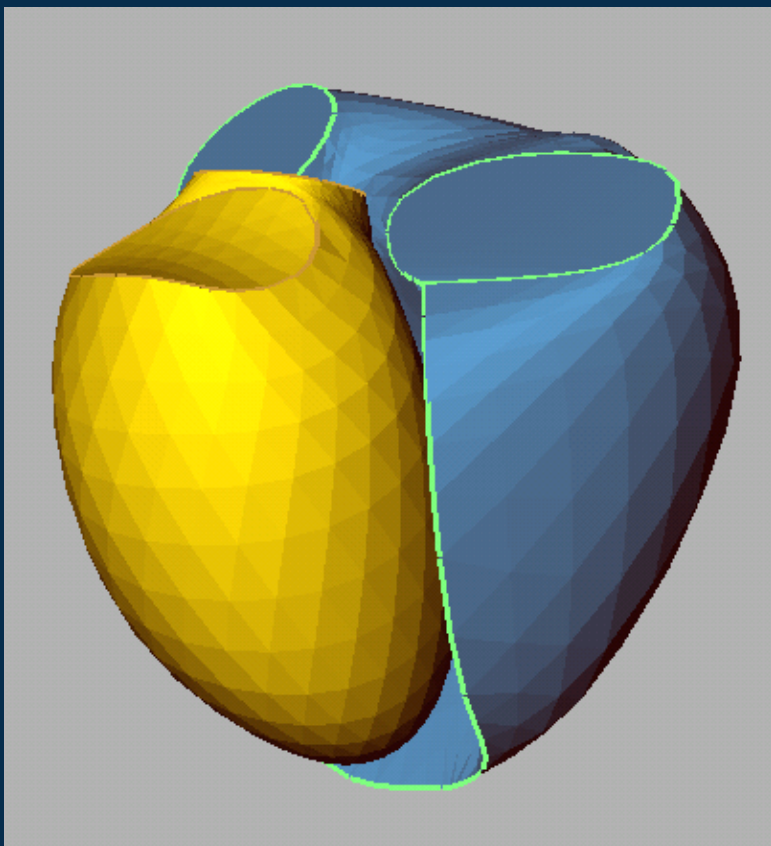


Ventripoint

dot imaging for life

Diagnostics Ltd.



Connecting
ALL
the dots to
get a
heart-full
picture

TSXV: VPT
OTCQX:VPTDF

Corporate Presentation March 2013

Forward-Looking Statement

In the interest of providing potential investors in VentriPoint Diagnostics Ltd. (the “Company”) with information regarding the Company’s future plans and operations, certain statements and graphs throughout the presentation contains “forward-looking statements”. Forward-looking statements include, but are not limited to, statements (collectively, “statements”) with respect to status of technology, development, market size, financing, general and administrative and beyond. You are cautioned not to place undue reliance on forward-looking statements as there can be no assurance that the plans, intentions or expectations they are based on will occur. By their nature, forward-looking statements involve numerous assumptions, known and unknown, risks and uncertainties, both general and specific, that contribute to the possibility that the predictions, forecasts, projections and other forward-looking statements will not occur. Although the Company believes that the expectations represented by such forward-looking statements are reasonable, there can be no assurance that such expectations will prove to be correct. Some of the risks and other factors which could cause results to differ materially from those expressed in the forward-looking statements contained in the presentation include general economics, business and market conditions; changes in technology; competition; access to future funding (debt and equity); timing and amount of capital expenditures; cost overruns; and such other risks and uncertainties described from time to time in the reports forwarded to shareholders. You are cautioned that the foregoing list of important factors is not exhaustive. Furthermore, the forward-looking statements contained in this presentation are made as of the date of this presentation, and the Company does not take any obligations to update publicly or to revise any of the included forward-looking statements, whether as a result of new information, future events or otherwise. The forward-looking statements contained in this presentation are expressly qualified by this cautionary statement. The financial information contained herein is unaudited and should be considered preliminary in nature. This presentation is for general background information purposes only and does not constitute an offer to sell or a solicitation to buy the securities referred to herein. Prospective purchasers are responsible for their own due diligence investigation in respect of any investment in the VentriPoint Diagnostics Ltd.

