected on CCTA**[1] (~30% of CCTAs) → **No CAD**
- **Plaque Detected on CCTA**[1] *(~70% of CCTAs)*
  - **1-39% Stenosis** →  **Plaque Analysis**
  - **40-69% Stenosis** →  **CT-FFR & Plaque Analyses**
  - **70-90% Stenosis** →  **CT-FFR Analyses**

1.Bittner et al. JACC Cardiovasc Imaging 2020. (PROMISE) doi: 10.1016/j. jcmg.2019.09.012;

ARTRYA®

Salix® Revenue model - a single platform solution built for scale

Attractive revenue model of subscription and fees per scan - analysing CCTA scans for coronary artery disease

Increasing clinical utility and revenue opportunity[2]

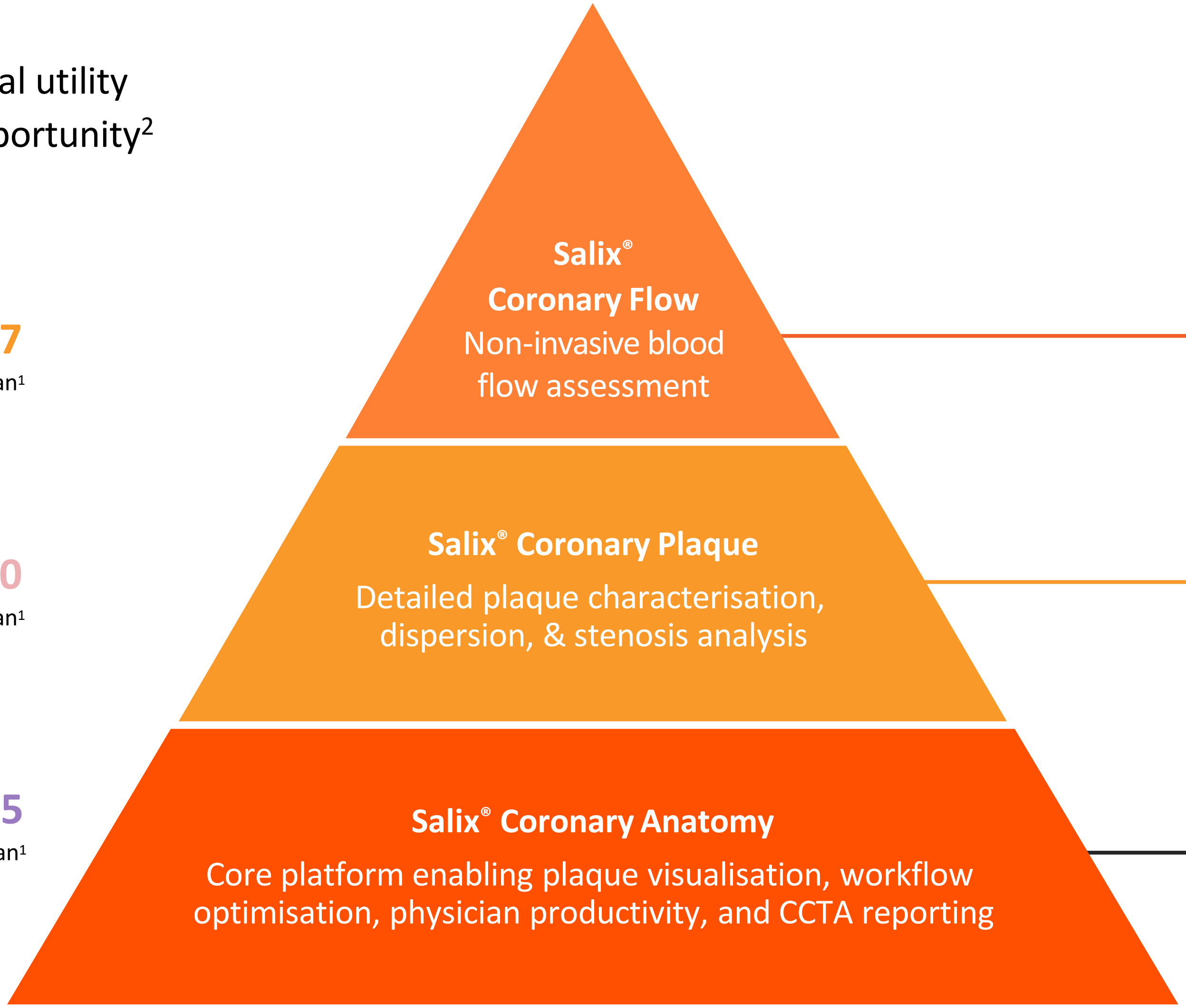
US$877
CPT1 Per scan[1]

