ON THE LEADING EDGE OF HEALTHCARE:

Advancing Imaging through Innovation & Technology

RadNet

Forward-Looking Statements

This presentation contains certain "forward-looking statements" within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Forward-looking statements can be identified by words such as: "anticipate," "believe," "could," "estimate," "expect," "forecast," "intend," "may," "outlook," "plan," "potential," "possible," "predict," "project," "seek, "should," "target," "will" or "would," the negative of these words, and similar references to future periods. Examples of forward-looking statements include statements regarding the anticipated benefits of the acquisition, the impact of the acquisition on RadNet's business and future financial and operating results and prospects and the amount and timing of synergies from the acquisition are based on the current estimates, assumptions and projections of RadNet, and are qualified by the inherent risks and uncertainties surrounding future expectations generally, all of which are subject to change. Actual results could differ materially from those currently anticipated due to a number of risks and uncertainties, many of which are beyond RadNet's control.

Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on management's current beliefs, expectations and assumptions regarding the future of RadNet's business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of RadNet's control. RadNet's actual results and financial condition may differ materially from those indicated in the forward-looking statements as a result of various factors. Neither RadNet, nor any of its directors, executive officers, or advisors, provide any representation, assurance or guarantee that the occurrence of the events expressed or implied in any forward-looking statements will actually occur, or if any of them do occur, what impact they will have on the business, results of operations or financial condition of RadNet. Should any risks and uncertainties develop into actual events, these developments could have a material adverse effect on RadNet's business and the ability to realize the expected benefits of the acquisition. Risks and uncertainties that could cause results to differ from expectations include, but are not limited to: (1) the ability to recognize the anticipated benefits of an acquisition or joint venture, which may be affected by, among other things, the ability of RadNet to maintain relationships with its customers, patients, payers, physicians, and providers and retain its management and key employees, (2) the ability of RadNet to achieve the synergies contemplated by the acquisition or such synergies taking longer to realize than expected, (3) the ability of RadNet to execute successfully its strategic plans, (4) the risk of litigation, and (5) the risk of legislative, regulatory, economic, competitive, and technological changes. The foregoing review of important factors should not be construed as exhaustive and should be read in conjunction with the other cautionary statements that are included elsewhere. Additional information concerning risks, uncertainties and assumptions can be found in RadNet's filings with the Securities and Exchange Commission (the "SEC"), including the risk factors discussed in RadNet's most recent Annual Report on Form 10-K, as updated by its Quarterly Reports on Form 10-Q and future filings with the SEC.

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PATIENT JOURNEY

Watch this video and more on RadNet’s
YouTube channel or at RadNet.com

Dr. Howard Berger
President & CEO

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11/11/2025 | Investor Day, Nasdaq MarketSite

Healthcare is in *Transition*

- Increasing shift from hospital to ambulatory settings
- Latest technologies drive evolution from reactive detection to proactive prevention
- AI is advancing quality, efficiency and patient accuracy
- Continuing consolidation and strategic M&A

RadNet®

Advancing Imaging through **Innovation** & **Technology**

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Mark Stolper
Executive VP & CFO

Q3 2025
Financial Results Highlights

Mark Stolper – Executive VP & CFO

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Record Q3 Results / Raised 2025 Guidance

Revenue, Adj. EBITDA & Margins

- **Record Total Company quarterly Revenue, 13.4% increase from Q3 2024**
  - Digital Health Revenue increased 51.6% from Q3 2024
- **Record Total Company Adj. EBITDA, 15.2% increase from Q3 2024**

  Total Company Adj. EBITDA margin increased 26 bps to 16.2%

Volumes, Liquidity & Guidance

- **Record quarterly procedural volumes**
  - MRI procedural growth = 14.8% aggregate; 11.5% same-center
  - CT procedural growth = 9.4% aggregate; 6.7% same-center
  - PET/CT procedural growth = 21.1% aggregate; 14.9% same-center
- **Strong liquidity at quarter end**
  - $804.7 million cash balance
  - Adj. EBITDA to Net Debt leverage ratio = ~1.0x
- **Raised 2025 annual guidance**
  - Imaging Center Revenue & Adj. EBITDA
  - Digital Health Revenue

Factors that Drove this Performance . . .

- **Same-center growth though consistent focus on capacity expansion**
  - Equipment/software upgrades and refinement of operating protocols designed to reduce scanning time
  - Reducing room closures/expanding operating hours through enabling remote techs (TechLive™)
  - AI-powered Predictive Dynamic Scheduling – decreasing appointment “no-shows”
  - Marketing efforts driving new business
- **Growth in number of centers**
  - De novo center builds
  - Tuck-in acquisitions
- **Business mix shift**
  - Efforts designed to increase advanced imaging as % of total business mix
- **Increased reimbursement from commercial and capitated payors**
- **New and expanded health system joint ventures**
- **Digital Health Division growth**
  - Workflow and operational products
  - Clinical AI tools

Thank You

Your questions will be answered
during the designated Q&A sessions.

Up next:

Dr. Greg Sorensen
Chief Science Officer

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Dr. Suzie Bash
Medical Director,
Neuroradiologist

Advanced Neuroimaging

Dr. Suzie Bash – Medical Director, Neuroradiologist

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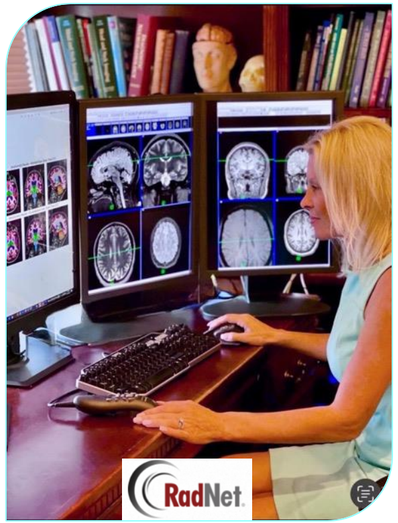
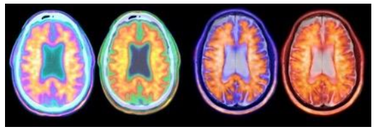
Advanced Neuroimaging



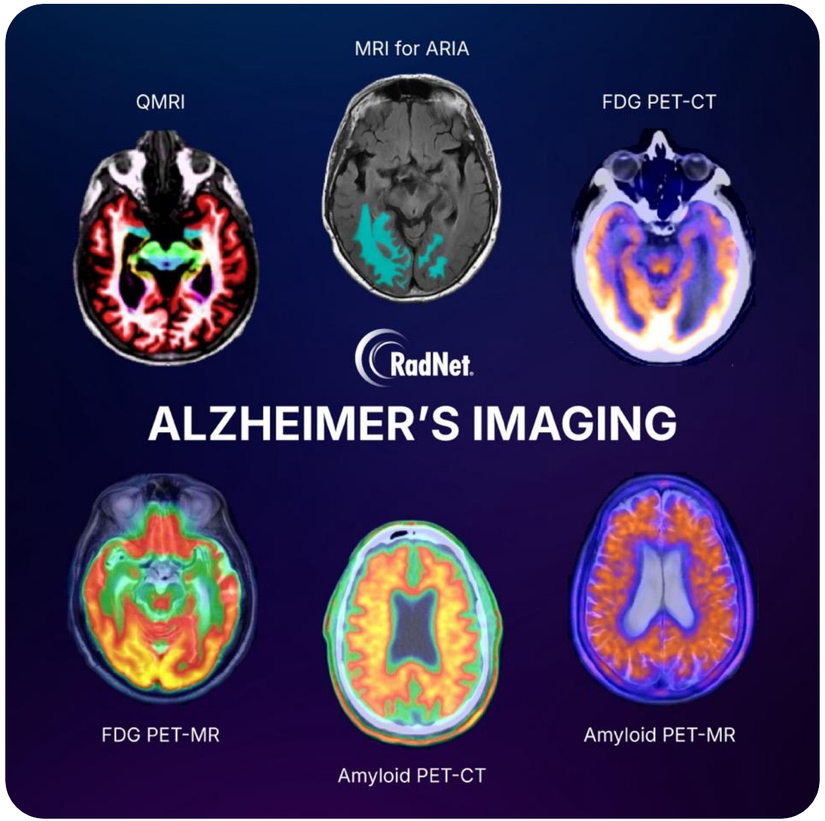
Suzie Bash, MD
Neuroradiologist
RadNet



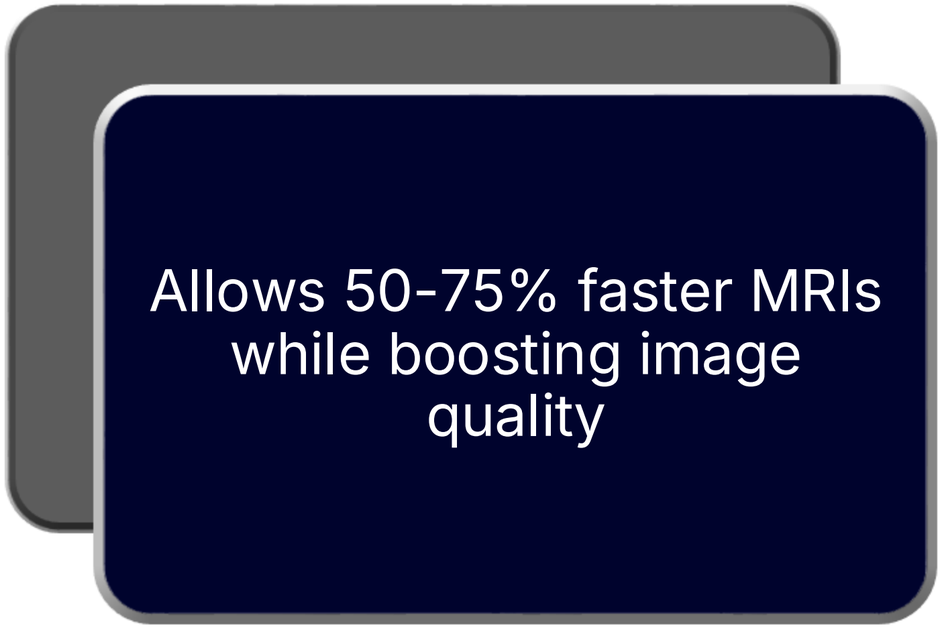
- AI innovations like Deep Learning Reconstruction (DLR) and Quantitative MRI (QMRI) are advancing workflow efficiency & early disease detection

- Transforming population health into a data-driven, patient-centric, precision-based practice

- RadNet is uniquely positioned at the forefront of this industry shift—unlocking scalable growth opportunities

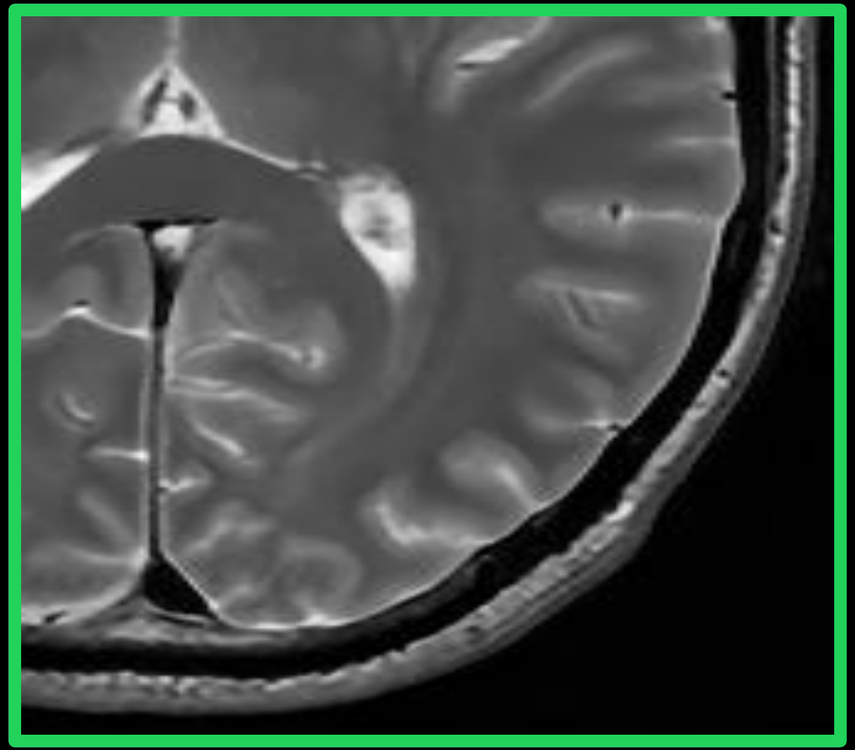


Deep Learning Reconstruction



Routine MRI exams take **30-40 min**

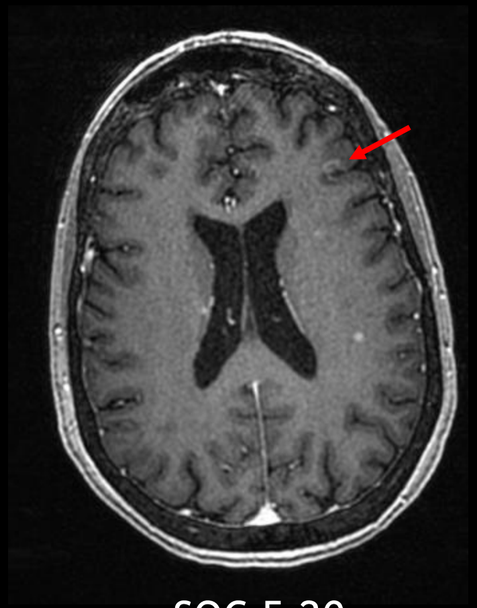
DL Enhanced MRI exams take **15-20 min**



- 30% of patients have severe anxiety during an MRI
- RadNet was first major enterprise to adopt DLR at scale
- DLR enhances patient comfort, improves image quality & drives brand loyalty

DLR

DLR Enhances Detection of Early Brain Metastases

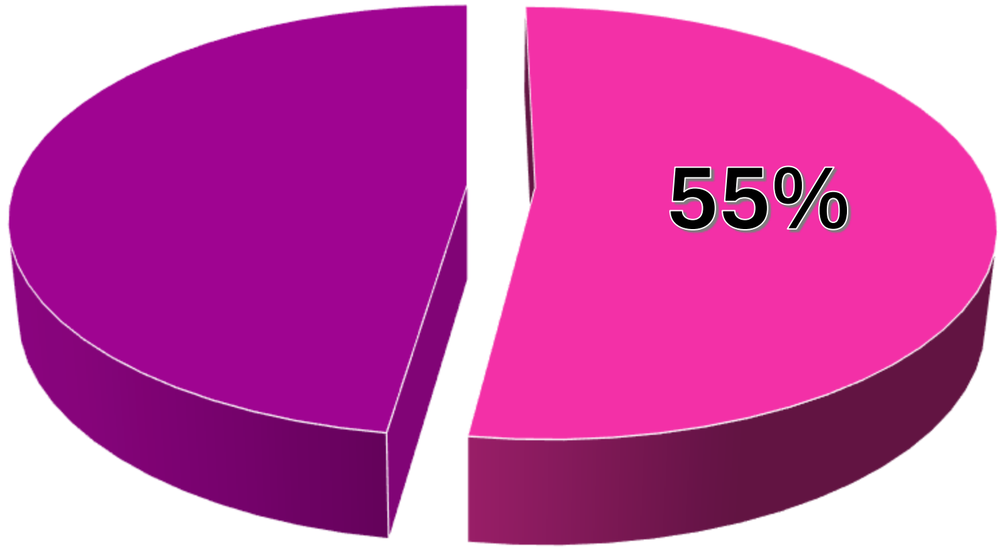


SOC 5:20

DLR 2:30

53% Faster

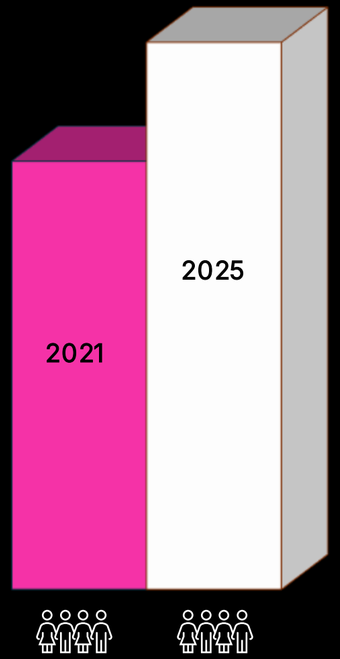
30-55% time savings per RadNet MRI exam



RadNet patients scanned per day

Without DLR

With DLR



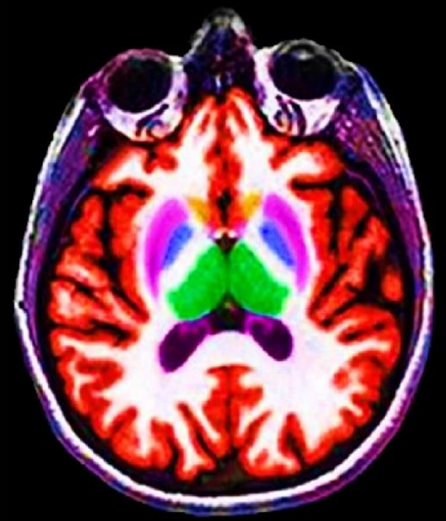
3-4 more patient exams a day per MRI scanner

*Data based on RadNet exam slots tracking from 2021 to 2025

Quantitative MRI
in Neurodegenerative Disease

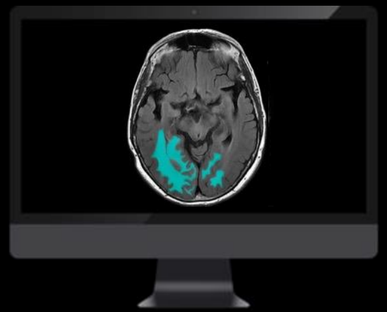
ALZHEIMER'S DISEASE

HEALTHY BRAIN



Dementia

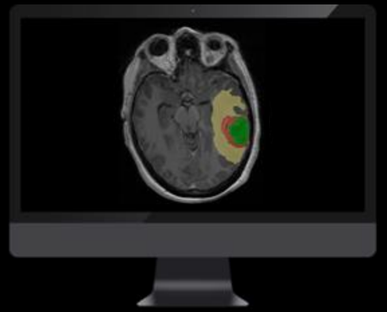
ARIA



Epilepsy

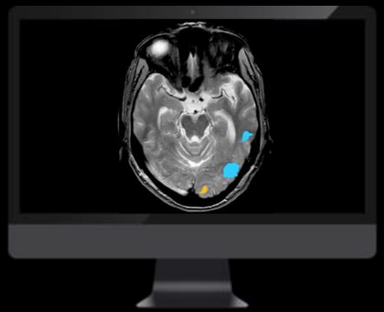
MS

Brain Tumor



Vascular

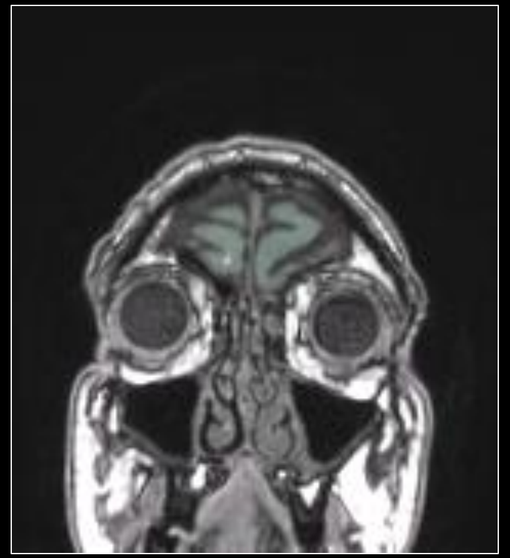
TBI

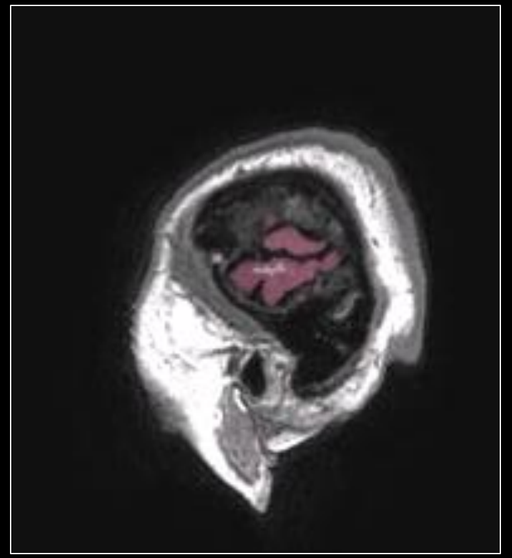


PET

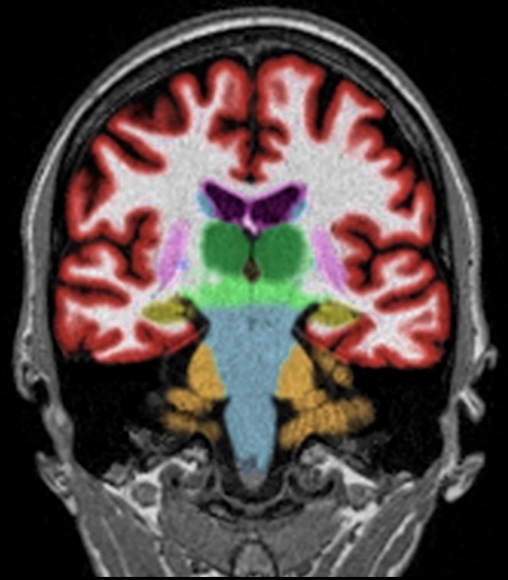
deephealth

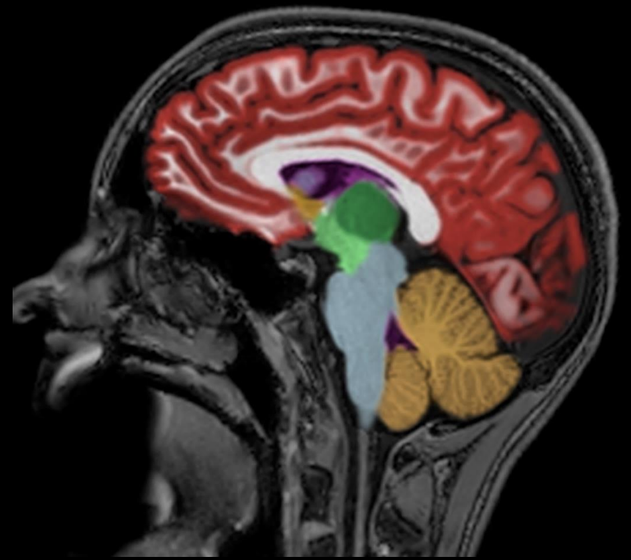
Brain Age



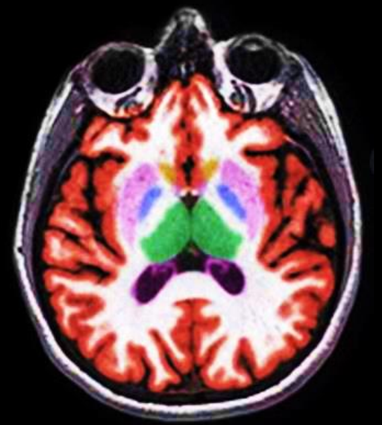


RadNet



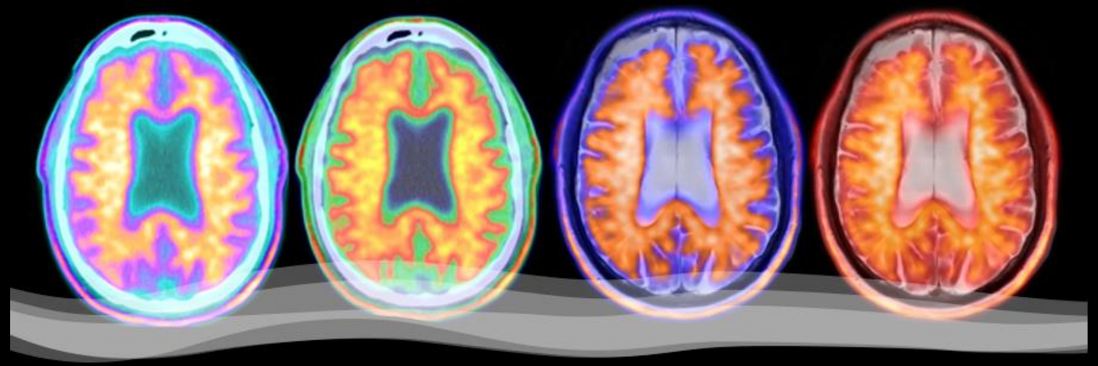


QMRI



- Dementia
- Multiple Sclerosis
- Epilepsy
- Pediatrics
- Traumatic Brain Injury
- Oncology
- Vascular Disease

Alzheimer’s Disease

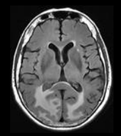


- 7.2 million Americans have Alzheimer's disease (55M worldwide)
- 1 in 3 seniors dies of dementia
- Neuroimaging is playing a critical role in the Alzheimer’s landscape

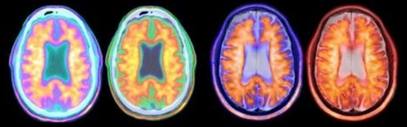
Era of disease modifying therapy for AD

5
MRIs
Required

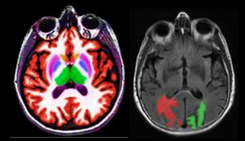
- ⬆ MRI volumes



- ⬆ Amyloid PET volumes



- ⬆ QMRI

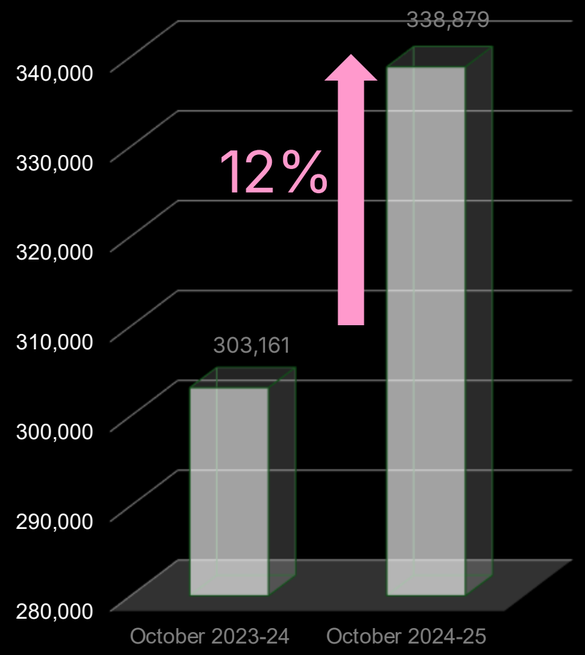


Amyloid
Confirmation
Required

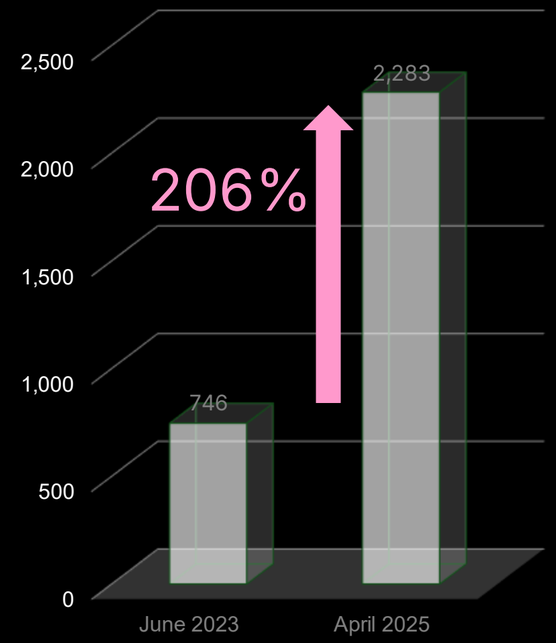
1.5 million treatment candidates x 7 scans/yr (5 mandatory + 2 unscheduled)

10.5 million new MRIs per year in U.S. alone

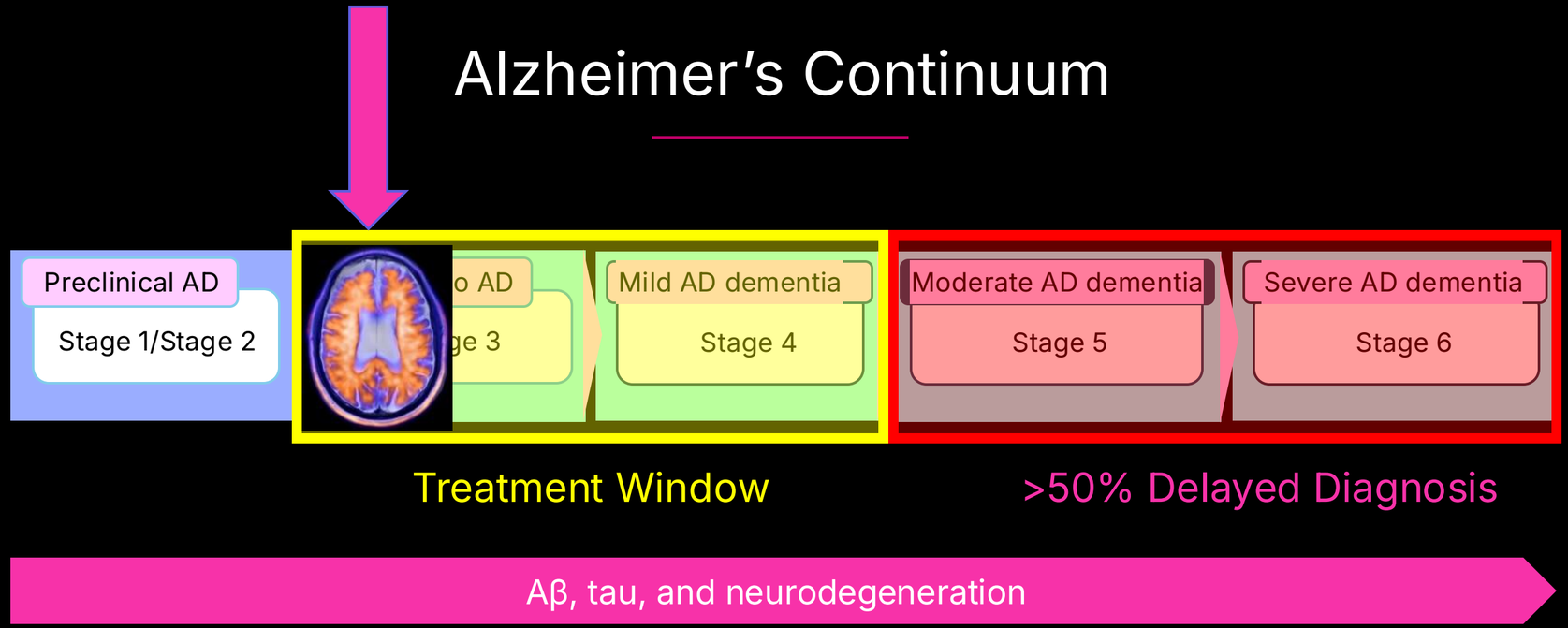
MRI Brain
(338,879/yr)



QMRI
(24,136/yr)



Alzheimer's Continuum



Treatment: 76% have NO cognitive decline & 60% have cognitive improvement at 18 months if diagnosed early

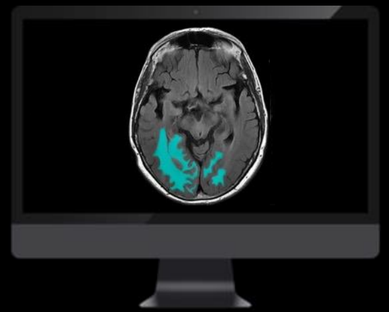
Quantitative Analysis: Role in Alzheimer's Landscape

Eligibility Screening → Diagnosis → ARIA Surveillance

Dementia

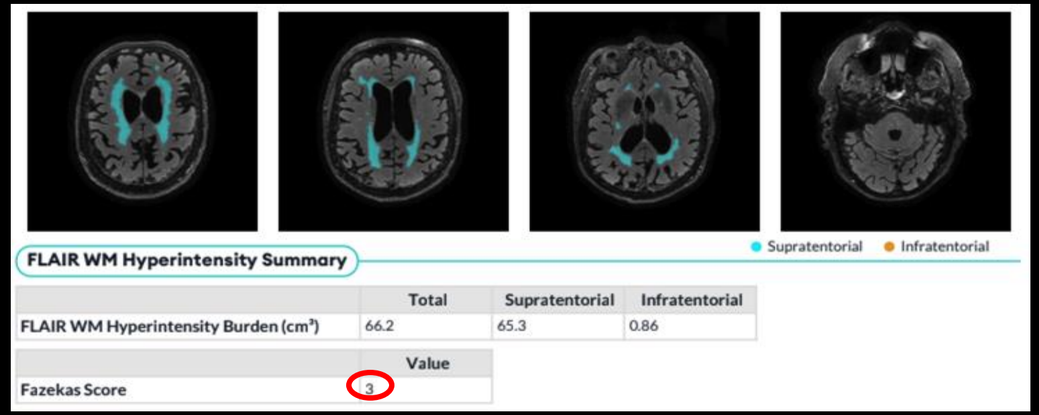
Amyloid PET

ARIA



Eligibility Screening

Dementia

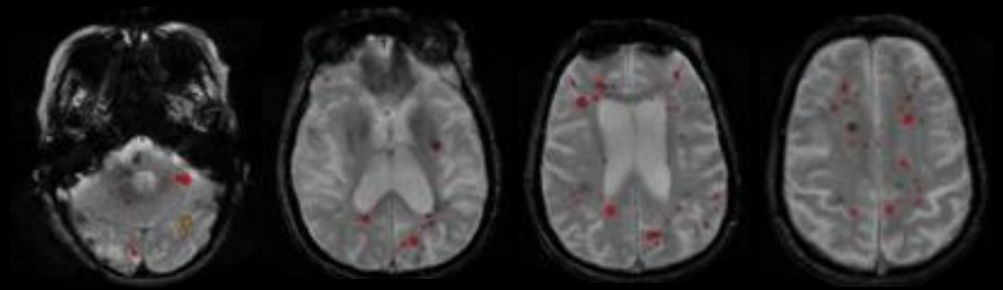


FLAIR WM Hyperintensity Summary

Supratentorial Infratentorial

	Total	Supratentorial	Infratentorial
FLAIR WM Hyperintensity Burden (cm^3)	66.2	65.3	0.86

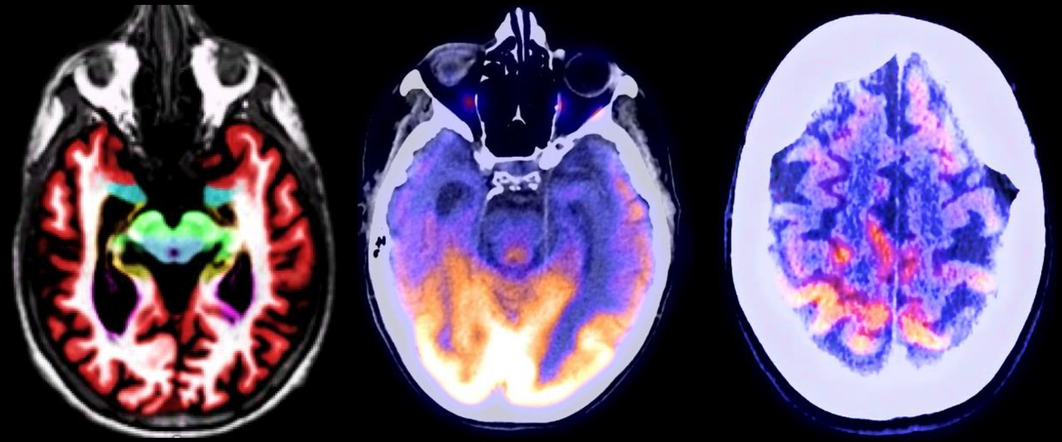
	Value
Fazekas Score	3



Eligibility Screening

Dementia

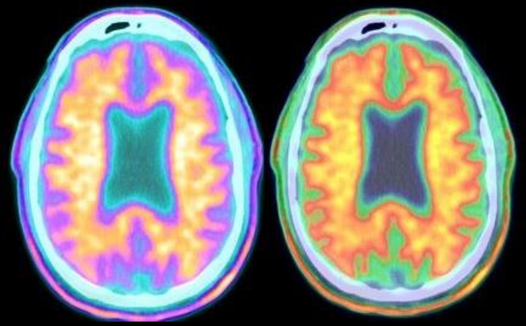
Helps assess dementia patterns
AD v. non-AD



Quantifies how much amyloid plaque in brain (Centiloid)

Diagnosis

Amyloid PET

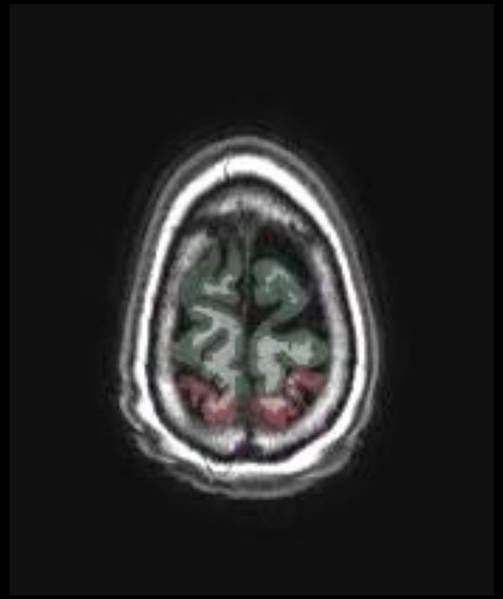


Amyloid PET-CT

Amyloid PET-MR

Disease Staging

Dementia

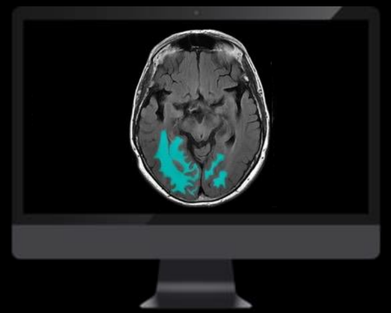


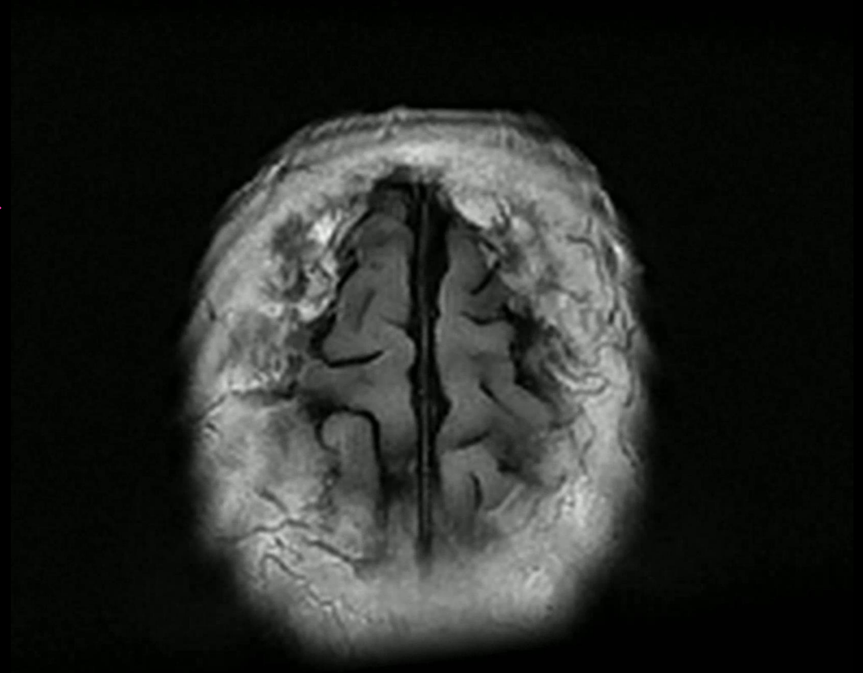
*Early Diagnosis Critical

Aids in AD staging by assessing how advanced brain volume loss is at time of diagnosis

