“SUTURE-TIGHT”tm catheter technology delivers nitinol sutures to secure endovascular aortic grafts at initial implant or during repair procedures

Securing the Future of Endovascular Aortic Repair EVAR/TEVAR

VESTECK INC.

"The case isn't finished until it is "SUTURE-TIGHT"tm"

$1.988MM NIH SBIR Non-Dilutive GRANT AWARDED 9/25 for clinical trial

$16M project, 100 patient 510K clinical trial

Milestone driven investment
$6M to reach FDA IDE submission and complete 50 patients in AU
$10M to complete 50 patients and FDA 510K clearance

Valuation Post Series A $17.2M. then + 14 clinical patients + 3 new patents, 15 preclinical = $25M/$30M pre–Series B

Valuation Post Series B rights offering $6M-$8M?

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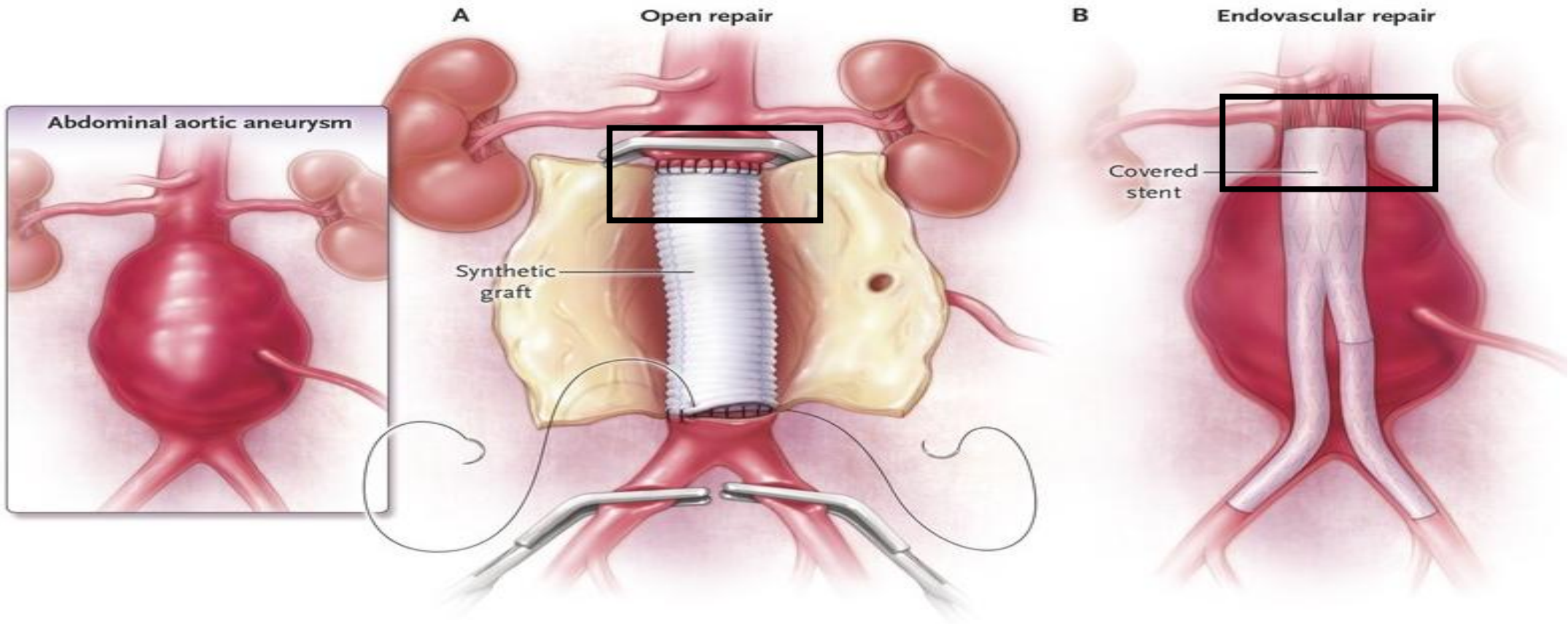
PROBLEM: PERSISTENT EVAR FAILURES DRIVE COMPLEX REINTERVENTIONS AND HIGHER HEALTHCARE COSTS



Every year, hundreds of thousands of patients undergo life-saving endovascular aneurysm repair EVAR/TEVAR — yet 20–30% require additional procedures in 2-3-5 years due to graft leaks or migration.