+

US$950
CPT1 Per scan[1]

+

US$325
CPT1 Per scan[1]



Final validation stage - FDA clearance targeted by end of 2026
Avoids unnecessary invasive angiograms

FDA cleared – automatically enabled on SCA
Quantifies and characterises plaque within the coronary arteries

FDA cleared – launched commercially in the U.S.
Core Platform for real-time, whole-heart characterisation

2. CPT (Current Procedural Terminology) codes set the rate Medicare and insurers reimburse the hospital for each scan. Artrya does not receive this amount directly – it earns a monthly subscription fee (Coronary Anatomy) plus a contracted per-scan share (Plaque, and Flow once cleared) of this hospital-side reimbursement.

1. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc

ARTRYA®

Go-to-Market Strategy

Focus on Foundation Customers and SAPPHIRE

2026 commercial launch - Go to Market strategy

Our three-part commercial strategy is focused and clear to deliver value

01 Foundation Customers

Partner with early adopters to validate commercial assumptions, generate case studies, and establish scalable foundation

02 SAPPHIRE Study

Conduct a targeted clinical study to enhance credibility, boost awareness, and accelerate customer conversions

03 Key Opinion Leaders

Mobilise influential clinicians to drive adoption, credibility, and expand strategic relationships

U.S. Foundation partners converted to commercial customers

Successful deployment of Salix® in the first U.S. hospital systems

TANNER HEALTH SYSTEM

5-year commercial contract

- **5 hospitals fully integrated**
- **Scans using Salix® Coronary Plaque**

- Non-profit health system serving communities across west Georgia and east Alabama
- Network spanning 5 hospitals, 5 cardiovascular centres, and 30 physician practices

Northeast Georgia Health System

3-year commercial contract

- **1 hospital fully integrated**
- Live at all hospitals expected by 2QFY27

- Not-for-profit health network with 5 Hospitals, 3 heart centres, plus outpatient centres, physician practices, and 1.6M+ patient visits annually
- Georgia Heart Institute - one of the largest cardiology programs in the state

CONE HEALTH

5-year commercial contract

- Integration underway
- Full integration expected by 2QFY27

- Not-for-profit health system based in North Carolina
- Network comprises 5 hospitals 6 ambulatory care centres, 3 outpatient surgery centres, 120+ physician practices

ARTRYA

First U.S. Customer – Tanner Health

Significant cardiologist reporting time savings demonstrated in U.S. clinical use

Seamless deployment

Deployed across clinical, imaging, EMR and cybersecurity systems

Single platform – Ease of Use

Ease of use of a single platform, single portal is a key driver to adopt Salix® for all CCTA scans

Strong clinical adoption

Cardiologists, radiologists and CT technologists - improved workflow consistency and confidence

Cardiologists 50-80% time savings

Materially cuts after-hours and weekend reporting for cardiologists

Improves Chest pain management

Main reason for presenting to ER – Salix® supports faster triage and better treatment

Improved payer 'PA' workflows

Artrya proprietary real time pre-authorisation approval processes – to confirm faster payer support

Commercial footprint to support leading health systems

Foundation customers, SAPPHIRE sites, and our Atlanta support pod working together to drive U.S. growth