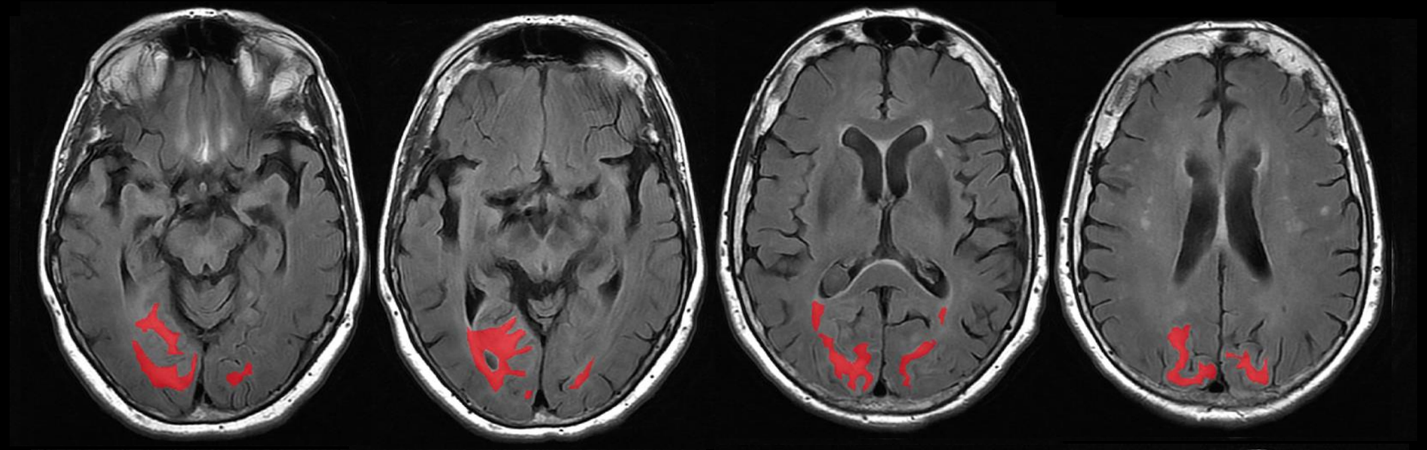
ARIA Surveillance

ARIA

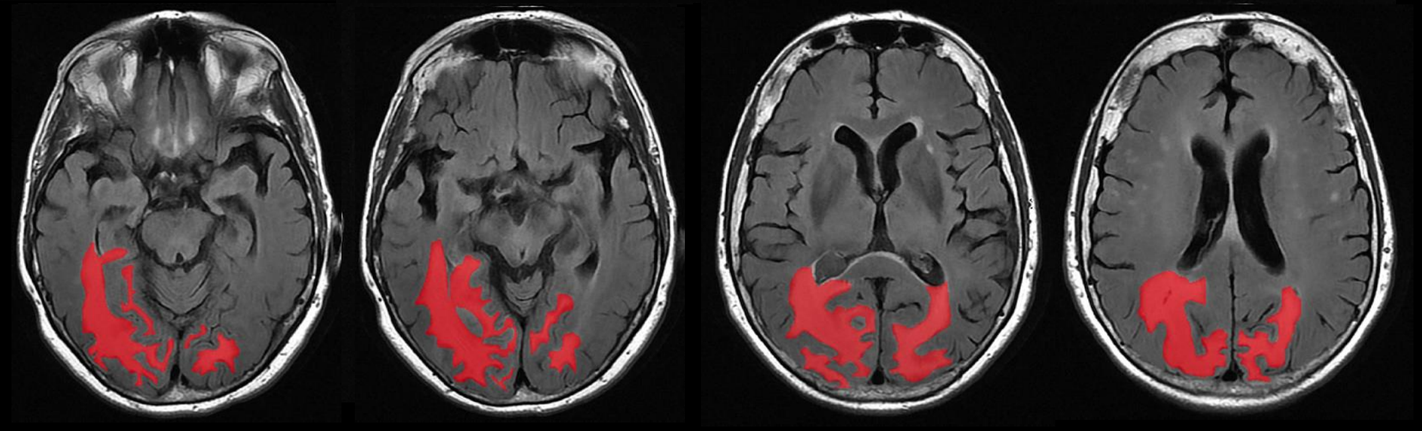


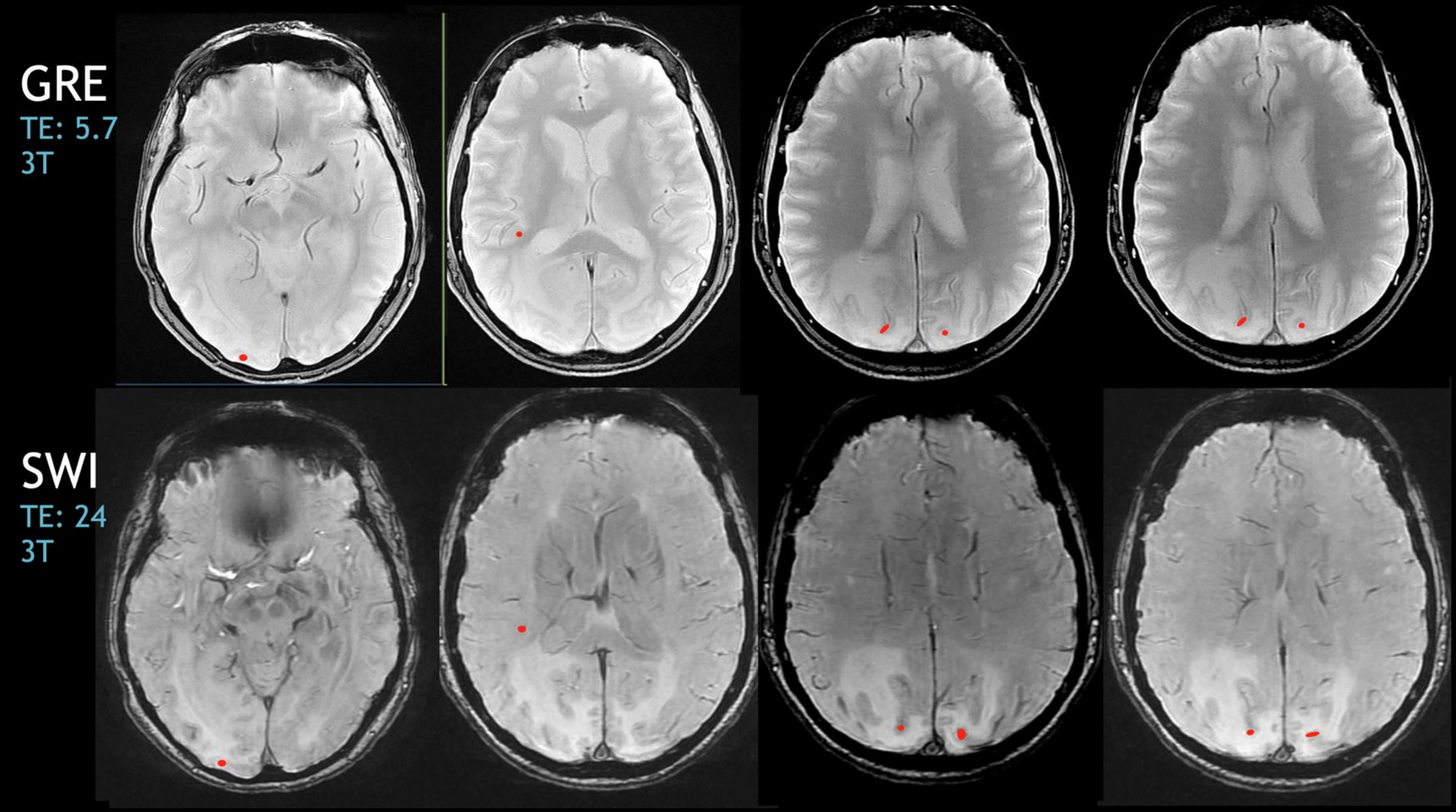


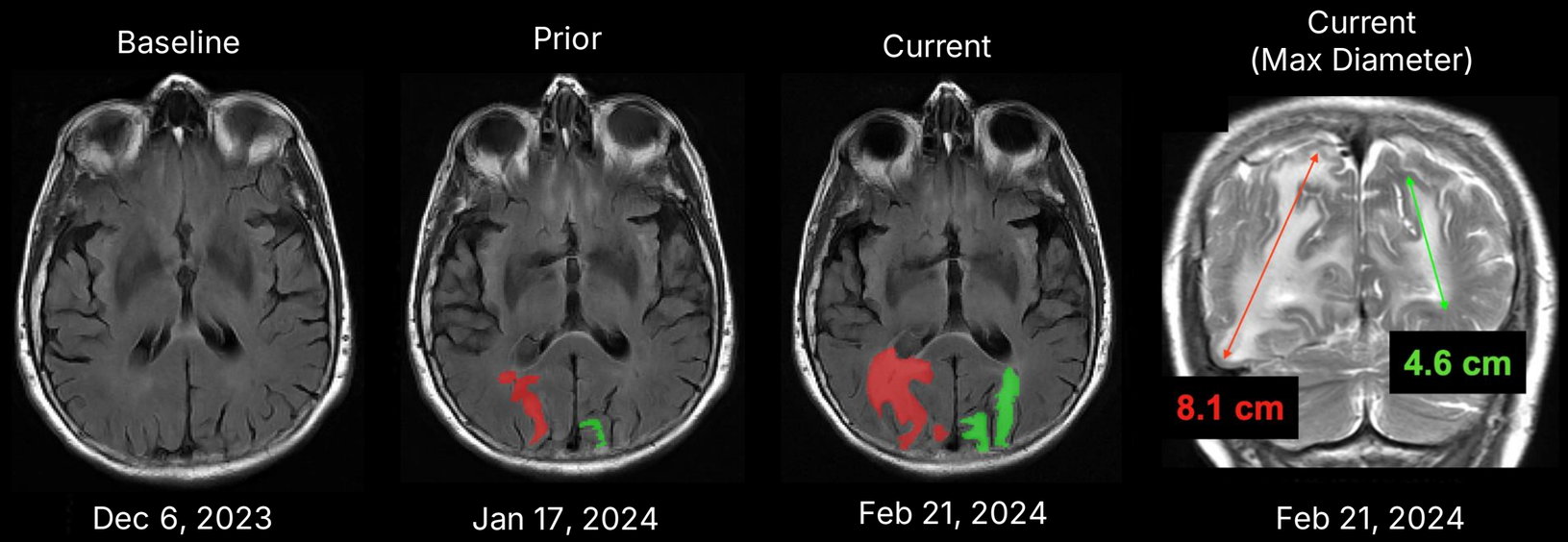
January 2024



February 2024




GRE
TE: 5.7
3T
SWI
TE: 24
3T


Baseline
Prior
Current
Current
(Max Diameter)
8.1 cm
4.6 cm
Dec 6, 2023
Jan 17, 2024
Feb 21, 2024
Feb 21, 2024

FDA Pending

ARIA-E

Follow-up Report

Patient Information

Patient Name: Jane Doe
Referring MD: Physician Doe

Age: 81 **Sex:** F
Patient ID: ID123456

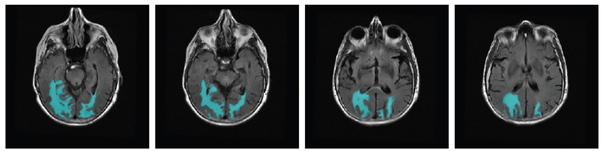
Report Information

Current Scan Date: 2024-02-21
Prior Scan Date: 2024-01-17
Baseline Scan Date: 2023-11-23

Site Information

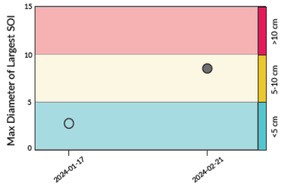
Radiology Imaging Center
5555 Radiology Drive
San Diego, CA 92122

Lesion Visualization



Lesion Summary

Sites of Involvement*	Total Volume Change (vs baseline)
2	+ 73.7 ml
Max Diameter	**Radiographic Grading***
8.1 cm	Moderate



Regional Analysis

Region	Left				Right			
	Current volume (ml)	Baseline volume (ml)	Volume change (ml)	Sites of involvement	Current volume (ml)	Baseline volume (ml)	Volume change (ml)	Sites of involvement
Frontal	0	0	0	0	0	0	0	0
Temporal	0	0	0	0	5.7	5.6	0.1	0
Occipital	36.3	10.5	25.8	1	68.0	20.1	47.9	1
Parietal	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0

*ARIA-E Radiographic Grading

- Mild: FLAIR hyperintensity in one location measuring < 5 cm.
- Moderate: FLAIR hyperintensity measuring 5 – 10 cm or more than one location.
- Severe: FLAIR hyperintensity measuring > 10 cm.

● > 10% Volume Increase ● > 10% Volume Decrease
* SOI is defined as new or enlarging lesion compared to baseline

ARIA-H

Patient Information

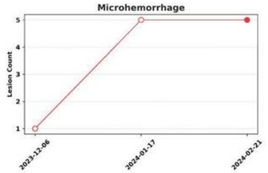
Patient: ARIA_007
Referring Physician:
Age: 81 **Sex:** F **Patient ID:** ARIA_007

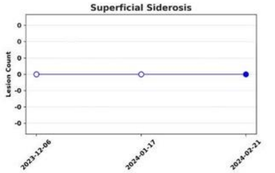
Report Information

Current Scan Date: 2024-02-21
Baseline Scan Date: 2023-12-06

Site Information

Longitudinal Analysis





Microhemorrhage Summary

Suggested Grading: Mild

Baseline	New*
1	4

Region	Left		Right	
	Current	Baseline	Current	Baseline
Frontal	0	0	0	0
Temporal	0	0	1	0
Occipital	1	1	1	0
Parietal	1	0	1	0
Other**	0	0	0	0

*Since Baseline
** Subcortical/Cerebellum/Brainstem

Mild 1-4 new incidents | Moderate 5-9 new incidents | Severe ≥ 10 new incidents

Superficial Siderosis Summary

Suggested Grading: -

Baseline	New*
0	0

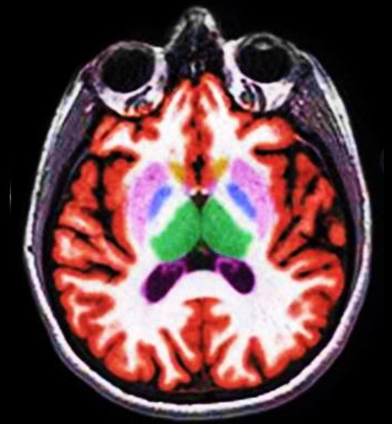
Region	Left		Right	
	Current	Baseline	Current	Baseline
Frontal	0	0	0	0
Temporal	0	0	0	0
Occipital	0	0	0	0
Parietal	0	0	0	0
Other**	0	0	0	0

*Since Baseline
** Subcortical/Cerebellum/Brainstem

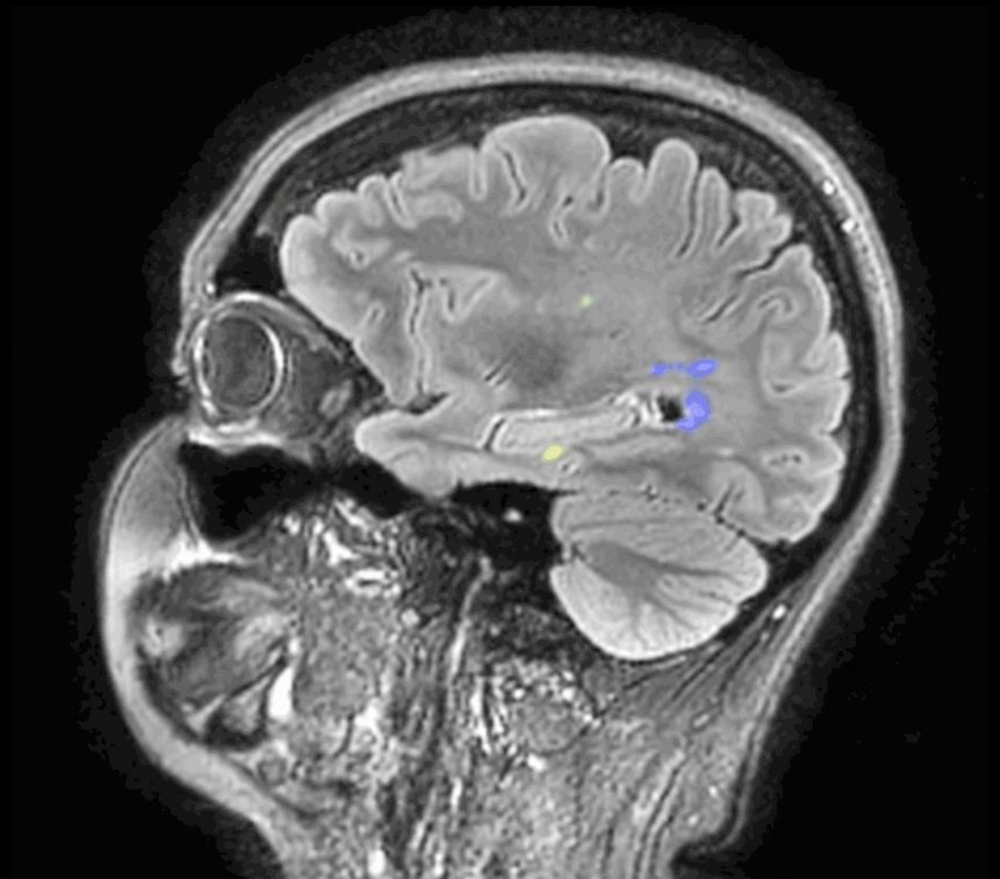
Mild 1 focal area | Moderate 2 focal areas | Severe > 2 focal areas

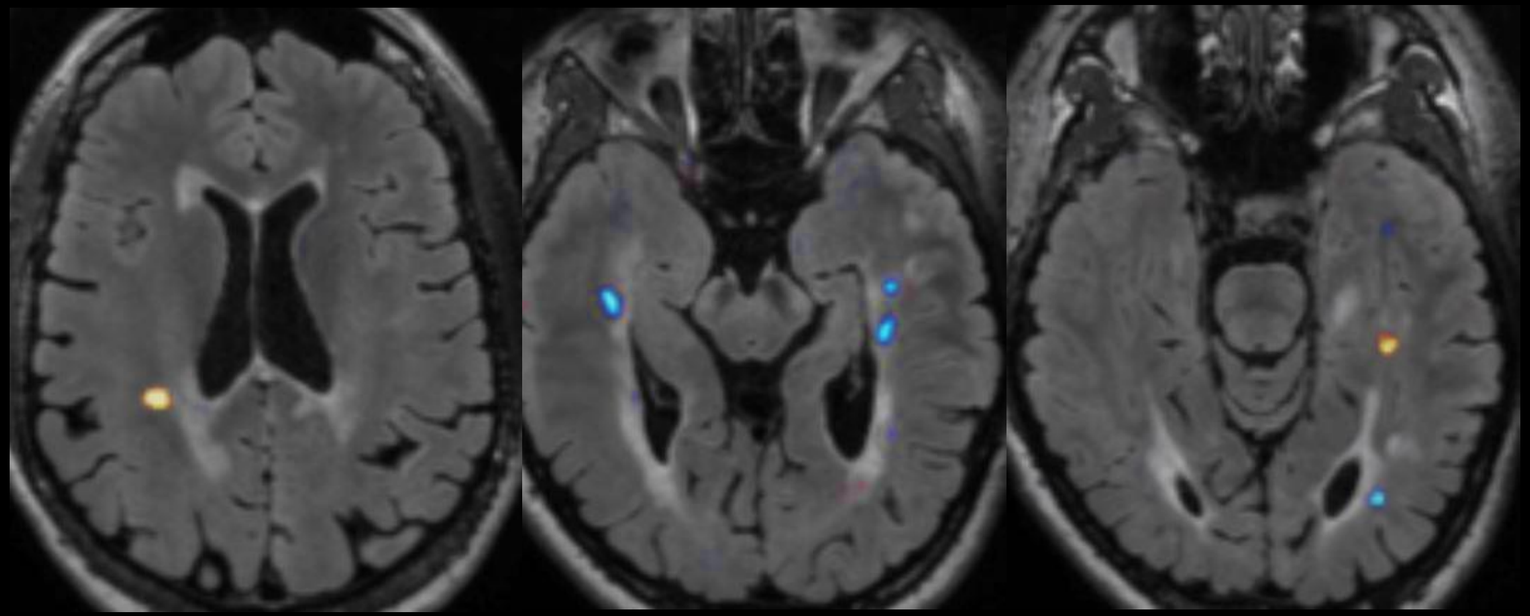
Feedback

QMRI

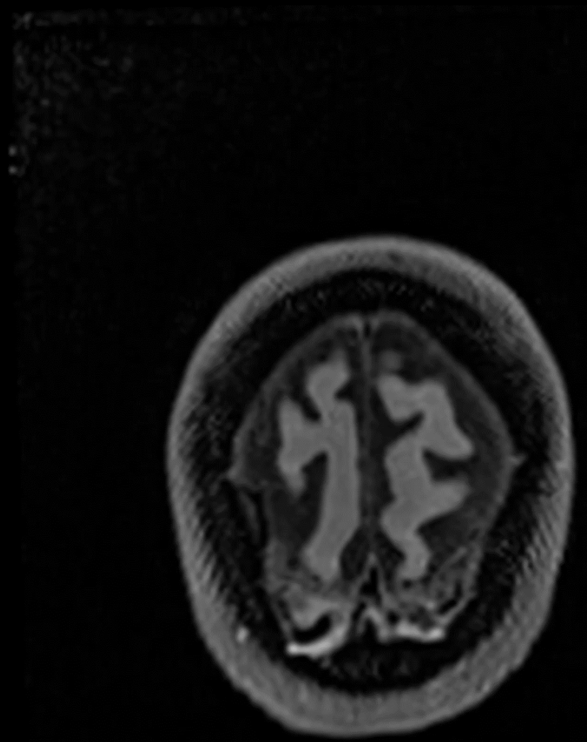


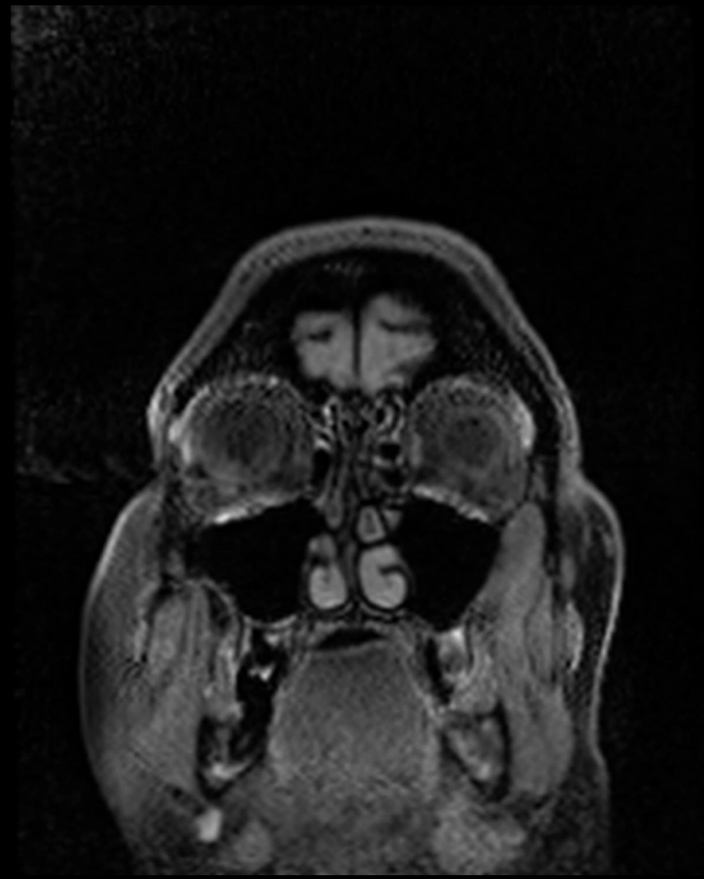
- Dementia
- Multiple Sclerosis
- Epilepsy
- Pediatrics
- Traumatic Brain Injury
- Oncology
- Vascular Disease





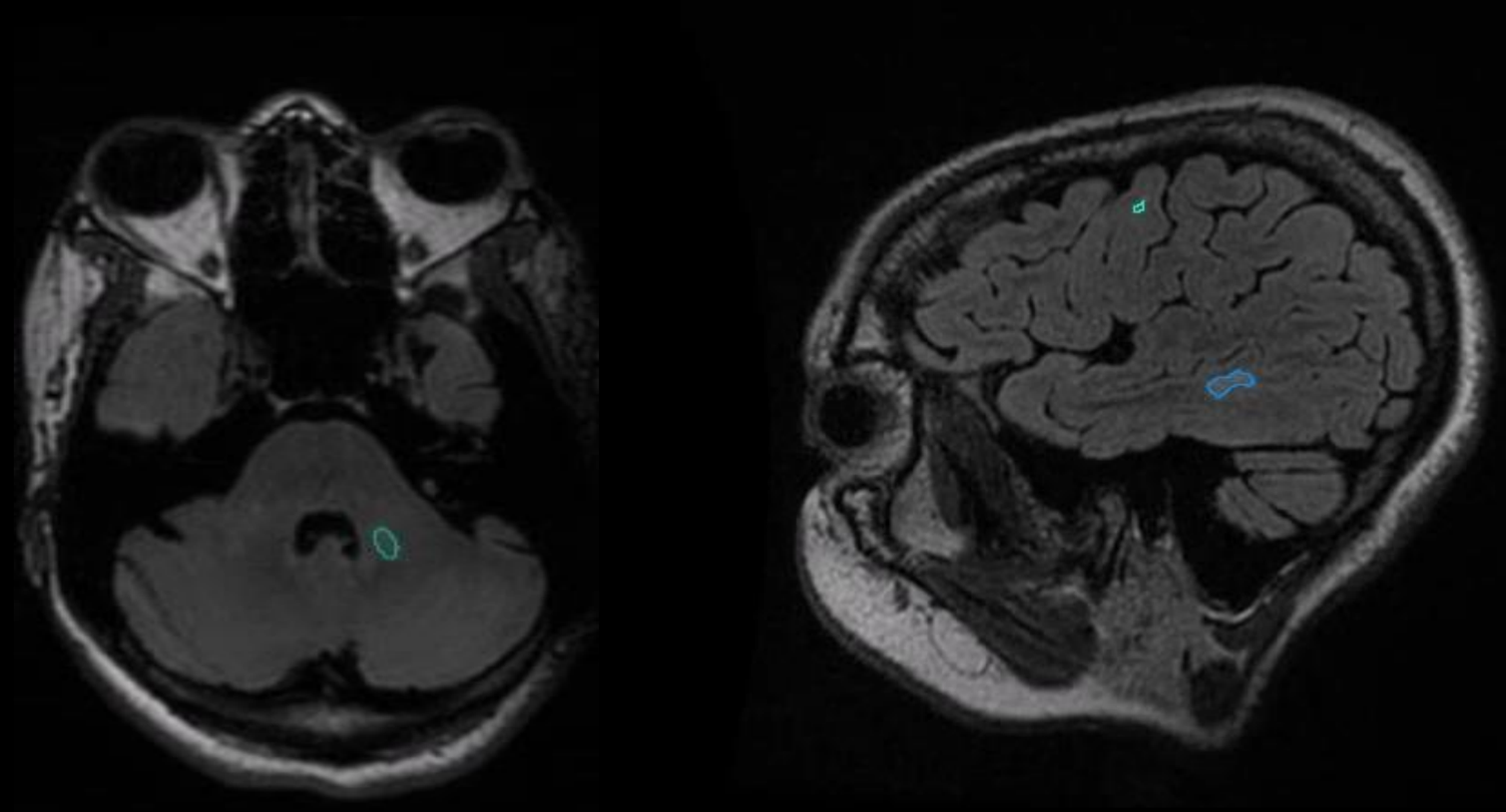
Dynamic Lesion Segmentation





deephealth

Brain Health



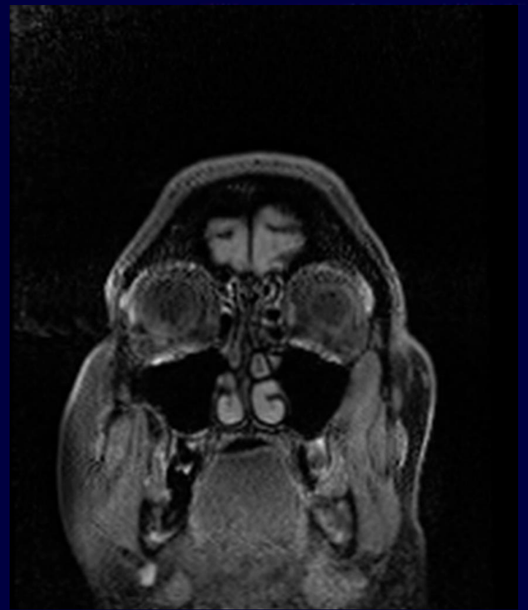
Improves Detection of Disease Activity

24% Of patients assessed to have disease activity when software wasn't used

76% Of patients assessed to have disease activity when software was used

Van Hecke et al. 2021

Improves Reliability of Reading



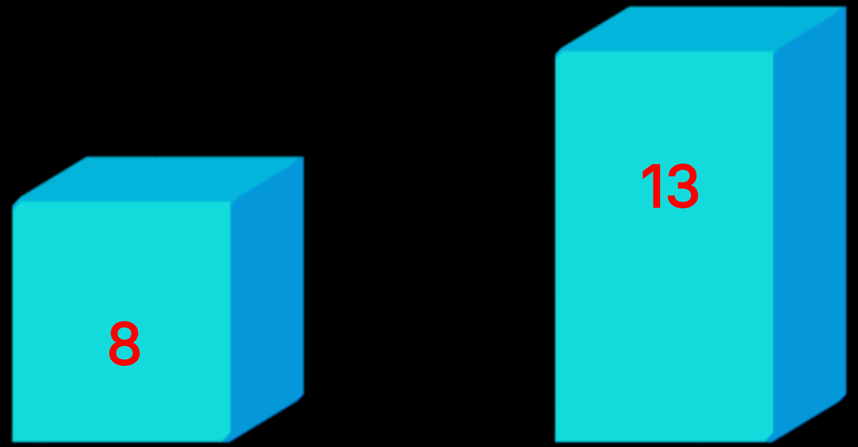
22% Improvement in intra-reader variability of lesion count with software

23% Improvement of inter-reader variability of lesion count with software

Van Hecke et al. 2021

Number of reports per hour

Enhances Productivity

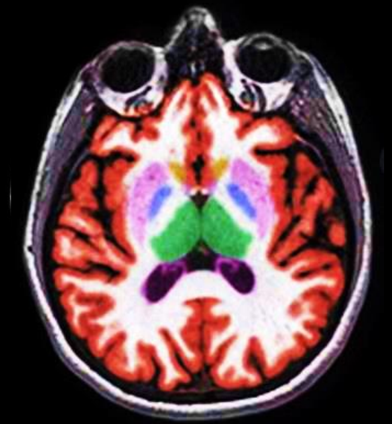


100 MRIs with MS from
11 imaging centers
(50% w/wo quant)

62% more reports per hour with QMRI and PRT

Sima et al. 2019

QMRI



- Dementia
- Multiple Sclerosis
- Epilepsy
- Pediatrics
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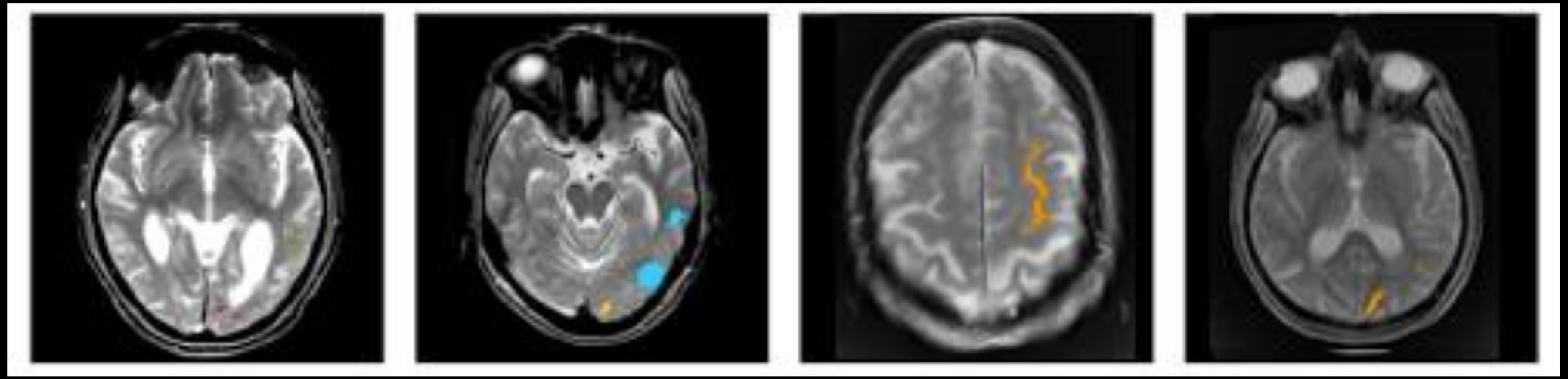
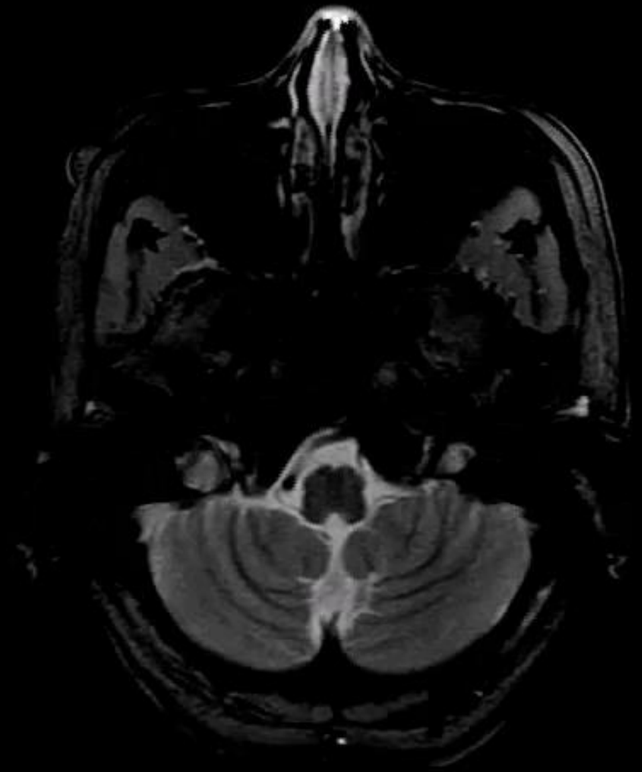
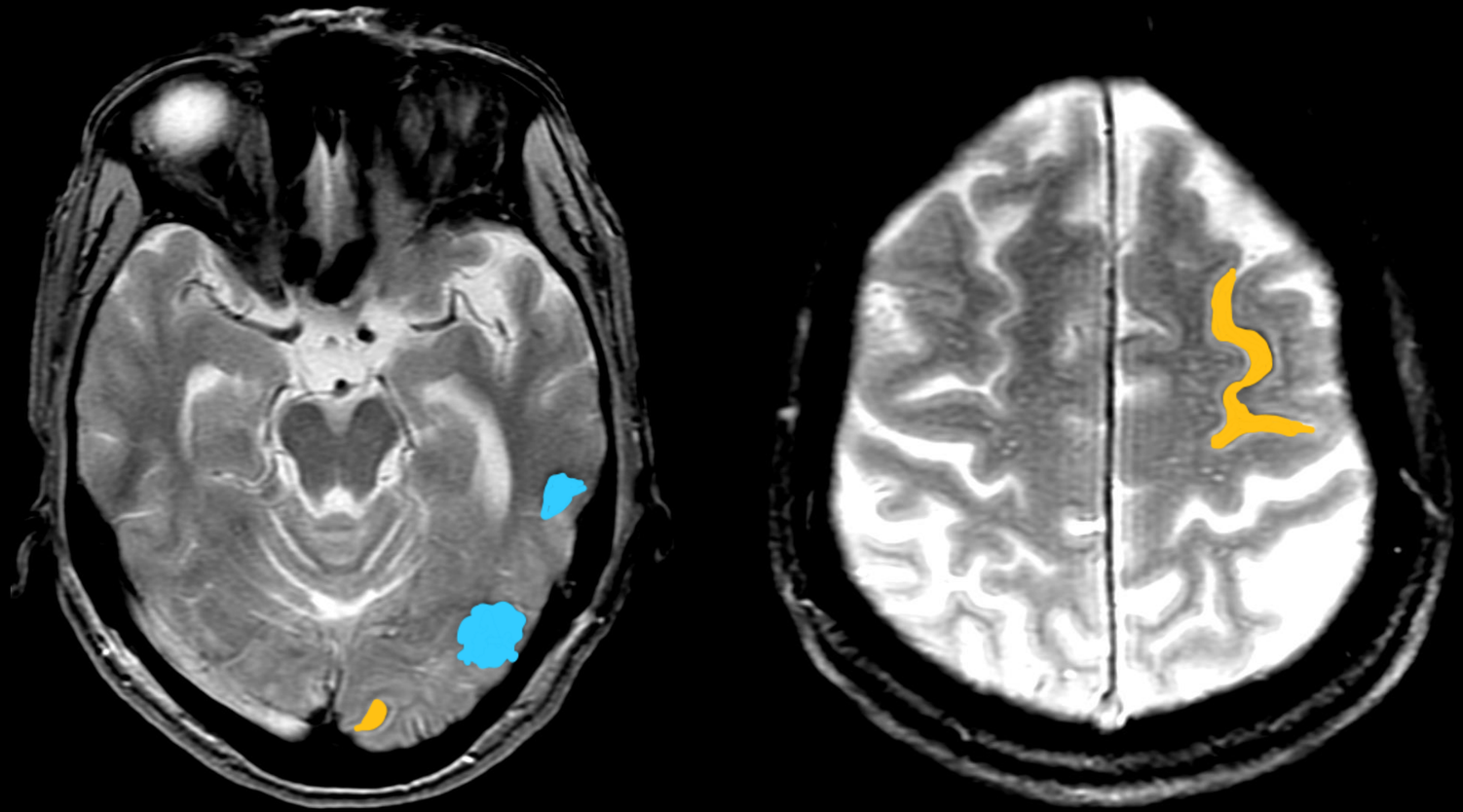
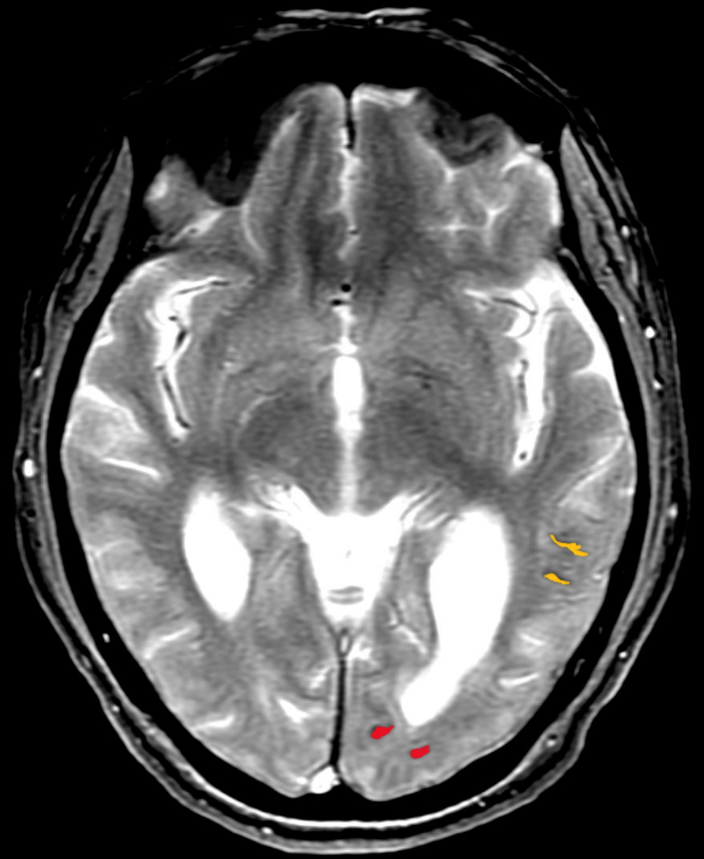
- Oncology
- Vascular Disease



Microhemorrhage Macrohemorrhage Superficial Siderosis







Hemorrhage

Longitudinal Report

Patient Information

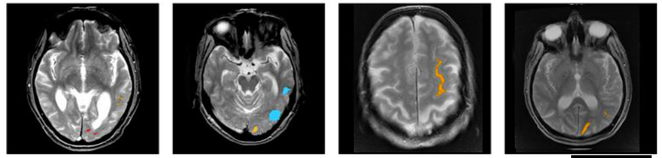
Patient: Marketing Case
Referring Physician: MD
Sex: F **Age:** 71
Patient ID: ID000000

Report Information

Report Date: 2023-08-02
Software Version: XXX
Scan Date: 2023-8-2
Prior Scan Date: 2023-3-7

Site Information

Lesion Visualization



Microhemorrhage Summary

Total
2

Baseline	New
2	0

Region	Right		Left	
	New	Baseline	New	Baseline
Frontal	0	0	0	0
Temporal	0	0	0	0
Occipital	0	0	0	2
Parietal	0	0	0	0
Other	0	0	0	0

Macrohemorrhage Summary

Total
2

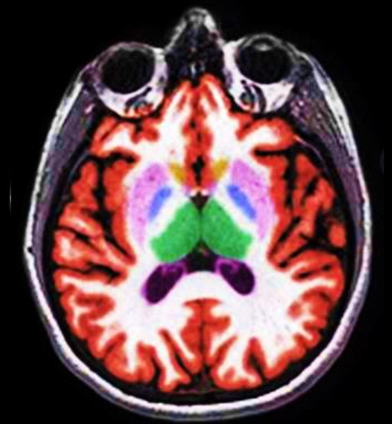
Baseline	New
2	0

Superficial Siderosis Summary

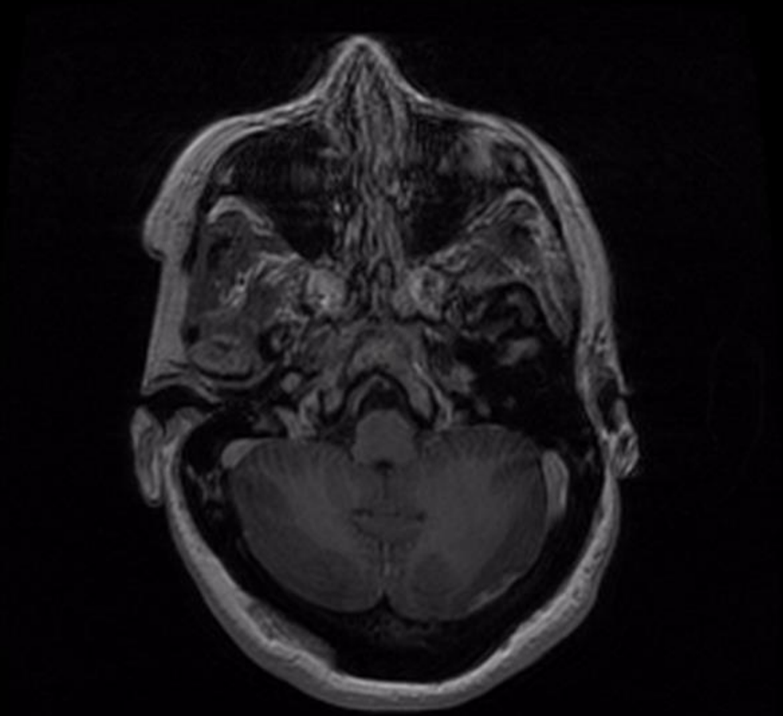
Total
6

Baseline	New
6	0

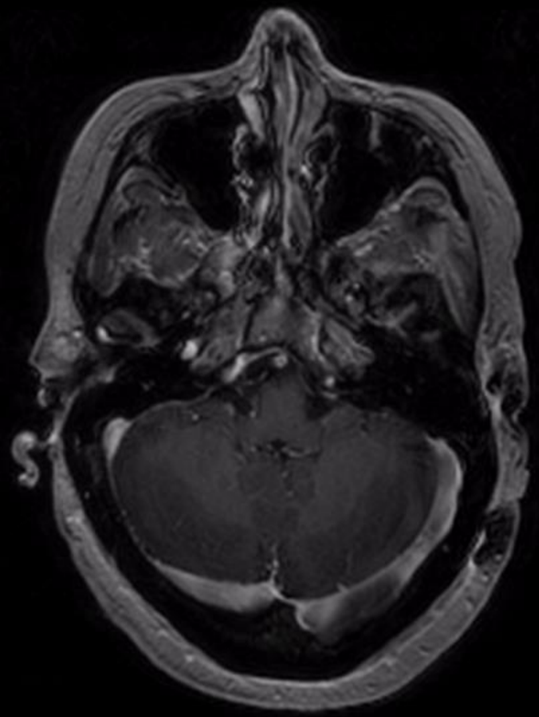
QMRI



- Dementia
- Multiple Sclerosis
- Epilepsy
- Pediatrics
- Traumatic Brain Injury
- Oncology
- Vascular Disease