Solution

VESTECK's "SUTURE-TIGHT"™ catheter, preloaded with nitinol sutures, provides physicians the ability to:

- 'Lock in' success at the initial EVAR/TEVAR implant
- Suture the aortic repair graft to the aorta
- Improving durability, fewer repair procedures and lower costs.

"SUTURE-TIGHT"tm precision catheter suturing secures the EVAR graft, creating a hybrid procedure: PROVIDING THE DURABILITY OF OPEN SURGERY WITH THE SAFETY AND SPEED OF AN ENDOVASCULAR APPROACH

Can I tell you a real-life story?

Recently I received a call from Kevin, an investment banker from NYC. He wanted to travel to Philly and meet with me.
He said it was very important. We met for lunch. Kevin is 45-50ish, a tall, fit gentleman.

He told me he did his research on VESTECK. His father had an aortic aneurysm fixed endovascularly (EVAR) about 6 years ago. And as descried in the literature, the EVAR graft started to migrate and leak 3 years after the implant.

Kevin went on to tell me, over the past three years his father had three (3) subsequent complex and expensive repair procedures. Because the EVAR graft had moved and caused leaking. Kevin's dad, barely surviving each complex repair procedure.

The next comment was heartbreaking to hear since I know aortic aneurysms are genetic.
Kevin went on to tell me he was recently screened and had a very large 7cm aortic aneurysm. It had to be repaired immediately.
He had the EVAR procedure. He also knew his prognosis, the 20-30% probability of graft migration and leaks and multiple reinterventions in his future.

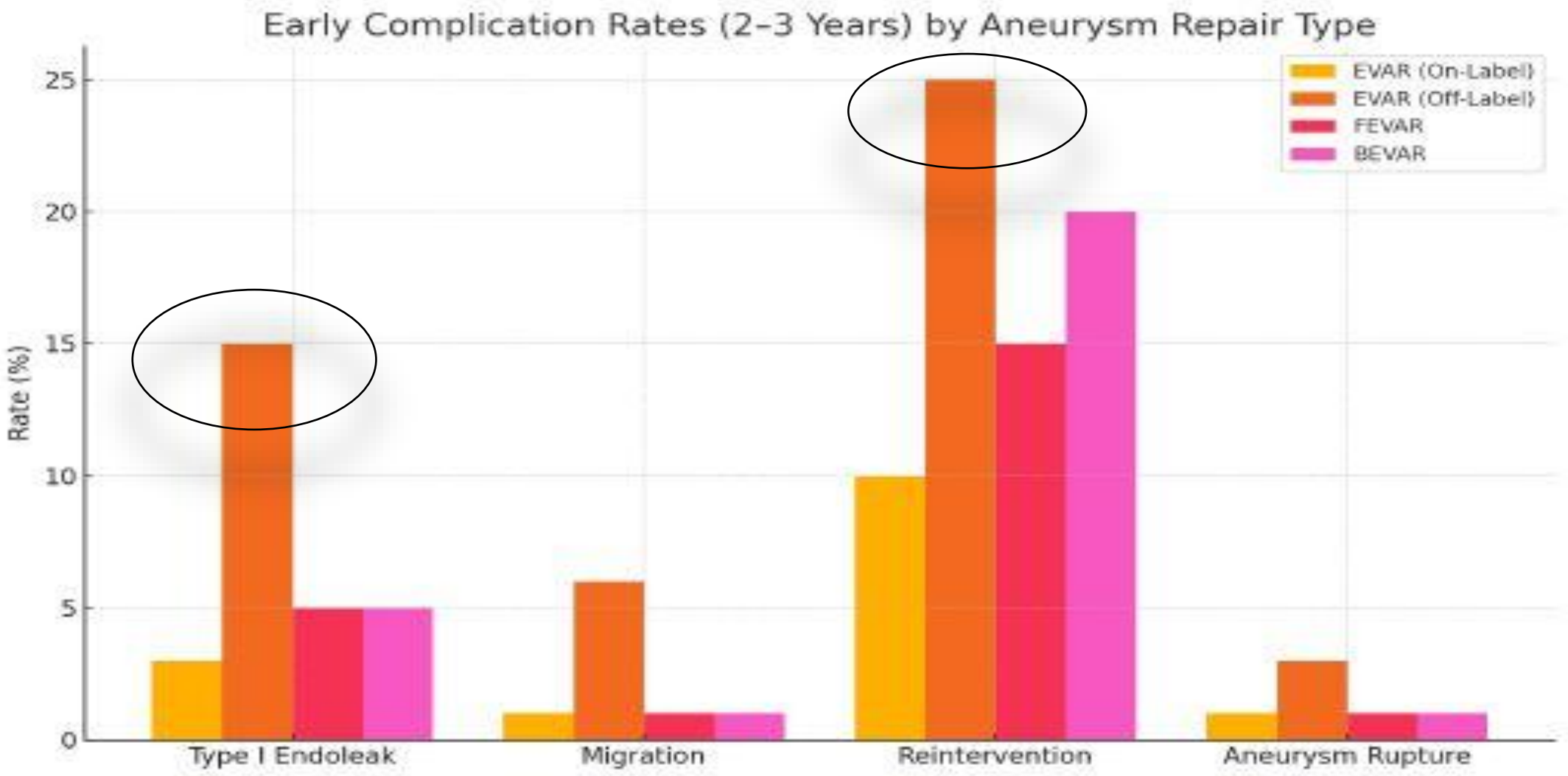
The look in his eyes was compelling:
He said Joe, "there are lots of families like ours that desperately need your device to make this procedure more durable."
"Please do everything you can to get the VESTECK, "SUTURE-TIGHT"tm to the market. We need the "SUTURE-TIGHT"tm."