1 MASS. GENERAL BRIGHAM
Massachusetts
12 hospitals
32 Cardiology Centres

2 DIGNITY HEALTH (COMMONSPIRIT)
HQ: Chicago
– Across the U.S.
137 hospitals

3 HUNTSVILLE HOSPITAL HEALTH SYSTEM
Alabama & Tennessee
14 hospitals
19 Heart Centres

4 PIEDMONT HEALTHCARE
Georgia & Alabama
25 hospitals
75 Cardiology Centres

5 HCA HEALTHCARE
HQ: Nashville
– Across the U.S.
190 hospitals
2,400 Care Centres

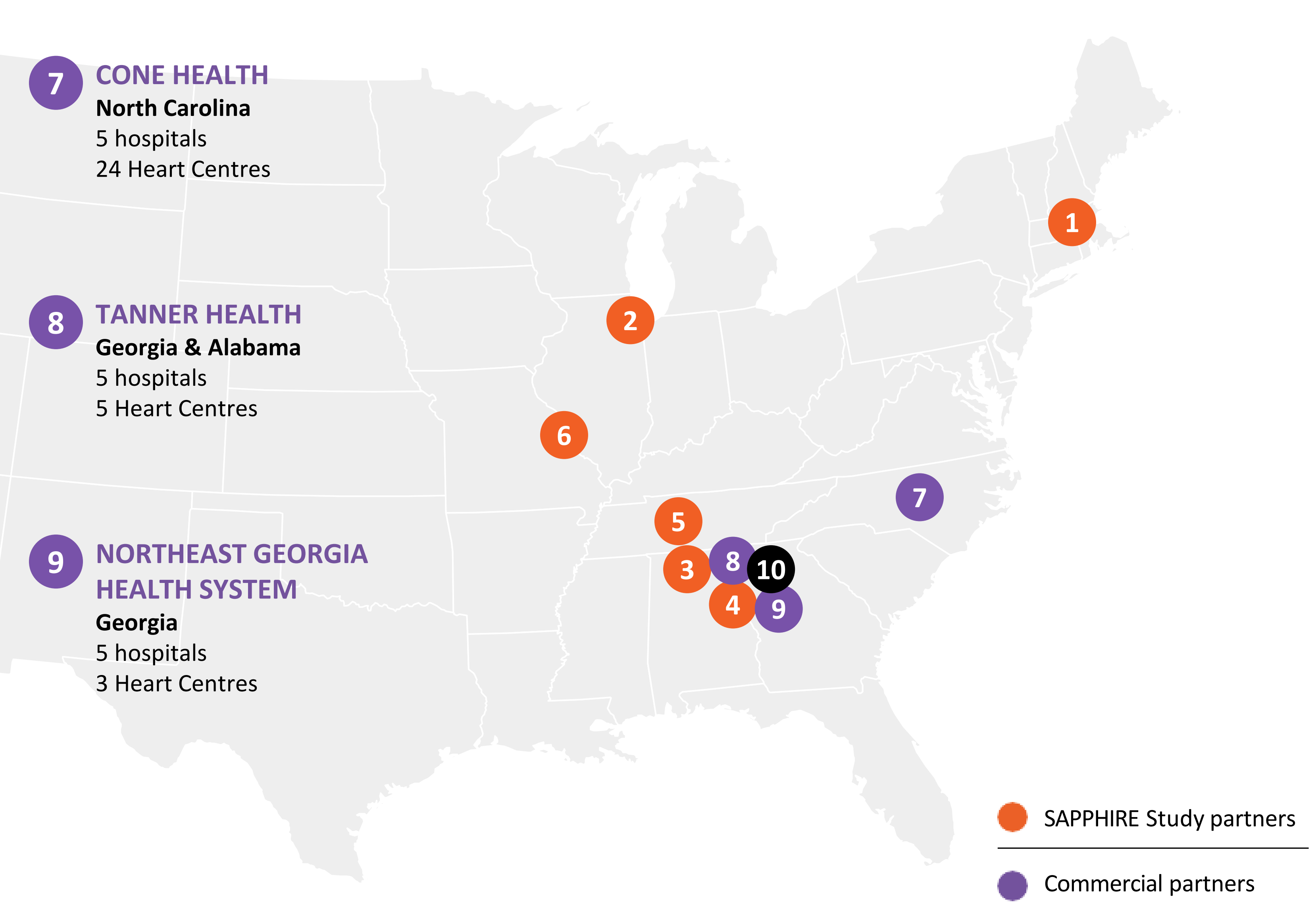
6 ASCENSION
HQ: Missouri
– Across the U.S.
142 hospitals
2,600 Healthcare Centres