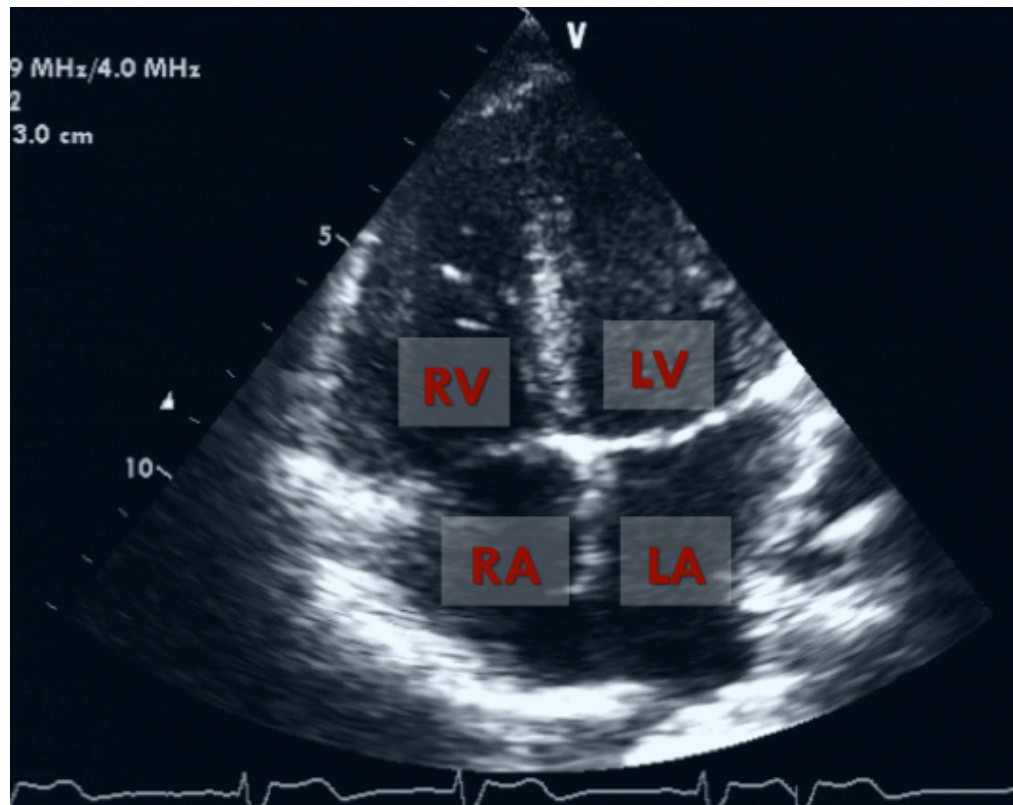


Your Heart

3

Current Problem with Heart Diagnostics

- ♥ Cardiologists do not use ultrasound for right heart as get “blurry” images



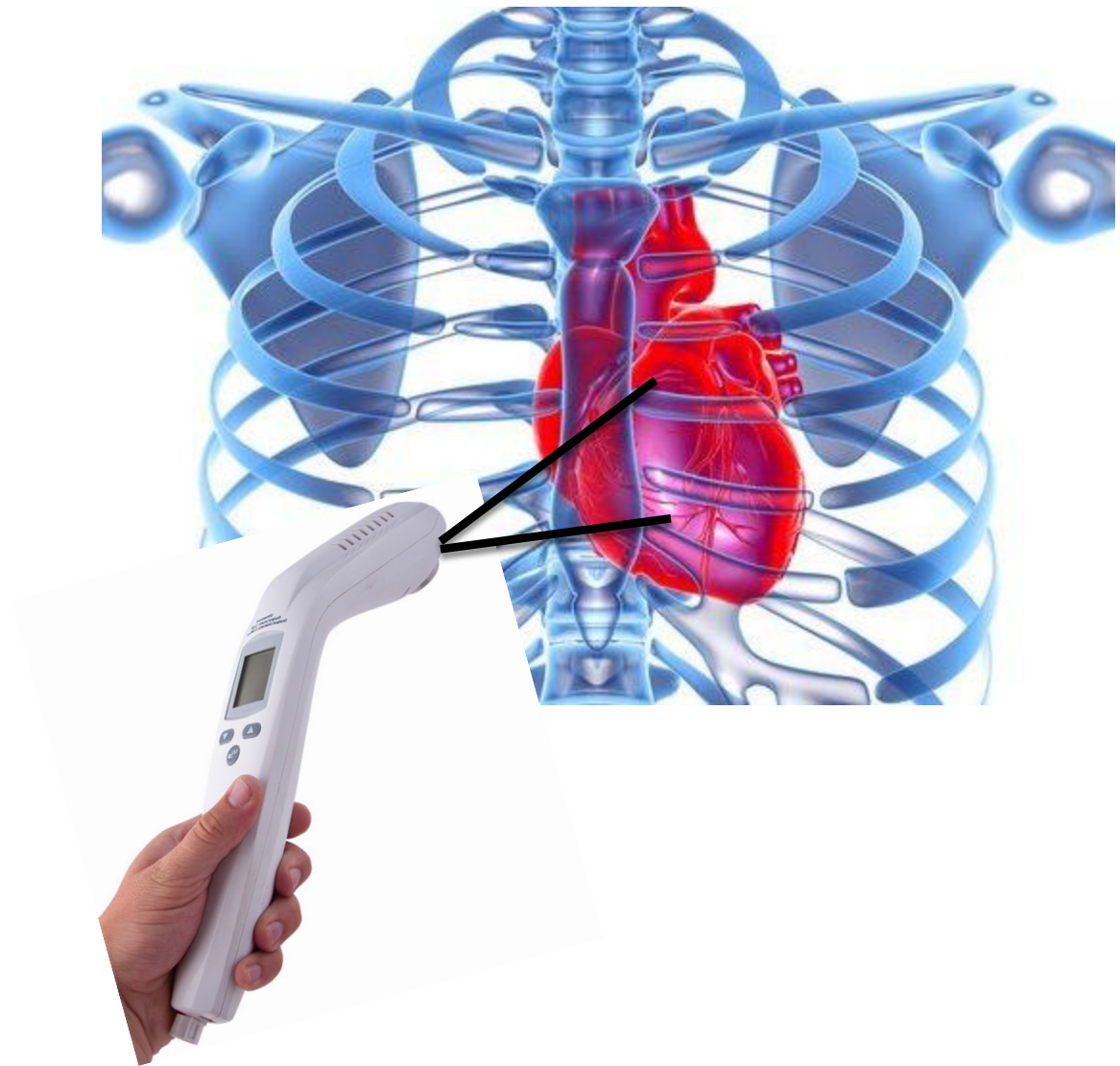


Why is Ultrasound Blurry?

4

Current focus is right heart

- ♥ Hard to see right (front) heart with ultrasound looking through imaging window between the ribs
- ♥ So need to do MRI





