Venn Brown
Investment Research

Company earnings

Artrya Limited

Not Echoing IQ

14th September 2026

Artrya fell -21% last week and at one point, was down another -8% today. At today's close, the shares are down -50% from their all-time high of $6.49 set just three months ago on the 6th July. The pullback is partly a result of disappointing 4Q26 results (see 'Valuation downgrade but market overreaction is a buying opportunity') compounded by 1) last Tuesday's rejection by the FDA of EchoIQ's EchoSolv HF submission; and 2) the ongoing delay in Salix Coronary Flow FDA submission.

Artrya is not EchoIQ

On Tuesday after market close EchoIQ (ASX:EIQ) announced that its EchoSolv HF product had failed to achieve FDA clearance. The FDA issued a Not Substantially Equivalent (NSE) determination, meaning EIQ's attempted use of the 510(k) equivalence pathway was invalid. EIQ management is reviewing the determination but did not provide details of the expected path forward.

The market interpreted this ruling as a potential risk to AYA's own Salix Coronary Flow application (not yet submitted), resulting in the drop in share price. We argue that sufficient differences between EchoSolv HF and SCF render the comparison largely meaningless.

Upside to our forecasts

After Artrya reported its fourth-quarter results, we significantly pushed out our expected timing of cash flows. We extended the buffers between our forecasts and management guidance, resulting in +31% upside if results more closely resemble guidance rather than our estimates.

AYA joins the ASX 300

On 4th September, S&P/ASX announced Atrya would join the S&P/ASX 300 index. We estimate AYA will represent around 2.7 basis points of the index, requiring passive index-tracking funds to acquire ~10 million shares, or approximately 14 days of average trading volume.

Maintain new valuation: $6.07

We maintain our $6.07 valuation. Recent extraneous market events have compounded negative sentiment around Artrya and created a compelling buying opportunity. We believe the market will need visible evidence of market traction before fully rallying behind the stock.

Catalysts remain: SCF FDA submission, commercialising SAPPHIRE partners, SCF FDA clearance, delivery of meaningful customer revenue.

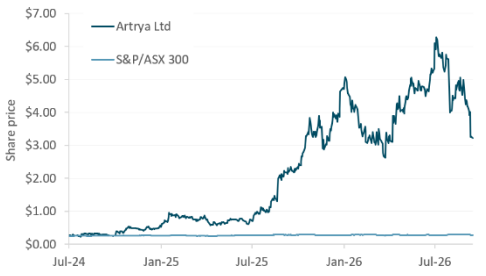
Artrya Limited

ASX:AYA

Industry	Health Care Technology
Date	14th September 2026
Currency	AUD
Valuation	$6.07
Recommendation	Buy
Share price	$3.22
52-week range	$2.09 / $6.49
Market cap	$526m
Free float	67.6%
Dividend	-
Yield	-

Year-end 30 June	FY25	FY26	FY27e	FY28e
Revenue	$5m	$6m	$10m	$20m
EBITDA	-$15m	-$26m	-$23m	-$21m
EBIT	-$17m	-$28m	-$24m	-$22m
Net profit	-$16m	-$25m	-$21m	-$19m
Earnings per share	-$0.18	-$0.17	-$0.13	-$0.11
Op. cash flow	-$14m	-$18m	-$19m	-$18m
Free cash flow	-$15m	-$18m	-$20m	-$18m
Net debt	-$11m	-$44m	-$44m	-$26m
Net debt / EBITDA	-	-	-	-
Dividend per share	$-	$-	$-	$-
Dividend yield	-%	-%	-%	-%
P/E	-22x	-14x	-17x	-19x
EV/EBIT	-21x	-12x	-13x	-15x
ROA	-69%	-30%	-25%	-29%
ROE	-77%	-32%	-27%	-33%

2-year Price Chart



Analysts

Andrew Wilkinson awilkinson@vennbrown.com

The rejection by the FDA of EchoIQ's EchoSolv HF application for 510(k) clearance had a knock-on effect on Artrya. AYA shares are down -22% from when EchoIQ entered a trading halt on Monday and -15% following confirmation of the FDA rejection after market close on Tuesday. The rejection follows the ongoing delay in AYA submitting its own application for FDA clearance of Salix Coronary Flow, which was first expected to be submitted 12 months ago and has been "soon" or "imminent" ever since.