10 ARTRYA
U.S. Customer Success
Atlanta, Georgia
Supporting foundation customers and Eastern + Southern U.S. operations

7 CONE HEALTH
North Carolina
5 hospitals
24 Heart Centres

8 TANNER HEALTH
Georgia & Alabama
5 hospitals
5 Heart Centres

9 NORTHEAST GEORGIA HEALTH SYSTEM
Georgia
5 hospitals
3 Heart Centres



ARTRYA

Flagship Novel Plaque Study – SAPPHIRE underway

Validating the novel Salix® Plaque Dispersion Score to identify patients at risk of heart attack

Overview

- Evaluate Salix® Plaque Dispersion Score assessing cardiovascular risk
- Specific focus on CAD in women
- 6 high volume U.S. Centres
- Multicentre, retrospective study
- **HCA, Dignity Health, Mass General**, **Ascension**, **Piedmont Healthcare**, and **Huntsville** confirmed as participants

Mass General Brigham | Piedmont Healthcare | HCA Midwest Health | Ascension | Health Huntsville Hospital Health System | Dignity Health. A member of CommonSpirit

Key Phases

PHASE 1
Identify patients at risk using Salix® Plaque analysis compared to current standard of care. ~12 months

PHASE 2
Leverage Salix® Plaque Dispersion Score to further risk stratify patients and change treatment. ~12 months

Key Benefits

1. Predict future adverse events and improve treatment
2. Build clinical awareness and credibility in U.S.
3. Accelerate commercial adoption in US hospitals

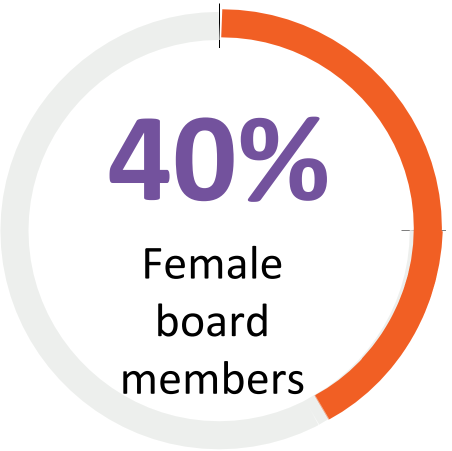
Commercial opportunity ▶ **Large high-volume systems** ▶ **Sales Pipeline of SAPPHIRE partners**

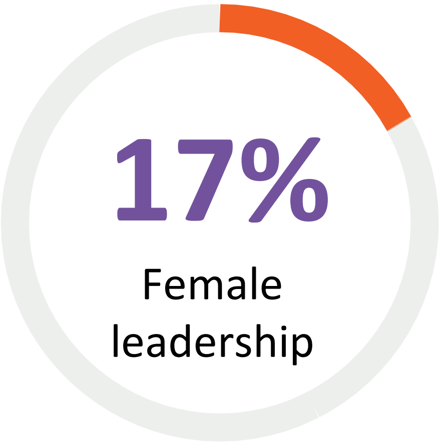
ARTRYA®

Building Ethical & Sustainable Growth

Artrya continues to develop its ESG framework and disclosures guided by four main pillars

1. **Environmental sustainability** — Reducing our environmental impact through sustainable operations and responsible innovation
2. **Social responsibility** — Ensuring equitable access to our technology and fostering an inclusive, supportive environment
3. **People and Culture** — Supporting our people and communities with a culture of wellbeing, inclusion and respect
4. **Ethics and Governance** — Maintaining strong integrity, transparency and accountability across all business practices