How big is the problem?

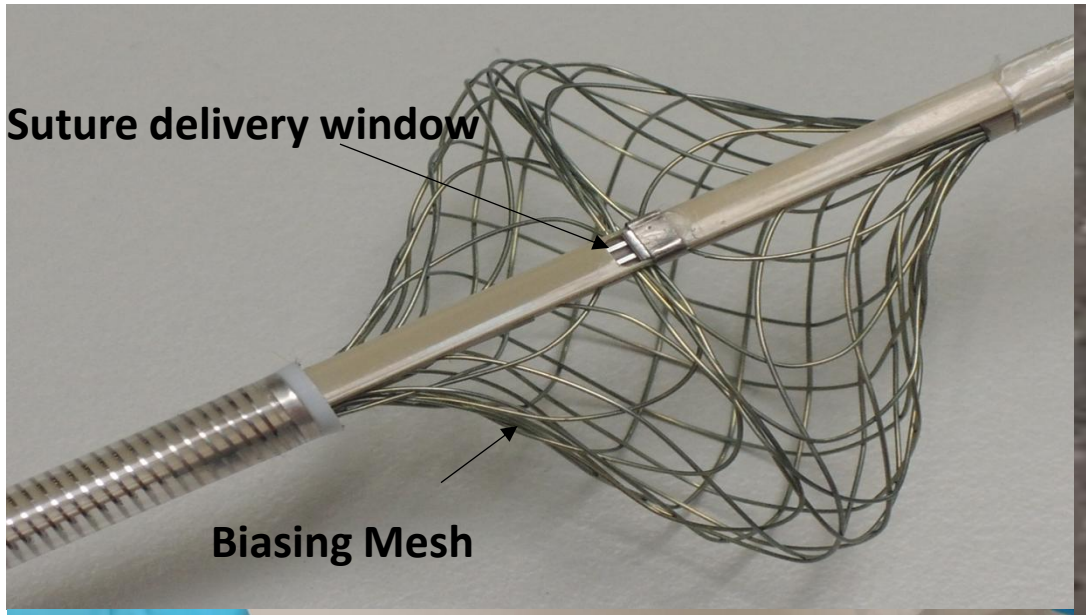
Medtronic, Boston Sci, Sofinnova recently made big investments in the aortic repair market.