The market appears to have extrapolated the FDA rejection to AYA despite several meaningful differences, which, as summarised in Table 1, renders the comparison largely meaningless.

Table 1: Meaningful differences between EchoIQ EchoSolv HF and Salix Coronary Flow

	EchoIQ	Artrya
Market equivalence not as obvious	EchoIQ applied for EchoSolv HF via the 510(k) pathway, which requires EchoSolv HF to be equivalent to an existing product already cleared by the FDA. While it hasn't been disclosed, we expect EchoIQ used Ultromics' EchoGo as its predicate, but there are meaningful differences between the products, most notably the inputs: EchoSolv HF uses numerical measurements extracted from an echocardiogram report, while EchoGo assessed echocardiography video.	Heartflow and Clearly both have FDA clearance for their FFRCT technology. Heartflow achieved clearance via a De Novo pathway, allowing Clearly to gain clearance via the 510(k) equivalency pathway using Heartflow as its predicate. Heartflow, Clearly and Salix Coronary Flow use the same inputs (CCTA scans) and machine learning analysis for diagnostics.
Variable definition versus objective measure	EchoSolv HF measures heart failure detection, which is a clinical syndrome with variable definitions, making "substantial equivalence" harder to evidence statistically.	SCF is calibrated against invasive flow measurements, an objective physiological reference.
FDA 510(k) path confirmed	EchoSolv HF Q-submission meeting verified study design, but not 510(k) pathway. The FDA rejected EchoIQ EchoSolv HF submission, claiming it's not substantially equivalent and therefore does not qualify for the shorter and simpler 510(k) clearance pathway.	Artrya reported that its Q-Submission meetings with the FDA (October 2025) confirmed its eligibility for the 510(k) clearance pathway. That said, Q-subs feedback is non-binding, so the FDA does not guarantee it.
Revenue split of products	Market estimates put the market size of approved EchoSolv AS at US$10b/yr, compared to EchoSolv HF at US$60-70b/yr, so rejection of EchoSolv HF has a more meaningful impact on future cash flows.[1]	SCF is expected to contribute ~24% of group revenue, compared to the already cleared SCA and SCP contributing 8% and 68%, respectively. Even if SCF isn't cleared (which we believe is highly unlikely), it has a less meaningful impact on AYA's earnings outlook.
American Medical Association Current Procedural Terminology (CPT) category code[2]	The AMA rejected EIQ's Category III CPT application in Oct 2025, an early signal that reviewers saw EchoSolv as novel rather than equivalent. Even if EchoSolv HF is eventually cleared, it has no dedicated reimbursement code, so clearance would not by itself unlock hospital billing.	SCF bills under existing Category I CPT 75580 (CT-FFR). The code was established by HeartFlow and attracts a US$877 CMS (Medicare) reimbursement.

[1] **Note:** Venn Brown does not cover EchoIQ and has no estimates.

[2] **Category I**: permanent five-digit codes for established procedures. Requires FDA clearance where applicable, widespread US use, and peer-reviewed evidence of efficacy. Carries a CMS-set payment rate. Example: 75580, CT-derived fractional flow reserve, used by HeartFlow. **Category II**: optional supplementary tracking codes (format 0000F) for quality and performance measurement, such as recording that blood pressure was taken. No payment attached. **Category III**: temporary codes (format 0000T) for emerging technologies, services and procedures. Lower evidence bar than Category I, no guaranteed payment; each payer decides. Sunset after five years unless converted to Category I or extended.

This is not to say EchoSolv HF won't gain FDA clearance via the 510(k) pathway or the significantly more complex and time-consuming De Novo path, but it does create significant uncertainty about both the path forward and the likely timeline.