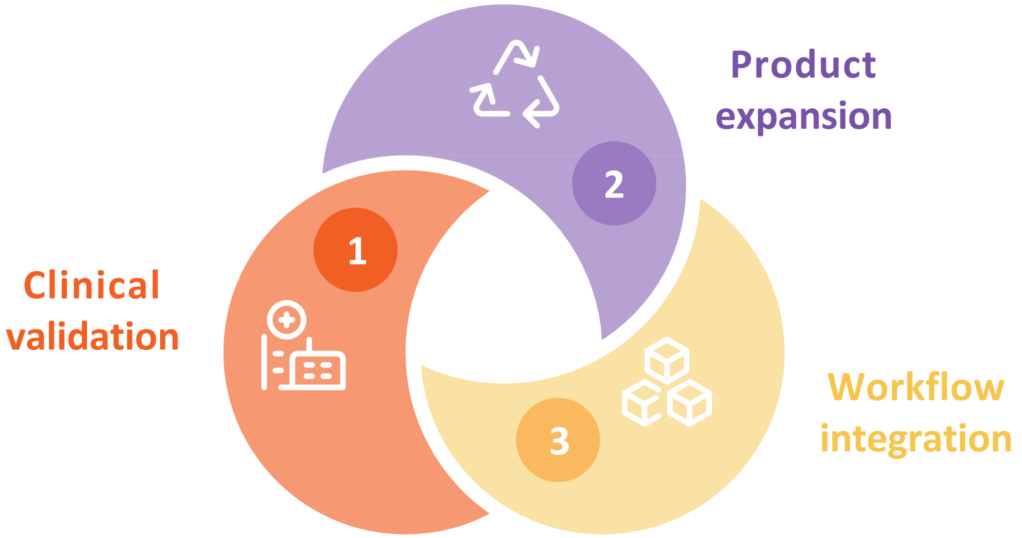
ARTRYA®

Building commercial momentum

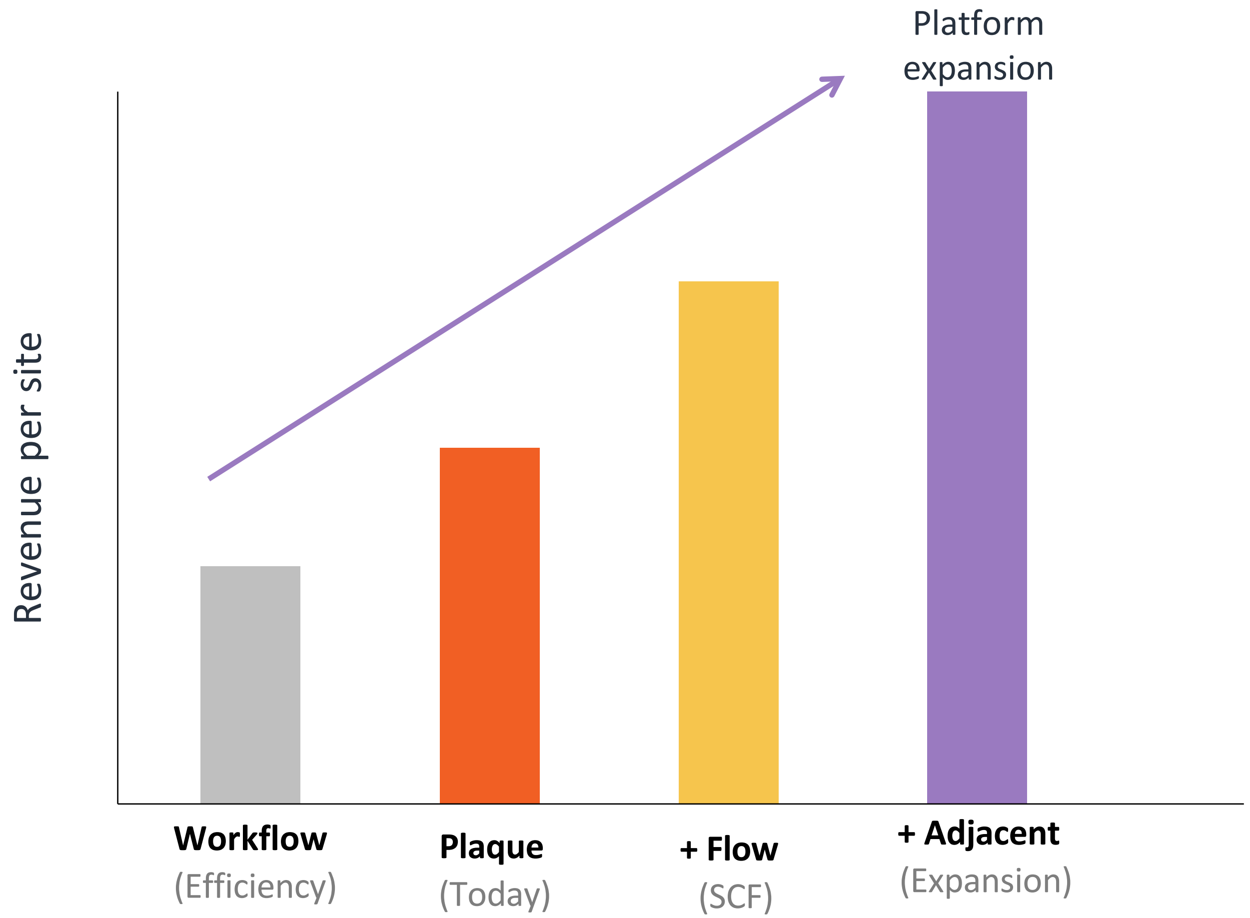
A clear path forward

Our strategy is to build revenues within our hospital clients

We aim to create value as we shift from initial deployment to increasing usage and revenues