Pre-op Segmentation



Post-op Segmentation

Post-operative

Brain Tumor Quantification and Visualization

Patient Information

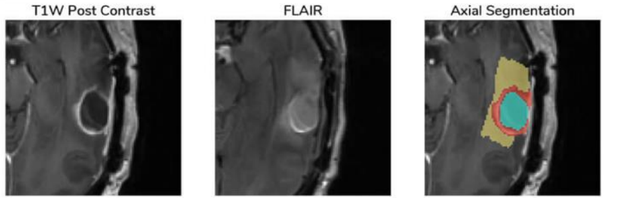
Patient: W22
Patient ID: W22
Sex: F
Date of Birth: None
Referring Physician:

Report Information

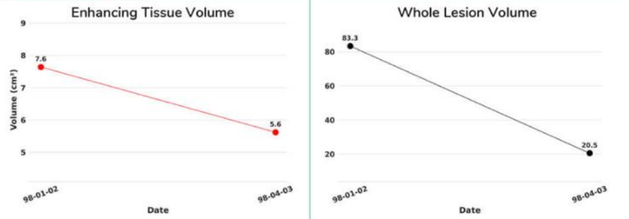
Scan Date: 1998-04-03
Report Date: 2022-06-20
Software Version: (unknown)
Model Version: 10
Prior Scan Date: 1998-01-02

Site Information

Tumor Visualization



Longitudinal Tracking

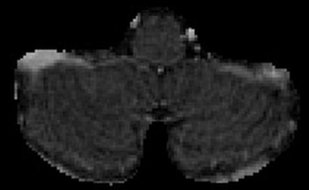


Quantitative Measures

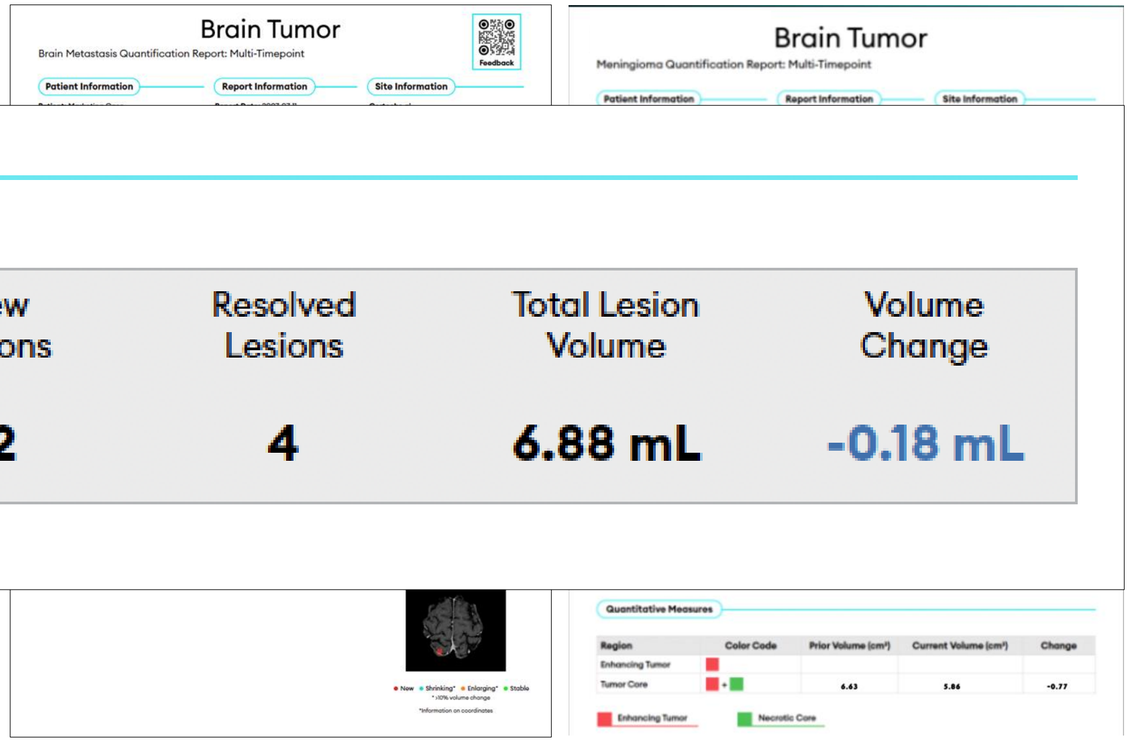
Region	Color Code	Prior Volume (cm³)	Current Volume (cm³)	Change
Enhancing Tissue		7.64	5.62	-26.45 %
Whole Lesion	+ +	83.31	20.54	-75.35 %

Enhancing Tissue | Necrotic Core | Surrounding Nonenhancing FLAIR Hyperintensity | Resection Cavity

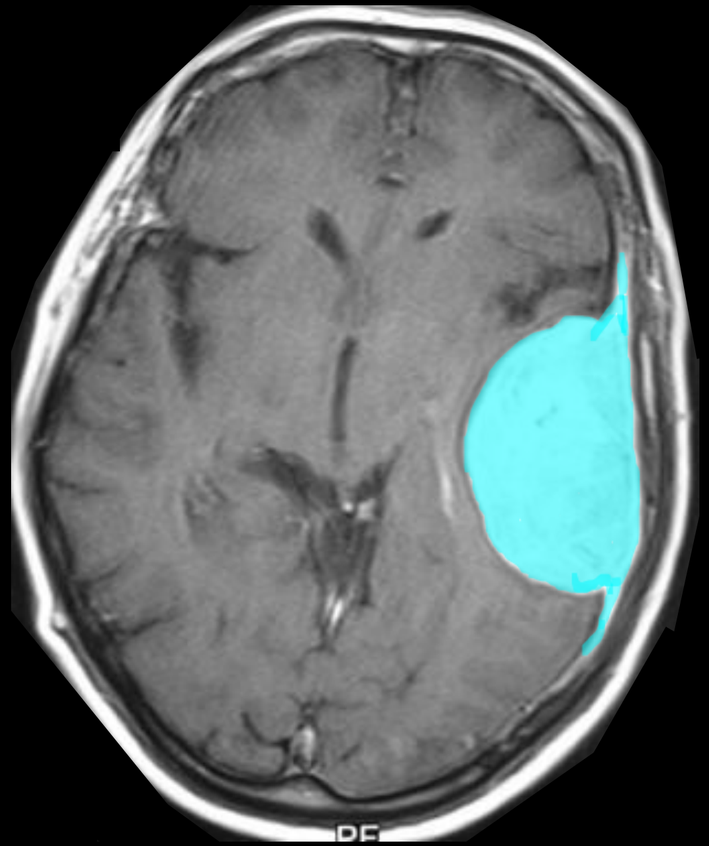
Metastases



Metastases


Brain Tumor
Brain Metastasis Quantification Report: Multi-Timepoint
Feedback
Patient Information
Report Information
Site Information
Brain Tumor
Meningioma Quantification Report: Multi-Timepoint
Patient Information
Report Information
Site Information
Summary
Number of Lesions
17
New Lesions
12
Resolved Lesions
4
Total Lesion Volume
6.88 mL
Volume Change
-0.18 mL
Quantitative Measures
Region
Color Code
Prior Volume (cm³)
Current Volume (cm³)
Change
Enhancing Tumor
Tumor Core
6.63
5.86
-0.77
Enhancing Tumor
Necrotic Core

Meningioma



Summary

- RadNet will continue to lead, grow, and redefine deep learning-driven AI innovation in the imaging industry by enhancing workflow efficiency and patient-centric care

- As Alzheimer's and neurodegenerative imaging accelerates, especially in the era of anti-amyloid therapies—RadNet is uniquely positioned to capture this growth and advance precision-based neuroimaging

Thank You

Your questions will be answered
during the designated Q&A sessions.

Up next:

Professor Sam Hare
CEO, HLH Imaging Group

The HLH Group

UK Lung Cancer Screening (LCS) & Beyond

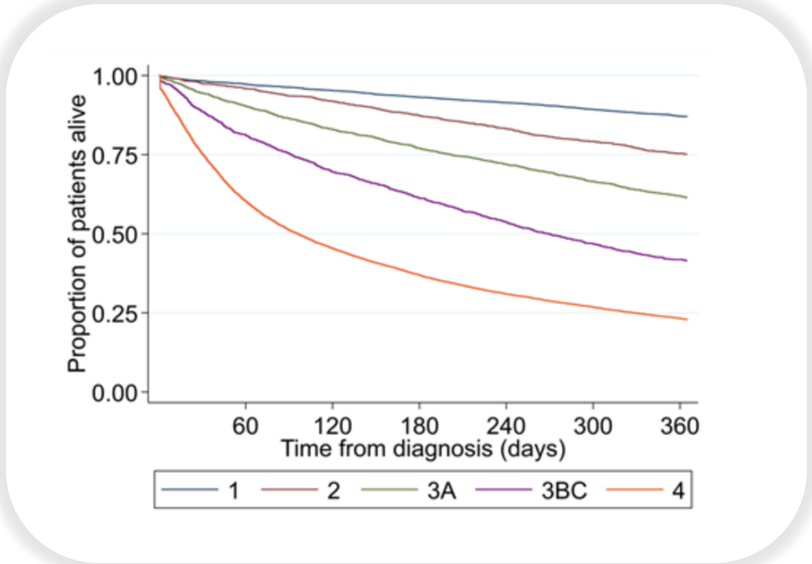
Professor Sam Hare – CEO, HLH Imaging Group

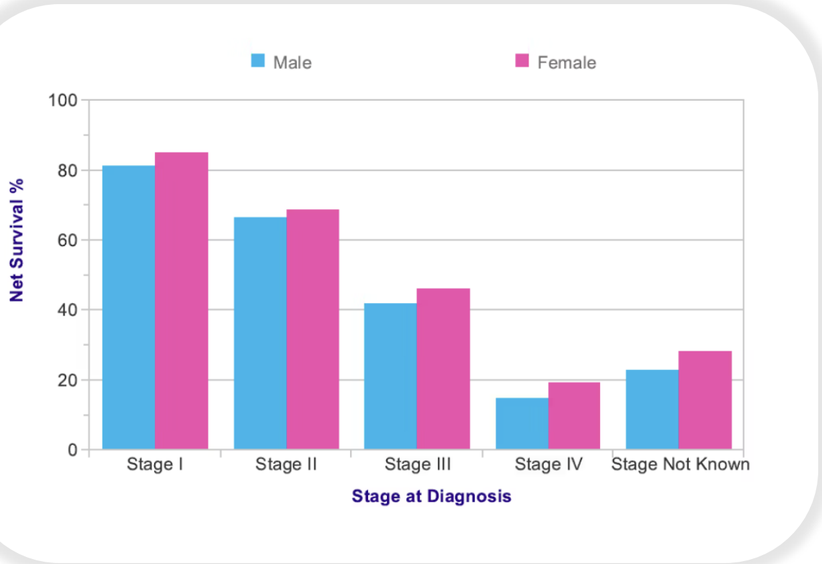
RadNet® | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

Lung Cancer

- The commonest cause of cancer death in the world
- 20% (1 in 5) of all global cancer deaths
- 2022: c.70% of lung cancer diagnosed at stage 3/4





LCS Trials

- NLST (USA)
- NELSON (Dutch/Belgian)
- SUMMIT (UK)

Lung cancer screening saves lives.

Table 1. Summary of the National Lung Screening Trial (NLST) and the NELSON trials.

	NLST	NELSON
Country	USA	BE/NL
Enrollment	2002–2004	2003–NR
Number of Centers	33	4
Number of screens	3	3
Screening planned at years	1, 2 and 3	1, 2 and 4
Comparison	LDCT vs Xray	LDCT vs usual care
Population		
Age	55–74	50–69 (50–75)
Smoking (pack-years)	≥30	>15*
Sex	both (male 59%)	men[a] (male 84%)
Years since quit	≤15	≤10
Patients Screened, *n*	26,722 vs 26,732	7907 vs 7915
Planned follow-up, y	>7	10
Nodule Size warranting Follow-up		
LC diagnosed at screening, %	1.02	0.9
5mm Reduction of LC mortality	20%	26%[a]

*, ≥15 cigarettes/day for 25 years or ≥10cigarettes/day for 30 years ; [a], both in Belgium; VDT, volume doubling time ; [a], in men.

CT scan catches 70% of lung cancers at early stage, NHS study finds

Exclusive: early detection hailed as 'major breakthrough' for treatment of Britain's deadliest form of cancer

'This was a life-saver': ex-smoker learned she had lung cancer after joining study

LCS England

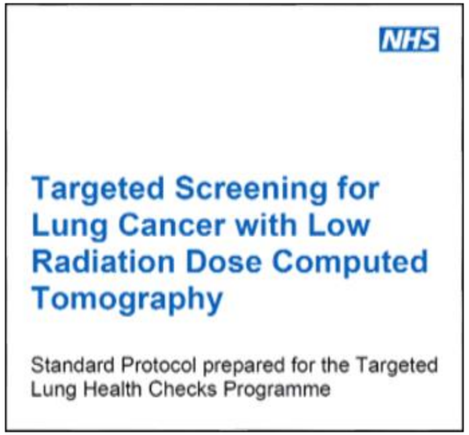
2020 ‘Pilots’

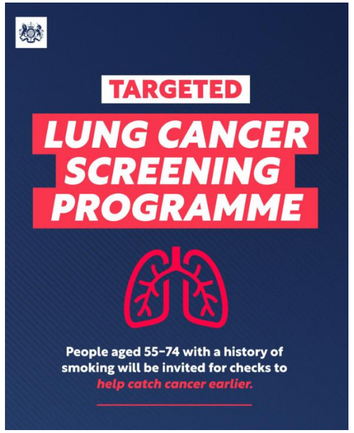
- **Ever smokers (55-74yrs)**
- Risk predictor model
- Low Dose CT (1mSv)
- 2yr intervals (24-month cycles)

AI second read (screening)

Uptake rates > 40-50%
(USA <6%)

- Implementation
- Logistics
- Access (mobile CT units (85%) vs fixed sites)





Lung Cancer Screening (LCS)

Only UK network of specialist thoracic radiologists

>170 chest radiologists

More than 30,000 screening CT per month & AI

National IT architecture

Extensive national data and analytics

National training, education and research

HLH Group

- Automated (AI) nodule volumetry
- Expert chest radiologist + AI 2nd reader

- Indeterminate lung nodule recall rate <20% ⬇
- Referral for actionable IFs <8 % ⬇
- Referral for lung nodule work up <7% ⬇
- Overall Referral < 15% ⬇

RadNet

UK NSC screening recommendation

Based on the last UK NSC review of this condition that occurred in December 2007.

Screening is not currently recommended for this condition.

2019

2020

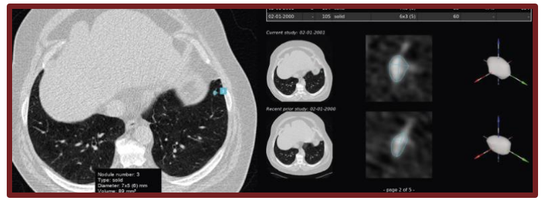
LCS PILOTS

Heart&Lung
HeartLungHealth.com

2022

RadNet

Powered by AI



Heart&Lung
HeartLungHealth.com

RadNet

2023

UK NSC screening recommendation

Based on the last UK NSC review of this condition that occurred in June 2022.

Screening for this condition is recommended.

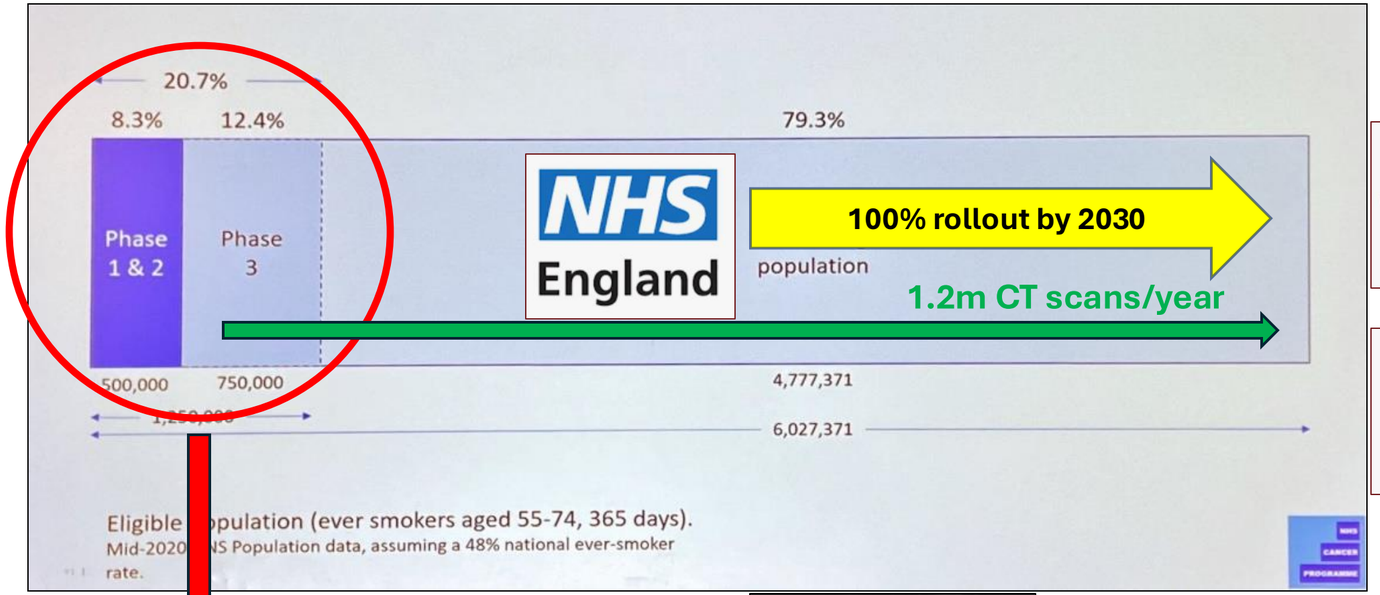
2024

RadNet

HLH Group

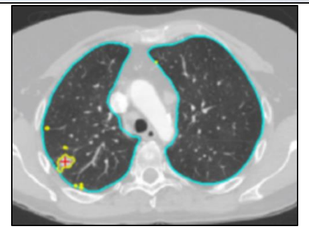
Phased national UK roll-out:

A global exemplar for implementation strategy



HLH Group

HLH market share c.85% – 90%

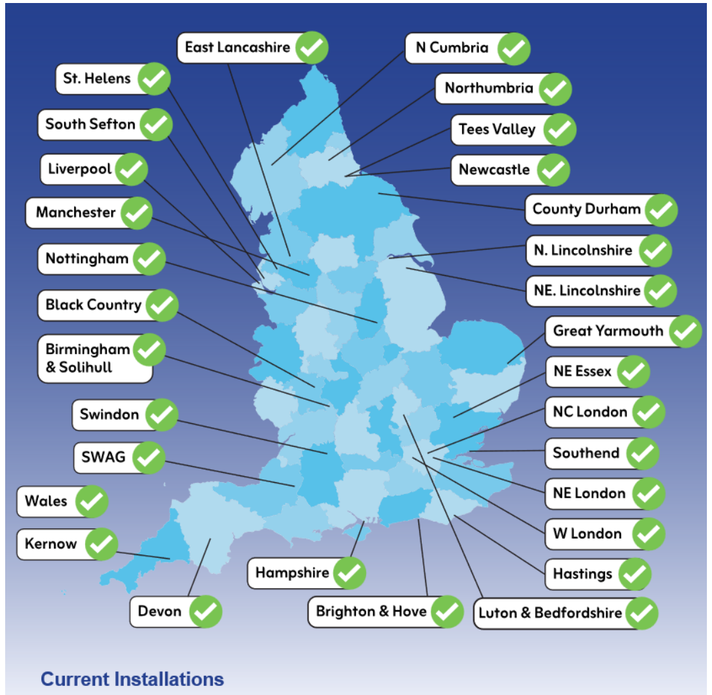


NHS SCOTLAND

GIG CYMRU NHS WALES

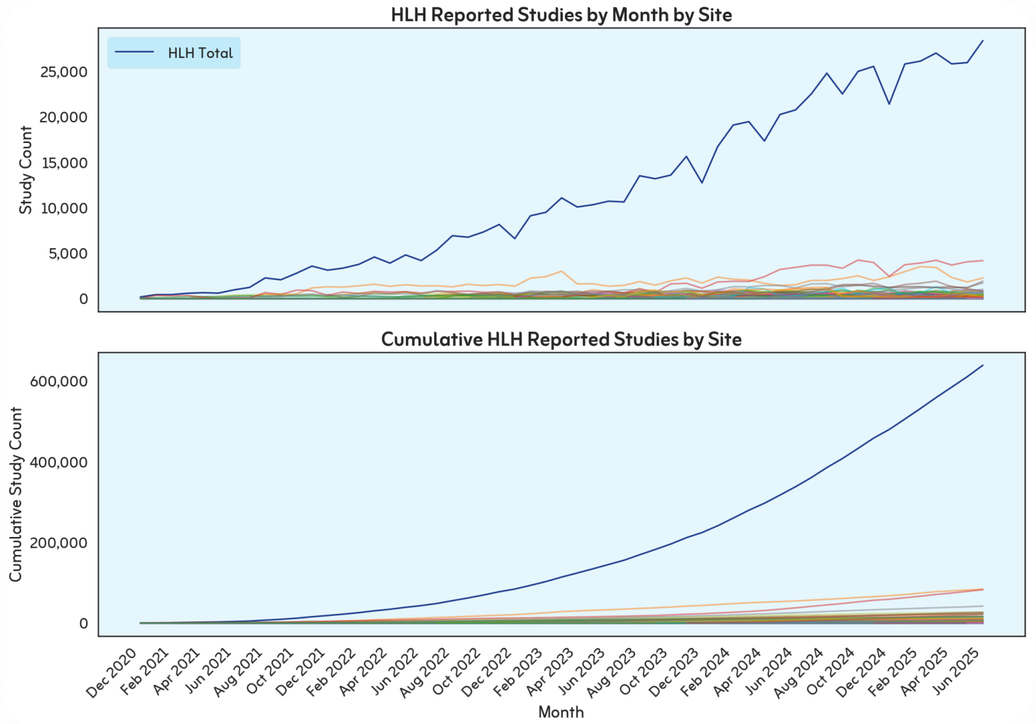
IT infrastructure:

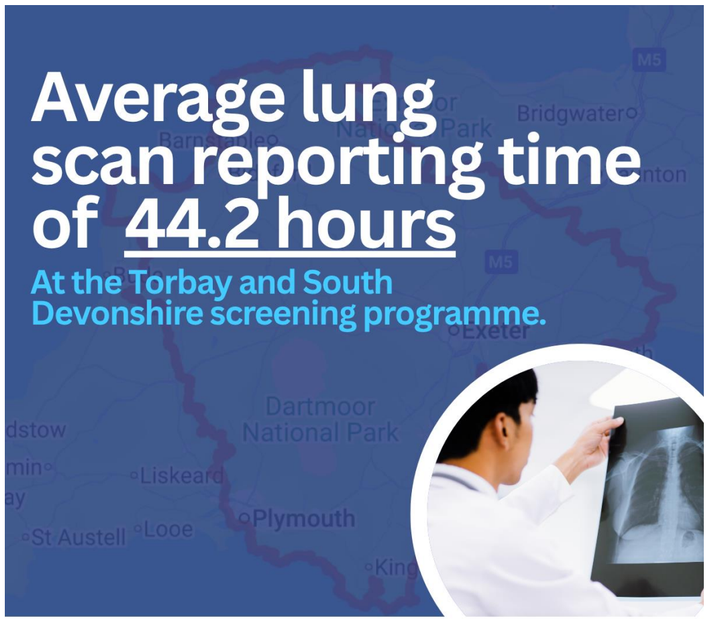
Scale



Resilience at scale:

Expert + AI + 'frictionless' IT





Making the difference:

Stage-shift

110 LUNG CANCERS DETECTED

77 AT STAGE 1 OR 2

25 OTHER CANCERS FOUND

Across the East of England (South)

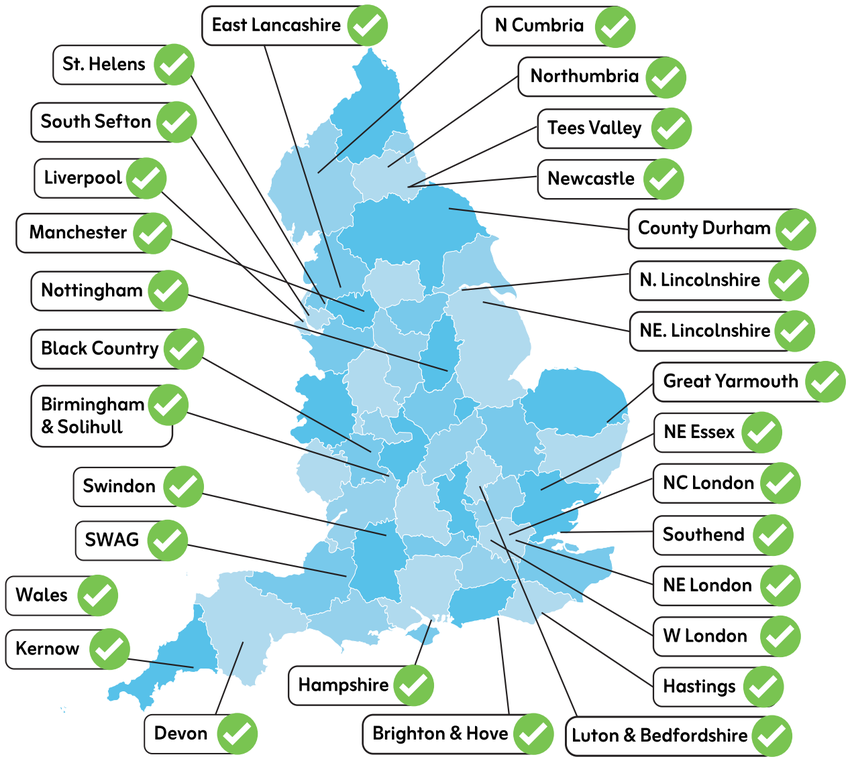
70 LUNG CANCERS DETECTED

11 OTHER CANCERS FOUND

51% LUNG CANCERS DETECTED AT STAGE 1

In Tees Valley (North East of England)

Screening Expansion



- High quality IT & AI
- Expert readers

HLH Group

Integration

Workflow

AI Tool

HLH Lung
PART OF THE HLH GROUP

HLH Heart
PART OF THE HLH GROUP

HLH Prostate
PART OF THE HLH GROUP

HLH Neuro
PART OF THE HLH GROUP

HLH Colon
PART OF THE HLH GROUP

HLH Technology
PART OF THE HLH GROUP

Expert + AI + IT = Population Health Screening ✅

Clinical Expertise

Innovative Technology

Proven Analytics at Scale

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Dr. Maxine Jochelson
Medical Director,
Women’s Imaging

The Breast Cancer Journey:

Upping the Ante

Dr. Maxine Jochelson – Medical Director, Women's Imaging

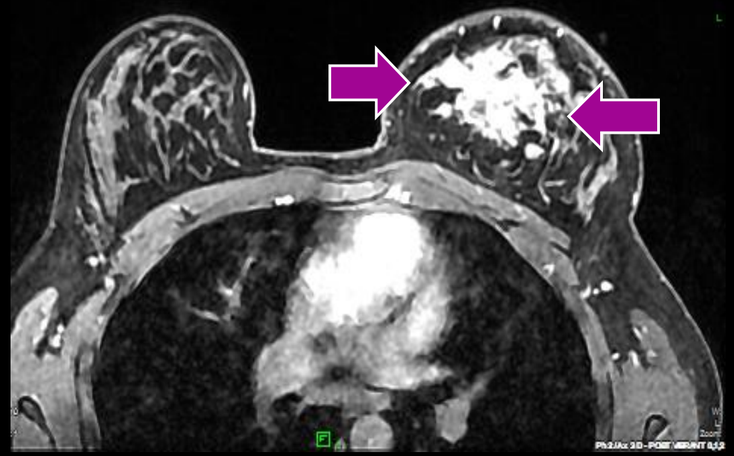
RadNet® | Advancing Imaging through Innovation & Technology

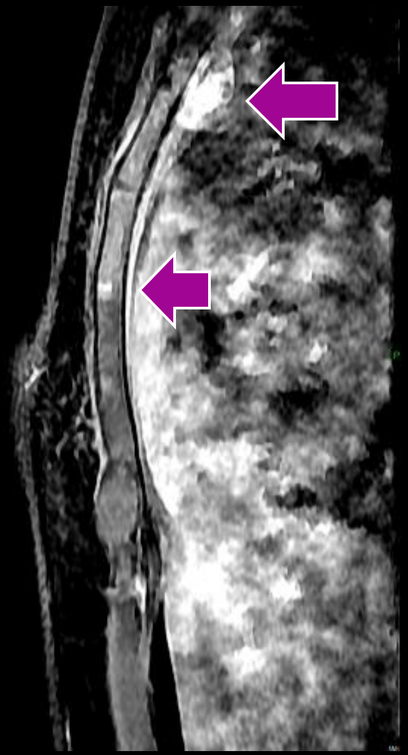
11/11/2025 | Investor Day, Nasdaq MarketSite

Breast Cancer Statistics: 2025

- Most commonly diagnosed cancer in the world: 2.3 million new cases/700,000 deaths each year
- Lifetime risk ~13%
- Incidence rates increasing ~1%/year: among women under 50 ~1.4%/year
- ~44% drop in mortality since 1989
- Survival depends on stage at presentation & better treatment
- **WE MUST FIND BREAST CANCERS AS EARLY AS POSSIBLE**

25-year-old
Lump & pain for 3 weeks
Aunt had breast cancer at 68





What RadNet Has the Capacity to Do in this Space

- Identify who is at high risk
- Choose the right imaging tests for each woman with the most up-to-date imaging tools
- Provide the most accurate interpretations as rapidly as possible
- Use home grown artificial intelligence to aid our diagnostic capabilities
- Image based biopsy when needed

Mirai

1. Deep learning models such as Tyrer-Cuzick based on family history and lifestyle have classically been used to assess risk but greater than 80% of breast cancer patients have no family history or other risk factors so the models are not as useful

2. MIT developed mammography-based AI model to predict risk using a large data set from MGH tested on sets from Sweden & Taiwan

3. Significantly better than Tyrer-Cuzick and other deep learning models

Mirai more accurately identified high risk patients: MGH test set predicted 41.5% developing cancer within 5 yrs identified as high-risk c/w Hybrid DL: 36.1% (P=0.002) c/w Tyrer-Cuzick: 22.9% p<0.001

DeepHealth

Using our AI capabilities, we are developing our own model to predict risk based on each woman's breast tissue. We can not only determine who is at increased risk but when to begin screening & if needed, what type of high-risk screening will be appropriate

Then We Provide Access to Imaging

- Mammography is the only imaging exam proven to reduce breast cancer mortality.
- It does this by finding breast cancers when they are smaller & more curable
- Relatively inexpensive & relatively widely available but there are still limitations that need to be addressed:

1. Limited mammography availability in remote or underserved locations
2. Sensitivity limited: 70-85% overall; 30-50% in women with dense breasts

How Do We Accomplish This?

1. State of the art mammography & ultrasound equipment at over 400 imaging centers - we perform 2 million mammograms a year

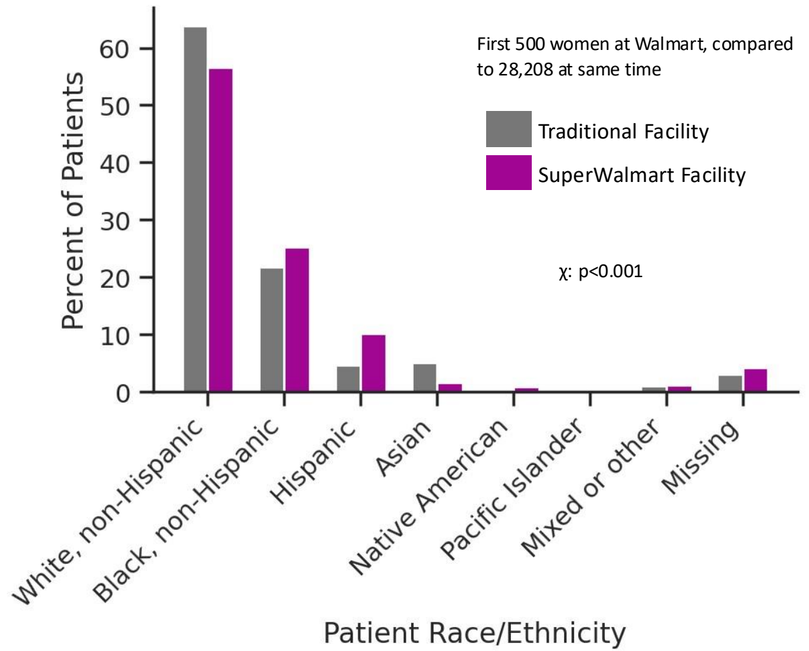
2. Supplemental imaging access - additional breast imaging modalities to improve early cancer detection including ultrasound (US), magnetic resonance imaging (MRI) & contrast enhanced mammography (CEM)

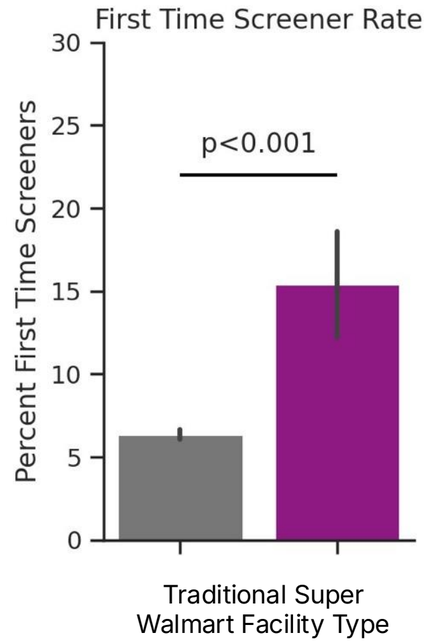
3. Robust Artificial Intelligence (AI) product

*In the last 3 full years we performed **8,929 mammograms** on our mobile vans in California alone*

Improving Access to Expert-Level Healthcare

- Screening mammography at Super Walmart
- Higher proportion of traditionally at-risk populations
- Cloud-based AI can lower barriers to access





25 million American women have dense breasts

1. 1.9-fold increased risk of breast cancer death in women w/ dense breasts

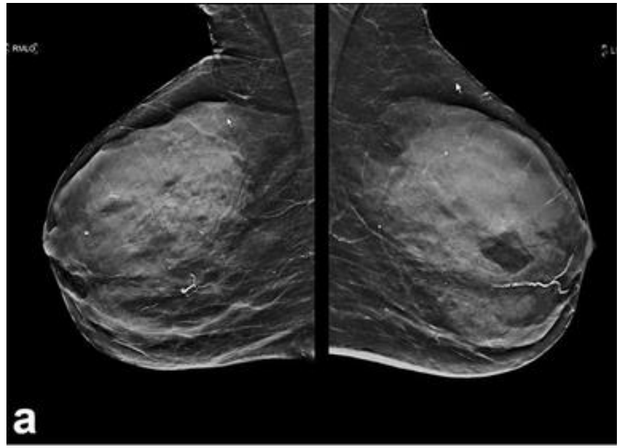
2. Mammographic ability to detect cancers in dense breasts is suboptimal: cancers are white on mammography as is the dense breast tissue leading to:
   - Larger cancers at presentation
   - Higher interval cancer rates
   - Poorer survival

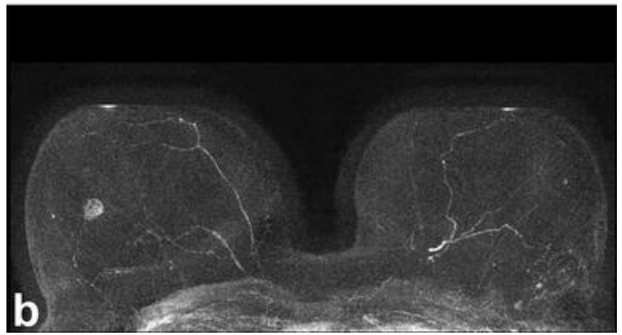
3. Breast imagers acknowledge that supplemental imaging is needed to find the earlier cancers

Chiu et al Cancer Epidemiol Biomarkers Prev 2010

Supplemental Imaging

- US detects additional 4 cancers/1000
- Contrast mammography detects additional 16 cancers/1000
- MRI detects additional 17-20 cancers/1000





MRI volume has increased

20%

AI in Breast Imaging: Images are Data

Converts images to automatically extracted data on a pixel level

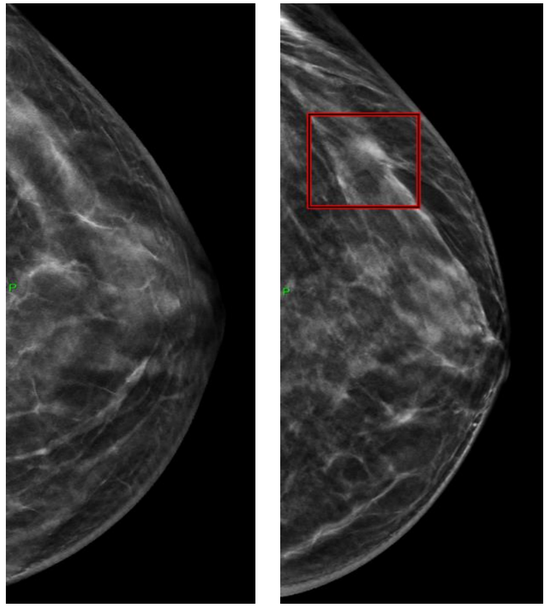
Besides determining risk:

1. Recognizes complex patterns in breast tissue & can transform image interpretation from purely qualitative & subjective to quantifiable & reproducible
2. May identify cancers not detectable by humans
3. Can integrate diagnostic systems to include images, genomics, pathology & electronic health records to make a better diagnosis

BWL et al; Artificial intelligence in cancer imaging: Clinical challenges and applications; CA Cancer J Clin 2019

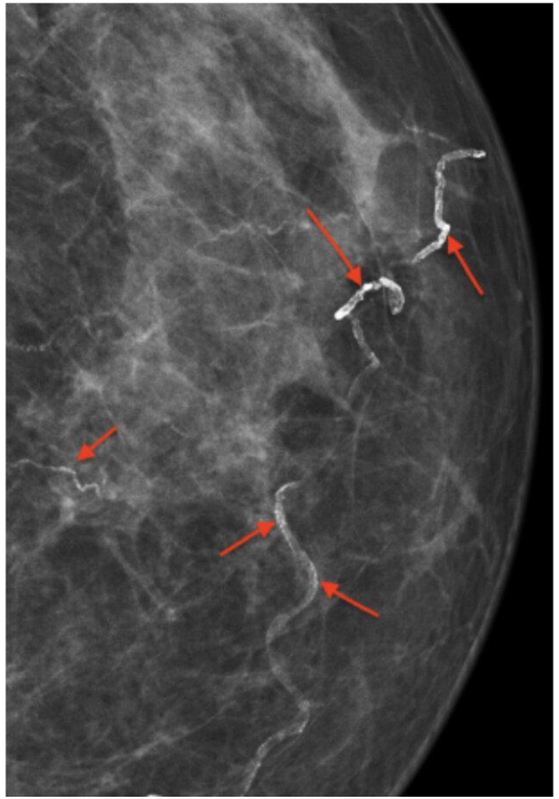
Equitable impact of an AI-driven breast cancer screening workflow in real-world US-wide deployment

- N=579,583 US women from 4 states: ASSURE study
- Multistage AI driven workflow: initial reader had DeepHealth Breast AI review and if disagreement, safeguard review performed by breast imaging specialist
- 21.6% more cancers detected regardless of socio-demographic & density groups. Increased cancers detected were invasive and aggressive types



Breast Arterial Calcifications

- Heart disease is the leading cause of death in women worldwide accounting for 1/3 of all female deaths
- Breast arterial calcifications are associated w/ mortality & vascular disease particularly in young women but also in postmenopausal women
- Quantification is important: an automated score can be generated and is associated with outcomes & mortality
- In US, no consensus yet as to how to approach the finding - the Canadians are developing a grading system which will lead to appropriate recommendations



Conclusions

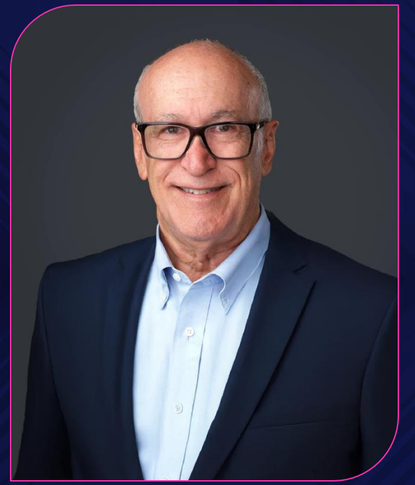
- RADNET performs over 2 million mammograms a year: 5% of all the mammograms in the US
- Innumerable lives are saved by finding breast cancers earlier
- Many additional lives can be saved and quality of life can be improved by recognition of Breast Arterial Calcifications
- We continue to invest in improved technology, AI, research and resources to improve morbidity and mortality even more

Thank You

Your questions will be answered
during the designated Q&A sessions.