While frustrating for AYA shareholders, the pathway for FDA clearance of Salix Coronary Flow appears more certain, as its predicates are clearer and established Category I codes are already in use.

Our expectations are largely unchanged from our 4Q26 update

As published in our 30th July piece 'Valuation downgrade but market overreaction is a buying opportunity', following the release of Artrya's fourth quarter cash flow in July, we adjusted our forecasts by pushing out our revenue expectations. While we'd previously assumed progress would be slower than company guidance, our adjustments added an even larger buffer, leading to a valuation reduction from $6.62 to $6.07. Table 2 summarises our adjusted assumptions against company guidance (where provided).

Table 2: Valuation upside if various factors more closely match management guidance

Assumption	Artrya guidance	Venn Brown estimates
Salix Coronary Flow – first revenue	Not provided	4Q27
Lag between signing commercial agreement and first revenue	6-9mths	12 months
Full rollout of mega healthcare system	~3 years	4.5 years
SCF pricing	US$800	US$750
SCP:SCA scan ratio	70%	60%
SCF:SCA scan ratio	35%	21%
Blended pricing per scan	US$855 / A$1,221	US$658 / A$939

Source: Artrya guidance, Venn Brown estimates

As shown in Table 3 below, if the scan ratios and pricing match management guidance rather than our expectations, it will lift our valuation by +31% to $1.3 billion, or $7.89 per share.

Table 3: Applying Artrya's pricing and scan ratio guidance lifts our valuation by +31%

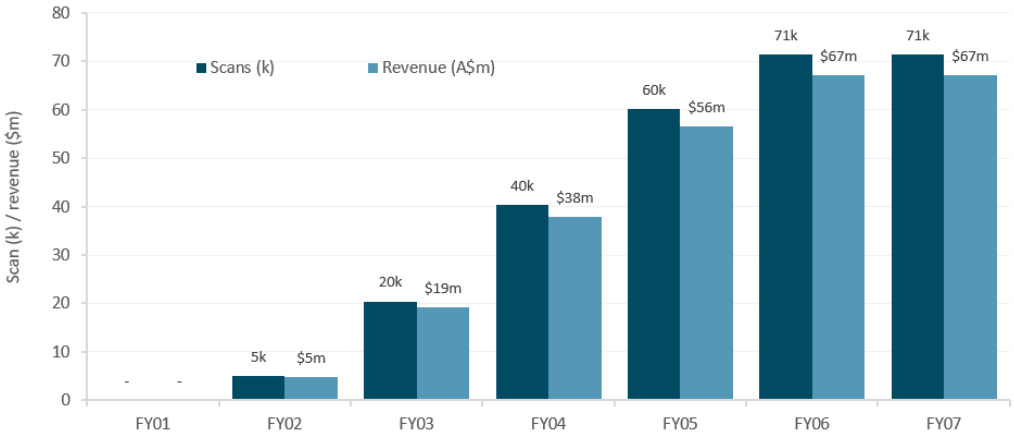
	Artrya assumptions		Venn Brown est.	
	Valuation	per share	Valuation	per share
Salix Coronary Anatomy	$85m	$0.52	$84m	$0.52
Salix Coronary Plaque	$781m	$4.79	$660m	$4.08
Salix Coronary Flow	$419m	$2.57	$236m	$1.47
Total	**$1,286m**	**$7.89**	**$980m**	**$6.07**
difference	+31%	+31%		

Source: Venn Brown estimates

Figure 1 below shows the scan and revenue growth profile resulting from these assumptions for a hospital group that performs 71,000 scans a year, which we estimate is approximately

the number Ascension Healthcare performs each year. For reference, (Table 4), Ascension is the third-largest SAPPHIRE partner by number of hospitals.