Expanding the Customer value for Artrya

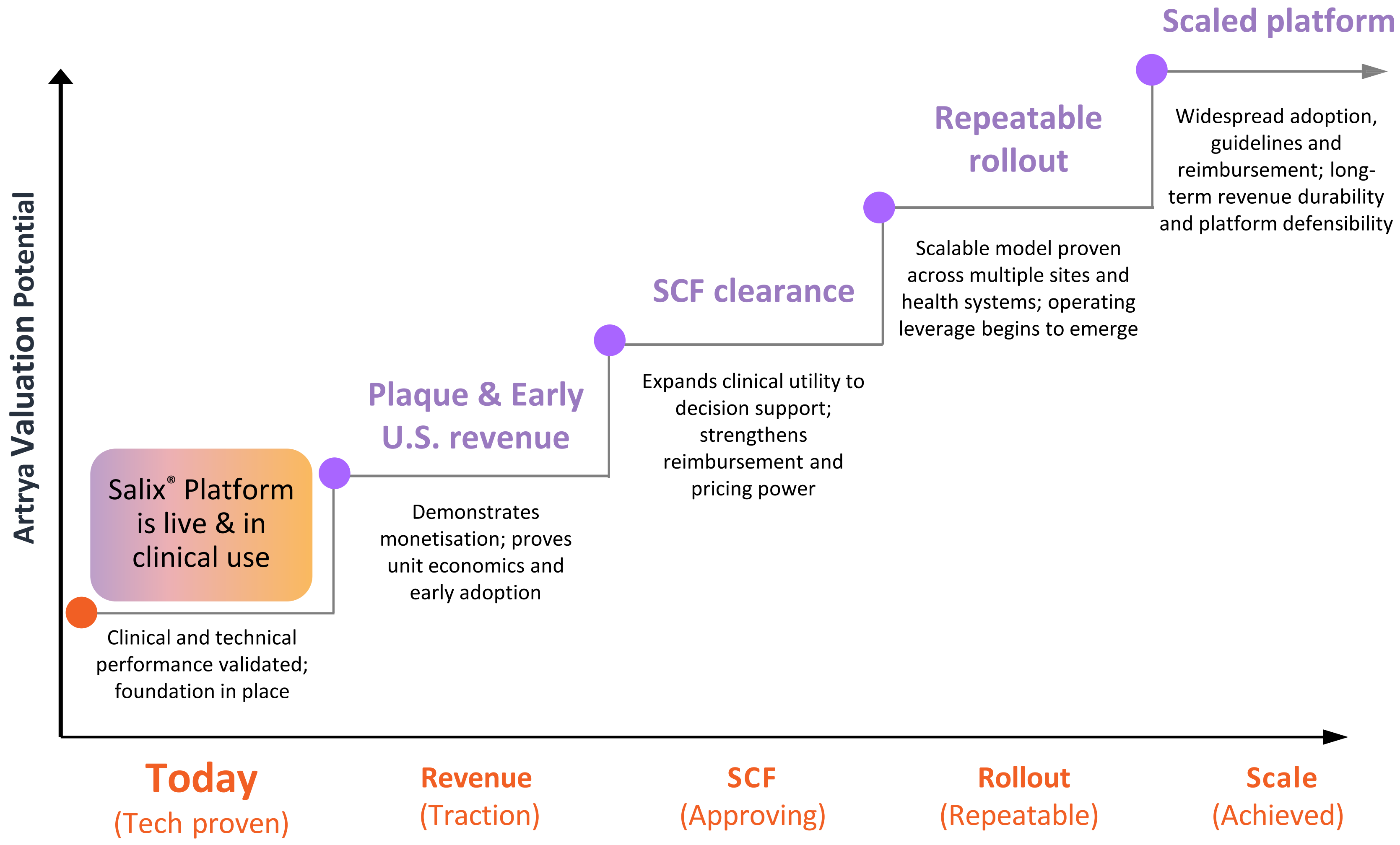


Customer Revenue increases as Salix® platform capability scales

Our pathway to creating future value for shareholders

Clearly identified value inflection points that drive towards repeatable adoption and a scaled Salix® platform

1. Commercial execution will shift from early wins to repeatable US rollout
2. SAPPHIRE is the primary commercial adoption engine not just a validation study
3. SCF clearance provides a step-change in clinical relevance and commercial potential



ARTRYA®

Artrya's moat extends well beyond the AI model

Artrya's competitive advantage is built across four reinforcing pillars – each harder to replicate and strengthening with scale

SALIX® Platform

1 One Integrated Platform

Anatomy + Plaque + Flow through one platform, with architecture designed to support additional modules.

BARRIER: Each new module increases platform value and customer stickiness — without adding another vendor

2 Real-Time, Point-of-Care Delivery

~8–10 minute automated analysis delivered within the clinical decision window.

BARRIER: Enables Salix to operate within the clinical workflow rather than as a delayed downstream service

3 Embedded in Clinical Workflow

Integrated into existing imaging, clinical, reporting and reimbursement workflows.

BARRIER: Salix is embedded in how CCTA is delivered, increasing workflow dependence and switching costs

4 Streamlined Reimbursement Workflow

Automates prior-authorisation workflows to reduce manual intervention and accelerate reimbursement.

BARRIER: Embeds Salix into the revenue cycle — reducing friction and helping health systems get to revenue faster

Roadmap for FY27: Scaling Salix® in the U.S.

Building the foundation for sustainable commercial growth through revenue, clinical validation, and operational readiness

