Deep Light Vision

A new imaging modality for physiological diagnostics at depth

Today’s discussion

1. THE OPPORTUNITY & WHY NOW
2. WHY CURRENT IMAGING FAILS
3. A CONSTRAINT-BREAKING SOLUTION
4. FIRST APPLICATION: BREAST CANCER
5. PLATFORM UPSIDE & TEAM
6. PLAN & ASK

DEEPLIGHT VISION

The opportunity & why now

A STRUCTURAL GAP IN MODERN DIAGNOSTICS

COST PRESSURES

Care is becoming more personalized and time-critical

LACKING INFORMATION

Physiological tissue state at depth is only available invasively

WASTE

Delayed diagnosis, invasive care, and poor patient experience

Key takeaway: A new optical modality makes non-invasive imaging to determine physiological tissue state at depth viable for the first time.

DEEPLIGHT VISION

WHERE CURRENT IMAGING FAILS

Hospitals, clinicians and patients want physiological information at depth and non-invasive / non-ionizing techniques

Modality	Depth	Physiological information	Non-invasive / non-ionizing / bedside
Ultrasound	✓	✗	✓
MRI	✓	✓	✗
CT	✓	✗	✗
NIRS/PAT	✗	✓	✓

No existing modality combines all three.

DEEPLIGHT VISION

A constraint-breaking solution

ULTRASOUND OPTICAL TOMOGRAPHY (UOT)

A fundamentally different imaging modality

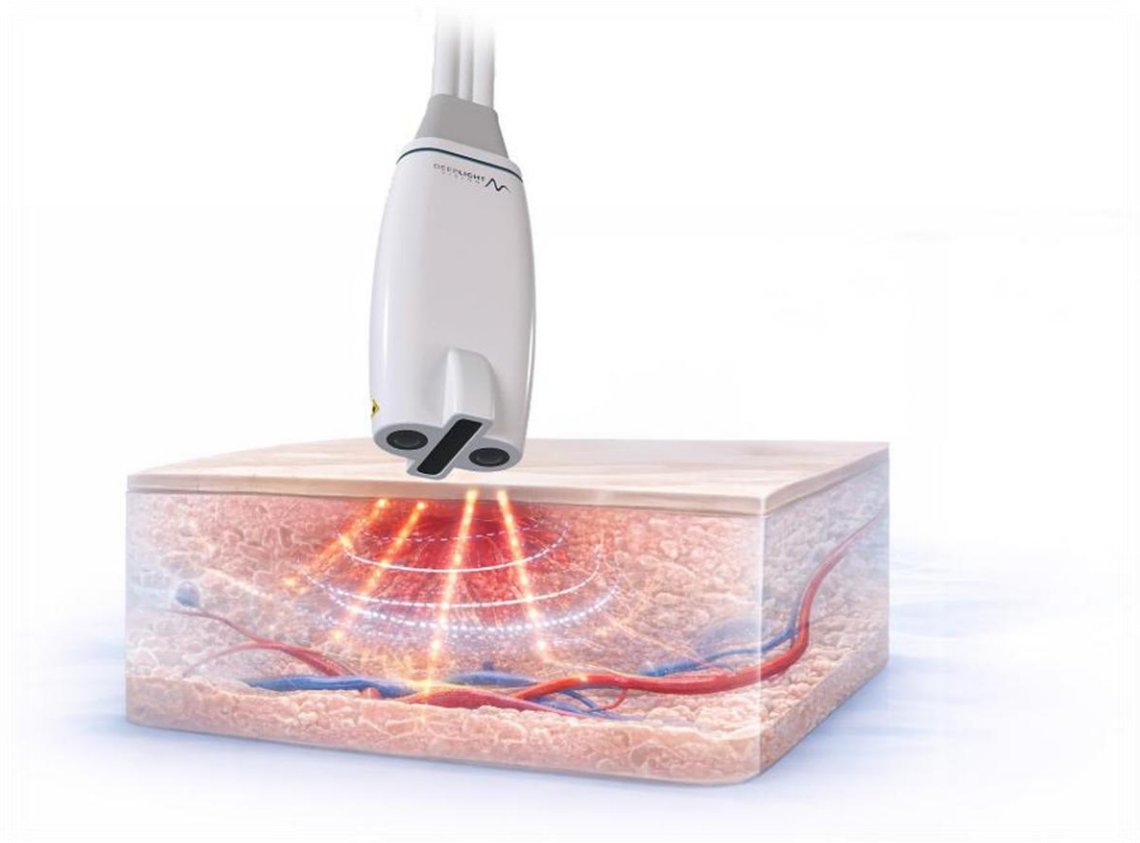
Leverages light to access physiological tissue information

Ultrasound tags light inside tissue

Tagged optical signals are recovered at depth

No ionizing radiation or contrast agents

Ultrasound-like workflow at the bedside



DEEPLIGHT VISION

WHY UOT BREAKS THE CONSTRAINT

Versus other imaging approaches

MRI/CT

- Physiological tissue state of full body
- Contrast agents or ionizing radiation
- Centralized, expensive workflows