Up next:

Dr. Robert Princenthal
Medical Director, Prostate



Enhancing Prostate Screening:

A new standard in Diagnosis: PSA, MRI, AI and the patient journey

Dr. Robert Princenthal – Medical Director, Prostate

RadNet® | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

What will be presented

- Challenges with PSA screening
- Growing role of Prostate MRI first, prior to bx
- Population based health screening for men between 45-80 with low-cost screening ‘manogram’, plus AI
- Goal: Encourage primary care physicians to reestablish role in Pca screening
- DeepHealth’s Saige Prostate AI is critical for workflow efficiency

How can we reduce mortality from prostate cancer?

Simple: Improve access for screening PSA, encourage men to treat prostate cancer the same way we educated women for breast cancer and screening mammography

If men don’t get screened, and primary care doesn’t focus on men’s health, we will still have men presenting with PSA’s >40, and metastatic at time of presentation

Prostate cancer facts: 2024

- **299,000** new cases, 9.5% of all new cancers
- **35,250** deaths/year, similar to breast cancer
- **1 in 8 men** will be diagnosed during lifetime
- **1 in 6 men** with elevated risk factors, minorities
- **60%** of cases in men >65
- **2nd most common cancer** death, behind lung
- **2.9 million men** are living with prostate cancer
- Huge untapped market prostate MRI, number of studies should mirror mammography

35,250 men die each year from prostate cancer

- We should be able to reduce that number by 20%, **save 7000 men/year**
- **How?** Encourage screening of all men 45-80
- If **PSA > 2.5**, order non contrast prostate MRI
- If MRI suspicious, refer to Urology for targeted biopsy
- If we can find most Pca with **PSA < 15**, likelihood of distant disease goes very low
- 5-year survival is **99%** with gland contained, **36%** with advanced disease

What is the scope of the potential market?

- **70 million men** in the US between ages of 45-80
- **Only 1 in 3 men** get a PSA screening blood test
- Many primary care physicians are confused about the current guidelines for prostate cancer screening due to inconsistent USPSTF guidelines, and new NCCN recommendations
- More data supports role of MRI first, prior to prostate biopsy
- MRI frequently finds Pca in men with normal PSA
- RadNet performs roughly **4000 prostate MRIs/month**
- Potential volumes could approximate mammography volumes
- Prostate screening should be done with experienced centers, huge untapped market, leading to explosive growth of advanced imaging

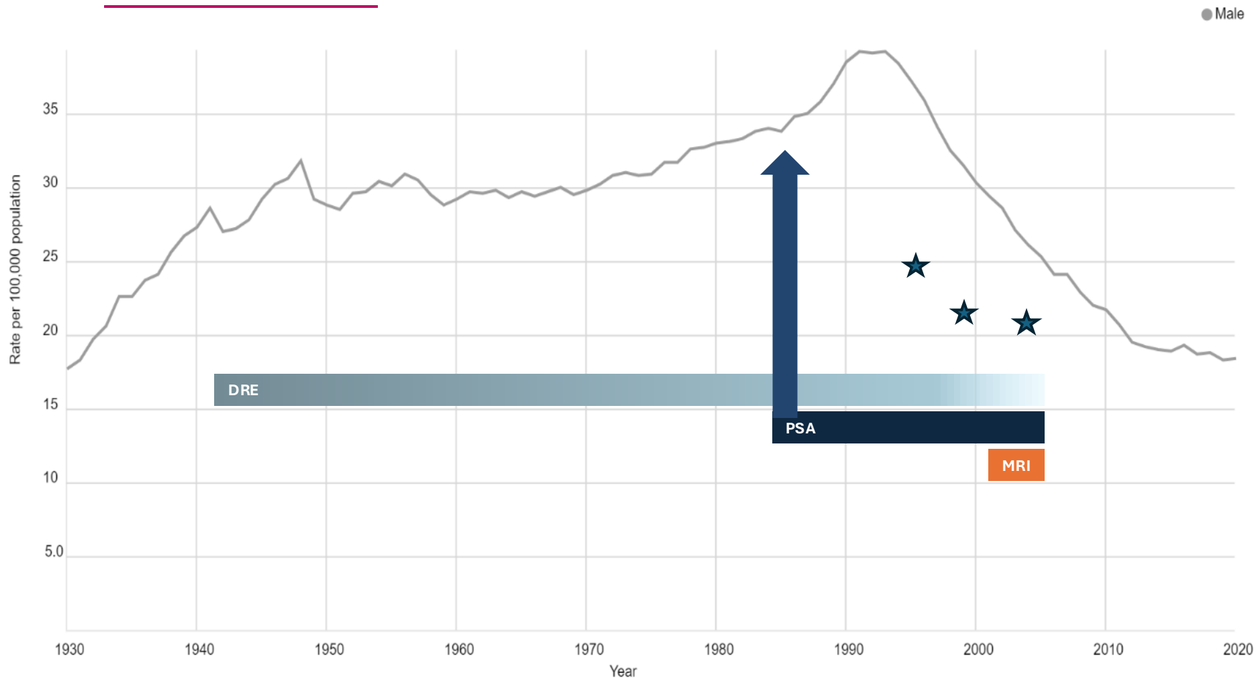
Summary of RadNet's prostate program

- Established in 2009, now with over **16 years experience**
- **40 Southern California locations** capable of advanced mpMRI 6 new locations in Phoenix area
- Currently performing **1600+ mpMRI** per month
- RadNet East Coast **performing > 1600 mpMRI**
- RadNet performs more prostate MRIs than any other entity in country — just scratched the surface
- Centralized subspecialty reading limited to experienced readers, to maintain quality outcomes
- Our experience is critical to our success

Trends in death rates, 1930-2020 *(by sex for prostate)*

American Cancer Society

Cancer Facts & Figures
2023

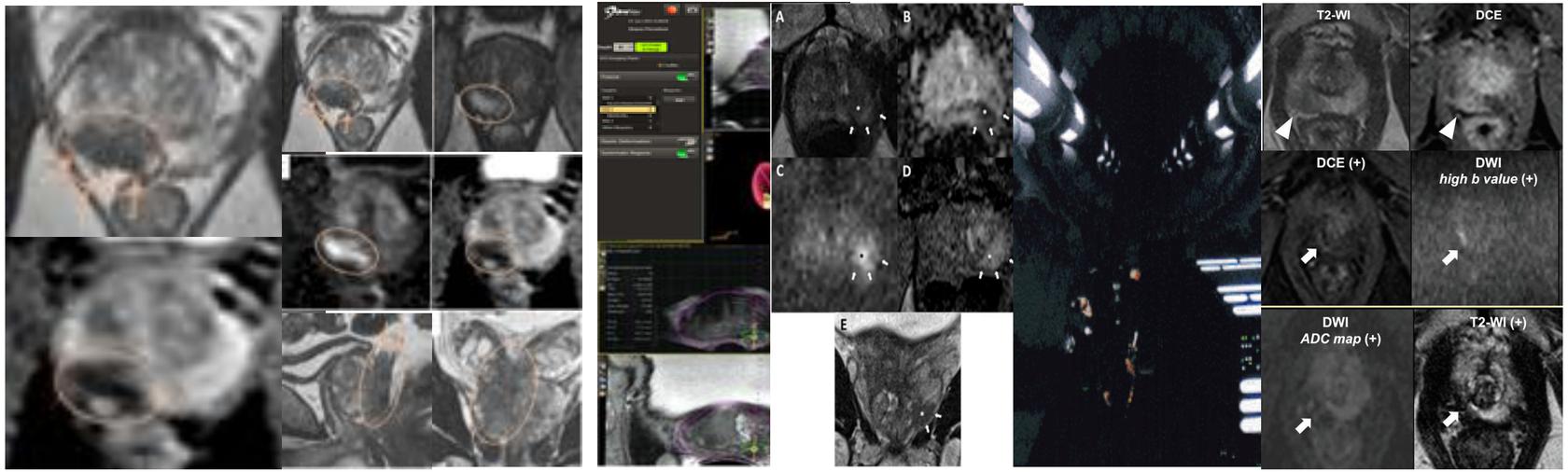


Milestones in the adoption of MRI for PCa detection in NCCN Early Detection Guidelines

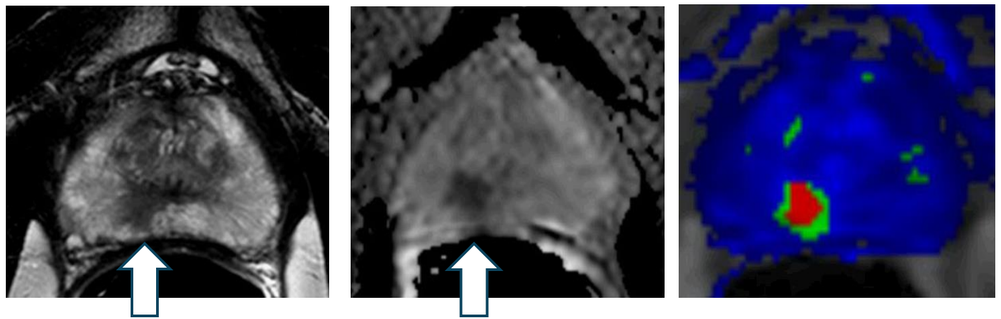
Year	Recommendations prior to biopsy	Recommendations for biopsy
2014	Consideration can be given for high-risk men with neg biopsies to use mpMRI followed by appropriate biopsy technique	None
2016	Not recommended, but emerging data suggests mpMRI targeted biopsy may increase the detection of clinically significant disease	No change
2017	"Not recommended" removed prior to biopsy from statement	No change
2018	No change	No change
2019	Negative MRI does not exclude the possibility of cancer	MRI targeting biopsy can be considered in centers with MRI availability
2021	MRI to be performed if available instead of "consider"	MRI fusion significantly increases the detection of clinically significant disease
2023	MRI is strongly recommended	Patients with persistent PSA should undergo biopsy even if they have a normal MRI
2024	MRI category 1 if available Radiologic expertise and the use of high quality mpMRI is essential for optimal interpretation of scans	MRI targeting is preferred

MRI-centered prostate cancer management

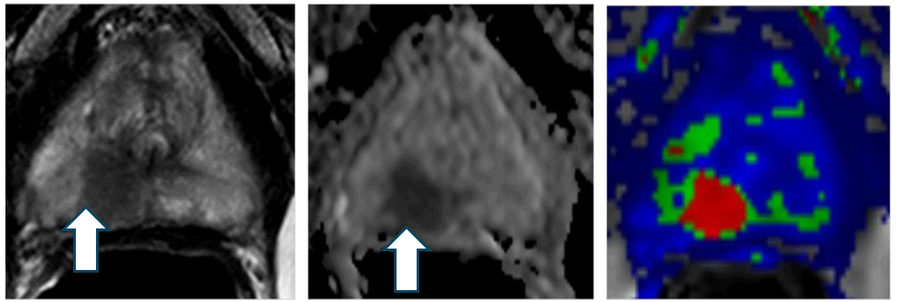
Screening → Tumor detection → Targeted biopsy → Staging → Treatment → Follow-up



What does prostate cancer look like?

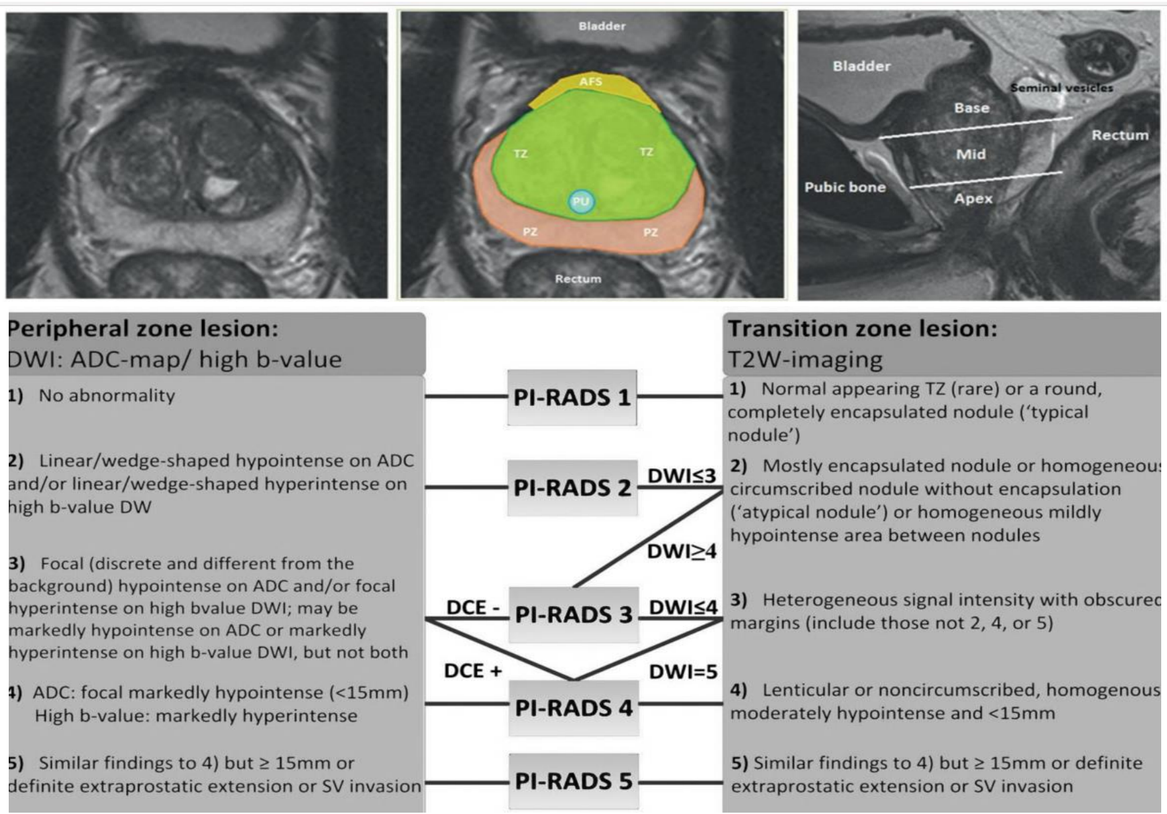


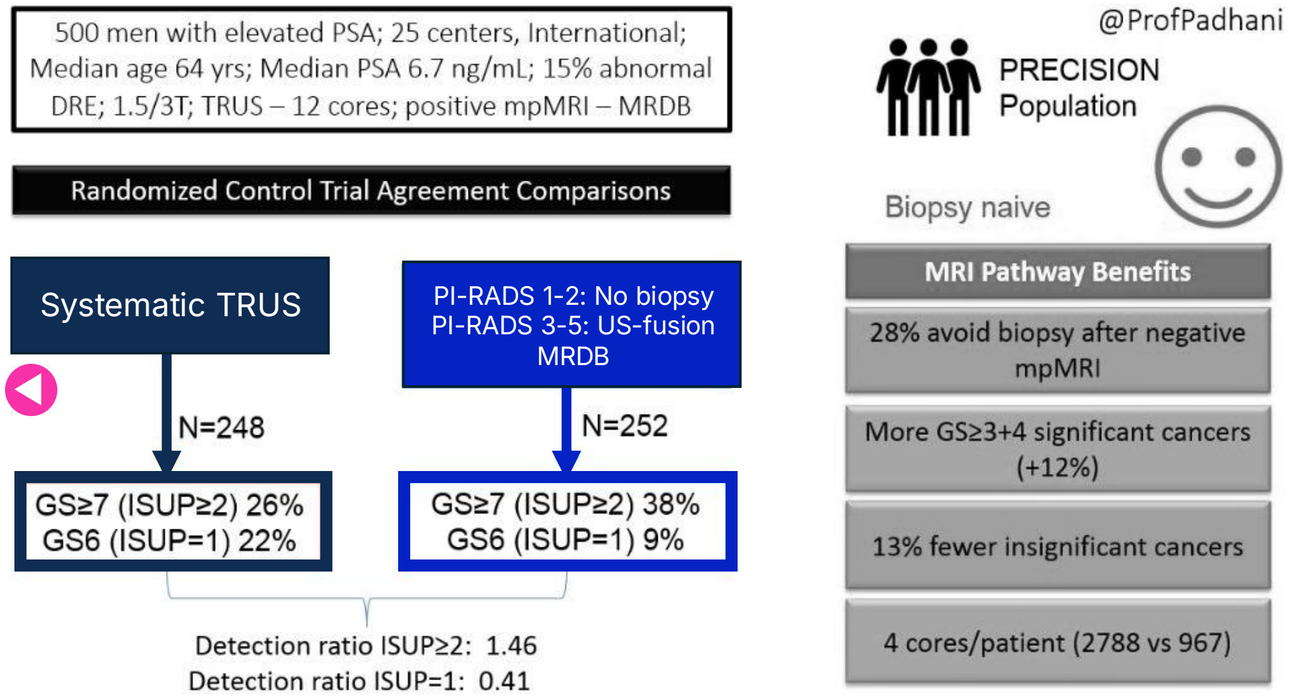
61 y.o. PSA 3.04 Gleason 3+4=7 from MRI-TRUS fusion cores, all systematic biopsies were negative. Enrolled on NIH AS trial.



18 month later PSA 3.28 but the MRI showed progression. MRI targeted biopsy revealed Gleason 4+4=8. RARP demonstrated Gleason 4+4=8 organ confined with negative margins.

Pi-rads v2 overview, structured reporting supports role of AI





Kasivisvanathan V, et al. PRECISION Study Group Collaborators. MRI-Targeted or Standard Biopsy for Prostate-Cancer Diagnosis. N Engl J Med. 2018; 378(19):1767-1777

If we add mpMRI

We can:

- Triage men who would benefit from biopsy, and reduce number of benign bx
- Find clinically significant tumors
- Assign men to active surveillance with higher confidence

The cost effectiveness of this approach has been evaluated, and it works

Compare detection of breast vs prostate

- Mammography screening finds 5-7/1000 cancers
- + mammography to biopsy yields positive results in 25-36%
- Screening has reduced mortality from breast cancer

- Prostate screening with PSA, followed by MRI:
- 100 men, 20 go to MRI
- MRI guided bx based on + exams finds 70-90% cancer detection, mostly clinically significant GG2, or >
- We can do better for men

Why have we not provided this screening benefit to men yet?

What is evidence that screening should start with even younger men?

- Why do guidelines have age limitations?
- Age should not matter; quality of life should
- Screening should focus on men with average risk factors
- If increased risk, start screening at 45, extend screening until benefits don’t exceed life expectancy

PSA at age 45

PSA at Age 45:

1% at high risk (confirmed PSA >3)

40% of whom will have prostate cancer

90% of screen detected PC are low grade

99% of men are at low risk (5 yr follow up)

Questions:

What is the additional value of MRI to PSA?

What is the value of genetic risk factors and ethnicity?

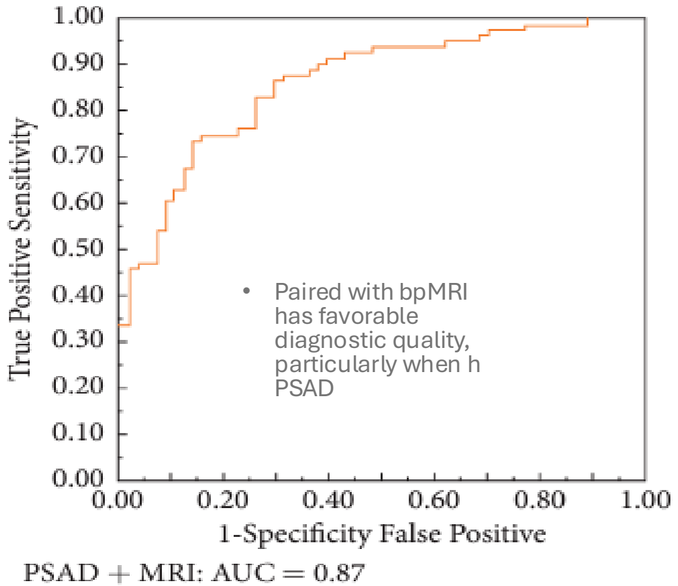
Are there other blood/urine-based biomarkers?

For men with a baseline PSA <1.0, their risk of PCa over the next 5 years is very low

Fast bpMRI non inferior to full diagnostic prostate MRI using iv contrast!

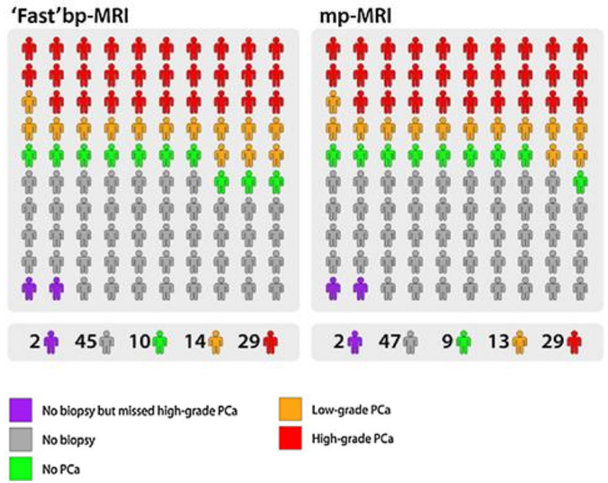
Diagnostic value of biparametric magnetic resonance imaging (MRI) as an adjunct to prostate-specific antigen (PSA)-based detection of prostate cancer in men without prior biopsies

Soroush Rais-Bahrami*, M. Minhaj Siddiqui*, Srinivas Vourganti*, Baris Turkbey†, Ardeshir R. Rastinehad*, Lambros Stamatakis*, Hong Truong*, Annerleim Walton-Diaz*, Anthony N. Hoang*, Jeffrey W. Nix*, Maria J. Merino‡, Bradford J. Wood§, Richard M. Simon¶, Peter L. Choyke† and Peter A. Pinto*‡



- Paired with bpMRI has favorable diagnostic quality, particularly when h PSAD

- Van der Leest et al (Eur Urol, 2019)
- 8-minute exam: Localizer, T2, DWI
- 2% more biopsies than mpMRI,
- 1% increased detection low grade PCa



Enhanced prostate screening

45+ If you are a male who is over the age of 45, you can be screened.

1in8 1 in 8 men are affected by prostate cancer.[1]

How does Enhanced Prostate Screening Work?

- Program Goal: The Early Detection of Prostate Cancers and Elimination of Unnecessary Prostate Biopsies
- Who Qualifies? Patients with no PSA score or those with a PSA score >2.5ng/ml
- Patients self-pay at time of service; insurance does not yet cover the exam
- $275 out-of-pocket
- Exam time: 8 to 10 minutes
- FDA-cleared AI assists the radiologist in the reading of the exam

- Screening results and family history will indicate the interval at which you should return for routine screening, between one and five years.

36 **Fast Results**
Results are returned within 36 hours, so informed clinical decisions can be made when they count.

Non-Invasive
With an MRI screening, patients avoid the discomfort of a standard digital rectal exam.

No Radiation
Patients gain accurate results without any radiation exposure.

Enhanced efficiency in prostate cancer detection

The end-to-end software solution streamlines workflow integration and automates mundane tasks decreasing clicks .

Automated prostate segmentation results

Prostate volume and PSA density to provide improved measurements compared to the current clinical standard.

Bi-Parametric guidance on volume and PSA, which removes stress and facilitates evaluation of the transitional and anterior gland/the most challenging areas

Visual representation
3D rendered key images of a lesion in the prostate gland, ready to be exported and used by most **Third Party biopsy system.**

Kinetic curve representation per ROI and of the full prostate gland.

User-friendly interface

Customizable hanging layout.

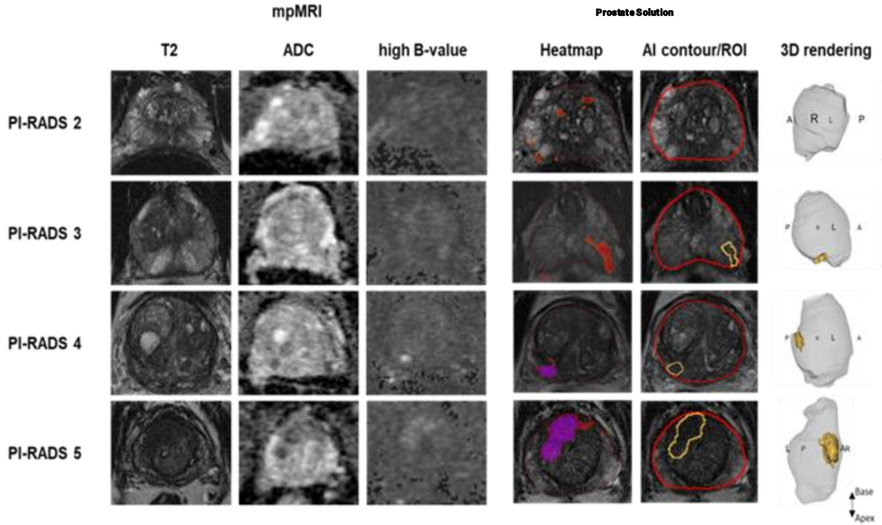
Seamless integration into existing workflows.

Seamless scalability – easily accessible and quick to launch from any location.

Individual lesion overview
Includes volume, location per PI-RADS region, PI-RADS scoring, associated kinetic curves, and pre-selected key images.

Improves prostate cancer detection

- In the first prospective biopsy-proven evaluation of AI assistance in 262 men
- Sensitivity of biopsy went from 92% to 95%.
- AI-assisted reads found csPCa in 24% of men when MRI was deemed negative by the radiologist.
- If only targeted biopsies were performed based on the radiologist read, biopsies would have missed 8% of csPCa, versus AI-assisted read biopsies would have missed 1%.
- In a prospective study of 150 subjects, additional prostate cancer lesions were found in 23% of the subjects and previously not diagnosed prostate cancer was found in 7% of the subjects.
- Research has shown that radiologists experienced a 27% decrease in lesion identification time when supported by the software.



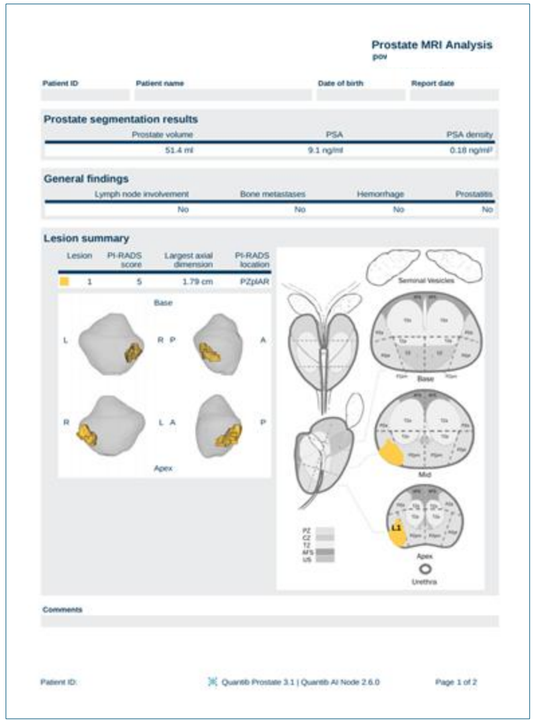
Günzel et al., European Urology Focus, 2024

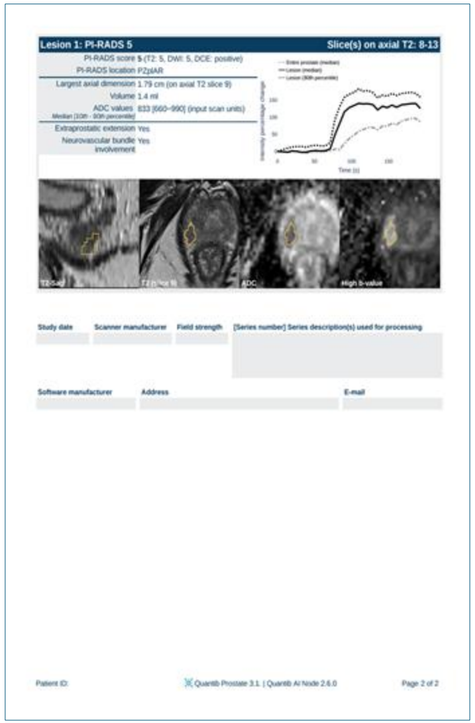
Streamlining reporting

Standardized and complete report that can be shared directly with the referring physician to support findings.

3D exports of prostate gland, subregion, and lesion* segmentations that can be easily imported into compatible ultrasound systems.[1]

Research[2] has shown that the DeepHealth prostate solution can decrease reporting times up to 14% for inexperienced radiologists, and 10% for experienced ones.





[1] For clearance and availability in your geography of all functionalities listed and compatibility with other systems, please contact us at info@deephealth.com
[2] Cipollari et al., Radiologia Medica, 2022

Keep costs of program comparable to screening mammogram

Proposed cost to be $275. Triage, and track outcomes for cancer detection, stage at detection, and estimate total cost savings

Focus on improvements in men’s health screening pathways, reduce fears, increase participation

Reference List

- Biparametric MRI for diagnosis and screening
  ReIMAGINE study: Moore et al, BMJ Open, 2023.
- MRI-targeted biopsy without systematic cores
  GÖTEBORG-2 trial: Hugosson et al, NEJM 2022
- Perilesional vs. systematic cores for increased sensitivity and specificity
  Brisbane Eur Urol 2022, Noujeim PCAN 2023, Hagens Eur Urol Open Sci 2022
- Micro-ultrasound as alternative/adjunct to MRI guidance for targeted biopsy
  OPTIMUM trial: ongoing
- PSMA-PET for detection (not just staging) of localized prostate cancer
- Additional references available upon request

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Dr. Judy Rose
Director, PET/CT and Medical Research

PET/CT Tracer Trending And Future Growth

Dr. Judith Rose - Director, PET/CT and Medical Research

RadNet | Advancing Imaging through Innovation & Technology

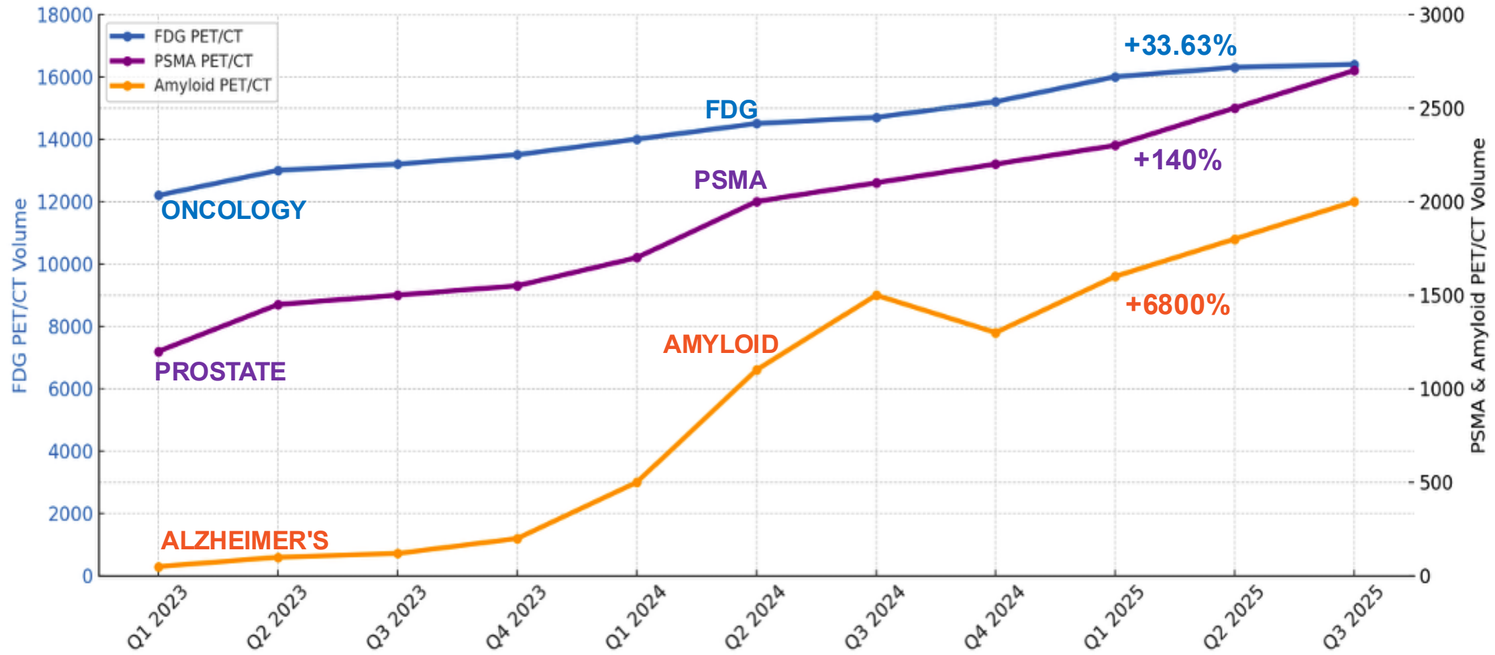
11/11/2025 | Investor Day, Nasdaq MarketSite

PET/CT Is RadNet's Fastest Growing Modality

Q3 2024 - Q3 2025 : **20.3%** increase in PET/CT scans 18,844 → 22,670

- New Advanced Tracers % of Total Volume
  - Amyloid Tracer (Alzheimer's) ~8%
  - PSMA Tracer (Prostate Cancer) ~13%

PET/CT Volume Trend – By Tracer



What Is An FDG Tracer PET/CT Scan?

Injection → Imaging

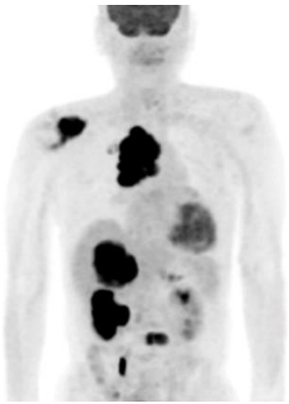
- FDG (radioactive glucose) is injected
- PET/CT detects areas of cancer with high glucose metabolism

Limitations

- From 2000 until recently was the only tracer
- Every patient, every cancer (breast, lung, prostate) injected with the same tracer
- FDG tracer is not cancer type specific
- Positive in infection and inflammation

Current and Future Opportunities

- Cancer type specific tracers

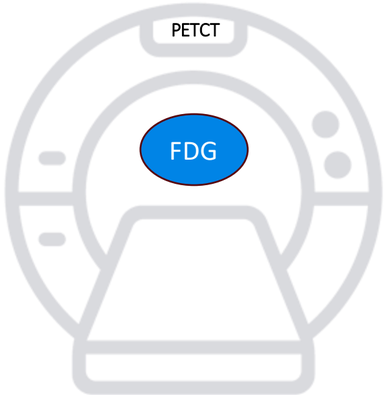


Lung FDG

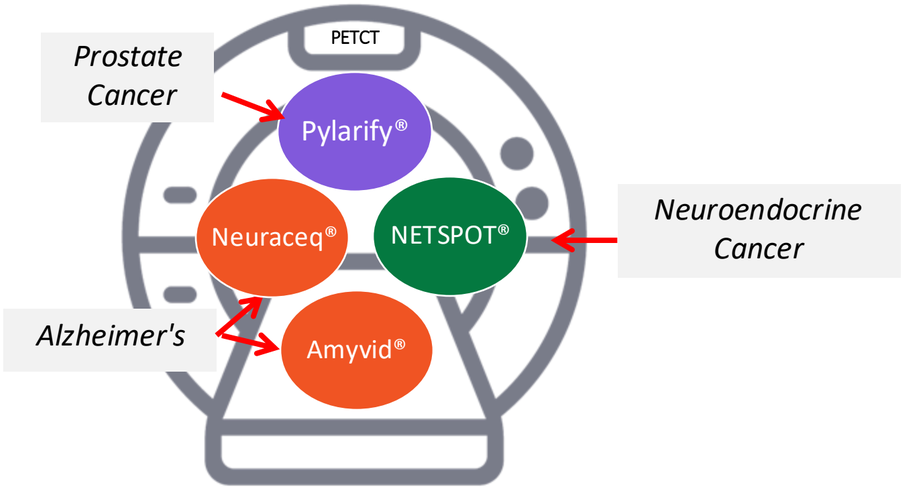
Lymphoma FDG

New Advanced Tracers Beyond FDG

THEN: One Tracer For All Patients



NOW: New Disease Specific Tracers



PET/CT Has Entered A New Era With Tracer Expansion Beyond FDG

New tracers are driving growth and disease specific treatment options including Theranostics

Theranostics

What is Theranostics?

- Theranostics is the pairing of a diagnostic PET/CT scan and a targeted therapy using the same molecular pathway

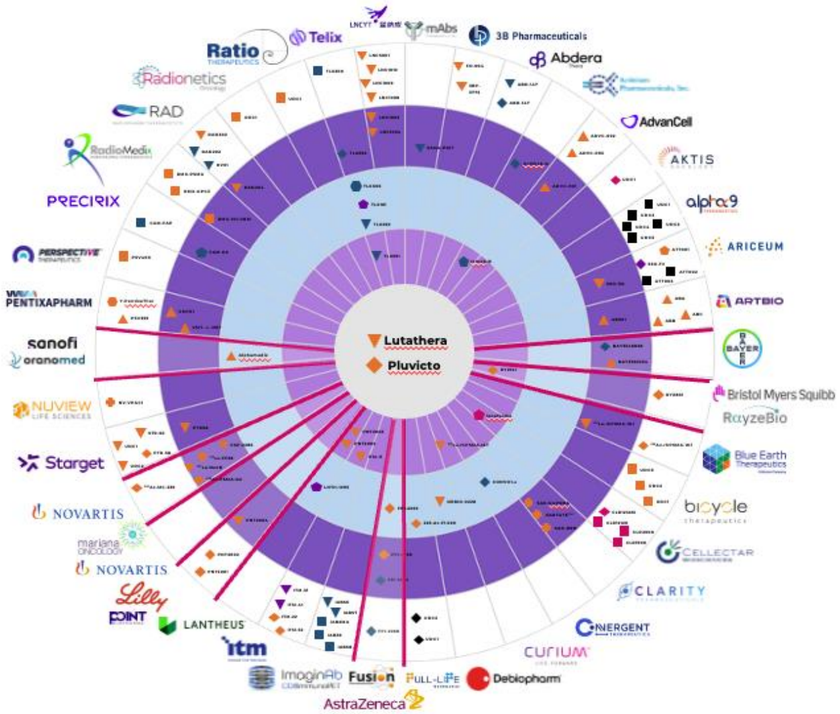
How it Works?

- A PET/CT scan first identifies tumors using cancer-specific PET tracers.
- The same pathway is used to deliver a targeted radioactive treatment

Why It Matters?

- Personalized treatment, matches therapy to a specific cancer

Theranostics Companies



— = Big Pharma

	^{177}Lu	^{225}Ac	^{212}Pb	^{121,123,131}I	^{67}Cu	^{90}Y	UDC
Peptide / Ligand	▼	◆	▲	⬟	✚	⬢	■
Antibody	▼	◆	▲	⬟	✚	⬢	■
Small Molecule	▼	◆	▲	⬟	✚	⬢	■
Mini Proteins	▼	◆	▲	⬟	✚	⬢	■
UDC	▼	◆	▲	⬟	✚	⬢	■

Preclinical	○
Phase 1/2	●
Phase 2	●
Phase 3 / Reg.	●
Approved	○

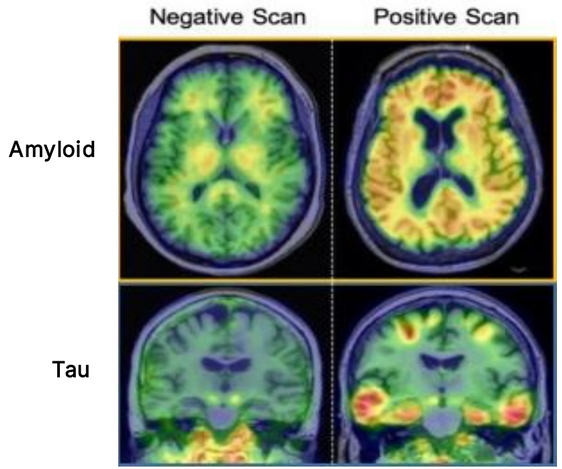
What Are Amyloid And Tau Tracers?

Amyloid

- Amyloid tracers detect β-amyloid plaques, a hallmark of Alzheimer’s disease.

Tau

- Tau tracers detect Tau protein tangles, another hallmark of Alzheimer’s disease.