Figure 1: We've assumed a 12-month gap between signing and first revenue



Source: Venn Brown

To test the robustness of our forecasts, we ran various commercialisation and rollout scenarios. Along with the drivers listed in Table 2 we applied the following assumptions to all scenarios:

1. Between December 2026 and June 2029, all six SAPPHIRE partners sign commercial agreements;
2. Artrya signs no new customers aside from the three existing foundation customers and six SAPPHIRE partners;
3. Combined, the SAPPHIRE partners complete approximately 400,000 CCTA scans a year;
4. The total number of CCTA scans performed each year doesn't grow; and
5. Artrya doesn't launch any new products during the forecast period.

All these assumptions are conservative given:

a. How well received Salix has been with customers;
b. The level of inbound interest AYA is reportedly receiving from other healthcare systems;
c. The interest customers are showing in extending Salix functionality;
d. Existing growth in CCTA rates (7-12% per year); and
e. The pressure from various medical authorities to increase the use of CCTAs.

Given the size differences among the SAPPHIRE partners (see hospital and estimated scan figures in Table 4), the order in which Artrya commercialises them hugely impacts revenue generation. However, our current forecasts remain below the scan and revenue outcomes of more than 80% of the scenarios we modelled.

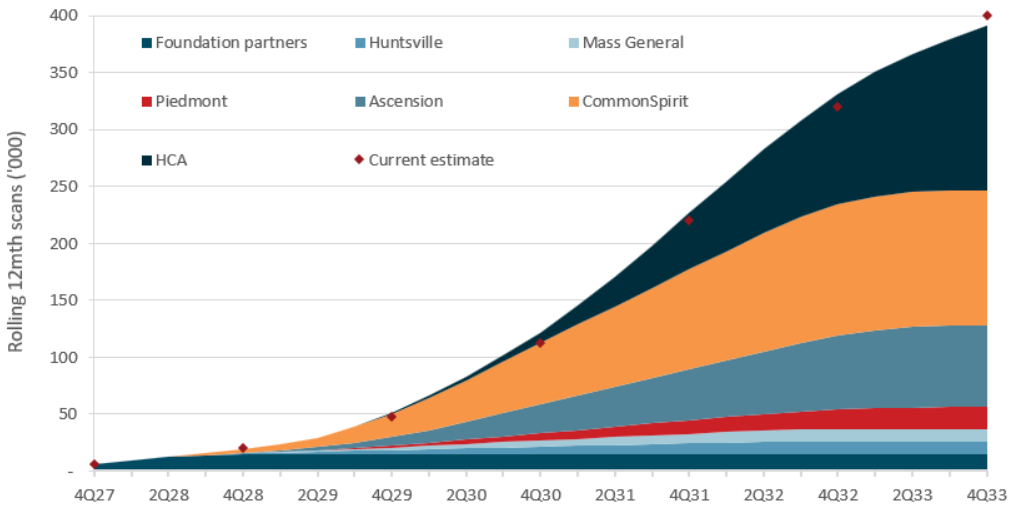
Table 4: SAPPHIRE partners complete 400,000 scans a year, worth $376m in revenue

SAPPHIRE partner	Hospitals	Est. annual scans ('000)	Est. peak annual revenue ($m)	Commercial agreement	First revenue
Huntsville Hospital	14	11	$10m	Dec-26	Dec-27
CommonSpirit Health	156	119	$111m	Dec-26	Dec-27
Mass General	15	11	$11m	Jun-27	Jun-28
Ascension Healthcare	94	71	$67m	Jun-27	Jun-28
Piedmont Healthcare	25	19	$18m	Dec-27	Dec-28
HCA Healthcare	222	169	$159m	Jun-28	Jun-29
Total	**526**	**400**	**$376m**		

Source: Venn Brown estimates, Definitive Healthcare, company reports

Figure 2 below shows an example scenario driven by the factors above, with timing of signing each commercial agreement and receipt of the first revenues shown in Table 4. Under this scenario, the first revenue from the largest partner, HCA Healthcare, doesn't arrive until the final quarter (June) of 2029. Indeed, AYA doesn't receive revenue from any SAPPHIRE partner until the December quarter of 2027.

Figure 2: Our scan and revenue estimates remain below 80% of our test scenarios



Souce: Venn Brown estimates

Under the above model, Artrya hits an annual revenue run rate of $376 million in June 2033 without releasing any new products or signing any new customers beyond the nine they are already working with.