- ***Betting on the 1.1 -1.4 Billion Baby boomers with a 2-8% probability of having aneurysms***
  - **Tens of millions of AAA**
  - **Low-cost easily accessible diagnostics**
- **55M people have aneurysms while only 20% get fixed at a 20% reintervention rate, costing HC system $55B**

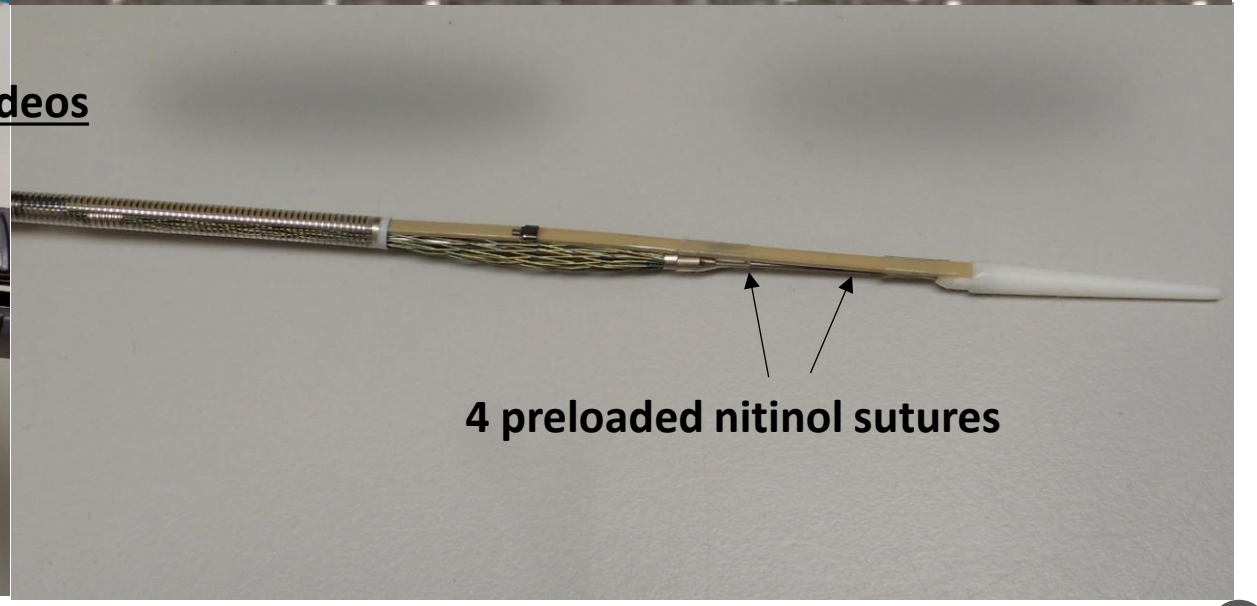
Vascular Quality Initiative Complex patient 25% reintervention at yr. 2-3