MRI is Inconvenient for Everyone

5

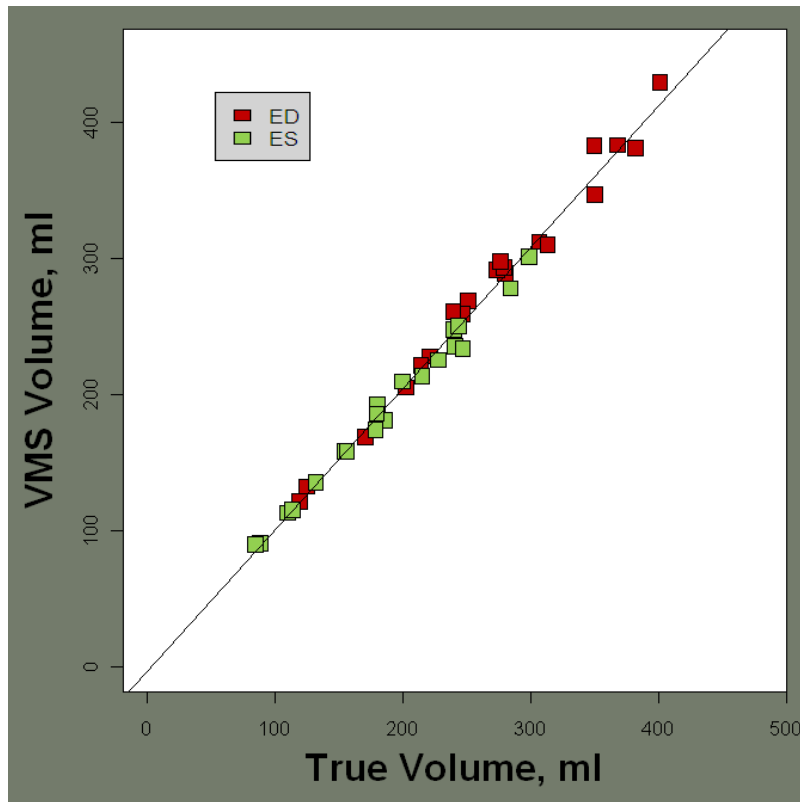
Current Problem with Heart Diagnostics

♥ For clear view, Cardiologists order MRI

MRI	
Machine Time	1-2 hours
Analysis	Radiologist
Analysis time	15-45 minutes
Reader	Radiologist – 15 minutes
Convenience	Second visit to MRI center Third visit back to cardiologist

VMS™ is Equivalent to MRI

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Equivalency Data Published in Major Medical Journals

1. **Eur Heart Journal** 13: 596-604, 2012
2. **Am J Cardiol** 109: 881-8, 2012
3. **J Am Soc Echocardiogr** 24: 1191-8, 2011
4. **Am J Cardiol** 105: 1603-9, 2010
5. **Am J Cardiol** 105: 993-9, 2010

The People – Scientific Advisory Board

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- ♥ **Robyn J Barst, M.D.**, Founded the first pediatric and adult pulmonary hypertension center in 1982 at Columbia University and served as its director until 2008. She serves as a scientific advisor to pharmaceutical companies, FDA and the American Heart Association.
- ♥ **Richard Krasuski, M.D.**, Director of Adult Congenital Heart Disease Services at the Cleveland Clinic's Sydell and Arnold Miller Family Heart and Vascular Institute.
- ♥ **Scott Solomon, M.D.**, Professor of Medicine at Harvard University, Director of Noninvasive Cardiology, Brigham and Women's Hospital.
- ♥ **David Sahn, M.D.**, Professor of Pediatrics at Oregon Health & Science University (OHSU) in Portland, Oregon. Director of NIH reference database for pediatric cardiology.

VMS™ Versus MRI

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	MRI	VMS™
Machine Time	1-2 hours	5 minutes
Analysis	Radiologist	Sonographer
Analysis time	15-45 minutes	10 minutes
Reader	Radiologist 15 minutes	Cardiologist 5 minutes
Convenience	Second visit to MRI Third visit to cardiologist	In cardiologist's office on first visit

Connecting the Dots-Michelangelo

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Go to <http://dev.ventripoint.com/xfr/VMSDemo8.avi>
and download 90s video

VMS™ Versus MRI in CHD

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Economic Analysis for US Pediatric Hospital - 2011 Data

	VMS™	MRI	Difference
Procedure Reimbursement	\$1,238	\$1,739	
Cost	\$982	\$1,040	
Net Income to Hospital	\$250	\$699	
Procedure time	5-15 min	90-120 min	-88%
Net income per hour	\$1,000/hr	\$350/hr	300%
Capital Payback	6-12 months	3-5 years	
Radiologist's Fee		\$140	
Cardiologist's Fee	\$212		
Reimbursement for 3D	\$150		
Liberation of MRI		250 hours	
		\$250,000+	
Increased revenue	\$58,000		

Installation

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General Electric
2D echo

Ventripoint Medical
System and Bed



SALES AND MARKETING

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First Application
Congenital Heart Disease (CHD)

Largest group is
Tetralogy of Fallot or
“Blue Baby Syndrome”

Approved in Canada (4 sites)