Our estimates leave significant upside potential

Any material changes to these assumptions towards management guidance will positively impact our valuation. In our July review, of the drivers in Table 2, we changed:

1. Time until Salix Coronary Flow's first revenue;
2. Lag between signing and realising first revenue; and

3. Time taken to roll Salix out.

The fee and scan ratio assumptions have been consistent since we launched coverage in 2024. The rationale for the changes were the following:

1. **Salix Coronary Flow:** We remain confident that AYA will secure FDA clearance for SCF. We've pushed SCF revenue recognition out to 4Q27. This assumes a fairly smooth clearance process (which is AYA's intent and why they've taken their time preparing the submission), requiring a submission in 3Q27. An earlier submission and clearance are clearly positive.
2. **Go live – 12mths vs 6-9mths:** AYA management have frequently said they expect it to take 6-9 months from finalising a commercial agreement to generating first revenue. Given any rollout requires sign-off from at least six hospital departments (finance, corporate, payments, cardiology, imaging and IT), it's understandable that rollouts can easily face delays, as has already occurred with Cone Health (delayed by the group's acquisition by Kaiser Permanente) and North East Georgia (delayed due to the system transitioning to a new Picture Archiving and Communication System – PACS).

   Our model assumes it takes 12 months to generate revenue once an agreement has been signed. As more customers sign up, these delays matter less because AYA can balance negotiations and approvals across multiple customers in parallel; however, in the near term, with only three signed customers, any delay of one customer meaningfully impacts cash flows.
3. **Speed for complete rollout:** Management has suggested that once approved, it would take approximately three years for the group to roll Salix out to a group the size of SAPPHIRE partner HCA (~220 hospitals). We've assumed full rollout for each customer takes four and a half years (in addition to the 12-month post-signing period), with the first revenue year completing minimum scans (<5k for the first 12 months, even for the mega healthcare systems).

Along with these factors, the following drivers also provide additional upside potential:

1. **New products**: Artrya has listed Salix Procedure Planning (SPP) in almost every company presentation since 2021, and representatives from Tanner Health expressed interest in having an integrated structural heart solution. We do not doubt there is strong demand for Artrya to develop and integrate more diagnostic tools into Salix. Several imaging clinics Venn Brown spoke with voiced their enthusiasm for reducing the number of point solutions they use to a smaller number of more versatile products.

   As we have stated in the past, future demand from customers and providers could lead Artrya to allow third parties to develop and market their own diagnostic tools on the Salix platform. If this happens, it is still several years away and would occur only after Artrya has released several more of its own tools, but it highlights the potential of the Salix diagnostics workflow management platform.
2. **New customers:** If AYA secures all or some of the SAPPHIRE partners as customers, it's reasonable to assume they will attract more customers. Indeed, if HCA, Ascension and CommonSpirit all use Salix, then it's likely that several, if not all, of the remaining mega healthcare systems will also adopt Salix.

We estimate that of the ~4.4 million CCTA scans expected to have been performed in the US in 2025, more than 600 million were performed by the remaining seven of the ten largest healthcare systems.

Table 5: Three of the 10 largest US healthcare systems are Artrya's SAPPHIRE partners

Rank	Healthcare system	Hospitals
1	**HCA Healthcare**	**~220**
2	Universal Health Services	187
3	Encompass Health Corporation	172
4	Department of Veterans Affairs	161
5	**CommonSpirit Health**	**156**
6	Select Medical Corporation	119
7	**Ascension Health**	**100**
8	LifePoint Health	95
9	ScionHealth	92
10	Trinity Health	90

Source: Definitive Healthcare

3. **CCTA scan growth:** CCTA use is steadily growing by +7-12% a year in the US. We expect this to accelerate as hospitals face more pressure to adopt the most effective heart disease diagnostic tools, as again confirmed by the publication of the ten-year follow-up to the SCOT-HEART trial. See 'Positive customer reviews and new CFO'. The SAPPHIRE partners represent less than 10% of the existing market so even without this growth, the AI-driven cardiac diagnostic market is unlikely to approach market saturation in the foreseeable future.