Alzheimer’s (AD) Trials

Portfolio

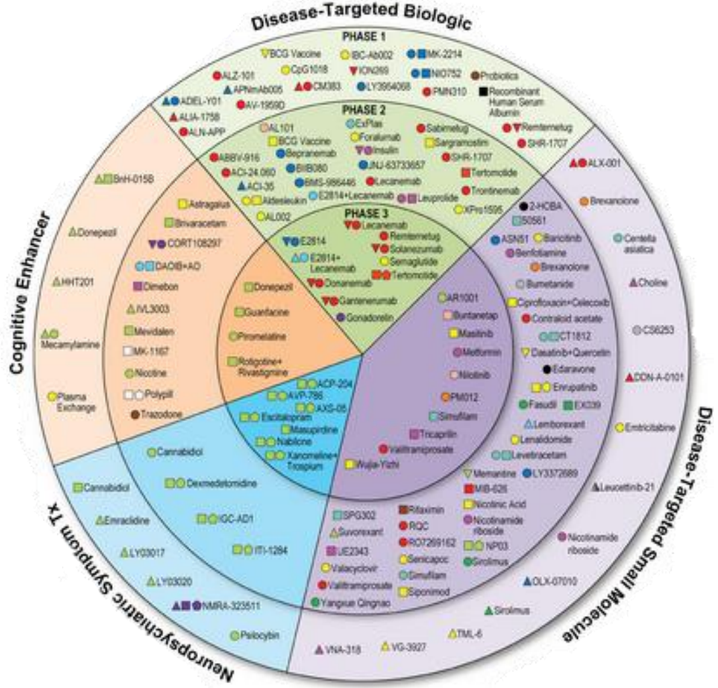
- 2012 - RDNT 1st Alzheimer’s research study
- 50+ Phase 2-3 national trials

Alzheimer’s Tracers

- Amyloid
- Tau

Trials Objectives

- Screening for inclusion
- Monitoring anti-amyloid and anti-tau therapies



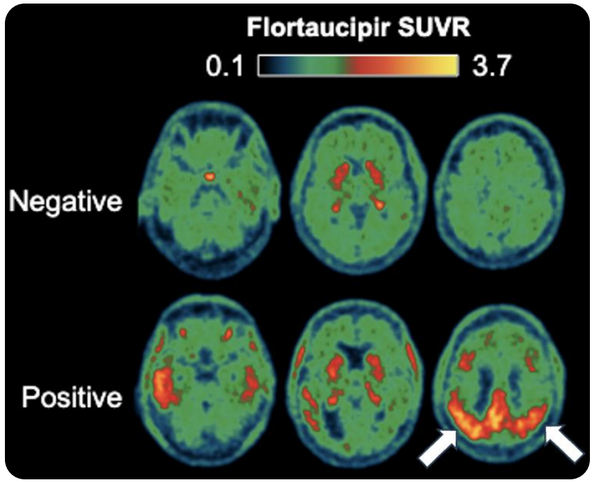
2025 Alzheimer’s Therapy Drug Pipeline

Flortaucipir (18F) TAU-MK 6240

When?	Where?	Phase 3
Active	CA	2 Trials

Future

- Tau scans and anti-Tau therapy
- 15% of patients are amyloid negative and would not respond to anti-amyloid therapy



Drivers of Future Growth in Amyloid PET

Demographics

- Aging population
- Projected by 2060, 13.8M Americans will have Alzheimer's

Earlier Diagnosis

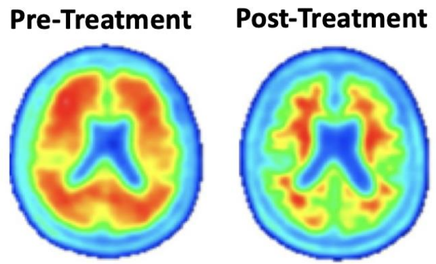
- Broadens eligible patient pool
- Blood biomarker tests will expand PET as a pre-treatment exam

Therapeutics

- PET growth accelerated by approved anti-amyloid therapies (Leqembi™, Kisunla™)
- Drug pipeline includes anti-amyloid, anti-tau, and neuroinflammatory inhibitors

Reimbursement

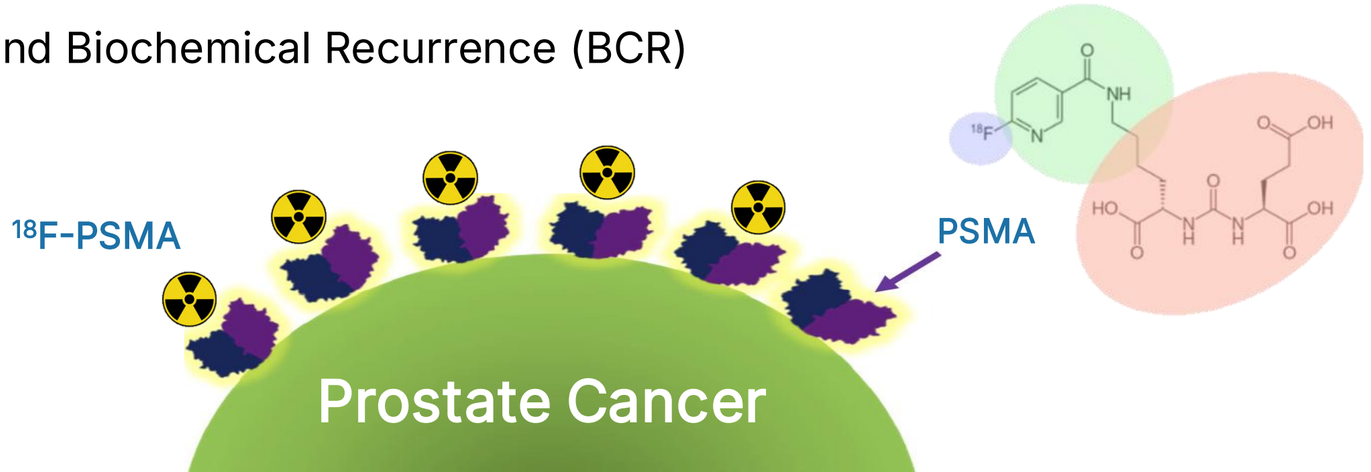
- Favorable



Amyloid PET/CT

What Is A PSMA Tracer?

- PSMA is a Prostate-Specific Membrane Antigen expressed in all prostate tissue
- 95% of prostate cancer cells overexpress PSMA, making it a cancer-specific tracer
- Tracers approved for Initial Staging and Biochemical Recurrence (BCR)



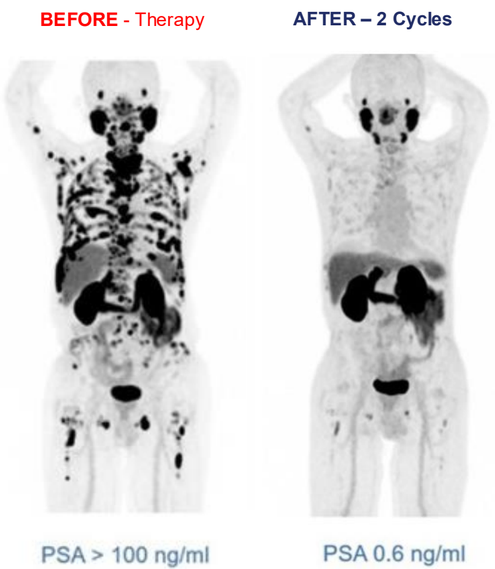
Drivers of Future Growth in PSMA PET

Demographics
- 1 in 8 men will be diagnosed with prostate cancer
- 313,780 new cases expected in 2025

Clinical Adoption
- Current standard of care in prostate cancer management
- Large untapped market

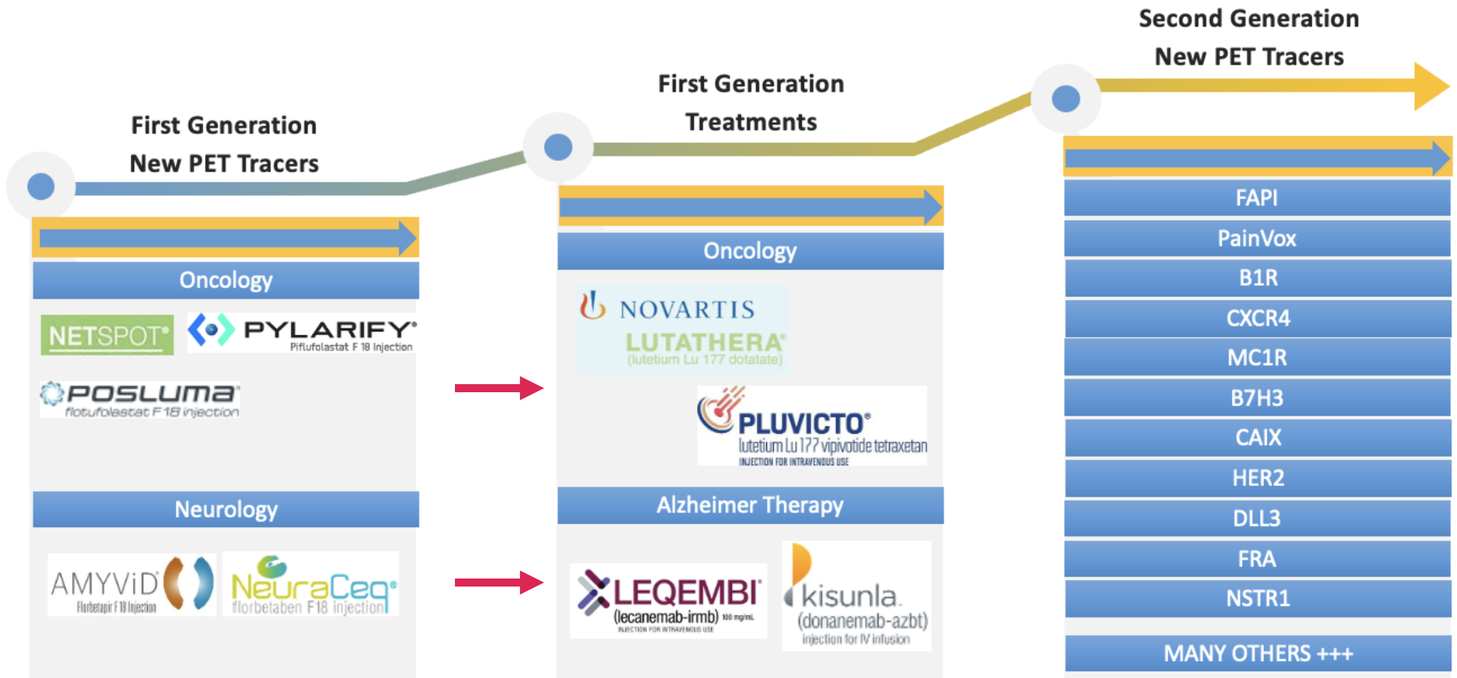
Therapeutics
- Additional PET/CTs per patient for therapy selection and monitoring

Reimbursement
- Favorable



PSMA PET/CT

The Next Generation Of Tracers Are Entering Late-Stage Clinical Trials And FDA Approvals



Fibroblast Activation Protein Inhibitor (^{18}F) FAPI-74

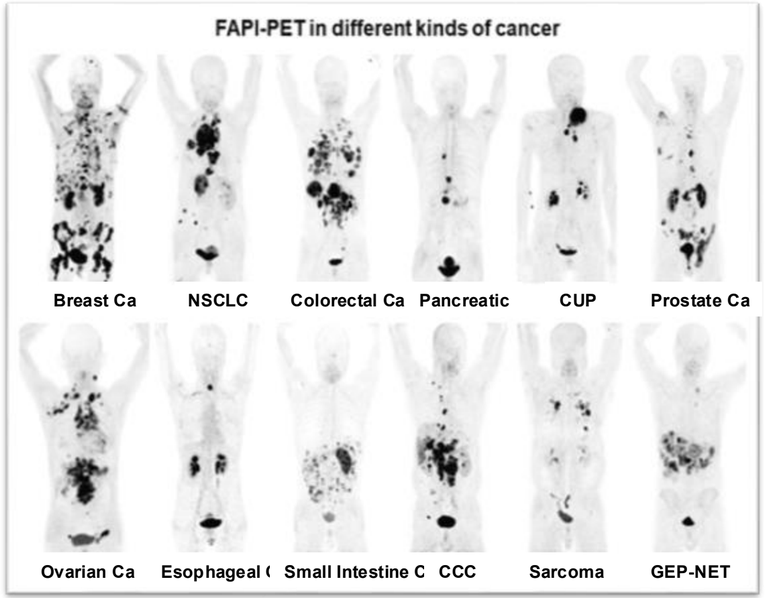
SELECTED

When?	Where?	Phase 3
Q4 2025	CA	2 Trials

What Is This Tracer?

Fibroblast Activation Protein Inhibitor

- Over expressed in cancer associated fibroblasts
- Binds to 30 different cancers



SNMMI Image of the Year 2019

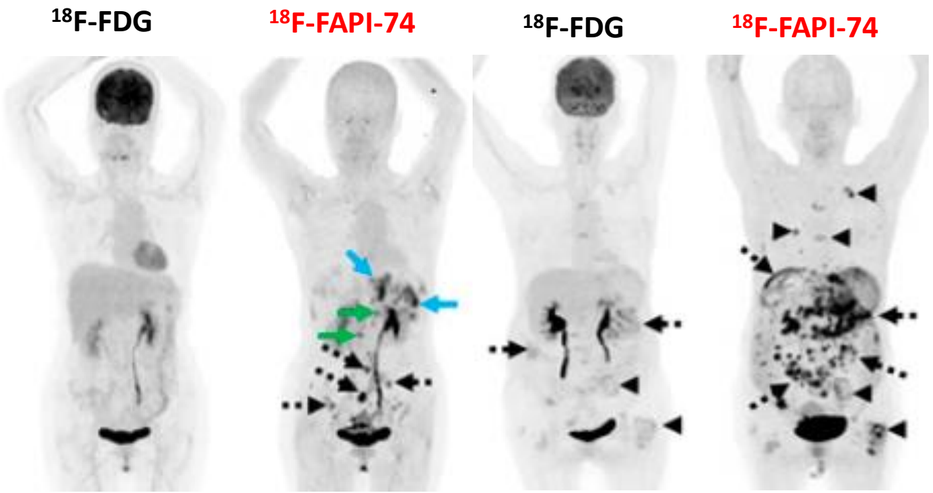
RadNet

Fibroblast Activation Protein Inhibitor (^{18}F) FAPI-74

Trial Objectives

Gastric/Esophageal, Pancreatic Cancers

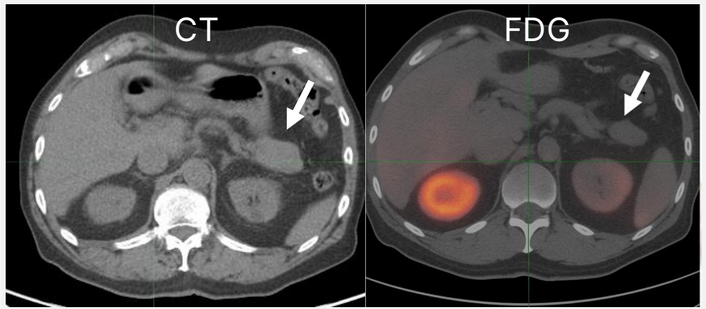
- Initial staging
- Detection of metastatic disease



(^{18}F) FAPI-74 Academic Trial Partners

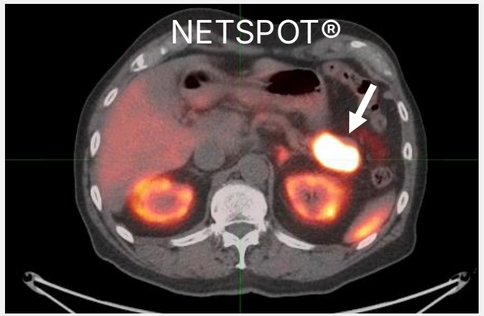
Patient Journey With New Cancer Specific Tracer

Prior Standard of Care



- CT identified a 5 cm pancreatic mass
- FDG tracer PET - negative
- Biopsy
- Surgery

New Tracer Standard of Care



- NETSPOT® tracer PET + positive
- 90% specific for neuroendocrine tumor
- Biopsy skipped
- Straight to surgery

The Question Isn’t If We Can Grow? — It’s How Fast?

📊 RadNet Today

- ~ 90,000 PET/CT exams/year
- 67 PET/CT scanners
- 5.3 scans performed per scanner/day
- Significant unused scanner capacity for volume of new tracers
- Large-scale success with new tracers (Pylarify®, NETSPOT®, Neuraceq®, Amyvid®)
- Nationally recognized research program

🚀 RadNet Future

- We have the new tracers
- We have the infrastructure
- We are 100% outpatient

“RadNet can leverage our PET/CT network to drive growth and revenue”

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Dr. Michael Coords
Medical Director, Cardiac Imaging, Western Operations

Advanced Cardiac CT Imaging

Dr. Michael G. Coords – Medical Director, Cardiac Imaging, Western Operations

RadNet® | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

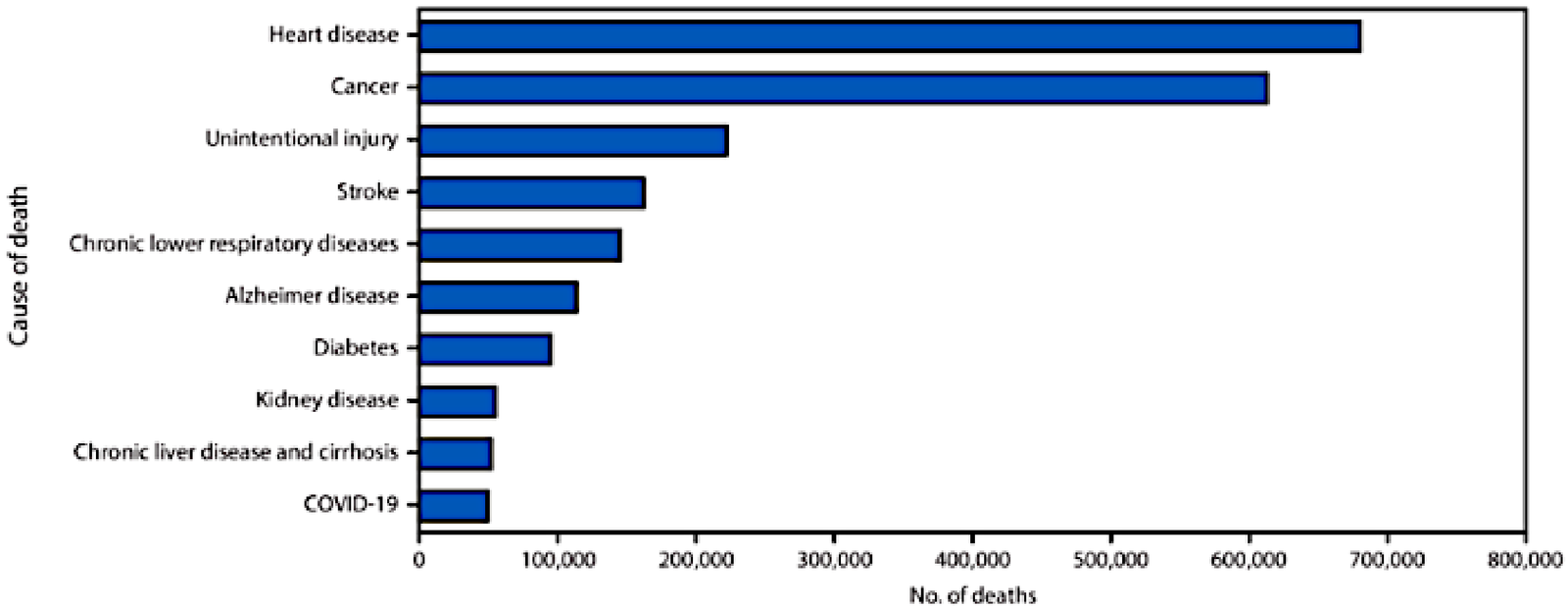
Disclosures

- No financial disclosures
- Medical Director Cardiovascular Imaging – RadNet West
- Committee lead for the Society for Cardiovascular CT (SCCT) Health Policy and Practice Regulatory Task Force and engagement with Centers for Medicare & Medicaid Services (CMS)

Overview

- The why
- The what
- The when
- The where to
- In 8 minutes or less

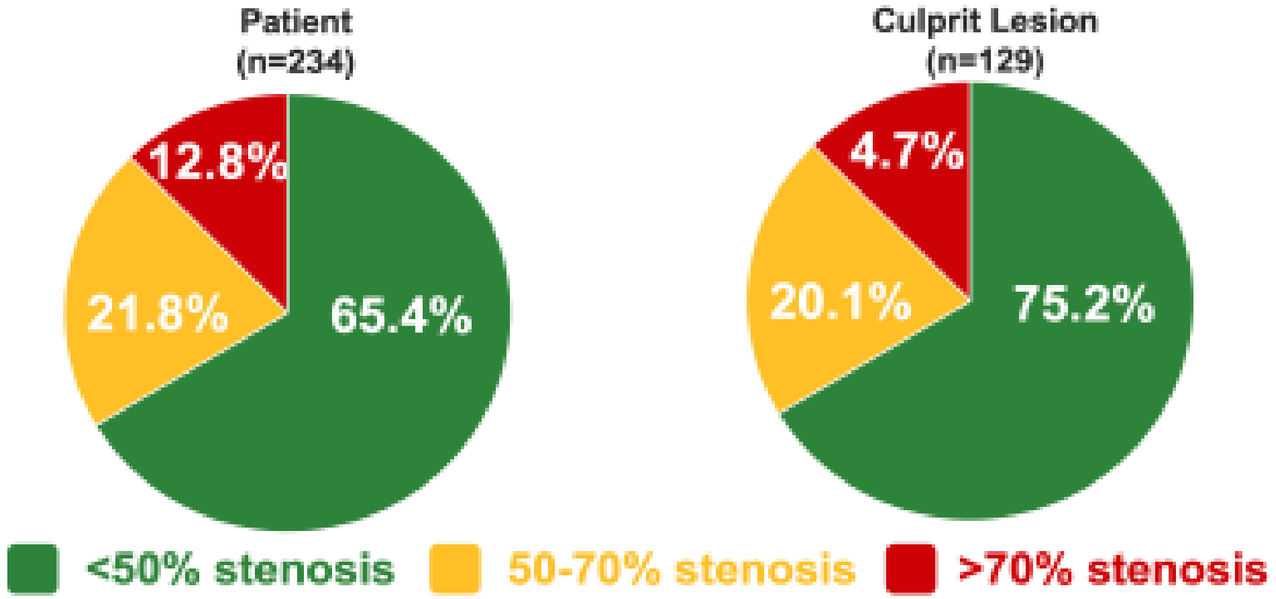
The why



Leading underlying causes of death* -National Vital Statistics System, United States, 2023

Am, Fa & Cisewski, Jodi & Anderson, Robert. (2024). Mortality in the United States - Provisional Data, 2023. MMWR. Morbidity and mortality weekly report. 73. 677-681. 10.15585/mmwr.mm7331a1.

65-75% of patients do not have severe stenosis immediately prior to a heart attack



Non-Invasive CT Angiography

Source: Chang HJ et al. J Am Coll Cardiol 2018

Prevalence in asymptomatic patients 40-65

Table2. Distribution of Plaque, Plaque Subtypes, and Stenosis Severity in the Study Population, Assessed Using CCTA

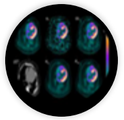
	Overall (N=2,359)	Age			Sex		
		40-54y (n=1,358)	55-65y (n=1,001)	*P* Value	Female (n=1,170)	Male (n=1,189)	*P* Value
Prevalence, overall							
Any plaque	1,155 (49.0)	546 (40.2)	609 (60.8)	<0.001	402 (34.4)	753 (63.3)	<0.001

Nasir, K, Cainzos-Achirica, M, Valero-Elizondo, J. et al. Coronary Atherosclerosis in an Asymptomatic U.S. Population: Miami Heart Study at Baptist Health South Florida. J Am Coll Cardiol Img. 2022 Sep, 15 (9) 1604–1618.

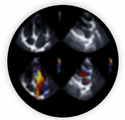
Conventional CAD diagnosis methods are not ideal

Conventional methods...

Stress EKG

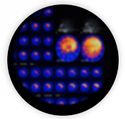


PET



Stress Echo

Direct to Cath



SPECT

lead to:

20-30%
FALSE NEGATIVES
that lead to undetected disease[1]

55%
FALSE POSITIVES
that lead to unnecessary procedures[2]

- Layered Testing
  Delays in Treatment
- Increased risk
  of complications
- Poor Patient Experience
- Increased cost to
  healthcare system

[1]Arbab-Zadeh, Heart Int 2012. Yokota, et al. Neth Heart J 2018. Nakanishi, et al. J Nucl Cardiol 2016. [2]Patel et al. NEJM 2010

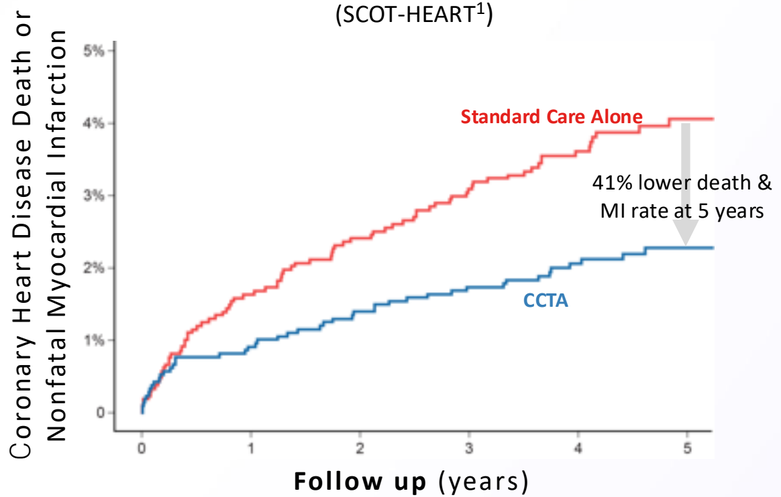
Coronary CTA answers the clinically relevant questions

Does my patient have coronary artery disease?
How severe is the disease? What are the next steps?

CCTA-guided management improves outcomes

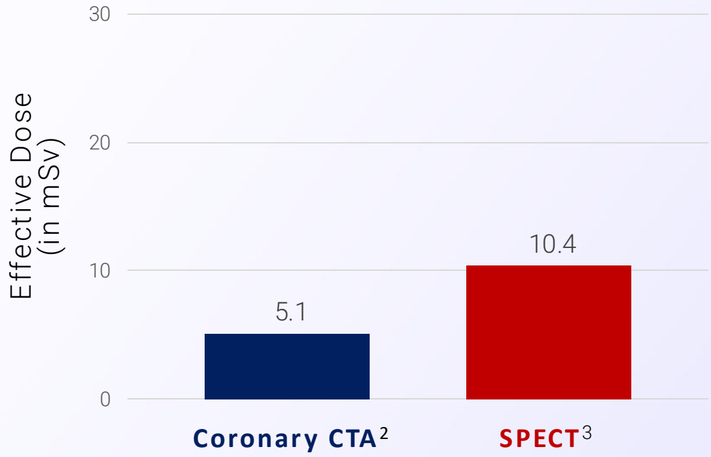
While Reducing Radiation Exposure

Improved Long-term Outcomes:
Coronary CTA + Standard Care
(SCOT-HEART[1])



Newby, et al. N Engl J Med 2018. | Stocker, et al, Euro Heart J 2018. | Einstein, et al. Euro Heart J 2015.

Lower Radiation than SPECT:
Coronary CTA
(PROTECTION VI[2])



New guidelines elevate CTA & FFRCT as frontline tests

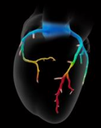
2021 ACC/AHA Guidelines[1]

Patients with stable chest pain

Coronary CTA

To diagnose CAD and guide treatment decisions

Class 1
Recommendation
Level A Evidence



FFR_{CT}

To help guide treatment decisions

Class 2a
Recommendation
Level B Evidence

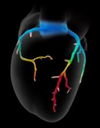
2024 ESC Guidelines[2]

Patients with chronic coronary syndrome

Coronary CTA

To diagnose CAD in patients with suspected coronary artery disease

Class 1
Recommendation
Level A Evidence



FFR_{CT}

In high-risk cases, stenosis >70% in proximal LAD

Class 2a
Recommendation
Level B Evidence

2a
B-NR

ACC/AHA Guidelines Anatomic Testing[1]

For patients with known coronary stenosis from 40% to 90% on CCTA, FFR can be useful for diagnosis of vessel-specific ischemia and to guide decision-making regarding the use of ICA

Going beyond populations to treat individual risk

- ASCVD risk estimator

CCTA-driven pathway

Populations fail patients

Surrogate markers cannot reveal an individual's risk profiles.

CCTA + Plaque/FFR allows us to understand more about each patient's unique risk profile.

The what

“Good medicine is good business” … however you also need a good business to provide good medicine!

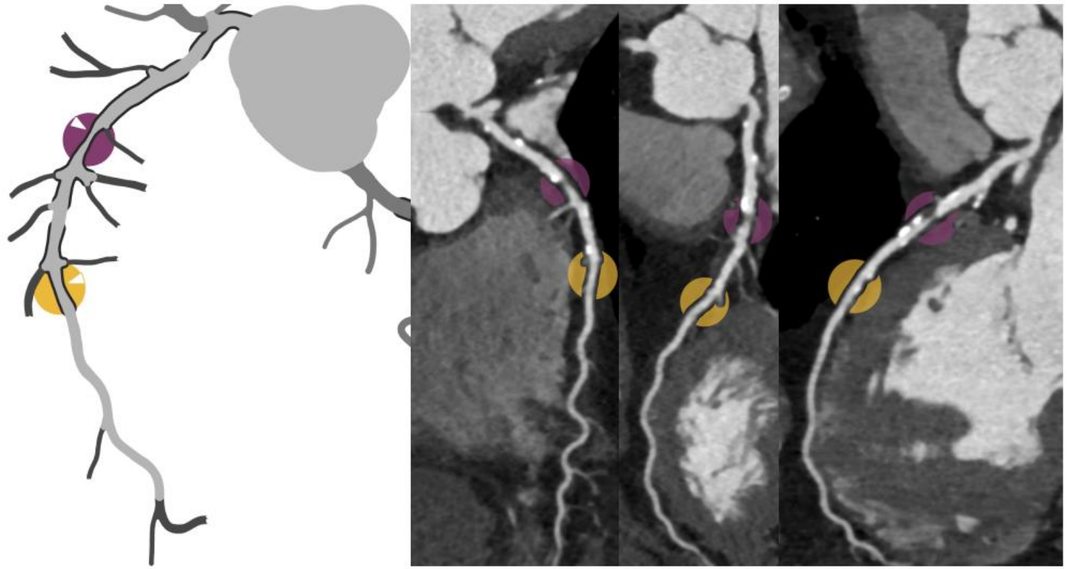
RadNet's approach

1. Increase access to advanced cardiac CT imaging in all markets
   - In-house cardiac CT applications experts
   - TechLive™
   - Standardized protocols and leverage technology to optimize workflows
   - Expert subspecialty trained radiologists
   - Advanced cardiac capable CT scanners

2. Data driven cardiac image analysis software partnerships
   - AI Vessel and Plaque analysis
   - Fractional Flow Reserve (FFR)

3. Utilization of technology to improve exam acquisition quality, increase reporting accuracy and decrease turnaround time

Software to increase accuracy and expedite patient care

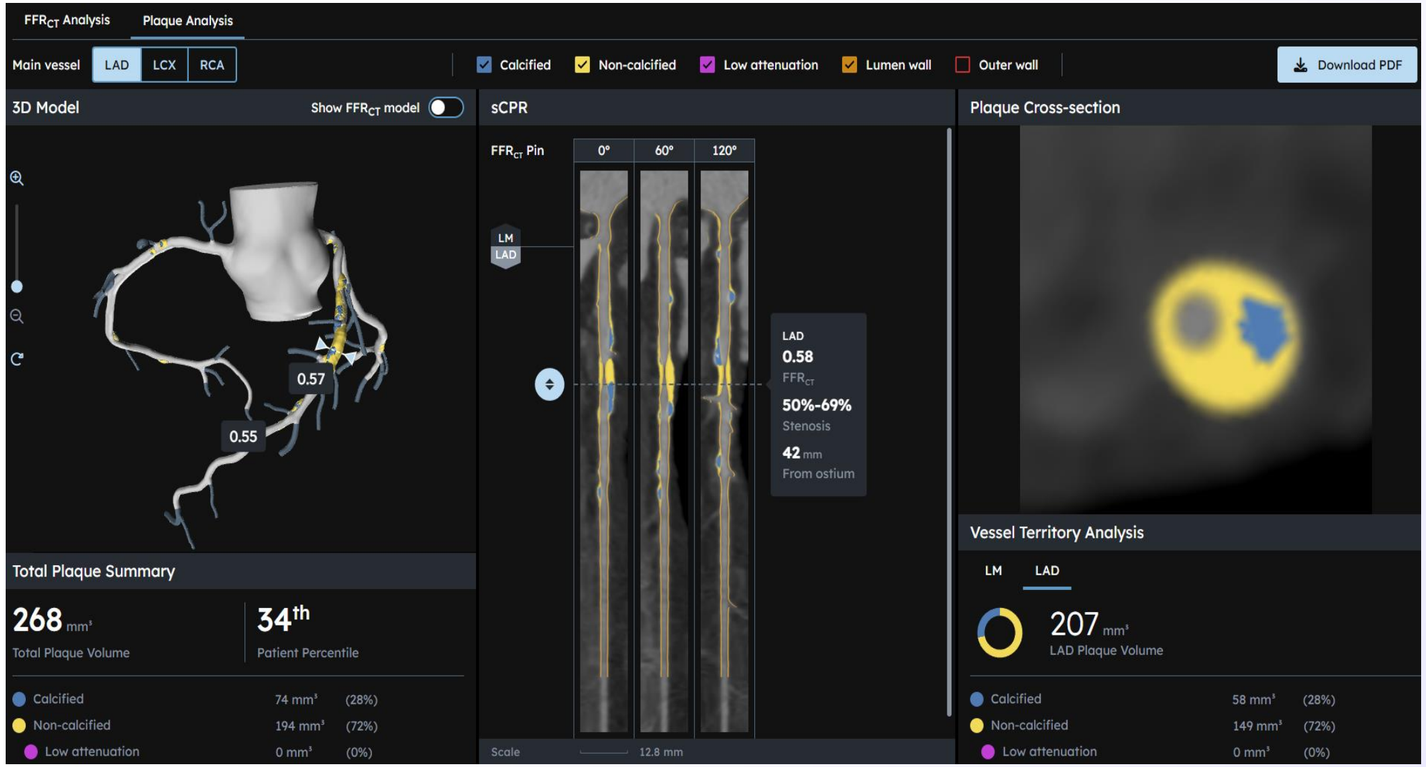


LM

LAD

vessel wall and plaque
< 1.8mm Ø lumen (not analyzed)
≥ 1.8mm Ø lumen
uninterpretable
Modeled Stenosis
30-49%
50-69%
70-99%
Modeled CTO

AI-Plaque analysis: Difficult to treat what you don’t look for



CCTA Plaque analysis changes management: DECIDE Registry conclusions

>50%

of patients had their medical management changed when AI-CPA information became available, as compared to management based on CCTA alone.

45%

of patients with non-obstructive disease had a change in management, as compared to CCTA alone.

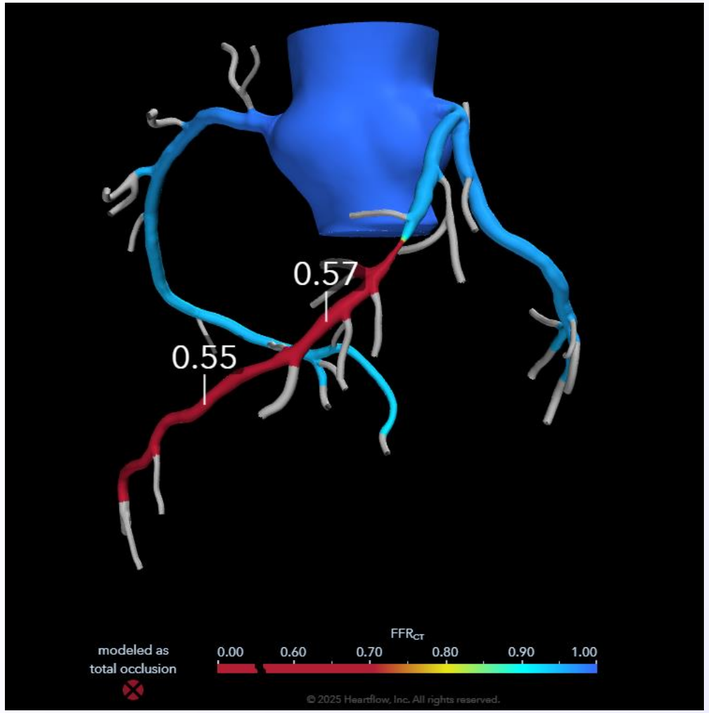
~15%

Suggested decrease in risk of cardiac events based on LDL-C decrease of 18.7 mg/dL for patients whose management was changed.

[1] DECIDE Registry. Rinehart, et al., Presented at SCCT July 2025.

CT- Fractional Flow Reserve (FFR)

- Non-Invasive way to determine if stenosis is significantly restricting blood flow which may result in symptoms
- Analysis performed from the CCTA images
- No additional scan time
- Prevent patients from unnecessarily having a cardiac cath or stress test
- Increase efficiency of cath lab (i.e preplanned intervention)
- Increase interventional to diagnostic cath ratio

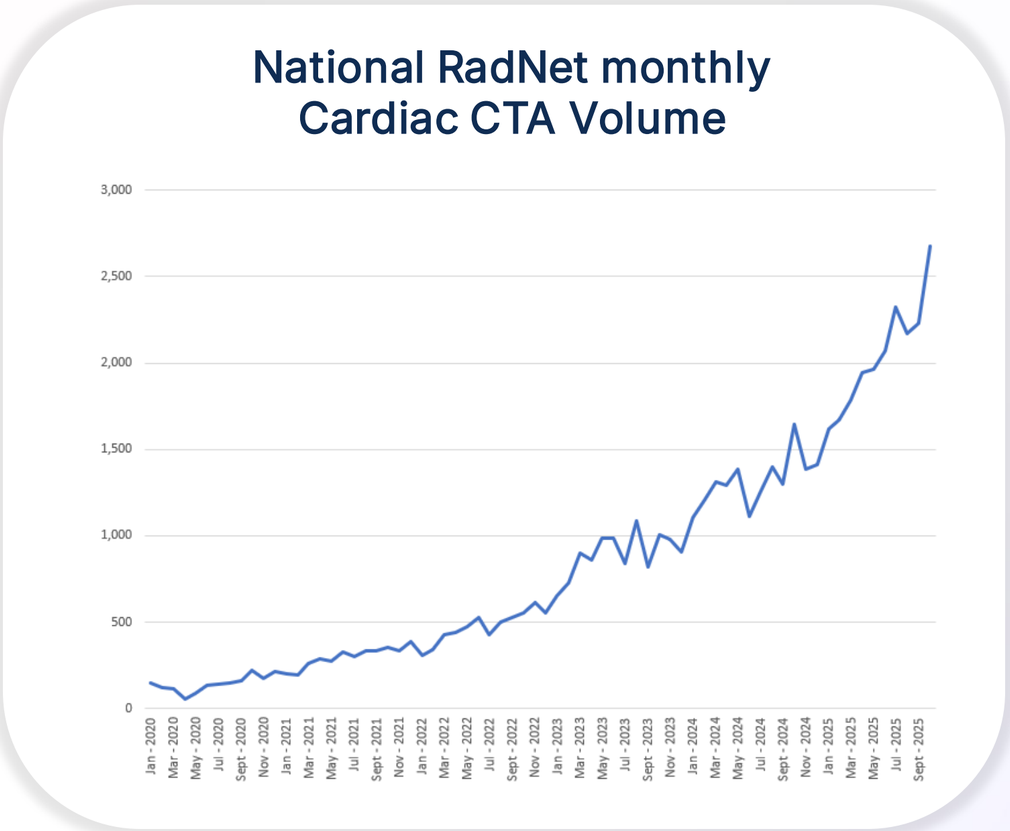


(Same patient from previous slides)

The when

1. We have already started!
   - Offered in NY, NJ, FL, DE, MD, CA, AZ and TX
   - 69 locations as of October 2025
2. Every office that is hardware and software capable already have plans to go-live if they have not already
3. Strategic investment into CT scanner technology and resources to facilitate growth across the RadNet network

Foundation building to growth phase transition in multiple new cardiac markets



~18x increase in Cardiac CTA volume from Jan 2020 to October 2025

The where to

1. **The journey is still uncertain yet the eventual goal is clear**
   - Decrease reliance on indirect surrogate markets
   - Increased awareness of CAD and access to advanced imaging and analysis
   - **Shift from reactive treatment/intervention to proactive lifelong management/prevention**
   - Personalized individual treatment, not one size fits all approach

2. **Goal**
   - Heart disease will eventually no longer be the leading cause of death
   - Only through investing in technology, people and education do we have a chance to make this a reality

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Dr. Robert Peters
Medical Director, Cardiac Imaging, Eastern Operations

Cardiac MRI

A Revolution in Heart Imaging

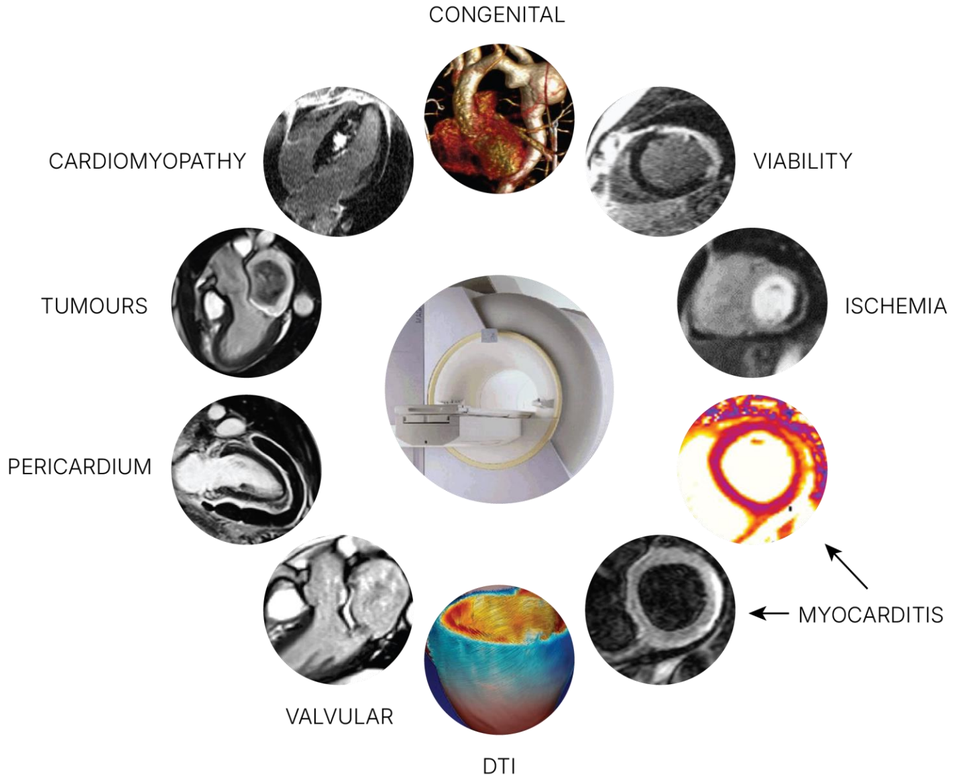
Dr. Robert Peters – Medical Director, Cardiac Imaging, Eastern Operations