Approved in Europe (10 sites)

Doing clinical trials in USA (12 sites)

Installed Base - Europe

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Leading
Cardiac
Hospitals
Using
Angelo
(VMS)TM

Europe

1. Central Manchester University Hospitals, Manchester, UK
2. Evelina Hospital, London, UK
3. German Heart Institute, Berlin, Germany
4. Great Ormond Street, London, UK
5. Hôpital Necker Enfants Malade, Paris, France
6. Krankenhaus der Elisabethinen Hospital in Linz, Austria
7. Rikshospitalet University Hospital, Oslo, Norway
8. Sophia Hospital, Rotterdam, The Netherlands
9. University Children's Hospital, Zurich, Switzerland
10. University Medical Center, Utrecht, The Netherlands

Installed Base – North America

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Leading
Cardiac
Hospitals
Using
Angelo
(VMS)TM

Canada

1. Hospital for Sick Children, Toronto, ON
2. St. Paul's Hospital, Vancouver, BC
3. Alberta Children's Hospital, Calgary, AB
4. Toronto General Hospital, Toronto, ON

United States

1. Allegheny General Hospital, Pittsburgh, PA
2. Baylor's Medical Centre, Houston, TX
3. Children's Hospital Colorado, Denver, CO
4. Children's Hospital of Philadelphia, Philadelphia, PA
5. Cleveland Clinic, Cleveland, OH
6. Harvard/Brigham and Women's Hospital, Boston, MA
7. Mayo Clinic, Rochester, MN
8. Nationwide Children's Hospital, Columbus, OH
9. Seattle Children's Hospital, Seattle, WA
10. Omaha Children's Hospital, Omaha, NB
11. Oregon Health Sciences University, Portland, OR
12. University of Chicago, Chicago, IL

Second Application

Pulmonary Hypertension (PH)

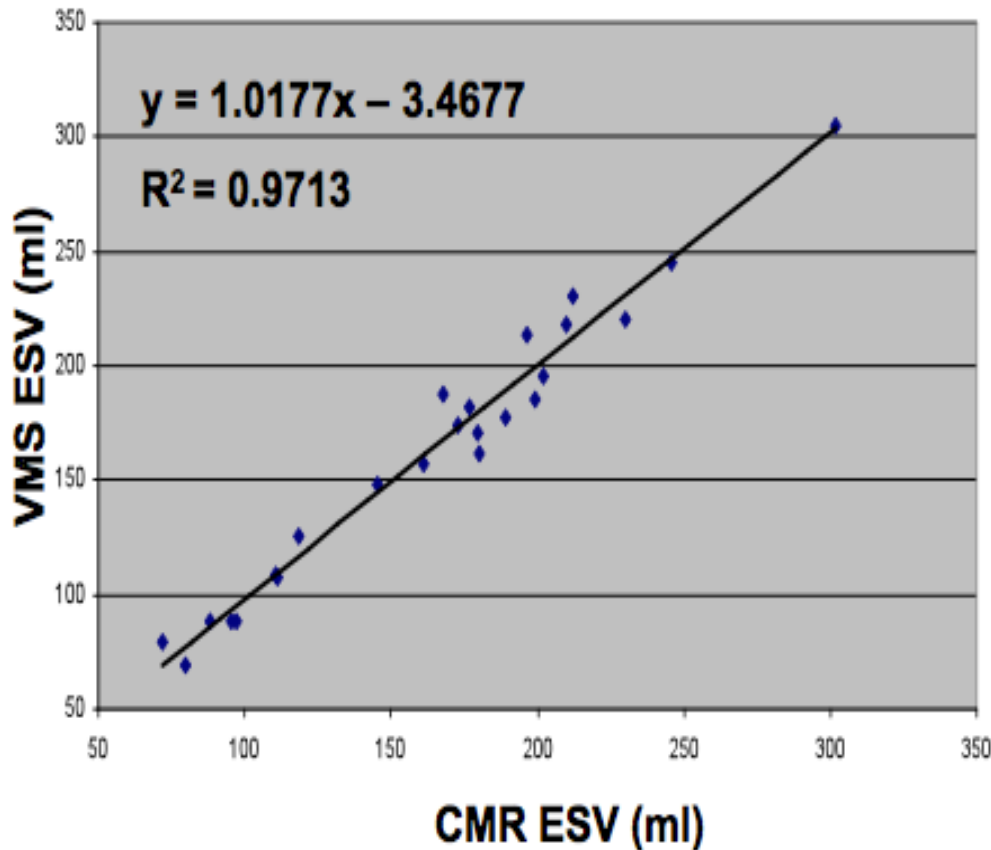
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- Drugs work best with early detection
- Only way to detect PH now is dangerous invasive catheterization
- 20 million people in USA at risk (COPD, asthma, emphysema, etc.) and no one knows how many have PH
- 10 million scans per year in USA (conservative estimate)
- It would take 2,000-5,000 VMS™ machines to equip all of the hospitals and cardiologists offices in the USA
- Greenfield opportunity for ultrasound OEMs as pulmonologists and respirologists will also begin to examine people at risk
- **VentriPoint is in discussions with 2D ultrasound OEMs to jointly build a PH-dedicated integrated device**
- Approved in Europe and Canada and under review by FDA