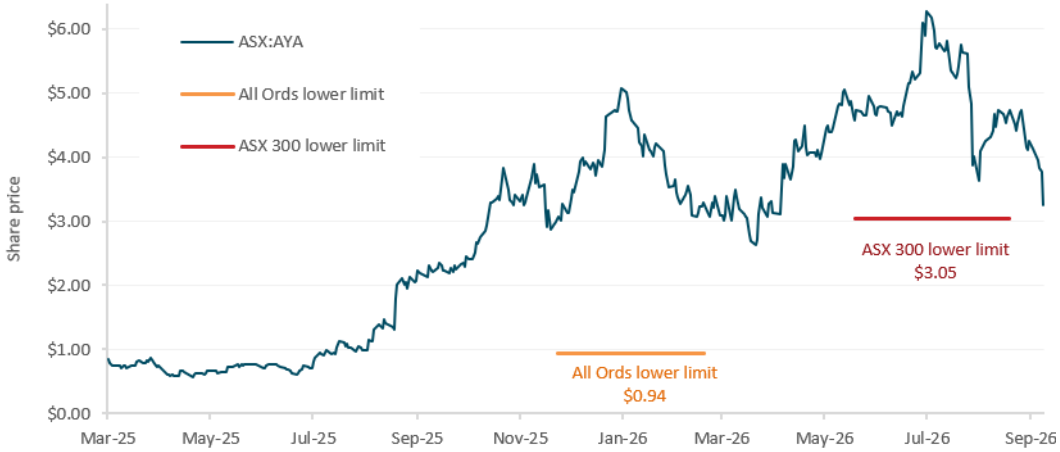
Artrya joins the ASX 300

On the 4th September S&P/ASX announced Artrya will join the ASX300 at its rebalance on the 18th September. The addition means all funds that track the ASX300, either passively or as a benchmark, will need to consider adding AYA to their portfolio. Based on the three-month pricing window (which closed on 21st August), we estimate AYA will represent 2.7 basis points[3] of the ~$150 billion index, implying passive ASX300 tracking funds need to buy ~10 million shares, with active funds benchmarked to the 300 also likely to pick up additional shares.

An average of around 700,000 AYA shares traded each day during the 3-month pricing window, implying that around 14 days of trading volume are required to meet the 10 million-share target.

[3] 100 basis points = 1 percentage point

Table 6: As expected, Artrya will join the ASX 300 on 18th September



Source: Venn Brown, CMC Markets

Our thesis hasn't changed, but we expect a "wait and see" attitude

We remain positive on Artrya and believe the market drawdown represents an excellent buying opportunity. While we see several near-term catalysts, we expect the market to adopt a "wait and see" attitude, focused on tangible outcomes such as cash flows, FDA clearance, and new signed commercial agreements, rather than the FDA submission and enthusiasm about the commercialisation pipeline[4].

The path to a rerating is clear and should occur over the next six to nine months:

1. Demonstrate demand with customers using and paying for Salix in the expected volumes;
2. Prove the price point by delivering revenue that matches blended pricing guidance;
3. Demonstrate ability to implement by rolling Salix out to all the sites of the two remaining foundation partners (Northeast Georgia and Cone Health);
4. Prove ability to sell by closing more commercial agreements; and
5. Gain FDA clearance for Salix Coronary Flow (SCF)

It remains unclear what cash flow AYA will report for the September quarter (we expect AYA to announce its results around 28th October). The June quarter surprised to the downside. We don't expect a significant improvement this quarter, given Artrya has yet to fully roll out Salix at Northeast Georgia and Cone Health, and uncertainty over whether it has fully resolved issues around customer payment procedures.

That said, our medium and long-term view of Artrya remains positive and intact.