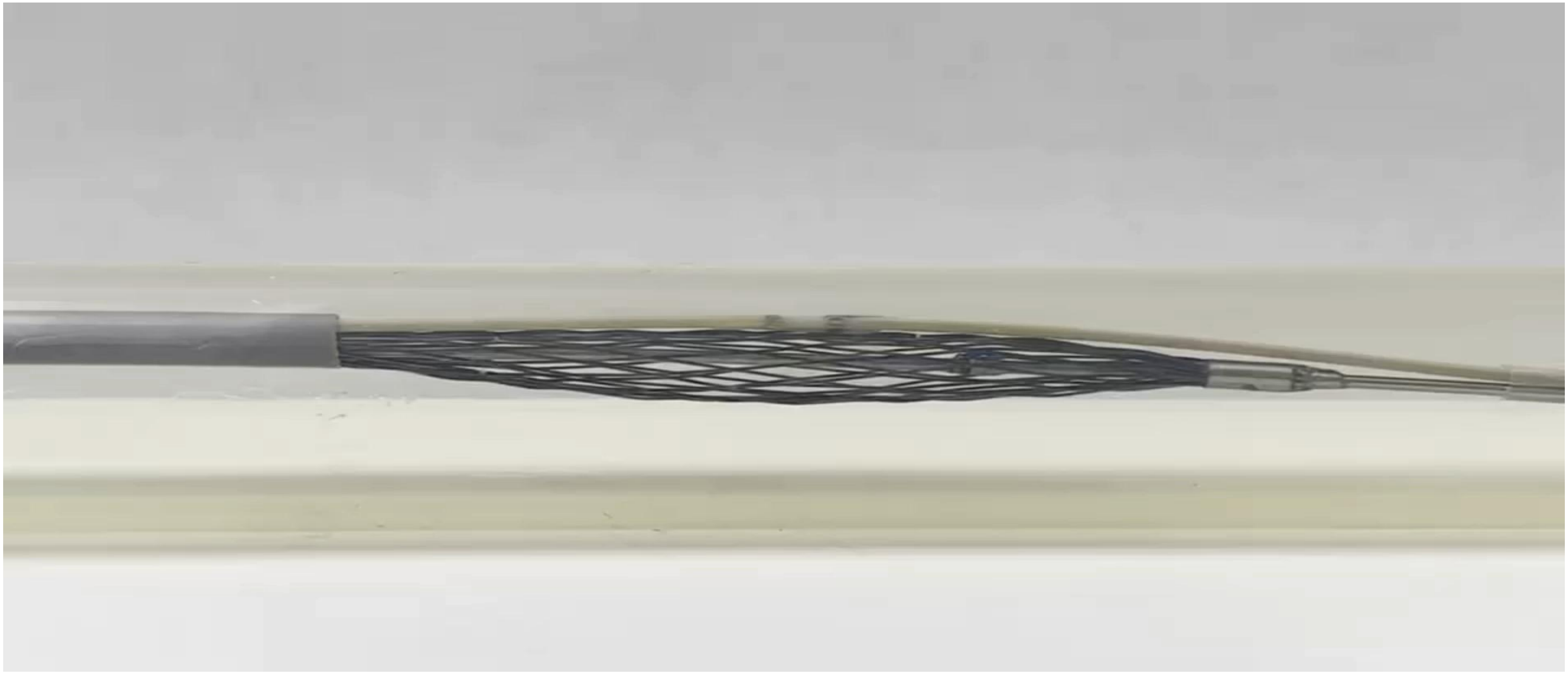
"Suture-Tight" pre-loaded nitinol sutures. Speed of EVAR, durability of Open Surgical Repair



2 videos



EASILY FITS INTO EXISTING PROCEDURAL WORKFLOW, precisely and quickly delivers sutures, can be repositioned



VESTECK Inc.

Not commercially available in US/OUS

“TECHNOLOGY SIGNIFICANTLY DERISKED”

VESTECK INC.

- 14 clinical cases successfully completed, >12 and >24 months out
- $1.98MM non dilutive NIH grant awarded 9.2025
- KOL’s in alignment. “will become the standard of care for all EVAR/TEVAR.”
  - speaking at global meetings VIVA, VEITH, CHARRING CROSS, ISET, TED, GREENBERG STENT
- Clear FDA 510K regulatory pathway, only 100 patients, 30-day safety, 1 year follow up
  - 5 Pre-sub meetings, IDE reviewed
- Existing DRG/CPT reimbursements for initial implant and repair procedures
- Global patent strategy, 3 new issued, more filed, 2 existing
- Australia LLC formed leverage currency exchange and 43.7% R&D investment rebate, will conduct 50% of clinical trial in A