Increase scan volumes and recurring revenue across all foundation customers

Drive Adoption & Scale Commercial Revenues

1. **Salix® platform and plaque fully deployed in all Foundation customers** - Increase scan volumes and revenue
2. **Begin converting SAPPHIRE participants to commercial customers** - Build revenue opportunity
3. **Accelerate sales pipeline** - Targeting multiple new live sites

Clinical & Operational Excellence

1. **Salix® Coronary Flow** FDA cleared - targeted by end CY2026
2. **SAPPHIRE** Study – **all 6 hospital systems active** in Phase 1
3. **Clinical credibility -** papers published and conferences presented

Build for Scale and Credibility

1. **Support Salix® Coronary Flow rollout** - Training & adoption once FDA cleared
2. **Enhance CX & Support framework** – in line with operational need
3. **U.S. organisation operational** - Support current and new customers

Five Key Takeaways

Salix® is the best-in-class solution enhancing clinician decision making and patient outcomes

1. Commercial launch established and positioned to scale — 3 multi-year U.S. customers contracted
2. Salix® platform live in Tanner and NGHS and revenue generating – Cone Health deployment underway
3. Salix® platform and Plaque module FDA cleared - Flow module targeted to be cleared by end 2026
4. Multiple growth catalysts underway in FY27 - Additional U.S. sites targeted, SAPPHIRE study progressing across six high-volume centres – research and future customers
5. Strong balance sheet supports commercial scale

ARTRYA®

Appendices

FY26 Financial Statements

Investment supporting U.S. commercialisation and final Coronary Flow validation

FY26 investment reflects deliberate expansion of U.S. commercial capability and completion of key product and regulatory programs