University of Chicago PAH Study

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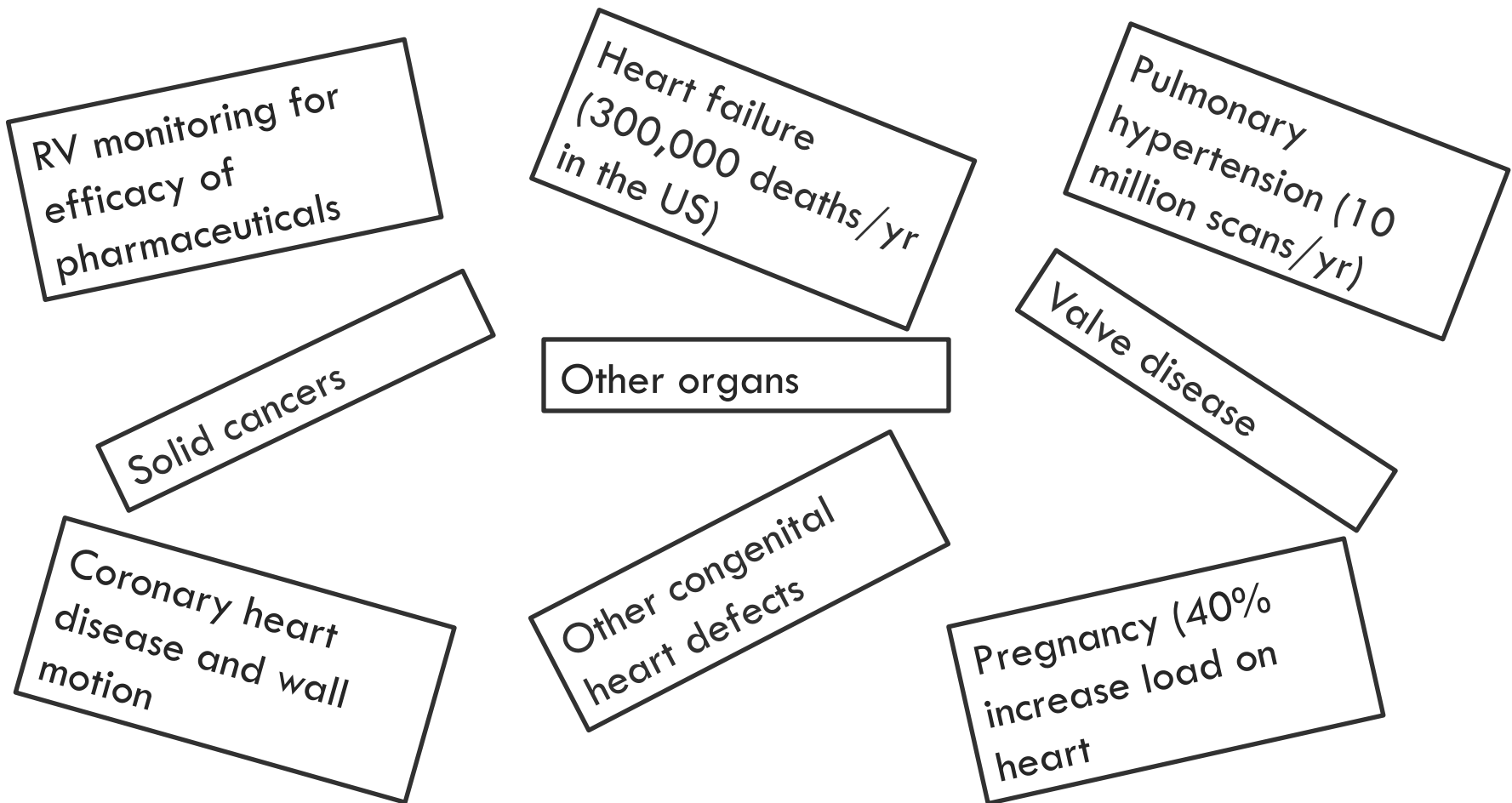
VMS vs MRI