RadNet® | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

Cardiac MRI (CMR)

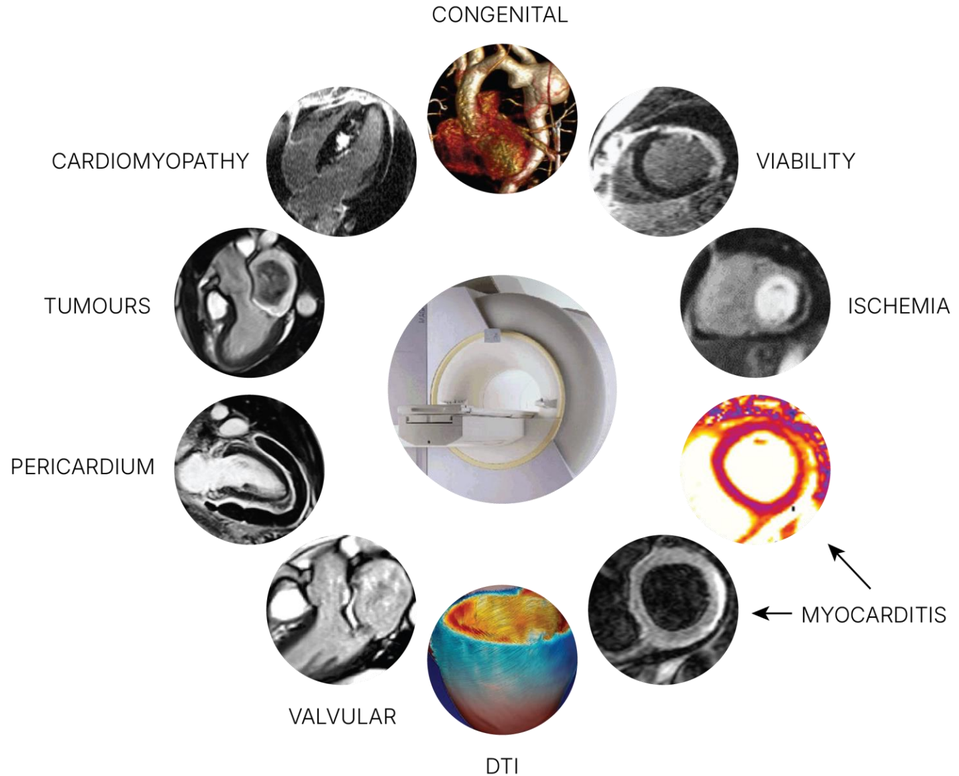
- Why it matters
- How its growing
- How is AI impacting it



Dudley J. Pennell. Circulation: Cardiovascular Imaging. Cardiovascular Magnetic Resonance: Past, Present, and Future, Volume: 17, Issue: 8, Pages: e016523, DOI: (10.1161/CIRCIMAGING.124.016523)

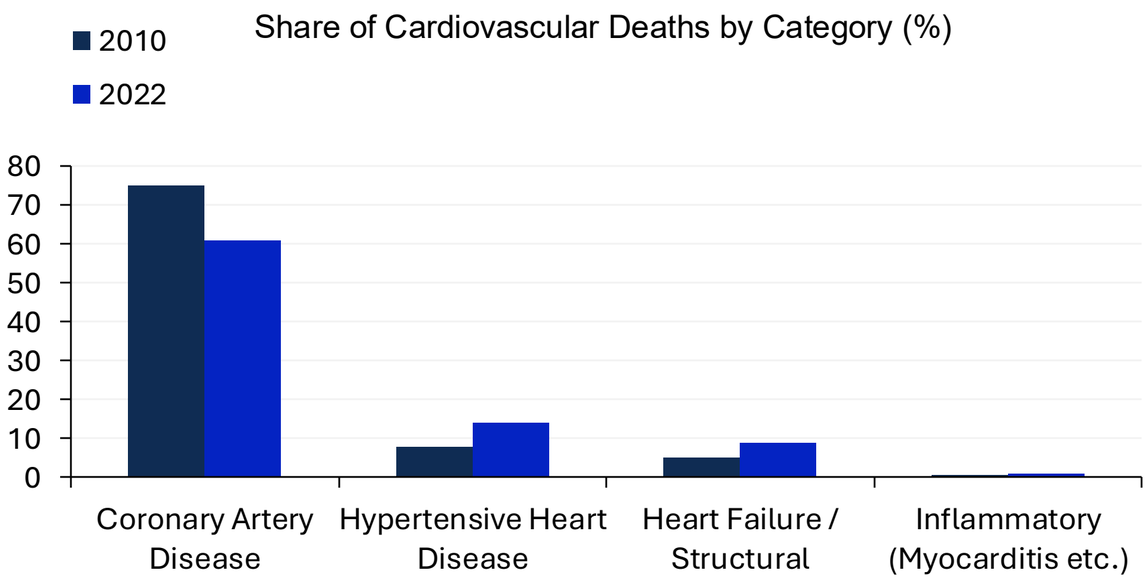
Cardiac MRI (CMR)

- Noninvasive imaging of cardiac structure, function, perfusion, and tissue characterization
- No ionizing radiation; uses magnetic fields and radiofrequency pulses
- Key techniques: cine for function, LGE for scar/viability, T1/T2 mapping for inflammation/fibrosis, stress perfusion



Dudley J. Pennell. Circulation: Cardiovascular Imaging. Cardiovascular Magnetic Resonance: Past, Present, and Future, Volume: 17, Issue: 8, Pages: e016523, DOI: (10.1161/CIRCIMAGING.124.016523)

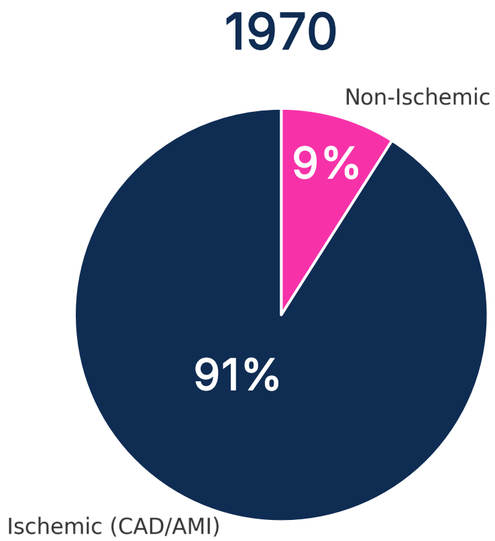
U.S. Cardiovascular: Ischemic vs Structural/Inflammatory Growth

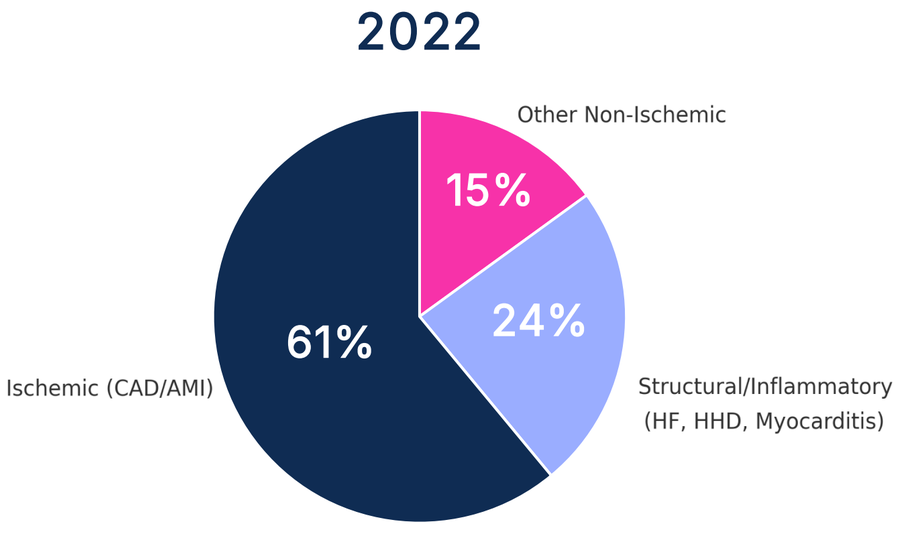


Data: AHA Heart & Stroke Statistics 2025

- CAD share declined from ~75% to ~61% (2010→2022).
- Structural/inflammatory causes (hypertensive, HF, myocarditis) grew from ~13% to ~24%.
- Reflects improved ischemic survival but rising chronic and inflammatory burden.

Declining Ischemic Deaths vs Rising Structural/Inflammatory Heart Disease





- 1970: 91% ischemic vs 9% non-ischemic deaths.
- 2022: 61% ischemic, 24% structural/inflammatory (HF, HHD, myocarditis), 15% other non-ischemic.
- Reflects improved ischemic survival and growing chronic/inflammatory heart disease burden.

King SJ, et al. Heart Disease Mortality in the United States, 1970 to 2022. J Am Heart Assoc. 2025 Jul;14(13):e038644.

Annual U.S. Diagnoses: Structural and Inflammatory Heart Disease

Condition	Estimated Annual New Diagnoses (U.S.)	Source / Notes
Myocarditis (inflammatory)	≈ 26,000–52,000	10–20 per 100,000 annually; Heart.org 2024
Heart Failure (structural)	≈ 960,000 new / year	HFSA 2024; 6.7M living with HF, growing to 8.7M by 2030
Hypertensive Heart Disease	≈ 500,000–700,000	CDC/NHLBI 2023 – rising with hypertension prevalence
Cardiomyopathy (non-ischemic)	≈ 150,000–200,000	AHA/NIH estimates, often underdiagnosed

Source: AHA Heart & Stroke Stats 2025; HFSA; CDC/NHLBI.

Cardiac MRI – the Gold Standard for evaluation of the heart muscle

Cardiac Function / Condition	Gold Standard Imaging Modality
Ventricular volume & EF	Cardiac MRI
Myocardial mass	Cardiac MRI
Myocardial fibrosis / scar	Cardiac MRI (LGE)
Coronary anatomy	Invasive coronary angiography
Valvular hemodynamics	Echocardiography (Doppler)
Myocardial perfusion	MRI (or PET)

U.S. Guidelines Incorporating Cardiac MRI

2020 AHA/ACC Guideline for Hypertrophic Cardiomyopathy: Circulation 2020; Volume 142, Number 25

COR	LOE	Recommendations
1	B-NR	1. For patients suspected to have HCM in whom echocardiography is inconclusive, CMR imaging is indicated for diagnostic clarification.[74–80]
1	B-NR	2. For patients with left ventricular hypertrophy in whom there is a suspicion of alternative diagnoses including infiltrative or storage disease as well as athlete's heart, CMR imaging is useful[74–80] (Figure 1).
1	B-NR	3. For patients with HCM who are not otherwise identified as high risk for sudden cardiac death (SCD), or in whom a decision to proceed with implantable cardioverter-defibrillator (ICD) remains uncertain after clinical assessment that includes personal/family history, echocardiography, and ambulatory electrocardiographic monitoring, CMR imaging is beneficial to assess for maximum left ventricular (LV) wall thickness, ejection fraction (EF), LV apical aneurysm, and extent of myocardial fibrosis with late gadolinium enhancement.[38,74–87]
1	B-NR	4. For patients with obstructive HCM in whom the anatomic mechanism of obstruction is inconclusive on echocardiography, CMR imaging is indicated to inform the selection and planning of SRT.[88–92]

2022 AHA/ACC/HFSA Guideline for Heart Failure: Circulation 2022; Volume 145, Number 18

COR	LOE	Recommendations
1	C-LD	1. In patients with suspected or new-onset HF, or those presenting with acute decompensated HF, a chest x-ray should be performed to assess heart size and pulmonary congestion and to detect alternative cardiac, pulmonary, and other diseases that may cause or contribute to the patient's symptoms.[1,2]
1	C-LD	2. In patients with suspected or newly diagnosed HF, transthoracic echocardiography (TTE) should be performed during initial evaluation to assess cardiac structure and function.[3]
1	C-LD	3. In patients with HF who have had a significant clinical change, or who have received GDMT and are being considered for invasive procedures or device therapy, repeat measurement of EF, degree of structural remodeling, and valvular function are useful to inform therapeutic interventions.[4–7]
1	C-LD	4. In patients for whom echocardiography is inadequate, alternative imaging (eg, cardiac magnetic resonance [CMR], cardiac computed tomography [CT], radionuclide imaging) is recommended for assessment of LVEF.[8–15]

Timeline of Major U.S. Guidelines Incorporating Cardiac MRI

2020 – Hypertrophic Cardiomyopathy (HCM) Guideline
- CMR recommended when echocardiography is inconclusive.
- Used for scar quantification (LGE) and planning septal reduction.
- Key source: ACC/AHA Guideline for Diagnosis & Treatment of HCM.

2021 – Chest Pain Evaluation Guideline
- Stress CMR given Class I status for intermediate-risk chest pain.
- CMR included alongside nuclear, echo, and CT perfusion tests.
- CMR recognized for detecting alternative diagnoses (MINOCA, myocarditis).

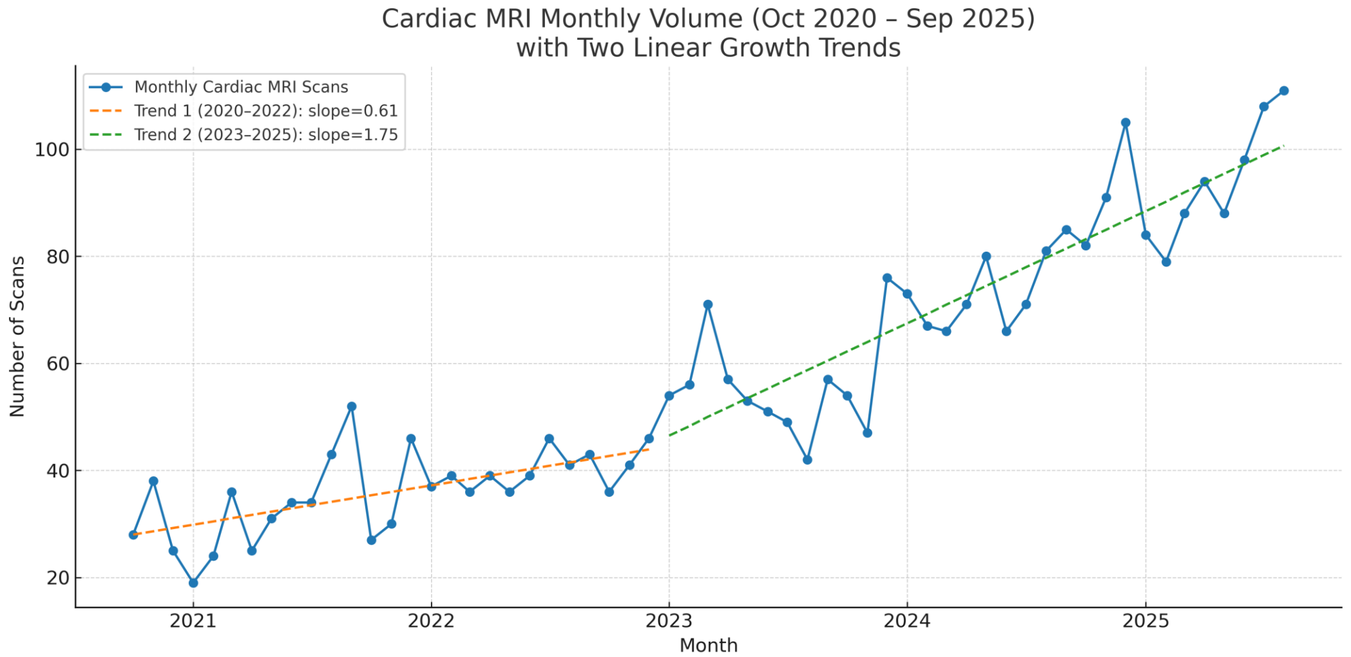
2022 – Heart Failure (HF) Guideline
- CMR endorsed for tissue characterization (fibrosis, infiltration, inflammation).
- Used for diagnosing non-ischemic causes: myocarditis, amyloidosis, sarcoidosis.
- Expands use of CMR in structural and inflammatory cardiomyopathies.

2023–2024 – Continuing Updates (Valvular & INOCA)
- CMR mentioned for valvular regurgitation quantification when echo discordant.
- Ongoing rise in Class I/IIa recommendations across structural heart diseases.
- Reflects growing emphasis on CMR for comprehensive cardiac tissue assessment.

Key Takeaway:

Over the past 10 years, CMR has evolved from an optional imaging tool to a core diagnostic modality—now integral to guideline-based care across ischemic, structural, and inflammatory heart disease.

RADNET – Growth CMR 2020-2025



- Sep 2022: 41 cases
- Sep 2025: 111 cases
- Dedicated CMR practice was established Jan 2023.

Objective: to meet this CMR growth and to accelerate it

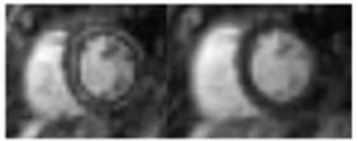
1. Recruit Cardiac-trained radiologists
2. Roll out advanced rapid cardiac MRI scanning technology (and when possible, use an AI-driven scanning platform)
3. Utilize AI driven workstation for rapid, accurate and reproducible radiology reports

Advantages of an AI-driven Cardiac MRI Approach

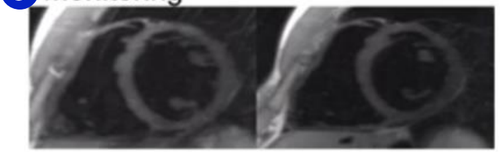
Automated Customized Scanning

1 Planning

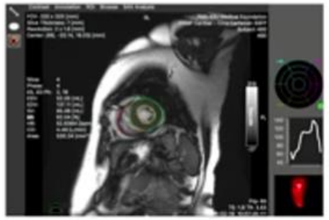
2 Tuning



3 Monitoring



4 Analyzing



- An AI platform could automate MRI scan planning, acquisition, and quality control in real time.
- Reduces scan times ~26%.
- Average full cardiac MRI exam time: 12–15 minutes vs 35–45 minutes traditionally.
- Automated slice prescription and adaptive scan parameters eliminate manual setup complexity.
- Enables consistent image quality and reduces patient motion artifacts through AI-based real-time monitoring.
- Supports integration into AI-driven workflows for faster diagnosis and reporting.

AI powered Cardiac MRI analysis software

AI-enabled workstation provides:

1. All-in-one image processing, segmentation and report autopopulation of relevant cardiac functional parameters.
2. Significantly decreased interpretation time by radiologists from 30-45 minutes to 10-20 minutes increasing productivity.
3. Allows analysis of newer CMR sequences such as myocardial strain imaging and 4D flow (congenital heart disease and valvular disease).

Cardiac MRI & RadNet

1. CMR plays a critical roll in the evaluation and follow up of structural and inflammatory heart disease.

2. U.S. guidelines have elevated it to core status across HCM, chest pain, HF and valvular pathways.

3. Advanced cardiac scanning technology and AI platforms cut scan and report times by > 50%.

4. CMR is growing in our RadNet practice; our primary objective is to take our robust CMR clinic to scale.

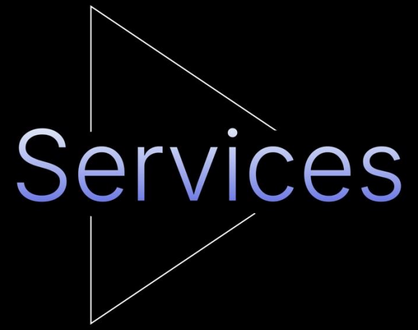
Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Steve Forthuber
President and COO,
Eastern Operations

Norman Hames
President and COO,
Western Operations



Watch this video and more on RadNet's
YouTube channel or at RadNet.com

Services Division

Steve Forthuber & Norman Hames

RadNet | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

Diagnostic Imaging

A Large and Growing Market

2025 National Imaging Market

$ 100B

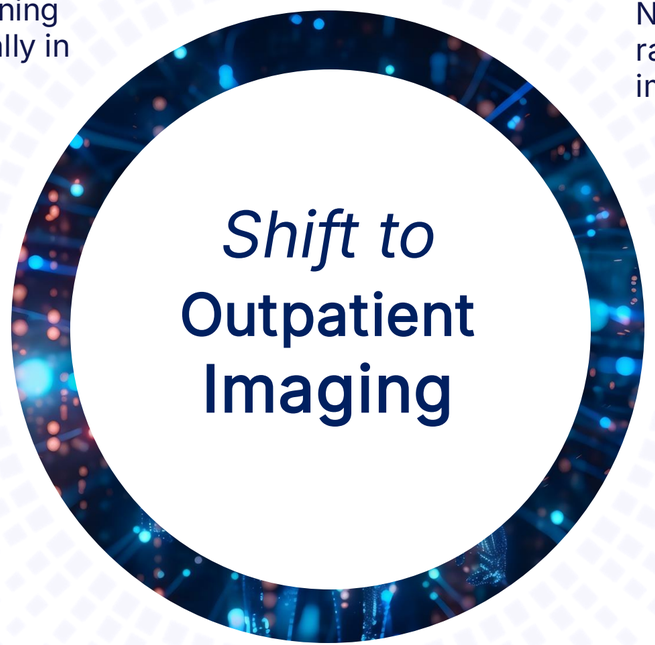
Imaging market remains highly fragmented

40–50% Non-Hospital	**50–60%** Hospital-Based

Aging & Growing Population
Rising demand for screening and diagnostics, especially in core markets.

Advancing Technology
New technologies, AI, and radiopharmaceuticals expand imaging's clinical reach.

Workforce Strain
National shortage of radiologists and technologists increases need for efficient operations.



Preventative Care Mindset
Patients & physicians favor earlier, proactive diagnostics.

Underserved Communities
Many areas still lack access to affordable, quality imaging.

Shift to Outpatient Care
Payers & employers direct volume to lower-cost, high-efficiency outpatient centers.

Hospital Backlogs
Health-system delays push non-emergent imaging to outpatient providers.

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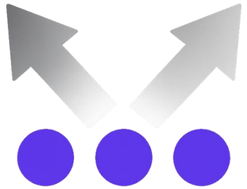
RadNet Imaging Services Opportunities

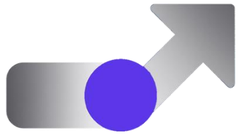


Capacity

Create greater capacity and optimize use

Patient Journey

Improve the patient journey to remove barriers, streamline workflows, and ensure accuracy



Proactive Care

Raise awareness and shift healthcare from reactive detection to proactive prevention

Distinct Competitive Advantage to Create Capacity

Through AI-powered innovation and technology, partnered with operational expertise and scale.

Remote MRI Operations

Remote MRI operations with TechLive™ to expand operating hours and address staffing challenges

Strategic Expansion

Growth through de novo, tuck-in acquisition, and joint venture expansion

Capital-Light Investment

Capital-light equipment investment to drive utilization

Advanced Imaging Mix Shift

Clinical expertise and specialty exam growth to shift mix to advanced imaging

Smart Appointment Management

Smart scheduling tools to optimize appointment time use

Team Development

Team building and development to enable continued growth

RadNet

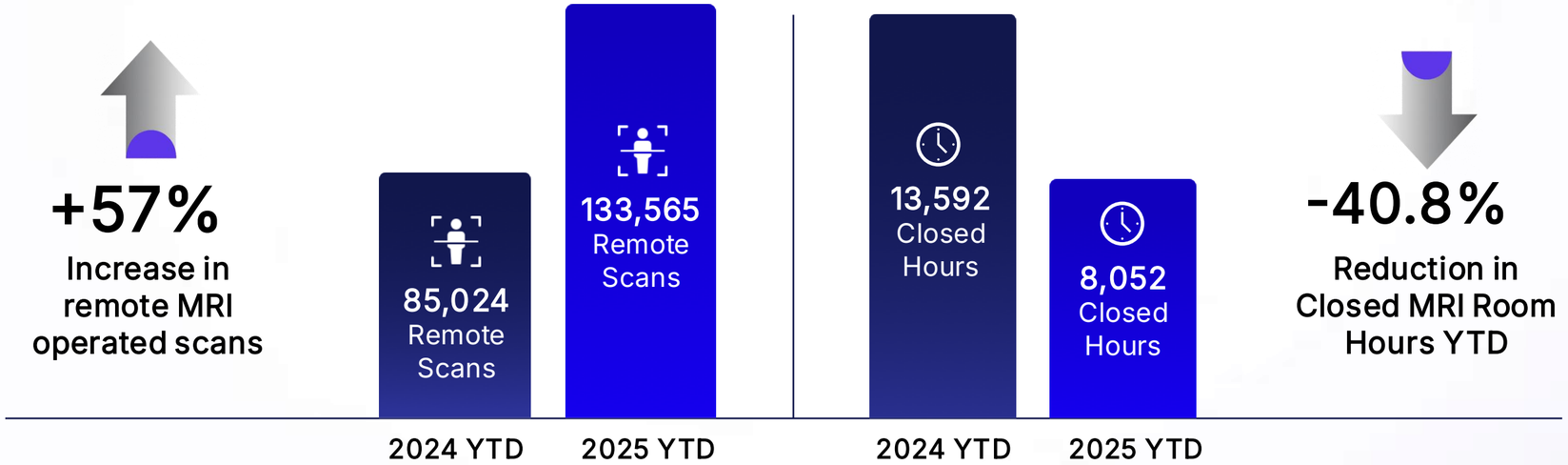
Innovation: Remote MRI Operations

Powered by TechLive™

Reduction in unstaffed MRI hours is increasing capacity, driving revenue, and expanding margins through growth in advanced imaging.

+57%

Increase in remote MRI operated scans



-40.8%

Reduction in Closed MRI Room Hours YTD

Total scan data represents company-wide performance. Closed hours data reflects LHR (Northeast Market) results through September 2025 YTD.

Remote MRI Operations Further Empowered
by recent purchase of Alpha RT

Alpha RT Adds

- Remote MRI staffing resources & management
- Comprehensive training & certification of MRI in-suite assistant “ISA”
- AI-powered safety monitoring
- Intelligent resource optimization

Alpha RT Benefits

- Internally – filling the most difficult-to-staff shifts and managing internal remote operations for growth and expansion
- Externally – pairs with TechLive™ to provide a complete, turnkey remote operator solution

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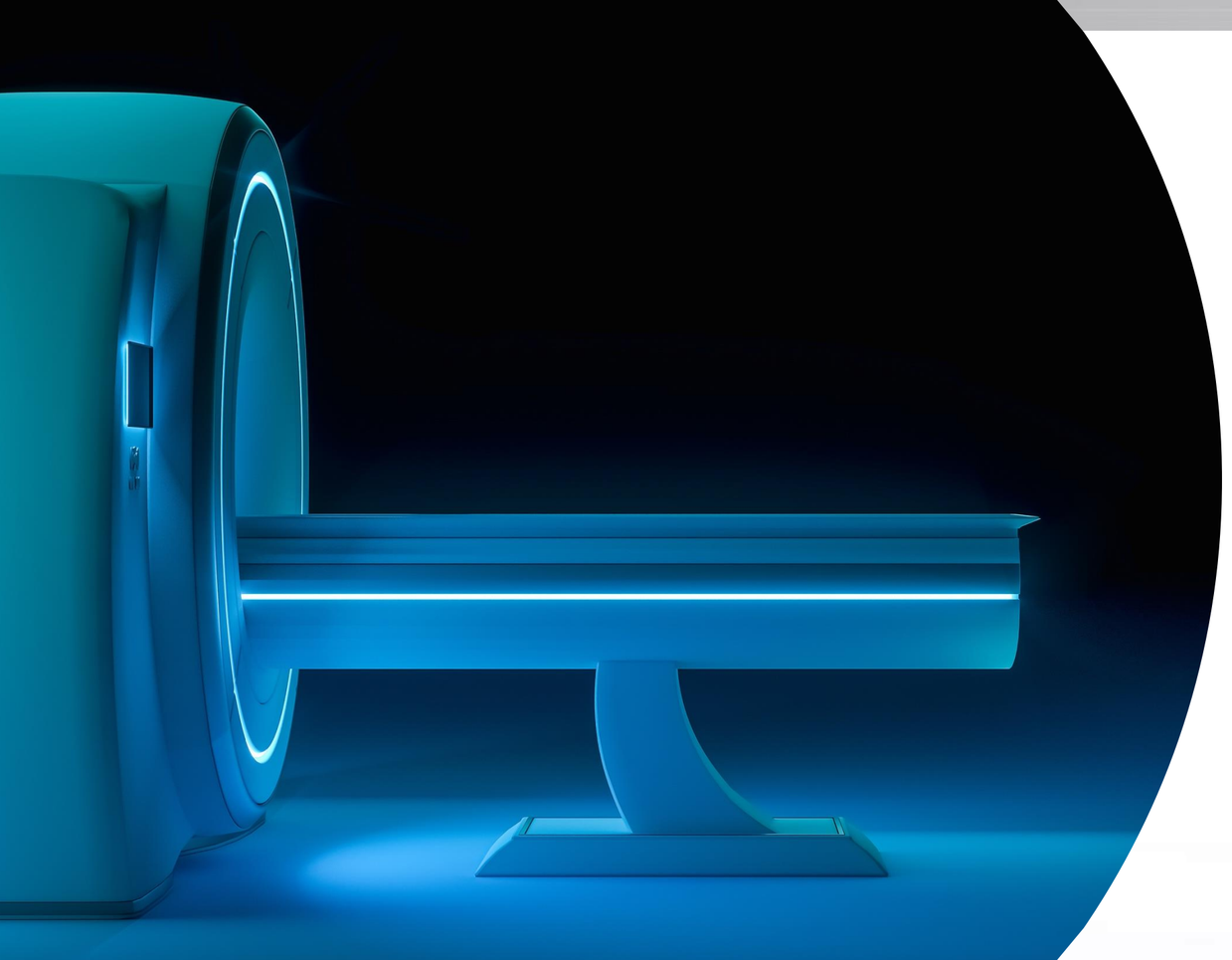


MRI Equipment Utilization

Capital-light technology investment upgrades increase utilization capacity and enhance patient satisfaction

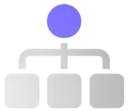
4-6 Additional MRIs per-day per-unit

Data represents equipment use for normal full day shifts

Optimizing Capacity Use through Smart Appointment Management

By filling more slots and reducing the amount of no-shows

Smart scheduling tools to fill select non-confirmed high-risk for no-show appointments



Every slot is valuable – greater patient access and higher revenue

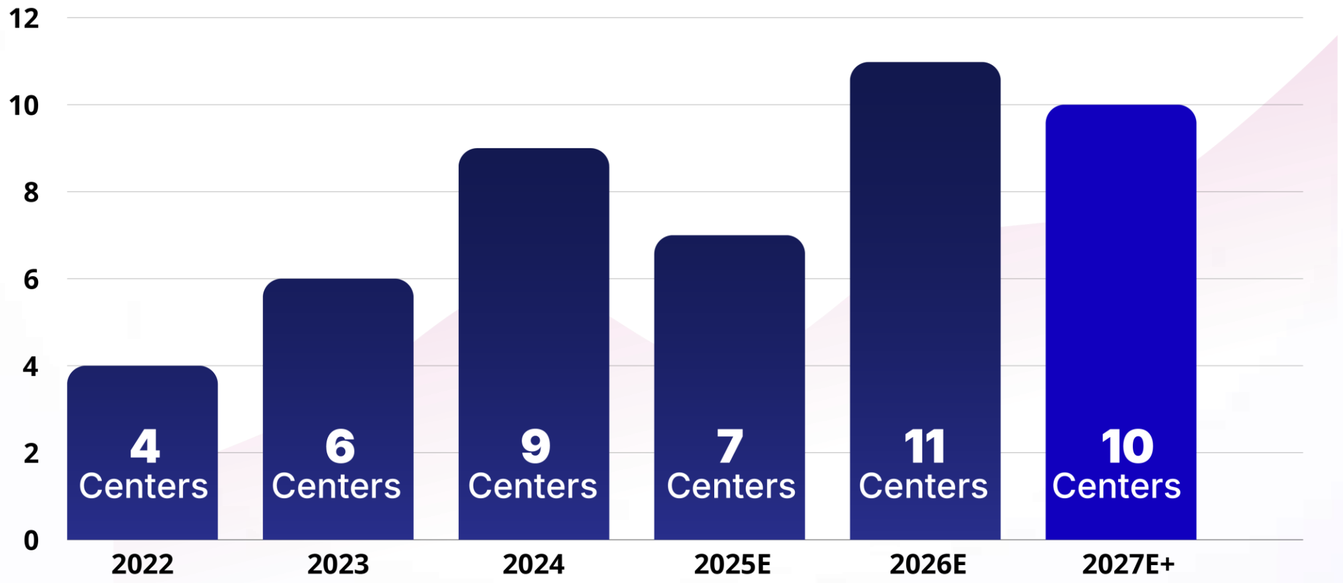
50,649
additional exams performed YTD

~$17M
annualized net revenue impact

Estimates based on East region only actual performance YTD 2025 through 10/25

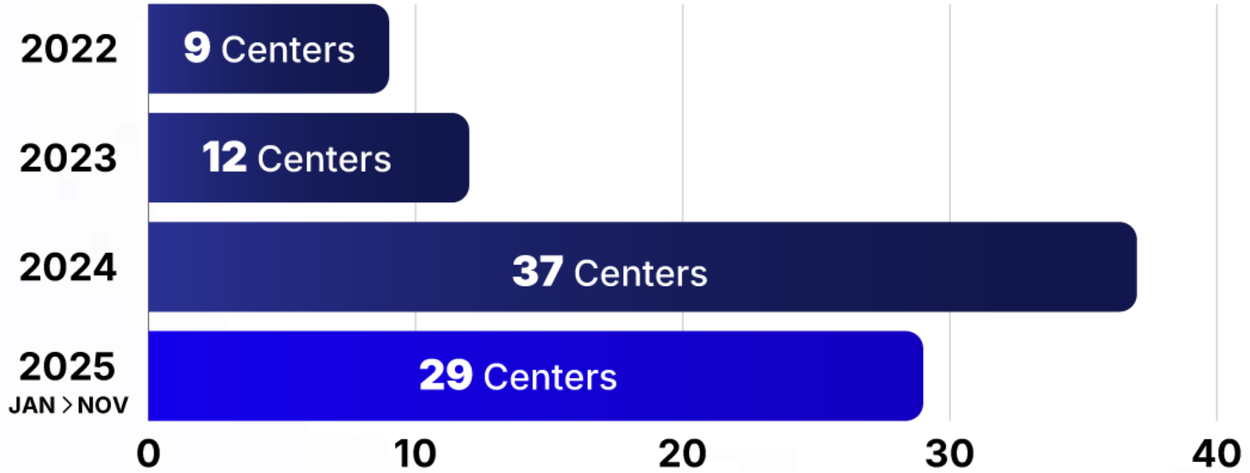
Growth Through De Novos

Steady and continuing growth to meet existing market demand



Disciplined Growth Through Acquisitions

Strong historical growth with continuing healthy pipeline opportunity



"RadNet-ize" quickly, within 4 to 6 months – to bring uniform delivery and synergies

Growth Through Joint Venture Expansion

RadNet leverages our full competitive advantage in experience, scale, technology, and workflows to limit leakage from aligned physicians, reduce or eliminate backlogs, optimize utilization, extend geographic coverage, shift mix of procedures to advanced diagnostic imaging, improve payor terms and relations, and enhance the patient and referrer experience.

DeepHealth's digital health platform integrates to the health system's EHR, creating a seamless radiology ecosystem, easing access to imaging services, reports, images, and the full array of AI-powered technology tools.

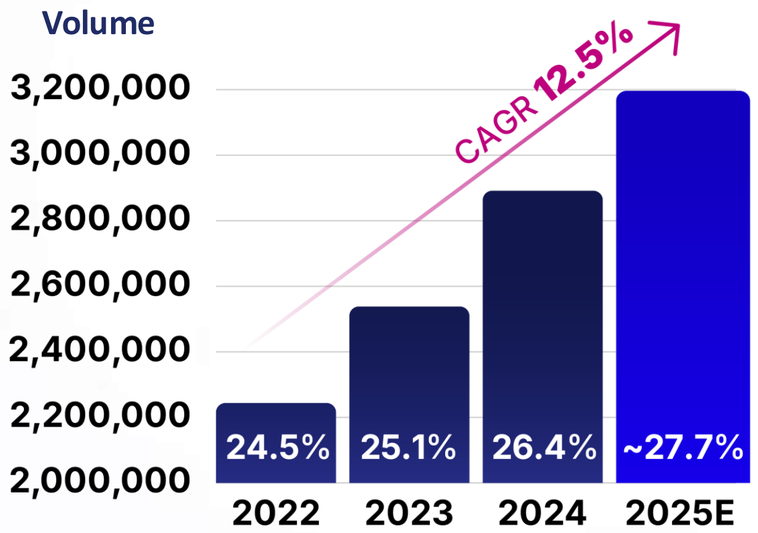
Strategic Growth Through Joint Venture Expansion

Continuing relationship expansion opportunity and new partner interest

	2022	2023	2024	2025E	CAGR
Joint Venture **Procedure Volume**	2.6M	3.1M	3.7M	~3.9M	15.1%
Joint Venture **Revenue**	$479.1M	$596.2M	$762.5M	~$800M	19.1%

Volume and revenue are inclusive of all joint venture centers, regardless of financial accounting treatment for consolidation or non-consolidation.

Growth of Advanced Imaging
Mix Shift Drives Margin Expansion



Advanced Imaging: MRI, CT, PET/CT, Nuclear Medicine

2X

Advanced imaging's 12.5% CAGR is ~2X the routine imaging CAGR

300+bps

Advanced imaging as a percentage of overall exam volume has increased by 300+bps

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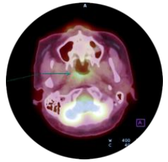
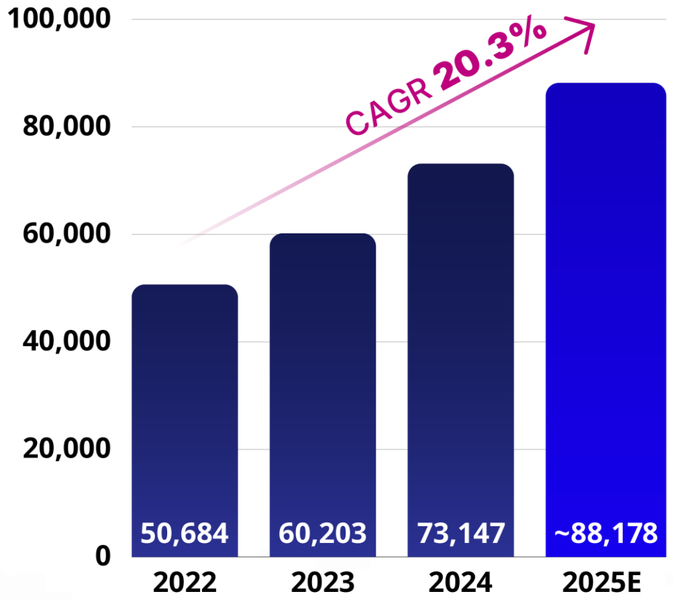
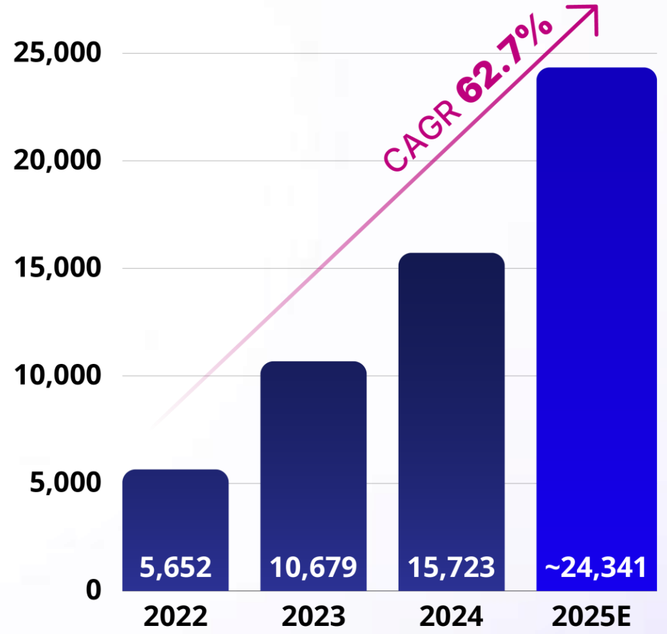
Creating Access to Clinical Expertise



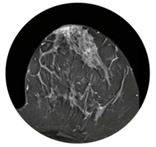
PET/CT



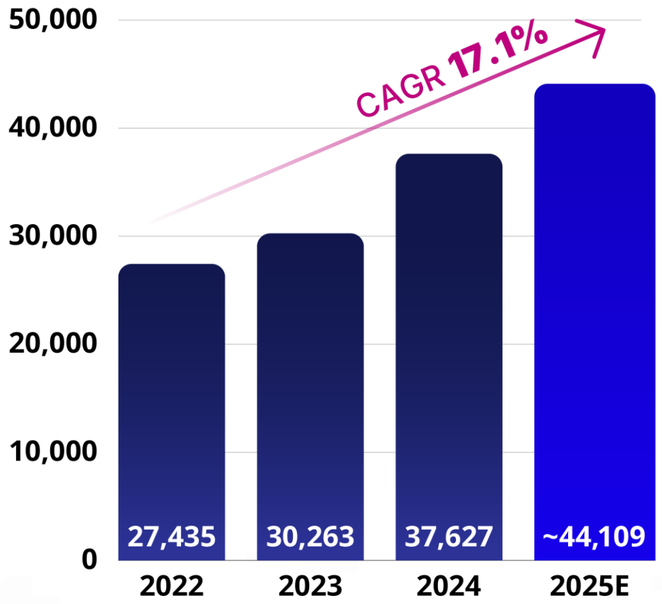
CCTA

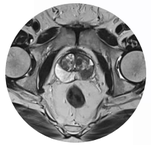


Creating Access to Clinical Expertise

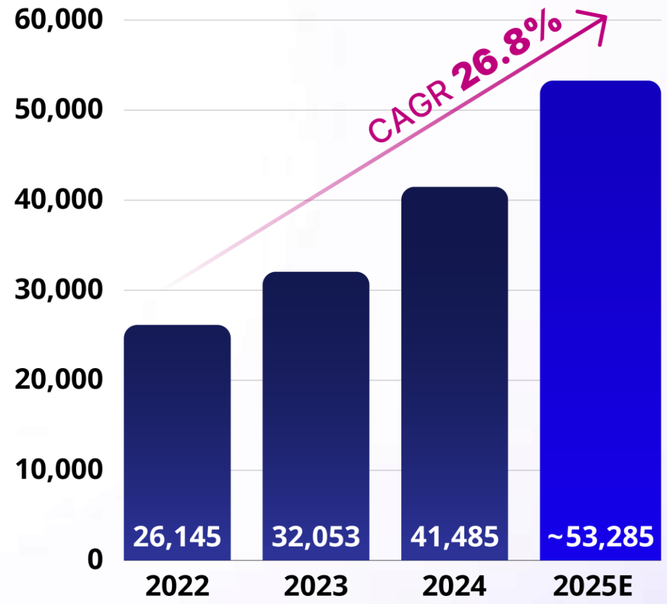


Breast MR





Prostate MR



Developing our Team and Building a Pipeline of Future Talent

- Loan and scholarship programs to upskill existing team members - > $1.5M invested
- Investing in targeted school programs
  - JVS SoCal – workforce development opportunities filling PSR, ISA, DEXA, and MRI positions
  - Win-Next Gen – leveraging next generation talent (13-24) to inspire STEM career paths
  - Involvement in high schools to promote technologist career paths; 150% increase in program enrollment
- Internal career pathways
  - PSR to ISA
  - ISA to MRI Tech
  - X-ray tech directly to Mammo Trainee
- Maryland Radiologic Technologist Summit and subsequent Advisory Committee

Improving The Patient Journey Through Workflow Innovation

Leveraging DeepHealth agentic AI tools and collaborative development

- Guided workflows
  - Drive patient satisfaction, staffing efficiency, utilization, and collection performance
  - Enable patients to be self-directed, removing staff burden and further enhancing the patient experience
- Contact center deflection enables greater efficiency, improved patient experience, and more scheduling opportunities
- Radiologist reporting for faster results and continuity of care enhances referring physician relationships and improves radiologist productivity.