A$'000	Note	2024	2025	2026
Revenue		**0**	**28**	**177**
Accounting adjustments	1	0	0	(149)
Statutory revenue		**0**	**28**	**28**
Other income	2	3,689	5,464	5,647
Expenses				
Contractors and consultants	3	(5,795)	(6,608)	(8,569)
Employee benefits expense	4	(6,993)	(8,377)	(10,859)
Administrative, corporate and other expenses	5	(1,834)	(1,790)	(2,372)
Other costs		(1,205)	(2,002)	(2,865)
Total expenses		**(15,827)**	**(18,777)**	**(24,665)**
Operating EBITDA		**(12,138)**	**(13,285)**	**(18,990)**
Non-operating income & costs				
Finance income & FX gains/(losses)	6	385	241	2,410
Depreciation and amortisation expense		(1,995)	(1,193)	(1,255)
Share-based payments expense		(225)	(2,140)	(1,402)
Other non-cash expense		0	0	(5,945)
Total non-operating income & costs		**(1,835)**	**(3,092)**	**(6,192)**
Operating loss before income tax expense		**(13,973)**	**(16,377)**	**(25,182)**
Income tax expense		(27)	(29)	(1)
NPAT		**(14,000)**	**(16,406)**	**(25,183)**

1. Revenues adjusted non-cash impact of foundation partner options
2. R&D Rebate received and accrued at year end
3. Contractors and consultants increased with development of Salix® modules and regulatory submission
4. Employee benefits reflects the growing headcount to support expansion into the U.S.
5. Other costs includes increases to legal expenses due to U.S. patent protection, and integration-driven AWS costs with scan data sitting in the cloud
6. Interest income on $30m term deposits following capital raise during the year
7. Other non-cash expense refers to the conversion of U.S. foundation partners to commercial customers which triggered accounting for the vesting of affiliate options, creating non-cash charges to revenue and expenses over four years without affecting cash receipts

Statutory accounts – FY26

Profit & Loss	2024	2025	2026
Revenue	0	28	28
Other income	3,689	5,464	5,647
Total income	**3,689**	**5,492**	**5,675**
Contractors and consultants	(5,795)	(6,608)	(8,569)
Employee benefits expense	(6,993)	(8,377)	(10,859)
Depreciation and amortisation expense	(1,995)	(1,193)	(1,255)
Share-based payments expense	(225)	(2,140)	(1,402)
Other non-cash expense	0	0	(5,945)
Other costs	(3,081)	(3,792)	(5,245)
Total expenses	**(18,089)**	**(22,110)**	**(33,275)**
Operating loss	**(14,400)**	**(16,618)**	**(27,600)**
Finance charges			
Finance income	458	270	2,434
Finance costs	(31)	(29)	(16)
Total finance charges	**427**	**241**	**2,418**
PBT	**(13,973)**	**(16,377)**	**(25,182)**
Income tax expense	(27)	(29)	(1)
NPAT	**(14,000)**	**(16,406)**	**(25,183)**

Balance Sheet	2024	2025	2026
Assets			
Current assets			
Cash and cash equivalents	7,134	11,332	44,025
Trade and other receivables	3,874	5,382	5,355
Other investments	149	149	30,149
Prepayments	381	271	243
Total current assets	**11,538**	**17,134**	**79,772**
Non-current assets			
Property, plant and equipment	1,336	1,191	860
Intangible assets	5,730	5,092	4,629
Right-of-use asset	408	259	89
Total non-current assets	**7,474**	**6,542**	**5,578**
Total assets	**19,012**	**23,676**	**85,350**
Liabilities			
Current liabilities			
Trade and other payables	917	1,278	1,461
Lease liabilities	325	348	247
Employee benefits	330	445	577
Refund liabilities	0	0	2,790
Total current liabilities	**1,572**	**2,071**	**5,075**
Non-current liabilities			
Lease liabilities	624	276	0
Employee benefits	12	40	91
Refund liabilities	0	0	1,890
Total non-current liabilities	**636**	**316**	**1,981**
Total liabilities	**2,208**	**2,387**	**7,056**
Net assets	**16,804**	**21,289**	**78,294**
Equity			
Issued capital	56,448	75,045	154,394
Reserves	8,228	10,522	13,361
Accumulated losses	(47,872)	(64,278)	(89,461)
Total equity	**16,804**	**21,289**	**78,294**

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Thank you

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