[4] During the 4Q26 conference call, AYA spoke enthusiastically about the commercialisation pipeline. CEO Konstantopoulos spoke of the growing volume of inbound inquiries from potential customers as well as his confidence in signing commercial agreements with a (some) SAPPHIRE partner(s) by the end of the calendar year. This news should have been greeted with enthusiasm by the market, and had the fourth quarter results not fallen short of expectations, we believe it would have been.
See 'Valuation downgrade but market overreaction is a buying opportunity' for more details

Scans		FY24	FY25	FY26	FY27e	FY28e	FY29e	FY30e	FY31e	FY32e
Salix Coronary Anatomy (SCA)	#k			0.0	6.0	20	48	112	220	320
Salix Coronary Plaque (SCP)	#k			-	3.6	12	29	67	132	192
Salix Coronary Flow (SCF)	#k			-	0.3	4	10	24	46	67

Income statement		FY24	FY25	FY26	FY27e	FY28e	FY29e	FY30e	FY31e	FY32e
Total Revenue	**$m**	**4**	**5**	**6**	**10**	**20**	**47**	**110**	**216**	**314**
Operating expenses	$m	-16	-21	-32	-33	-41	-35	-66	-86	-110
EBITDA	$m	-13	-15	-26	-23	-21	12	44	130	204
D&A	$m	-2	-1	-1	-2	-1	-1	-1	-1	-0
EBIT	**$m**	**-15**	**-17**	**-28**	**-24**	**-22**	**11**	**43**	**129**	**204**
Profit before tax	$m	-14	-16	-25	-21	-20	12	45	133	214
Tax	$m	-0	-0	-0	-	-	-	-	-18	-64
Net profit after tax	**$m**	**-14**	**-16**	**-25**	**-21**	**-20**	**12**	**45**	**115**	**150**
Growth										
Revenue	%	270%	49%	3%	74%	99%	140%	133%	96%	45%
Operating costs	%	37%	28%	53%	2%	25%	-13%	87%	31%	27%
EBITDA	%	16%	22%	71%	-14%	-7%	-156%	273%	195%	58%
NPAT	%	-%	-%	-%	-17%	-5%	-163%	265%	153%	30%
Margins										
EBITDA	%	-%	-%	-149x	-466%	-107%	25%	40%	60%	65%
EBIT	%	-%	-%	-155x	-500%	-113%	23%	39%	60%	65%
NPAT	%	-%	-%	-142x	-432%	-101%	26%	41%	53%	48%

Balance Sheet		FY24	FY25	FY26	FY27e	FY28e	FY29e	FY30e	FY31e	FY32e
Cash & equiv	$m	7	11	44	24	5	19	65	198	394
Term deposit	$m	-	-	30	30	30	30	30	30	30
Receivables	$m	4	5	5	6	6	7	7	8	8
Other	$m	1	0	0	0	0	0	0	0	0
Current Assets	**$m**	**12**	**17**	**80**	**61**	**42**	**56**	**102**	**236**	**433**
PP&E	$m	1	1	1	-0	-1	-2	-2	-2	-2
Other	$m	6	5	5	4	4	4	4	4	4
Non-current Assets	**$m**	**7**	**7**	**6**	**4**	**3**	**2**	**2**	**2**	**2**
Total Assets	**$m**	**19**	**24**	**85**	**65**	**45**	**58**	**104**	**238**	**434**
Payables	$m	1	1	1	2	2	3	3	4	4
Tax liabilities	$m	-	-	-	-	-	-	-	19	64
Other	$m	1	0	1	1	1	1	1	1	1
Current Liabilities	**$m**	**2**	**2**	**5**	**5**	**6**	**6**	**7**	**25**	**72**
Long-term debt	$m	-	0	0	0	0	0	0	0	0
Other	$m	1	0	2	2	2	2	2	2	2
Non-current Liabilities	**$m**	**1**	**0**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
Total Liabilities	**$m**	**2**	**2**	**7**	**7**	**8**	**8**	**9**	**27**	**74**
Share capital	$m	56	75	154	154	154	154	154	154	154
Accumulated profit/loss	$m	-48	-64	-89	-110	-130	-118	-72	43	192
Other	$m	8	11	13	13	13	13	13	13	13
Total Equity	**$m**	**17**	**21**	**78**	**57**	**37**	**50**	**95**	**210**	**360**