95% — **Patient Satisfaction**
Based on > 325 K verified patient reviews & surveys
(Nov 2024 – Nov 2025)

95% — **TOS Collections**
95% of patient responsibility collected at time of service

2.8% — **Call Abandonment Rate**
3.8 % YTD (↓45% YoY)
Q4-to-date 4.1%

65% — **Recurring Patient %**
65% of 2025 patients also imaged at RadNet within 5 years

Patient journey and workflow innovations to be discussed further during the joint Services-DeepHealth session.

* Data represent internal operational metrics collected and validated by RadNet Digital Communications, Revenue Cycle Management, and Patient Experience teams for the period November 2024 – November 2025. Patient satisfaction rates are derived from 325,269 reviews and surveys (Google, Facebook, and post-exam feedback). Ratings classified as positive (4–5 stars online; 3–4 survey ratings), neutral (3-star reviews), and negative (1–2 stars or ratings). Neutral ratings excluded from core rate unless noted. Recurring patient percentages calculated by matching unique patient IDs to prior 2-, 3-, and 5-year activity. NPS surveys excluded as they measure scheduling experience only. Figures rounded to nearest tenth; methodology on file for verification.

Proactive Care

Proactive Screening Prevention & Raising Awareness

Wellness Events

Mobile & Retail Access

Non-Profit Innovation

Community Engagement

Legislative Advocacy

Access & Awareness

ebcd ENHANCED BREAST™ CANCER DETECTION Powered by deephealth

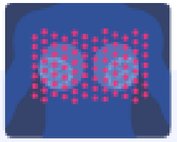
A Superior Mammogram

1

Radiologist Review with AI Aid

A radiologist reviews the mammogram using an FDA-cleared AI software tool that aids in cancer detection by identifying lesions and calcifications.

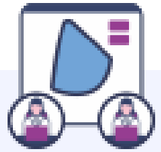
2



AI Comparative Review

The AI software output is compared to the initial assessment made by the radiologist.

3



Expert Second Review if Needed

If the AI makes an alternate conclusion than the radiologist, a second expert radiologist reviews the exam.

4

Finalized Results

The result is finalized by the radiologist after all steps are completed, delivering one confident report with 21% more cancers detected and potential for lower recall rates.

21%

Increase in detection of breast cancer for all women

Equitable Across All

No differences by race, ethnicity, or density; +20% in Black women; addresses disparities.[2]

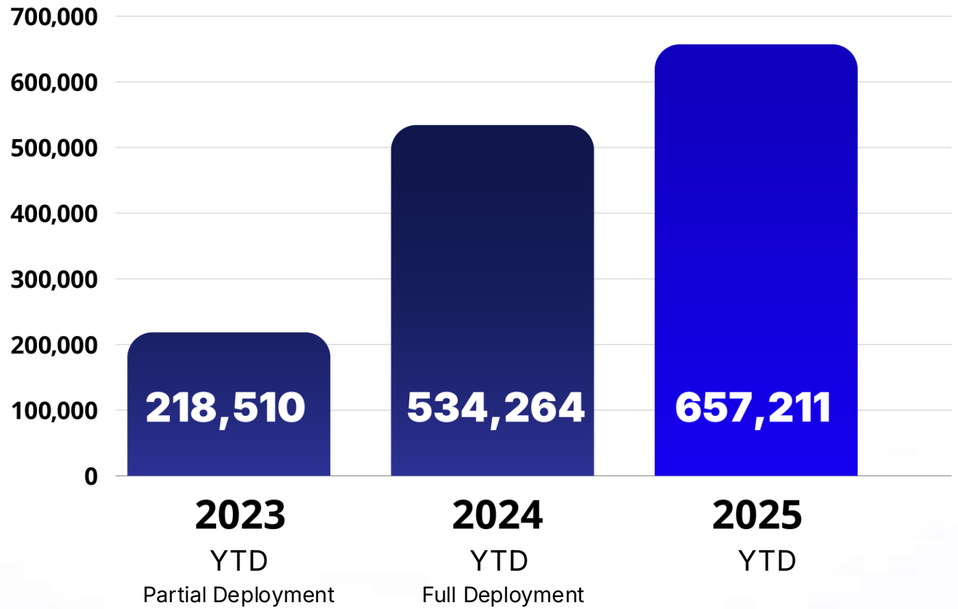
23%

Increase in detection of breast cancer in dense breasts

1. Louis LD et al. Equitable Impact of an AI-Driven Breast Cancer Screening Workflow in Real-World U.S. Deployment. Nature Health (in press).
2. Haslam B, Kim J, Sorensen AG. An AI-Based Safeguard Process to Reduce Missed Cancers in Dense Breasts. Cancer Research 2024; 84(9 Suppl): PO2-29-04. https://doi.org/10.1158/1538-7445.SABCS23-PO2-29-04
3. Kim JG et al. An AI-Driven Safeguard Review Process Helps Detect Aggressive Breast Cancers. Presented at RSNA Annual Meeting; Dec 1-5 2024; Chicago, IL. RSNA Program p. 3006.
4. Louis L et al. An AI-Guided Expert Review Process Can Lower Radiologist Recall Rates. Presented at Society of Breast Imaging Symposium; Apr 11-14 2025; Montréal, Canada (17% recall reduction in pilot study).

EBCD Patient Adoption

$40 per EBCD at time of service



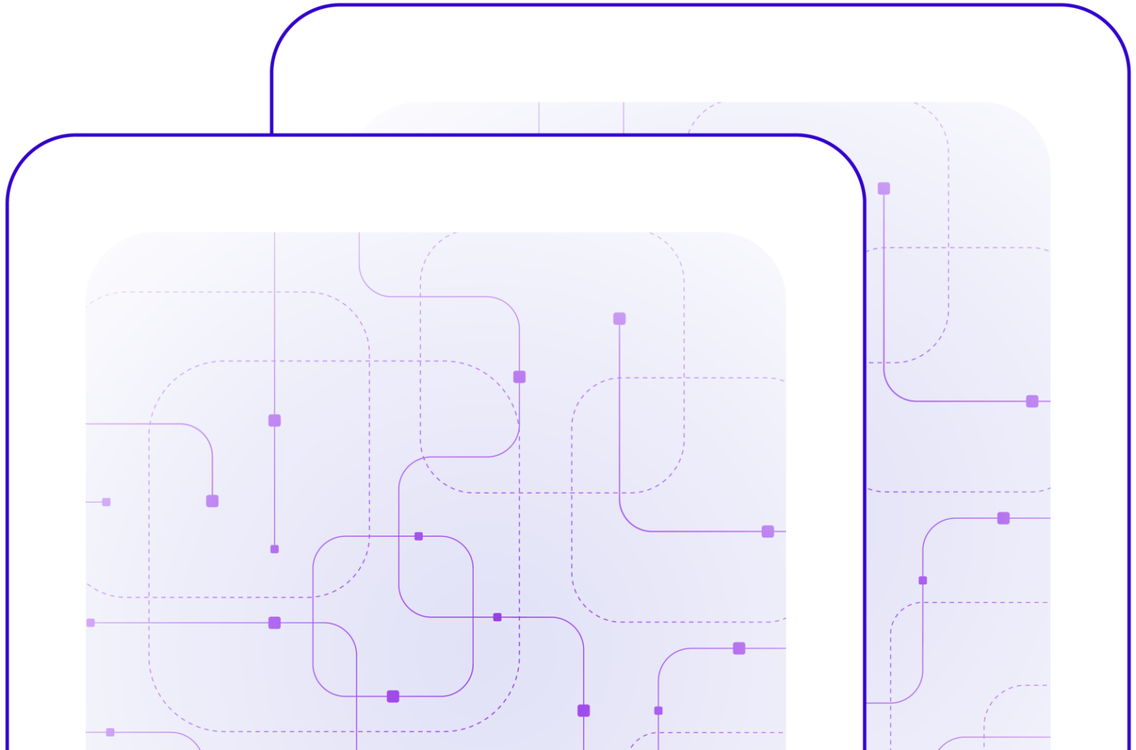
45%
Current Overall Patient Adoption Rate

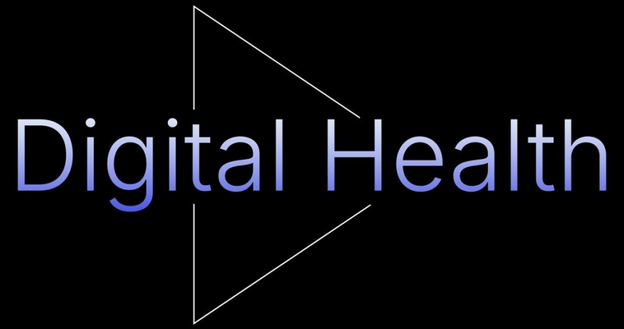
Year-to-date (YTD) figures reflect approximately nine months of patient data for each respective year to maintain consistent period comparison across 2023–2025.

Questions & Answers

We Invite You to Explore the **Digital Health Demo Stations**

Presentations will resume at 12:15 p.m. EST





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YouTube channel or at RadNet.com

Up next:

Kees Wesdorp, PhD
President and CEO,
Digital Health

Sham Sokka, PhD
Chief Operating and
Technology Officer,
Digital Health

Digital Health Division

Delivering Breakthroughs in Care

Kees Wesdorp & Sham Sokka

RadNet | Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

RadNet's Digital Health Division - Global Leader in AI-Powered Health Informatics

2,000+
Customers worldwide[1]

Global footprint
with 400+ employees across three continents

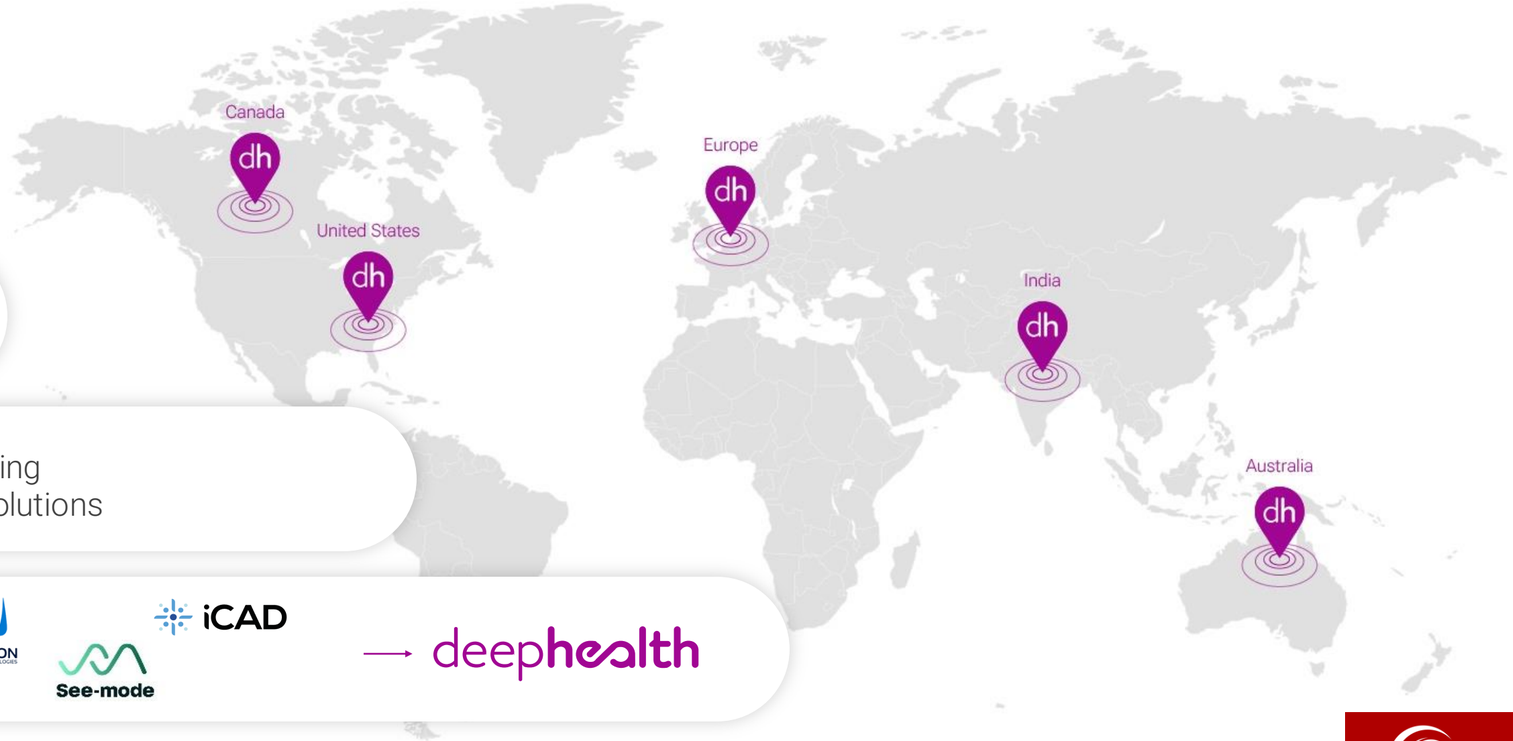
Clinically validated

Most comprehensive portfolio including
22 FDA-cleared and 15 CE-marked solutions

Integrating capabilities

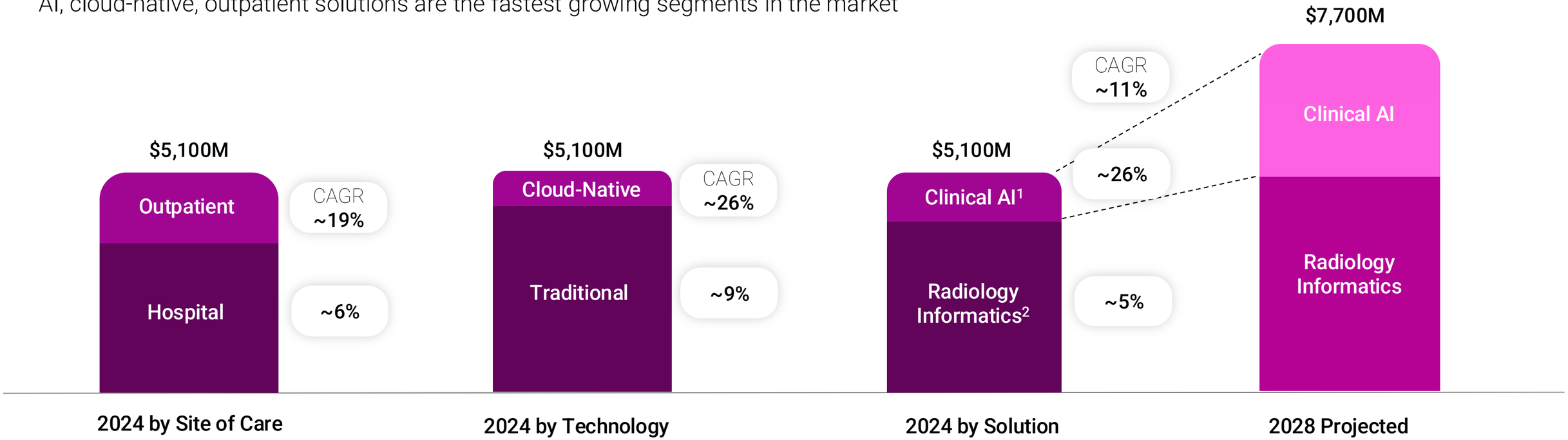
aidence · DeepHealth RadNet AI Solutions · KHEIRON · iCAD · Quantib · eRAD · See-mode

→ deephealth



AI-powered Health Informatics Market is Sizeable with Attractive Growth

AI, cloud-native, outpatient solutions are the fastest growing segments in the market



Market Size and Growth

[1] Source: Signify Healthcare AI Report released 08/07/2024, further validated and refined by Precedence and Emergence report
[2] Source: Signify Healthcare Total Market for Radiology IT (Updated 2024), defined as the following components: standalone RIS & PACS, integrated Enterprise Imaging, AV Tools, and Operational Workflow Tools, further validated and refined by Precedence and Emergence report

Urgent Need to Navigate Clinical, Financial and Operational Challenges

Disconnected Patient Engagement

Strained Workforce

Inconsistent Clinical Outcomes

Fragmented Tech, Data & Workflows

- **Fragmented IT Systems**
- **Too Many Point Solutions**
- **Interoperability challenges**

Cost inefficiency – up to $25B in Radiology Alone in the US

Our Unique Capabilities to Adress the Market Opportunity

Vertically integrated

Rapid iteration, validation and prototyping

Clinical AI solutions in breast, chest, neuro, prostate and thyroid health

High innovation speed and time to market

Clinically proven

2,300+ healthcare provider locations worldwide

Demonstrated clinical impact, e.g., 21% increase in breast cancer detection rate[1]

Clinical effectiveness across diverse populations

Delivering at scale

24M+ Managed imaging studies per year

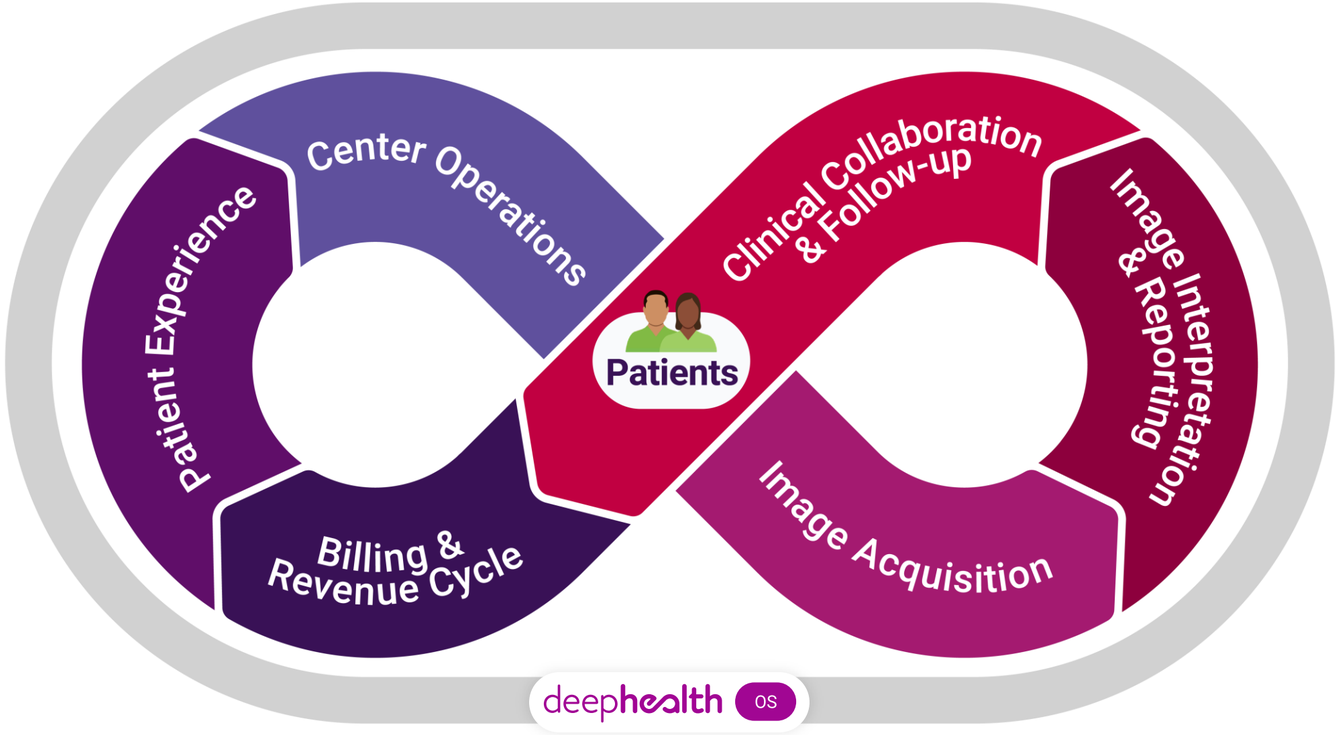
1,800+ AI-powered cancer screening sites in the US and Europe

10M+ AI-powered diagnoses per year

[1] Louis, L. et al. Equitable Impact of an AI-Driven Breast Cancer Screening Workflow in Real World US-wide Deployment. Nature Health In Press, (2025).
Source: internal Company data

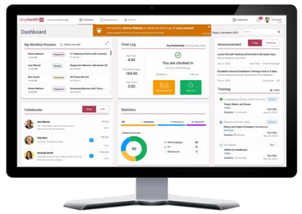
Bringing Clinical and Operational Intelligence Together into One Enterprise Solution

DeepHealth OS pioneering cloud-native diagnostic Operating System connects imaging, informatics, and AI across the radiology workflow

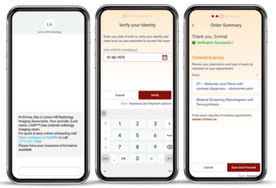


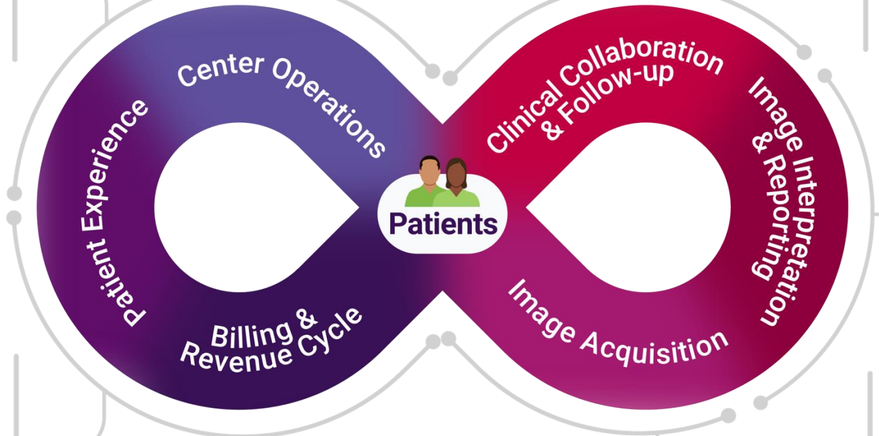
A Comprehensive Portfolio that Is Empowering Breakthroughs in Care

Operations Suite
Automate operations

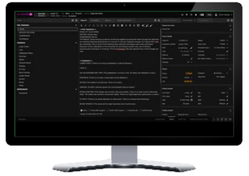


Patient Engagement Suite
Guided patient journey





Clinical AI Suites
Stage shift disease



Diagnostic Suite
Automate & Accelerate Radiology

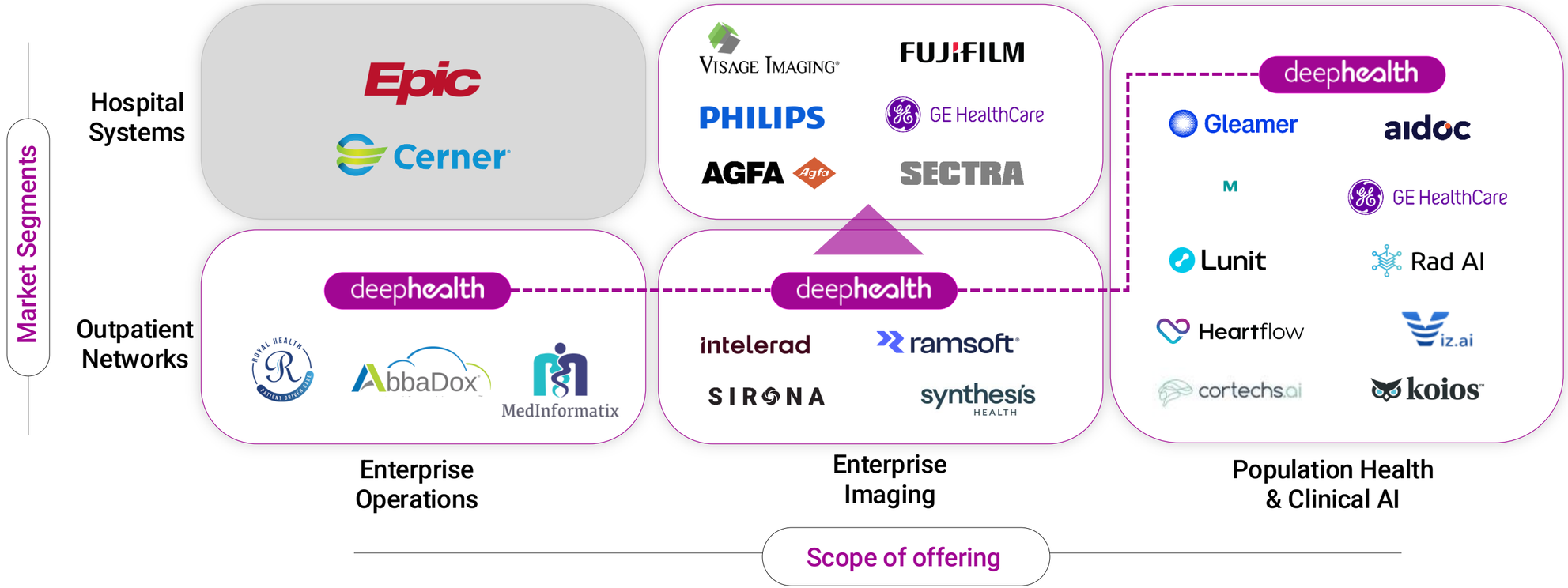
TechLive™
Expand Capacity & access

Powered by Agentic AI

Powered by Agentic & Clinical AI

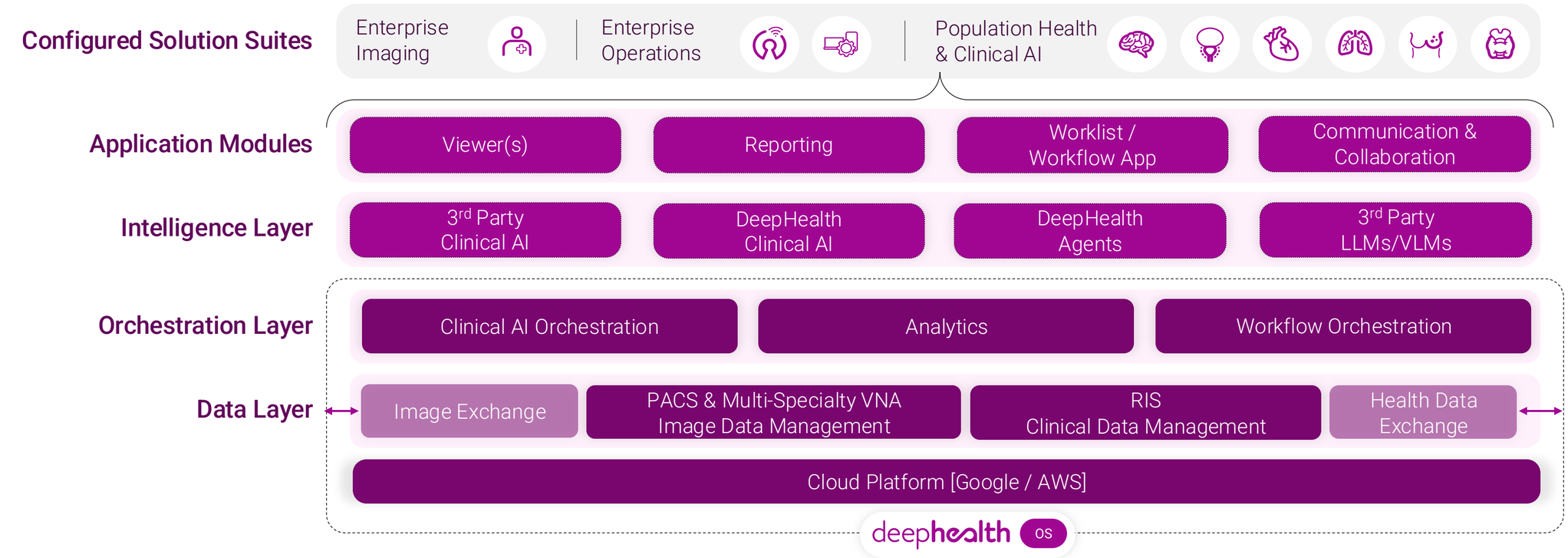
DeepHealth Integrated Proposition is Highly Differentiating

Modular Architecture can be configured to address multiple market segments



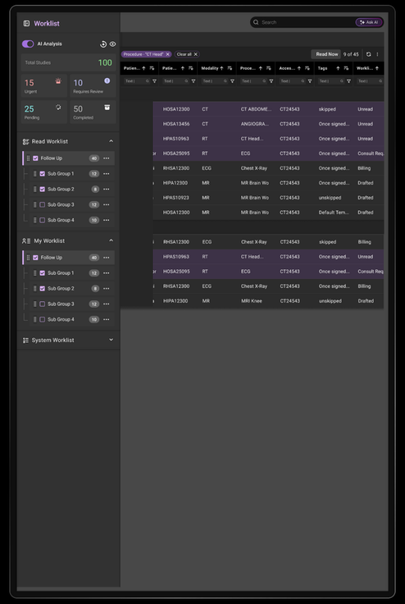
Modular Architecture on a SaaS Ready Infrastructure

Highly configurable interoperable solutions on secure, scalable platform

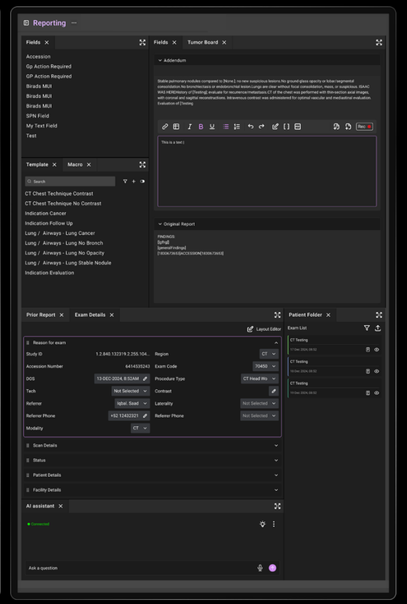


Diagnostic Suite: All-in-one Interpretation & Reporting Platform to Automate & Accelerate Radiology

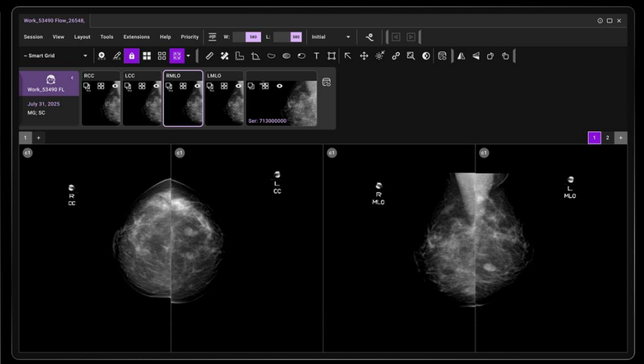
Worklist



Reporting

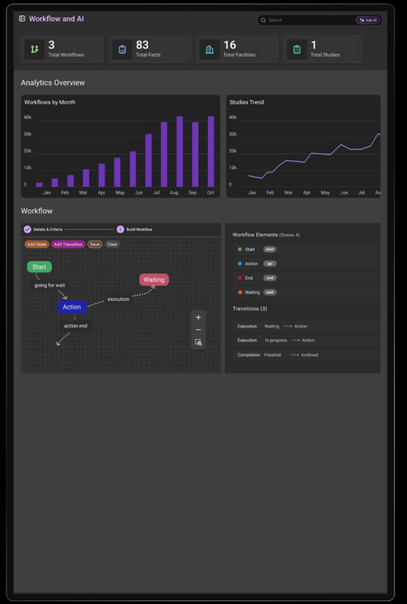


Viewer



Advanced Visualization

AI & Analytics



One Suite. One Experience. AI–Powered.

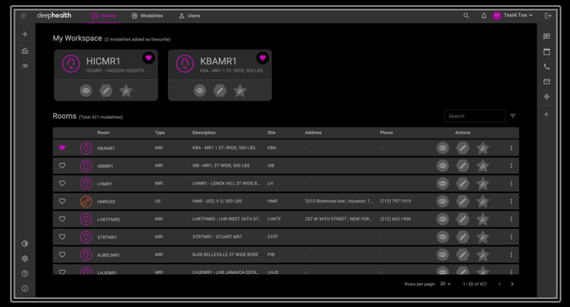
Cloud

Hybrid

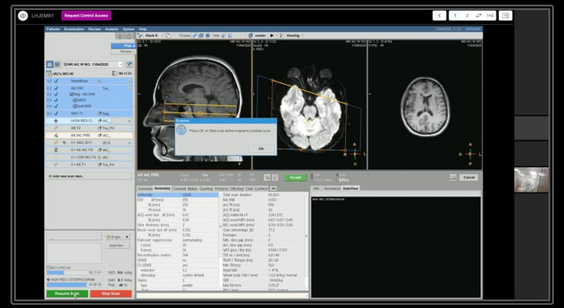
On Premise

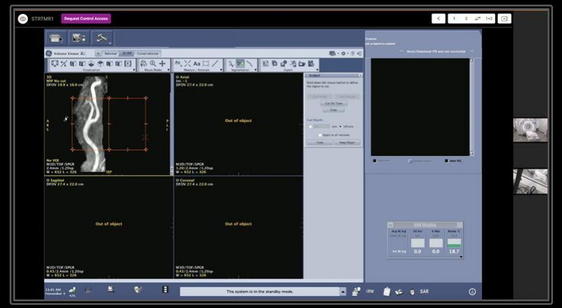
TechLive™ Increases System Capacity and Access without Sacrificing Quality

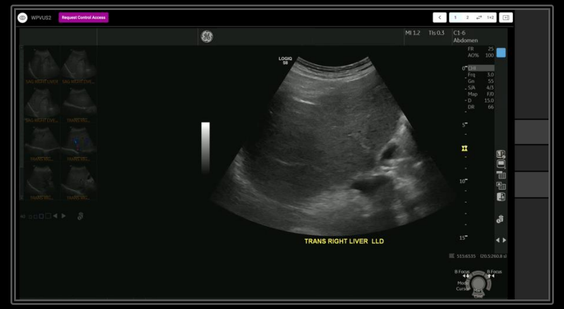
Worklist



Remote Command Center





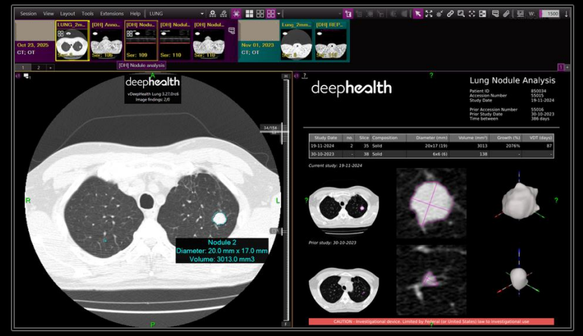


Edge Device per System

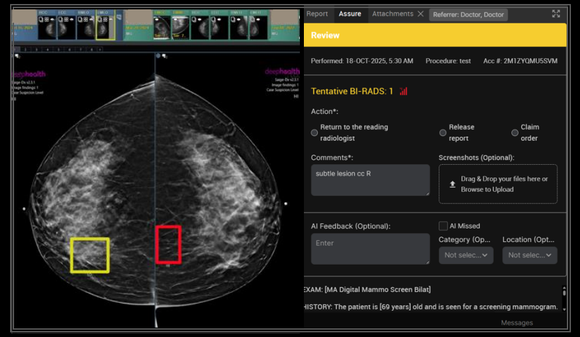
RadNet

Clinical AI Suites: Most Comprehensive AI Portfolio to Stage Shift Disease

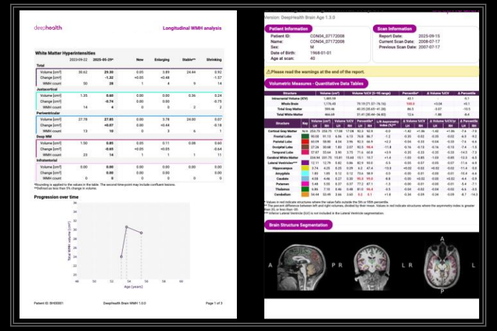
Chest Suite



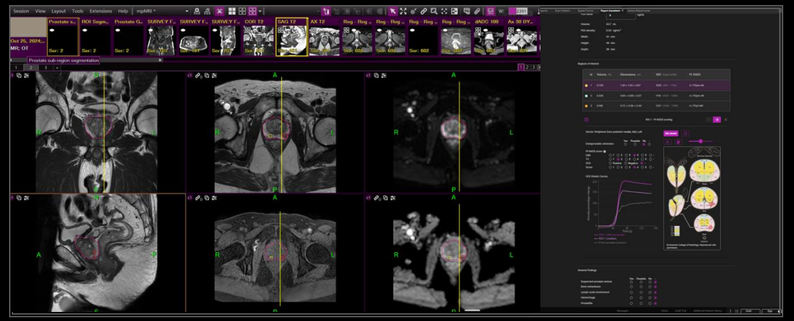
Breast Suite



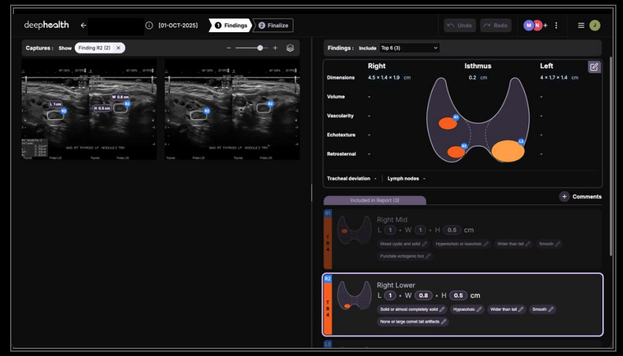
Neuro Suite



Prostate Suite

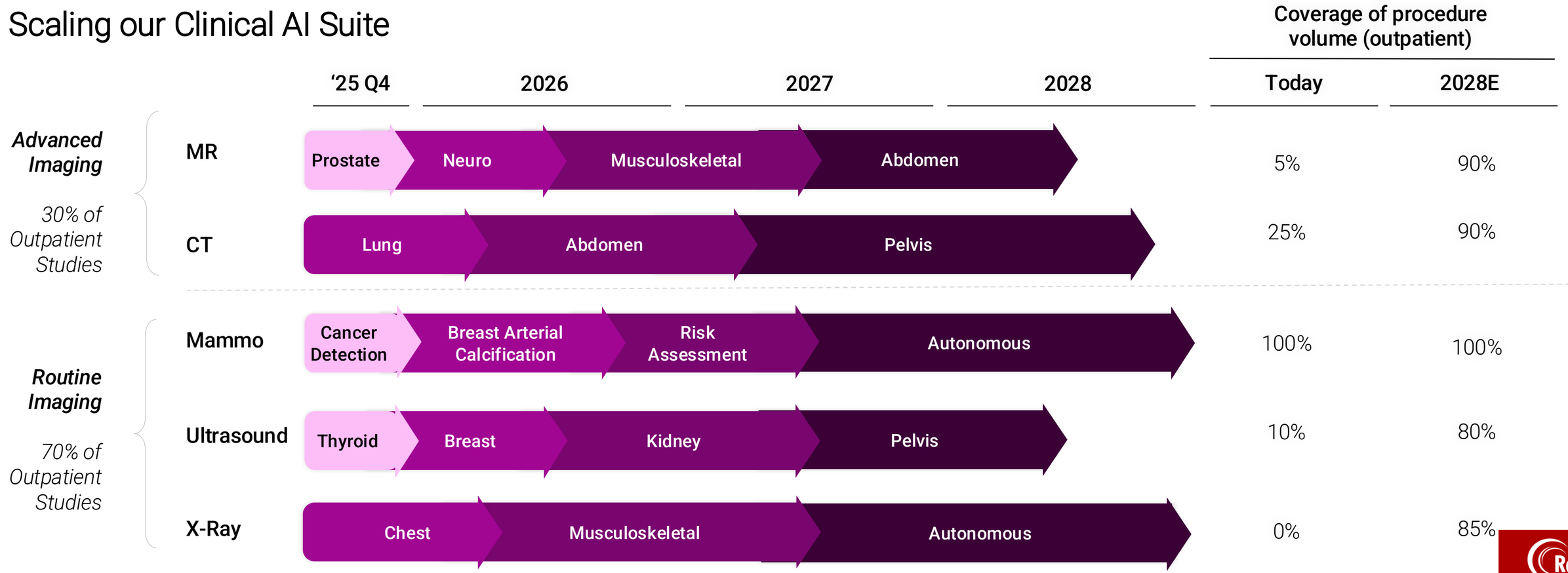


Thyroid Suite

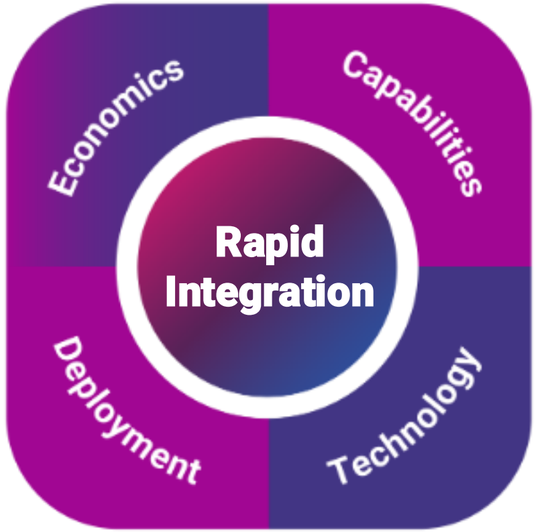


RadNet

Scaling our Clinical AI Suite



Creating Impact through M&A



Scale, Differentiation, Profitability

See-Mode

- Integration complete, fully embedded in organization
- Live at 240+ RDNT sites, 14,000+ scans processed
- Efficiency Gains: Ultrasound slot times reduced by >33% across network

iCAD

- Integration complete, fully embedded in organization
- Cost synergies ahead of plan, revenue synergies on track for 2026 and beyond.
- Good performance with recent wins and engaged talent

Growing Installed Base with Strong Customer Traction

Existing Customers

2,000+
Customers worldwide*

Cleveland Clinic

NHS

Shields Health

AKUMIN

SOLIS Mammography

RCI Radiology Consultants of Iowa, PLC

Recent Customer Wins

HCA Healthcare

Sutter Health

CommonSpirit

Hartford HealthCare

Orlando Health

Baptist Health South Florida

Lifepoint Health

BAPTIST Memorial Health Care

St. Elizabeth Healthcare

ONRAD, INC.