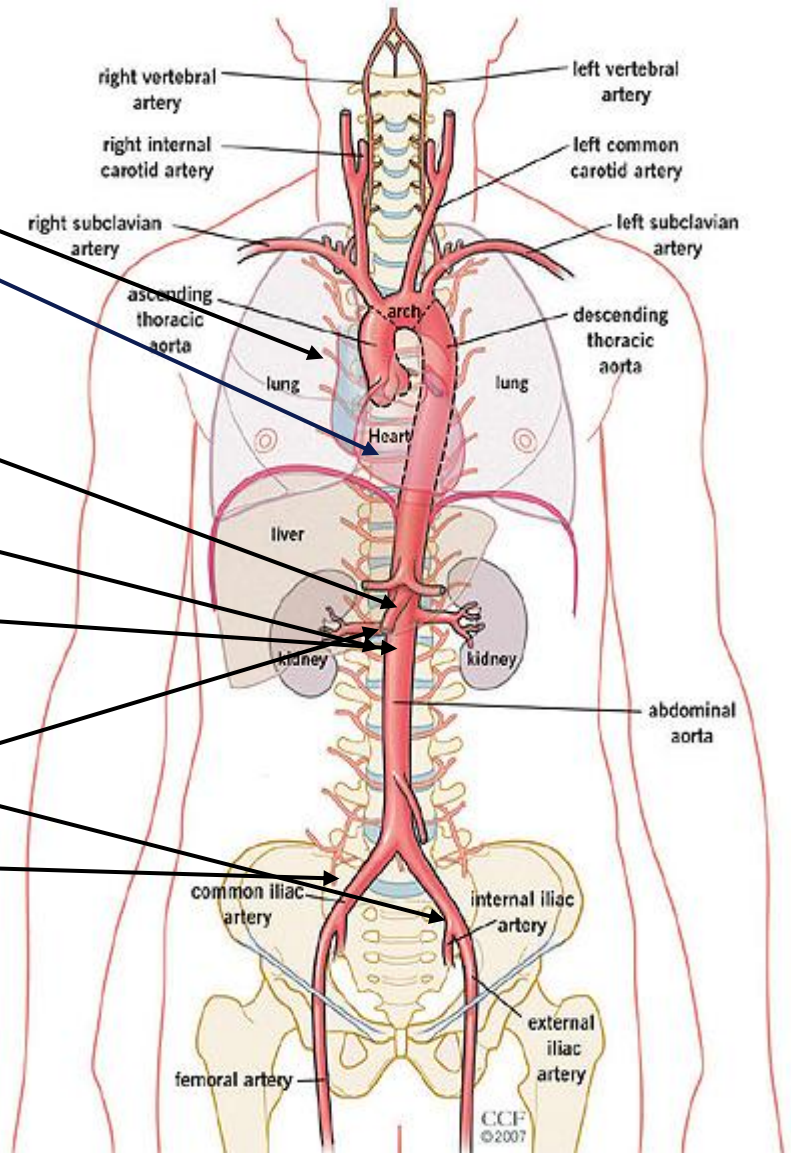
14 Suture-Tight FIH patients performed by 8 different physicians

FIH Case No.	Procedure Date	Long-Term Follow-up Availability	MD Operator	SAB Member Present	Endograft	Follow-up Data Captured to Date	Major Adverse Events (MAEs)?	Migration	Endoleaks	Sac Change	Suture fracture or embolization	Case Location
1	23-Feb-2023	2yr Feb	Krievins	Yamanouchi	MDT End II	6 m	No	No	No	Stable	No	Latvia
2	23-Feb-2023	2yr Feb	Krievins	Yamanouchi	MDT End II	6 m	No	No	No	Stable	No	Latvia
3	8-Mar-2023	2yr Mar	Bui	Lyden	MDT End II	6 m	No	No	No	- 2mm	No	Canada
4	31-Mar-2023	2yr Mar	Bui	Ramaiah	Cook Zen	6 m	No	No	No	- 2mm	No	Canada
5	31-Mar-2023	2yr Mar	Bui	Ramaiah	MDT End II	6 m	No	No	No	Stable	No	Canada
6	23-May-2023	2yr May	Krievins	Bui	MDT End II	6 m	No	No	No	- 9mm	No	Latvia
7	23-May-2023	2yr May	Krievins	Bui	MDT End II	6 m	No	No	No	Stable	No	Latvia
8	11-Nov-2023	1yr complete	Krievins	-	MDT End II	6 m	No	No	No	Stable	No	Latvia
9	11-Nov-2023	1yr complete	Krievins	-	MDT End II	6 m	No	No	No	- 1mm	No	Latvia
10	18-Dec-2023	1yr complete	Varcoe	Holden	Gore Excl	6 m	No	No	T1b [1], T2 [2]	+ 1mm	No	Australia
11	19-Dec-2023	1yr complete	Thomas	Varcoe	Gore Excl	6 m	No	No	No	Stable	No	Australia
12	19-Dec-2023	1yr complete	Thomas	Varcoe	MDT End II	6 m	No	No	No	- 4mm	No	Australia
13	23-Feb-2024	1yr Feb	Bui	Ramaiah	Cook Zen	6 m	No	No	No	Stable	No	Canada
14	23-Feb-2024	1yr Feb	Bui	Ramaiah	Cook Zen	6 m	No	No	No	Stable	No	Canada

[1] Resolved at 1m; [2] Seen at 1m, stable.