- ✓ Difference 0.65%
- ✓ Volumes from 75ml (normal hearts) to 425 ml (dilated hearts)
- ✓ 95% confidence limits of $\pm 3\%$
- ✓ FDA target $\pm 10\%$

Product Expansion

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All of the above with MRI, CT or 3D echo

Recent Events

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- ♥ Completed FDA clinical trial for pulmonary hypertension with top centres - Cleveland, Mayo, Allegheny, Baylor, Harvard Brigham&Women, Chicago, Toronto and submitted to FDA
- ♥ FDA trial for Tetralogy of Fallot almost finished recruitment so analysis beginning now
- ♥ Joint exhibition with Toshiba at EuroEcho
- ♥ New Mobile AngeloTM model completed and being delivered in Europe in March
- ♥ 3D echo product finished
- ♥ MRI product finished
- ♥ Normal and left-heart-failure database completed

Business Model

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- Same as GE Healthcare, Phillips, Siemens and Toshiba
- Capital purchase – list price = \$100,000/unit
- Recurring revenue
 - \$10,000/yr/unit for access to databases, software support and hardware maintenance
 - \$20,000-\$50,000/unit for software upgrades, access to new databases and additional training
 - \$5,000-10,000/yr/unit for training services and certification as must be recertified if you have not used software for 3 months
- Moving to a “per-use” revenue model for smaller clinics and as applications increase

Projections

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- 2012 projected sales of \$.5-1M
 - Year end with installed base of 26 machines
- 2013 sales of \$3-5M
 - Year end with installed base of 50-75 machines with recurring revenue from 2012 sales for new applications, support, maintenance and training
- 2014 sales of \$10-15M
 - Year end with installed base of 200-300 machines with recurring revenue from 2012-3 sales for new applications, support, maintenance and training

VPT Capital Structure and Focus

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Founded

July, 2005 TSXV: VPT

Sept 18, 2007 OTCQX: VPTDF

Mar 23, 2012

Recent price

\$.10 Daily volume (90-day avg)

100,000 Market cap

~\$13M Ownership insiders

15% institutions

35% retail

50% Last round @\$\$.16 (2012)

\$3M Cash on hand (October, 2012)

\$1.5M Burn rate

\$300k/m Debt (May/13-Dec/14)

\$1.5M Shares issued

132M Fully diluted

~171M Warrants at VWAP of \$0.23

31M Options at VWAP of \$0.15

Focus

♥ Heart Analysis

♥ 2D₂3D

♥ Blue babies (TOF)

♥ Pulmonary Arterial
Hypertension (PAH)

Summary

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- ♥ \$Billion Dollar Market Opportunity, 80% gross margins
- ♥ Well described clinical unmet need
- ♥ Patented and proprietary technology
- ♥ Excellent clinical validation by respected experts
- ♥ Canada & Europe regulatory approvals; FDA in process
- ♥ Product installations in leading research centers
- ♥ Economics validates value to physicians and payers
- ♥ Many expansion applications

Contacts

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