ProHealth Advanced Imaging

Wichita Radiological Group

Globis Global Imaging

Lumexa Imaging

Diagnostic Partners

RMS Medical Devices

> *We chose DeepHealth because we were looking for* ***a comprehensive, all-in-one solution****. Our goal was to streamline every part of our workflow—from scheduling to billing and everything in between.* ***With DeepHealth's integrated systems, we're confident our day-to-day operations will become significantly more efficient and seamless****.*

Lachelle L. Peterson
Executive Director
Wichita Radiological Group

RadNet

Ambition 2028: ~30% Growth Rate with >20% Adjusted EBITDA

	2025E	2028E
Revenue growth[1]	~35%	~30%
ARR (% total revenue)	~60%	~80%
Adjusted EBITDA margin[2]	~17%	>20%
External Sales (% total revenue)	~55%	70-80%
Customer Mix Hospital / Outpatient	~10% Hospital ~90% Outpatient	~50% Hospital ~50% Outpatient
Geography Mix US / rest of the world	~80% US ~20% OUS	~50% US ~50% OUS
% Cloud Native	10-12%	60-80%

[1] Midpoint of guidance for 2025E
[2] Adjusted EBITDA margin: before deduction of non-capitalized R&D, Midpoint of guidance for 2025E

Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Steve Forthuber
President and COO, Eastern Operations

Sham Sokka, PhD
Chief Operating and Technology Officer, Digital Health

Services & Digital Health Divisions

A Unique Value Creation Story Together

Steve Forthuber & Sham Sokka

RadNet
Advancing Imaging through Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

Opportunities for Value Delivery

Improve Patient Engagement

Patient & referral growth

Address Strained Workforce

Staff productivity with staff satisfaction

Improve Clinical Outcomes & Consistency

New revenue
Better detection
Reduced variability

Unify Tech, Data & Workflows

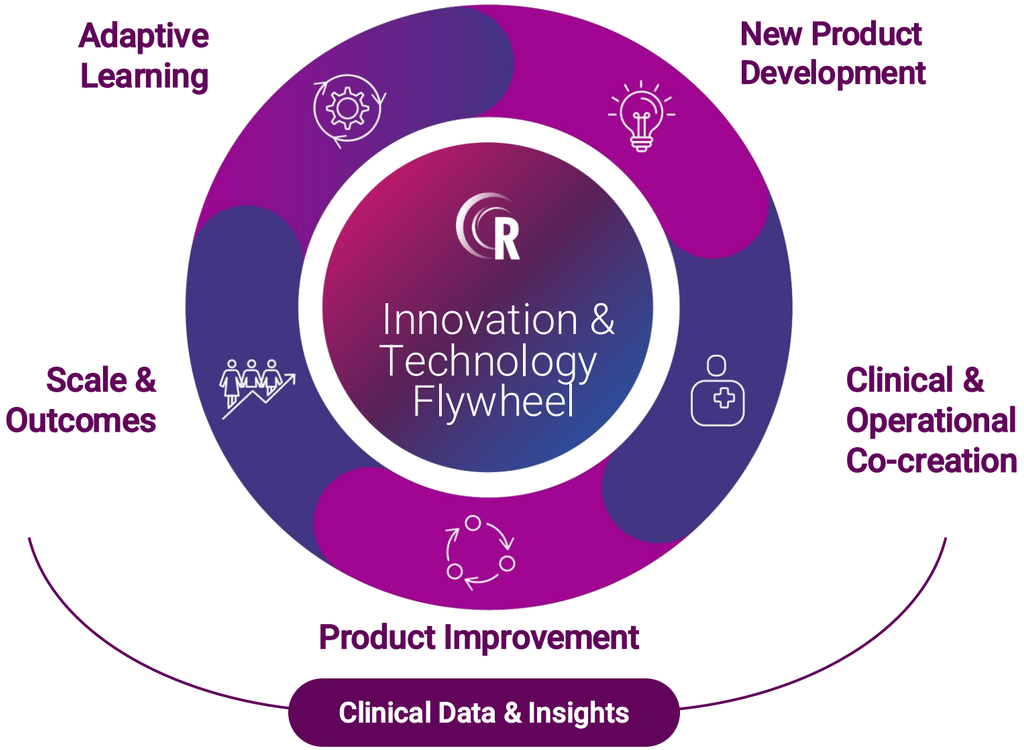
Increase revenue per system

Specialty imaging Growth Reimbursed AI

Infrastructure cost reduction

Unlocking revenue opportunities and cost savings

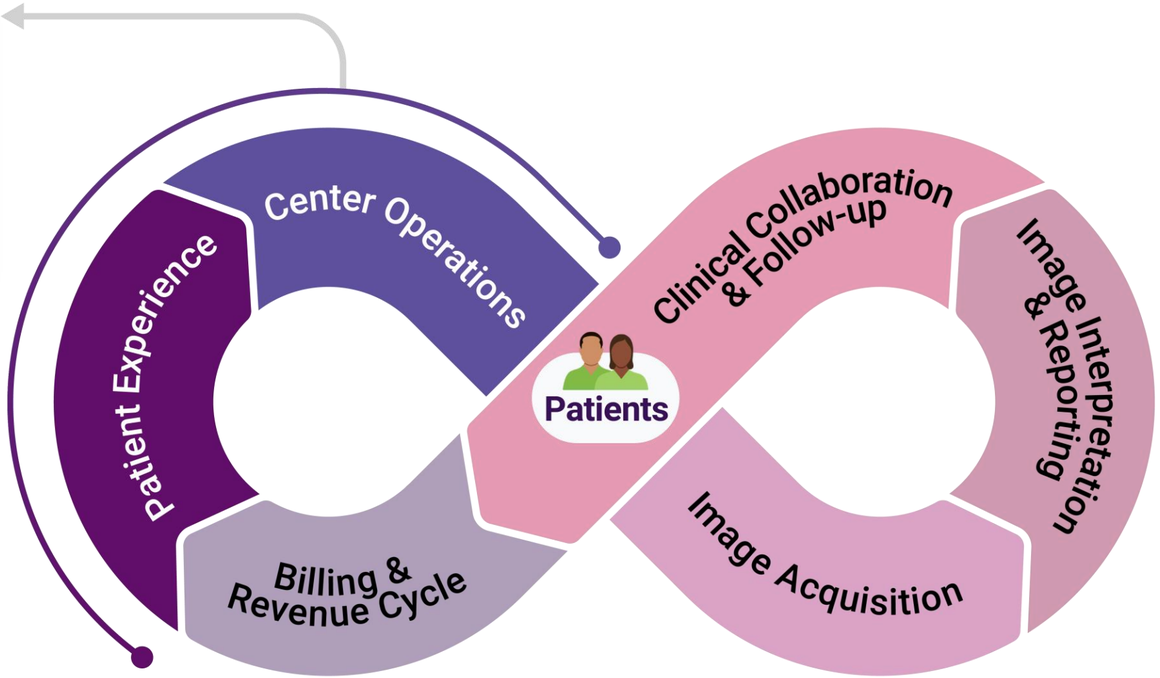
Our Unique Approach to Drive Value



Delivering Value at RadNet through Digital Health Innovations

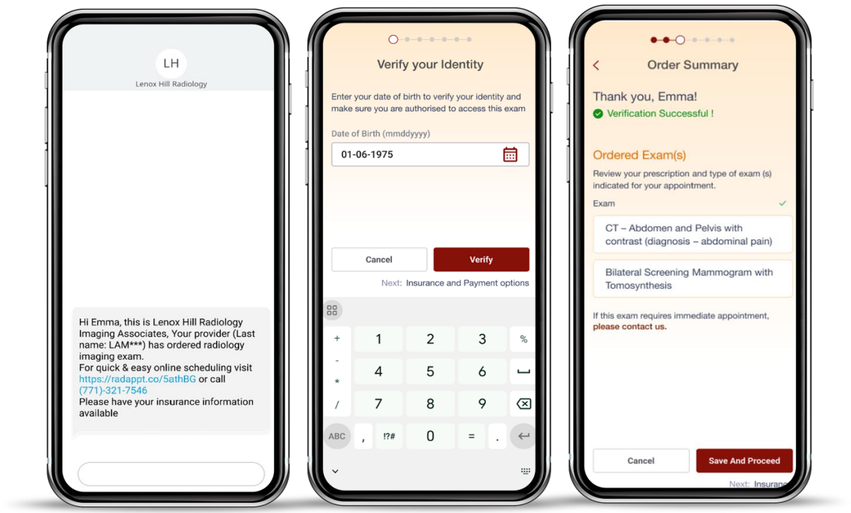
Productivity in Patient Experience & Center Operations

- Contact Center Innovation
- Smart Scheduling
- Digital Registration



Delivering Value in Patient Experience & Center Operations

Improving patient & staff satisfaction and productivity



Co-creation today

Contact Center Innovation

10%
Call deflection rate

8%
Increase in staff productivity

Smart Scheduling

10%
Increase in exams per day

16%
Reduction in double-booked patients

Digital Registration

51%
Patients eligible for self-registering

80%
Patients eligible for self-scheduling

2026 and beyond

Center Operations

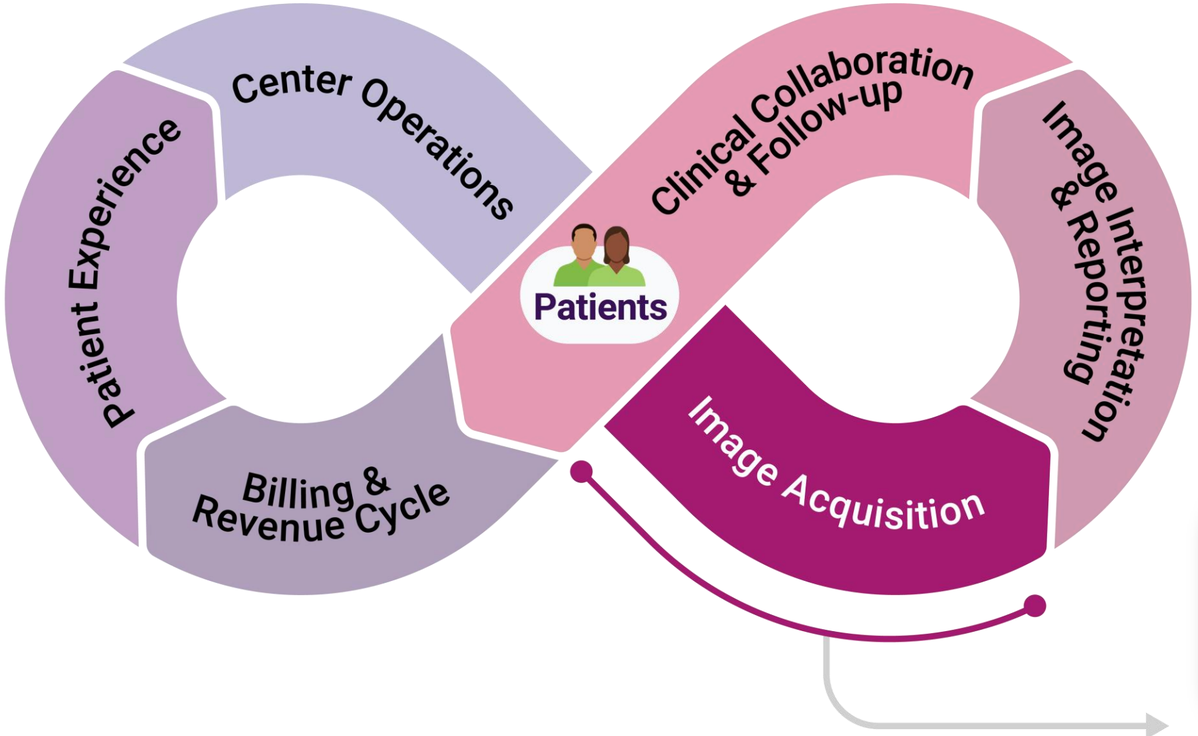
- Predictive Analytics
- Automated document processing, coding
- Cloud enable Operations for anywhere access & scalability

Patient Experience

- Agentic Guided Patient Scheduling
- Autonomous Patient Outreach/ Follow-up

Source: Company data derived from implementation of Digital Health solutions in targeted geographies and facilities. Supporting details available upon request.

Delivering Value at RadNet through Digital Health Innovations



Productivity in Image Acquisition

- TechLive™
- Thyroid Suite

Delivering Value in Image Acquisition with TechLive™

Unlocking capacity and driving growth

Scale today

400+ Active Remote Scanners

41% Fewer MRI room closures[1]

27% Increased[2] access to complex procedures

No Compromise on Quality

Same exam accuracy (.06% recall rate[3]) as on site

2026 and beyond

- Expand to 450 MR systems by H1 2026
- Develop novel use cases for Ultrasound, X-ray, & Mammo
- Integrate AI solutions for quality control and patient positioning
- Launch offering with Alpha-RT as a tech-enabled remote scanning service

1 Data on file. An internal review has shown a 42% decrease in MRI room closure hours across 81 MRI systems at RadNet NY centers as a result of covering those shifts using DeepHealth's TechLive™ remote scanning capability in Feb to June months of 2025 vs 2024.
2. Data on file. An internal review has shown a 27% increase in complex procedures in North East Region as a result of using DeepHealth's TechLive™ remote scanning capability across 33 MR systems at RadNet NY centers since Feb 2025.
3 Data on file. Deployment at RadNet Northeast between June 2024 to June 2025.

Delivering Value through Image Acquisition with Ultrasound AI

Reducing ultrasound slot times, increasing physician productivity, capturing new revenue

Scale today

14k Thyroid Studies monthly in 240 sites automated with AI

30% Reduction in scan slot time, without added staff[1]

>90% Thyroid AI generated reports accepted without correction[1]

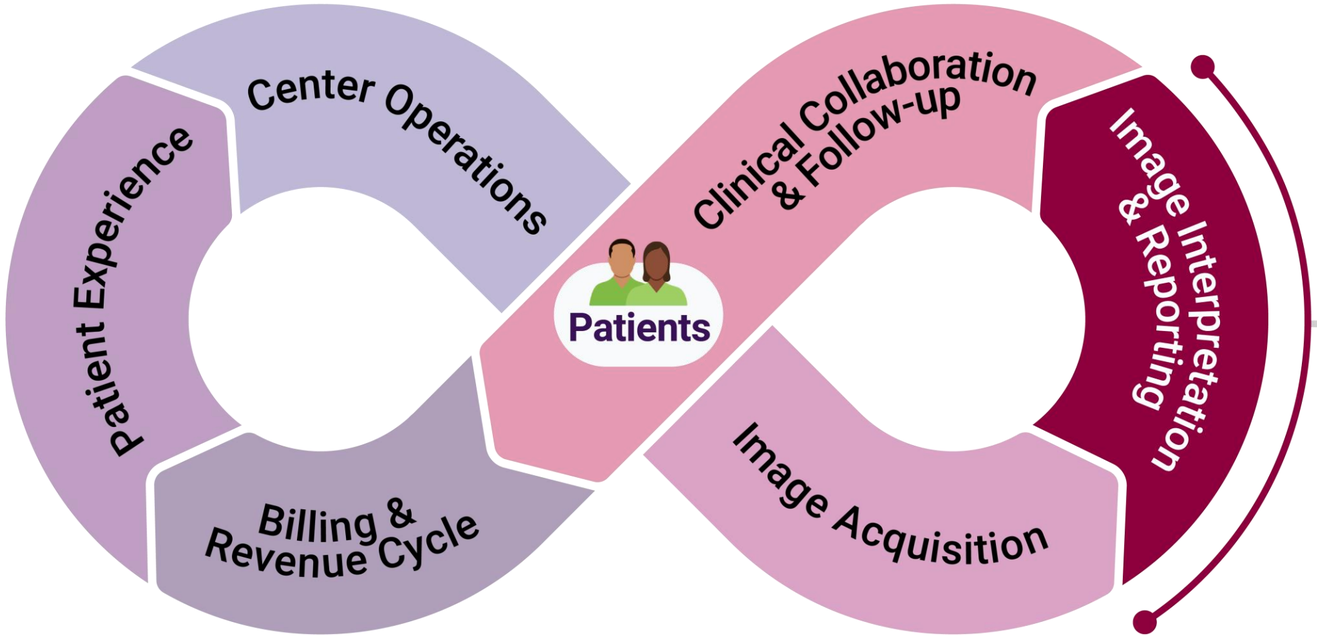
~50% Of thyroid studies have additional reimbursement through AI[1]

2026 and beyond

- Expand to 300+ sites by H1 2026
- FDA approval of breast ultrasound product
- Deploy breast ultrasound across RadNet
- Develop and deploy additional high-volume ultrasound applications

[1] Results from early solution deployment on RadNet sites and over 43,000 exams

Delivering Value at RadNet through Digital Health Innovations



Productivity in Reading & Report Generation

- Reporting
- Cloud Viewing
- Worklist & workflow engine

Delivering Value in Reading & Report Generation

Overall improvement in Radiologist productivity & consistency

Co-creation today

Rapid Reading & Viewing

<1 Second
View most studies in under 1 second

<3 Seconds
View large studies, e.g. tomo, in sub 3 seconds

Reporting Speed & Consistency

5-10% Increase in reporting productivity

Studies with Measurements

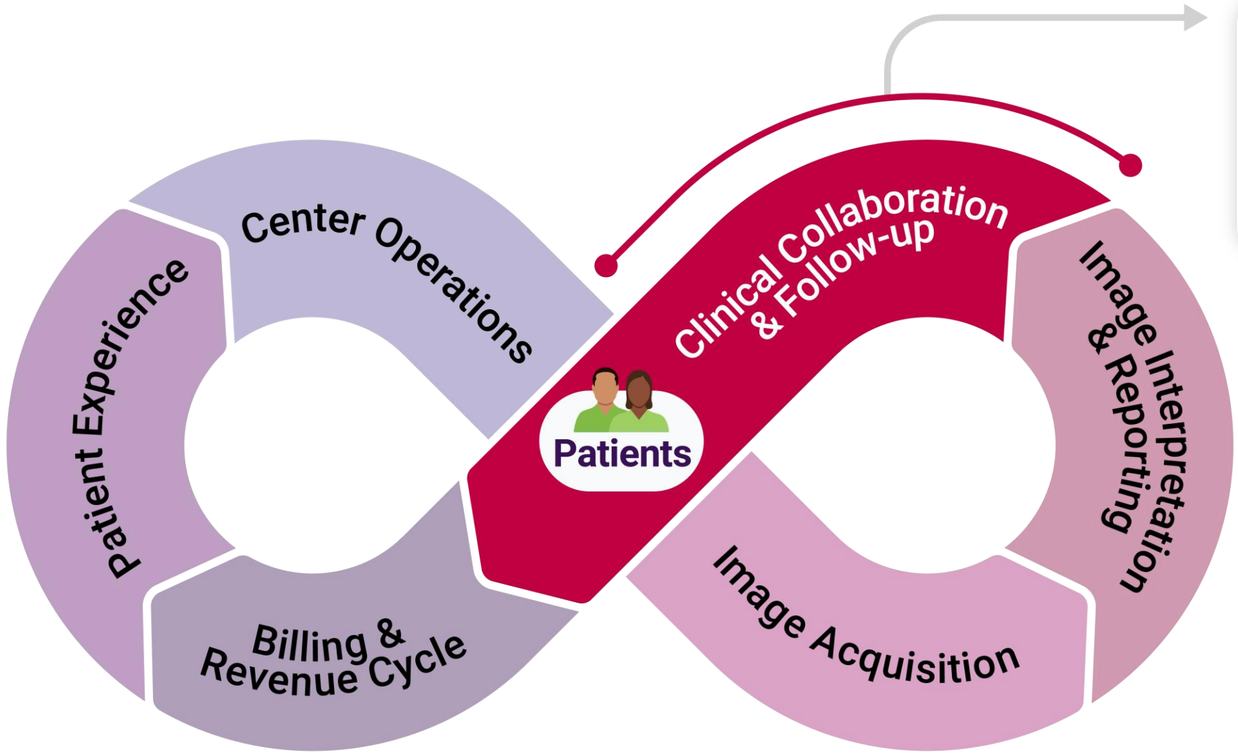
30%+ Reduction in reporting time with AI-assisted workflows

2026 and beyond

- Expand Reporting to all radiologists
- Cloud enable all of RadNet to allow read anywhere for all cases
- Orchestrate more clinical AI, such as x-ray & MR studies to improve reporting speed, consistency, and prioritization
- Scaling Radiology Service by reducing data center footprint and enabling read anywhere

Source: Company data derived from implementation of Digital Health solutions in targeted geographies and facilities. Supporting details available upon request.

Delivering Value at RadNet through Digital Health Innovations



Productivity from Clinical AI Solutions

- Breast Suite
- Chest Suite

Delivering Value through Our Breast Suite

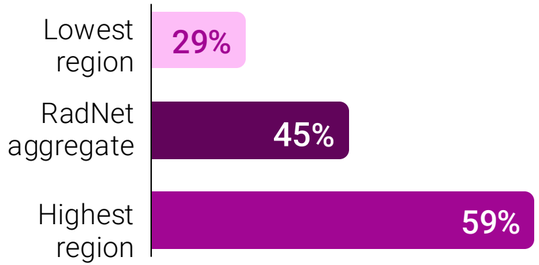
ebcd ENHANCED BREAST CANCER DETECTION *Powered by DeepHealth*

Scale today

Steady progress in EBCD adoption

RadNet Aggregate

Further headroom to pursue



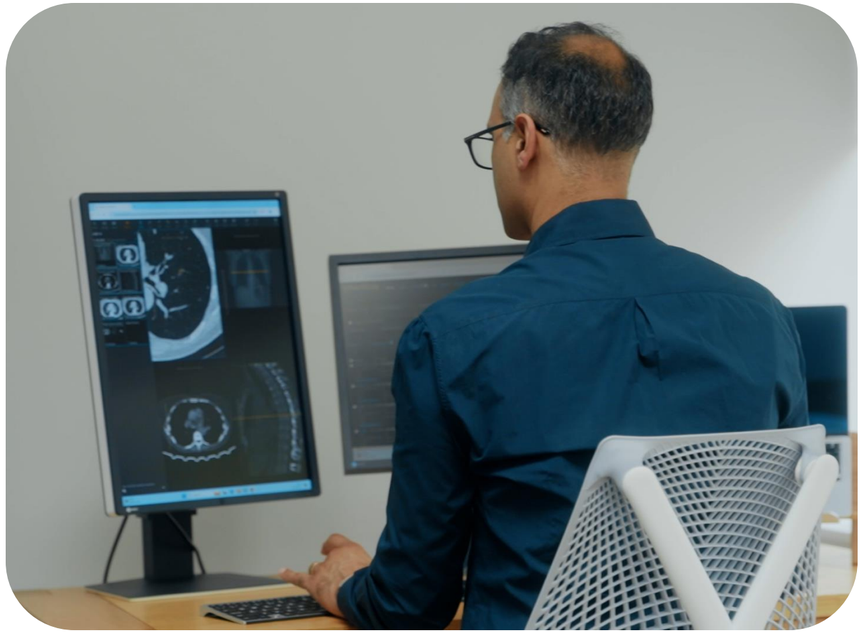
2026 and beyond

- Pre disease risk stratification through Image Based Risk
- Companion risk assessment through Breast Arterial Calcification
- Potential in other clinical domains

Source: internal Company data

RadNet

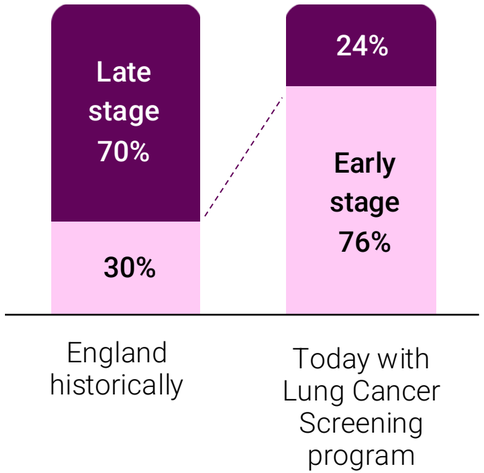
Powering the NHS England's Lung Cancer Screening Programme



Today

Lung cancer detection cases in England

Over 326,000 studies 2024-25[1]



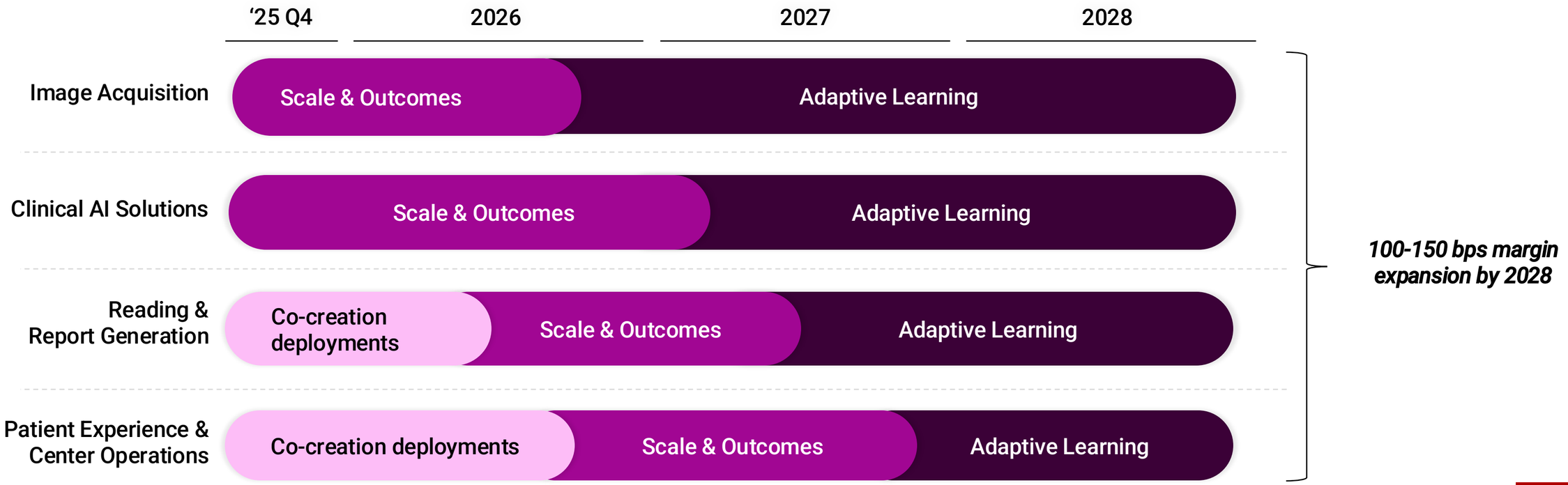
2026 and beyond

- Expand NHS Lung Cancer Screening Programme beyond England to all of UK
- Product Launch and deploy lung cancer detection tools at RadNet and to US customers
- With CIMAR support scaling of other novel screening programs in Europe, such as breast and prostate MR in the UK

[1] August 2024 – July 2025

[2] Department of Health & Social Care. New lung cancer screening roll out to detect cancer sooner.GOV.UK. Published June 26, 2023. Accessed November 4, 2025. https://www.gov.uk/government/news/new-lung-cancer-screening-roll-out-to-detect-cancer-sooner

Roadmap of Digital Health Solution Deployment at RadNet



Thank You

Your questions will be answered during the designated Q&A sessions.

Up next:

Mark Stolper
Executive VP & CFO

Financial Outlook

Mark Stolper – Executive VP & CFO

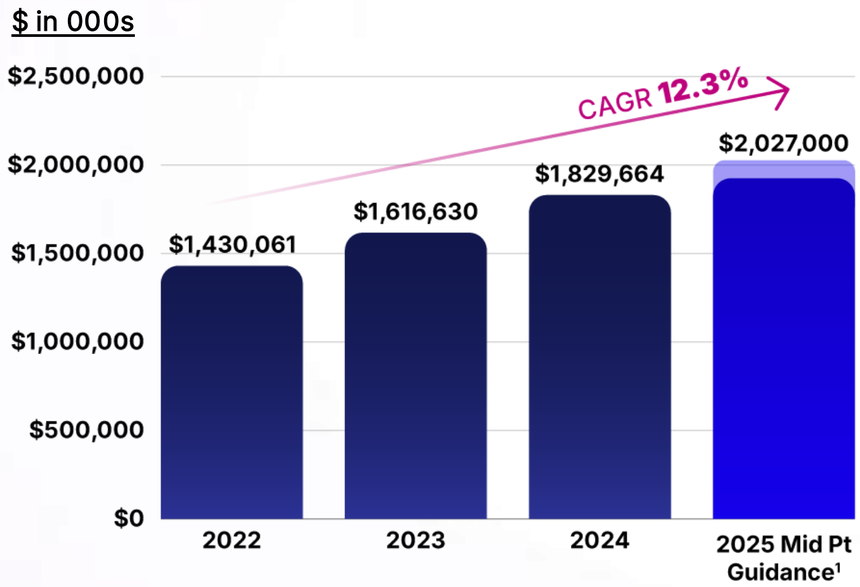
RadNet

Advancing Imaging through
Innovation & Technology

11/11/2025 | Investor Day, Nasdaq MarketSite

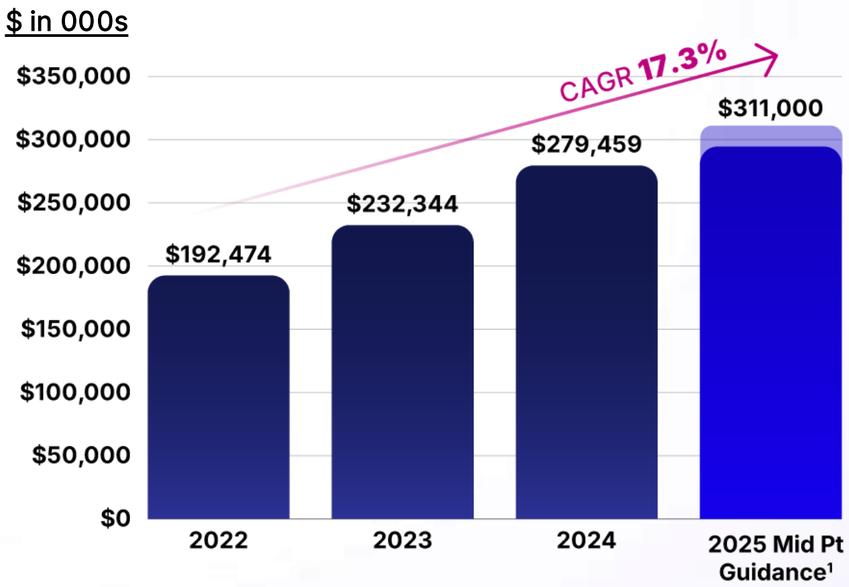
Consistent Double Digit Top Line Growth & Effective Expense Management

RadNet, Inc. Annual Revenue



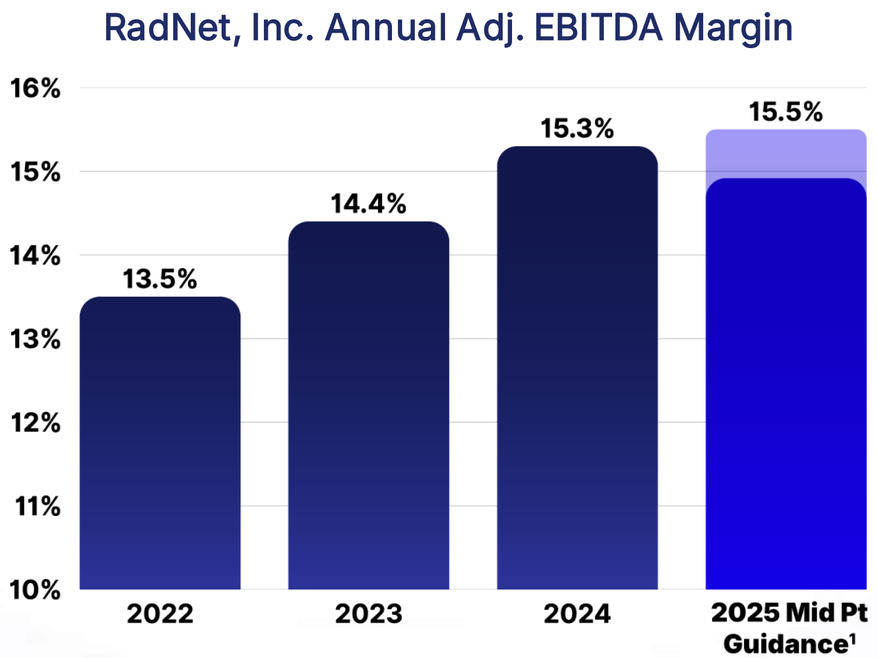
1. Includes $22mm of Revenue addback as a result of CA wildfires and NE winter storms in Q1 2025.

RadNet, Inc. Annual Adj. EBITDA



1. Includes $15mm of Adj. EBITDA addback as a result of CA wildfires and NE winter storms in Q1 2025.

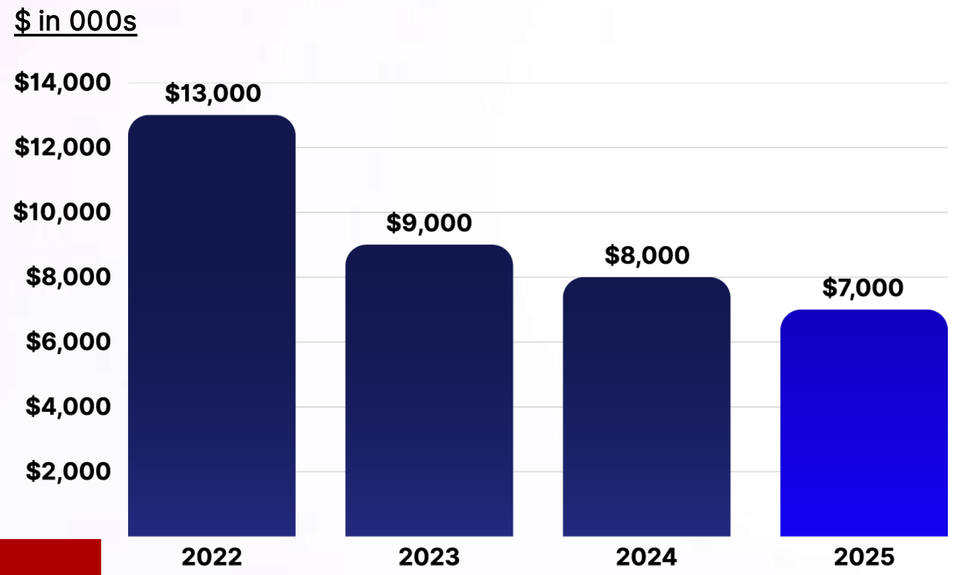
...Resulting in Margin Improvement of 200 bps Over the Last Three Years



1. Includes $15mm of Adj. EBITDA addback as a result of CA wildfires and NE winter storms in Q1 2025.

Strong Performance Overshadowed Significant Industry-Wide Challenges

RadNet, Inc. Revenue Impact from Medicare Cuts



Represents the midpoint of previously publicly-announced estimated calculations.

Labor Cost Inflation

- During this same time period, significant labor cost inflation increased operating costs
- Consistent same-center labor cost increases totaling $30-$50mm per year

Why Performance is Sustainable and Could Accelerate in the Coming Years

- **Industry trends remain strong**
  - Increased use of diagnostic imaging (particularly advanced imaging) resulting from improved technology (equipment, contrast agents and radio pharma, post processing software, AI)
  - Focus within healthcare on early diagnostics, non-invasive medicine and population screening
  - Continuing shift of procedures from more expensive hospitals to more cost-effective ambulatory centers
- **De novo center builds will continue**
- **Tuck-in and larger acquisitions are available; pipeline is active**
- **Increased reimbursement from commercial and capitated payors**
- **New and expanded health system joint ventures**
- **Digital Health initiatives will bring efficiencies to RadNet's imaging center business as well as drive outside revenue and profitability**
- **Favorable liquidity and balance sheet ($805mm cash balance) and net leverage at ~1.0x**

RadNet

RadNet, Inc. Three-Year Outlook: 2025–2028

RadNet, Inc. Three-Year Outlook: 2025–2028

Procedures

MRI and CT Same Center Procedural Volume Growth Rate

+5.0% to +7.0%

PET/CT Same Center Procedural Volume Growth Rate

+10% to +15%

Routine Imaging Same Center Procedural Volume Growth Rate

+1% to +3%

Revenue

Total Company Revenue CAGR[1]

+11% to +13%

Digital Health Revenue CAGR[1]

~30%

(1) Excludes acquisitions of companies or operations that would be considered larger than tuk-in acquisitions.

Margins & Free Cash Flow

3 Year Total Company Adj EBITDA Margin Improvement (Relative to 2025)

+100bps to +150bps

Free Cash Flow Growth

Commensurate with EBITDA Growth

Financial Leverage, Capital Expenditures & Procedural Pricing

Targeted Net Leverage (Net Debt/Adj EBITDA)

1.0x to 3.0x

Maintenance Capital Expenditures as Percentage of Net Revenue

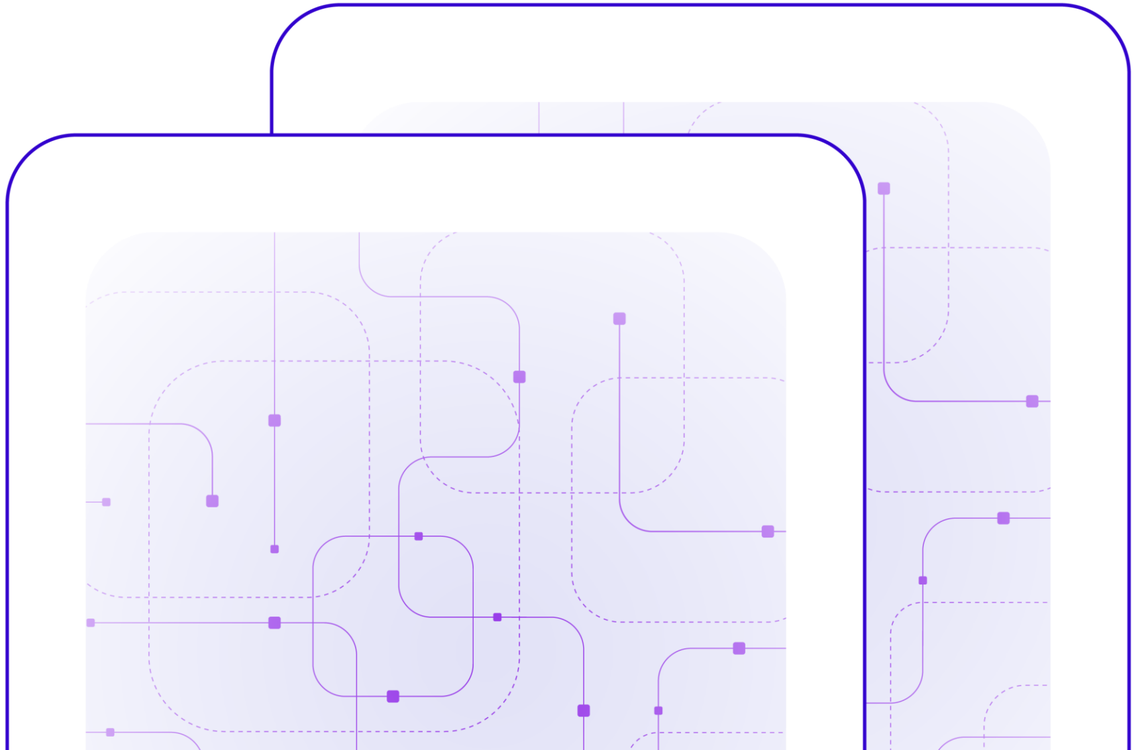
3% to 4%

Commercial and Capitated Payor Annual Pricing Increase

+1% to +3%

Questions & Answers

We Invite You to Explore the **Digital Health Demo Stations**



ON THE LEADING EDGE OF HEALTHCARE:

Advancing Imaging through Innovation & Technology