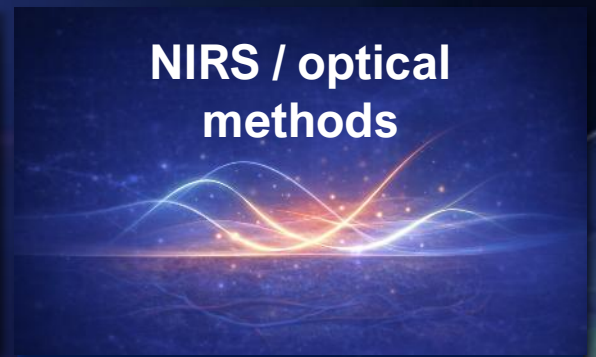
→ Not suitable for frequent, bedside decision-making

ULTRASOUND

- Real-time, bedside
- Structural information of internal organs

→ Lacks physiological tissue information

NIRS / optical methods



- Shallow physiological tissue state
- Non-invasive

→ Limited to very shallow tissue depths

UOT

- Physiological tissue state of internal organs
- No contrast agents, nor ionizing radiation
- Ultrasound-like, real-time bedside workflow

Rooted in decades of quantum physics research

DEEPLIGHT VISION

First application: Breast cancer

WHY BREAST CANCER IS THE FIRST CLINICAL APPLICATION

Filling the gap in modern diagnostics

CLINICALLY UNMET NEED

- Dense breast tissue reduces the sensitivity of current imaging
- High recall rates and false positives in diagnostics
- Two out of three biopsies are unnecessary (US specific)

WHY UOT

- Breast tissue is optically accessible at relevant depth
- Physiological tissue state is critical for malignancy assessment
- Seamless integration into existing diagnostic pathways

MARKET CONTEXT

- Initial focus on improving recall specificity
- Estimated $1B global annual UOT breast recall imaging market
- ~$2B/year spent on unnecessary biopsies (US only)

DEEPLIGHT VISION

PROOF & MOMENTUM

From theory to early clinical data

TECHNICAL VALIDATION

- Demonstrated image quality at depth in early studies.
- ~200× improvement in image acquisition speed

CLINICAL VALIDATION

- Clinical study confirms safety
- Full breast penetration demonstrated

FORWARD MOMENTUM

- Clear roadmap to clinical evidence of improved diagnostic outcomes
- Clear pathway to ~300× signal improvement within 18 months

DEEPLIGHT VISION

Platform Upside & Leadership

PLATFORM UPSIDE

One modality – multiple high-value applications

FOCUSED EXECUTION

- **Breast cancer** - first clinical proof point
- **Neonatal hypoxia** - next target domain

ADDITIONAL HIGH-POTENTIAL APPLICATIONS

- Stroke & acute brain injury
- Sports medicine & muscle oxygenation
- Cardiovascular disease
- Other diagnostics of internal organs

DEEPLIGHT VISION

PROVEN LEADERS

SCIENTIFIC LEADERSHIP

World-leading expertise in UOT and quantum optics

Prof. Stefan Kröll, PhD
Pioneer and world-leading UOT expert.

Alexander Bengtsson, PhD
International expert in advanced optical imaging research

CLINICAL LEADERSHIP

Leading clinical experts in breast imaging and neonatology

Prof. Sophia Zackrisson, MD, PhD
Leading European Breast Cancer research doctor

Dr. Emilie Krite Svanberg, MD, PhD
Specialist physician in intensive care, pediatric anesthesiology

MEDTECH STARTUPS

Operational medtech leaders

Anders Sjögren, CEO, PhD
Experienced venture builder executive, including medtech

Johannes Swartling, CTO, PhD
Deep technical leadership in medtech and optical systems

LEADERSHIP AT SCALE

Alan Harris, PhD
Sr VP R&D at Ferring, 30+ years of medical executive leadership

Tomas Kramar, MSc
Former CEO, Siemens Healthineers Sweden

Per Kröll, MSc
Built product org with >$1B in annual profit, extensive M&A

Masoud Khayyami, Chairman, PhD
Serial medtech leader and entrepreneur

Plan & ask

PLAN & ASK

From belief to proof

This round

- Raise ~10 MSEK
- Expand runway from 12 to 24 months

What this enables

- Accelerate clinical validation and product development
- Establish clinical feasibility
- Release of research product

Forward path

- Clinical product readiness
- Position company for multiple exit options

DEEPLIGHT VISION

Deep Light Vision

A new imaging modality for internal organ diagnostics

WHAT WE HAVE

- A constraint-breaking advance in medical imaging
- Early clinical validation
- A clear path to better diagnostics

WHAT WE'RE BUILDING

- A platform with multiple high-value clinical applications

WHAT WE'RE LOOKING FOR

- Partners to accelerate the journey from proof to product

Contact us at: info@deeplightvision.com

DEEPLIGHT VISION