Source: Artrya, Venn Brown estimates

Cash flow		FY24	FY25	FY26	FY27e	FY28e	FY29e	FY30e	FY31e	FY32e
EBITDA	$m	-13	-20	-26	-23	-21	12	44	130	204
Interest	$m	0.4	-0.0	-0.0	3.3	3.3	2.5	3.1	5.2	11
Tax & other	$m	-3.2	5.3	8.4	-0.1	-0.1	-0.0	0.0	0.1	-19
Operating cash flow	**$m**	**-15**	**-14**	**-18**	**-19**	**-18**	**14**	**47**	**135**	**196**
Capex	$m	-0.0	-0.3	-0.1	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3
Other	$m	2.8	0.3	-28	-	-	-	-	-	-
Investing Cash Flow	**$m**	**2.7**	**0.0**	**-28**	**-0.2**	**-0.2**	**-0.2**	**-0.2**	**-0.3**	**-0.3**
Issue of securities	$m	-	20	80	20	-	-	-	-	-
Change in debt	$m	-	-	-	-	-	-	-	-	-
Other	$m	-0	-2	-1	-	-	-	-	-	-
Financing cash flow	**$m**	**-0**	**18**	**79**	**20**	**-**	**-**	**-**	**-**	**-**
Change in cash flow	**$m**	**-13**	**4**	**33**	**-0**	**-18**	**14**	**47**	**135**	**196**
Share outstanding (average)	#m	79	92	148	167	171	172	173	173	173
Share outstanding (closing)	#m	79	113	163	171	171	173	173	173	173
Diluted shares outstanding	#m	108	137	178	178	178	178	178	178	178

Source: Artrya, Venn Brown estimates

About Artrya

The future of cardiac imaging diagnostics

Artrya is the Perth-based developer of Salix, an AI-driven diagnostic imaging solution for coronary artery disease. Salix is an automated workflow and diagnostic solution that integrates with hospitals' and clinics' existing imaging and patient management systems. Australian clinicians Venn Brown spoke with report that the time Salix saves in analysis and reporting would allow clinics to perform at least 2-4 additional scans a day, equating to $2,600 - $3,500/day of additional revenue. In the US, Salix turns a healthcare provider's cost centre into a revenue centre, earning them ~US$200-300/scan

$3 billion addressable market

Conservatively, Salix's existing addressable imaging market is $3 billion in annual revenue. This does not include the 7%+ pa growth in CCTA imaging seen across Australia, the US, and most of Europe. CCTA imaging accounts for only around 10-15% of cardiac diagnostic testing, with leading cardiac specialists expecting this share to grow to 80% over the coming years.

Land and expand

Salix is the first near-real-time AI-enabled cardiac imaging solution to offer integrated workflow management and plaque assessment, providing Artrya a platform to roll out additional imaging products. As a SaaS, Salix offers enormous economies of scale. Once adopted and installed, the Salix workflow is a highly sticky base on which Artrya can build additional products to capture a greater share of cardiac imaging spend.

Valuation

Based on our DCF, we value Artrya at $6.07 per share. The value is based on conservative assumptions around pricing, the speed of the group's rollout, and costs, and it assumes a 15% cost of equity and a 2.5% terminal growth rate. We expect to revise the valuation upward once there is greater certainty regarding the SAPPHIRE study.

Catalysts

We see several catalysts that will progressively drive AYA's value higher as greater visibility into future earnings emerges. This includes: Commercial launch of SCP, FDA approval and launch of SCF, progress of the SAPPHIRE study, reporting its first US revenues, the launch of US sales activities and ongoing US customer wins.

Read more in our initiation of coverage report: 'Salix: The future of cardiac imaging diagnostics', available on our website (http://www.vennbrown.com/artrya).

Share Price

Source: S&P Global

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