VESTECK platform device, aortic , structural heart, peripheral, venous, GI

1. TAVR, Structural Heart for Paravalvular leak
2. TEVAR, arch to descending thoracic aortic implant/repair
3. *EVAR/FEVAR/BEVAR device abdominal aneurysms*
4. Secure graft to graft revision procedures
5. Repair “Type 1A Endoleaks”
6. Iliac device for securing bifurcation limbs
7. Venous stent security, May Thurner, Nutcracker Syndrome
8. Integrated EVAR/TEVAR graft and suture delivery catheter
9. Device capable of delivering 3-4 sutures simultaneously



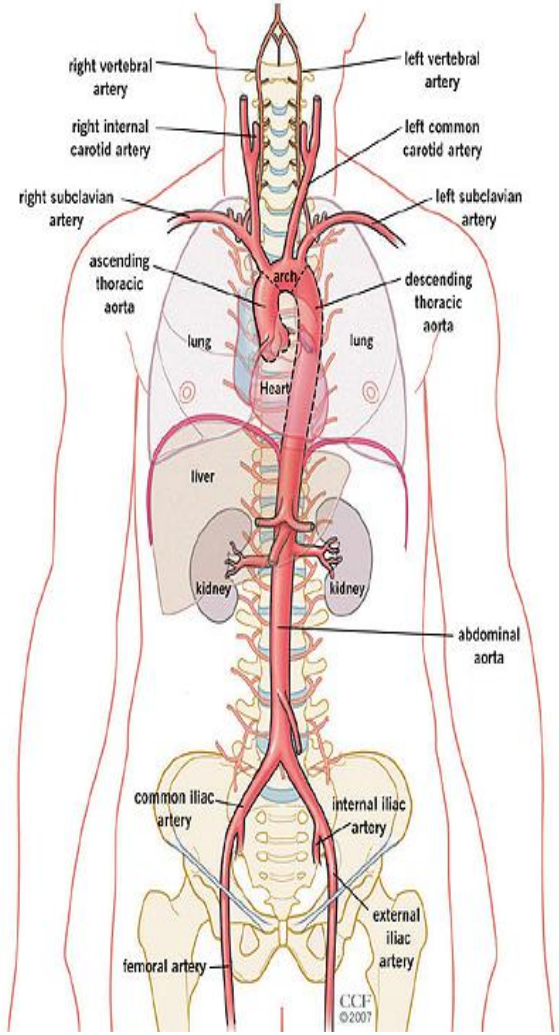
Targeting very 2 large markets

Initial implant EVAR/TEVAR

- >3M global patients with abdominal and thoracic aneurysms
- >400,000 global patients diagnosed and monitored
- >125,000 globally AAA/TAA procedures performed

Repair procedures ~1 M patients with failing implants

- ~200,000 repair procedures performed per year globally represents an incremental $700M opportunity for 50% of Global TAM



$7 B Global Aortic Repair Market by 2028

Not available for sale in USA/OUS

VESTECK, USA Market , M&A "tuck in" and we are fully prepared to commercialize

USA opportunity Initial implant AAA		CAGR 4.9%	commercialization				
		2020	**2028**	**2029**	**2030**	**2031**	**2032**
Number of Procedures 80% EVAR		52,450	69,887	73,312	76,904	80,672	84,625
		10%	$ 34,943,663	$ 36,655,902	$ 38,452,042	$ 40,336,192	$ 42,312,665
40% short neck, angulated,		20%	$ 69,887,326	$ 73,311,805	$ 76,904,083	$ 80,672,383	$ 84,625,330
fear of migration/early/late failure		30%	$ 104,830,988	$ 109,967,707	$ 115,356,125	$ 121,008,575	$ 126,937,995
reverse taper/conical neck		40%	$ 139,774,651	$ 146,623,609	$ 153,808,166	$ 161,344,766	$ 169,250,660
		50%	$ 174,718,314	$ 183,279,511	$ 192,260,208	$ 201,680,958	$ 211,563,325
USA		Repair AAA EVAR Procedures					
Repair EVAR Procedures	**Redo**		**2028**	**2029**	**2030**	**2031**	**2032**
Number of Repair Procedures			159,902	163,327	166,919	170,687	174,640
Endo Leak Type I and Ia	30%	10%	20,966	21,994	23,071	24,202	25,388
Type III	4%	20%	2,795	2,932	3,076	3,227	3,385
Migration at 1 year	10%	30%	6,989	7,331	7,690	8,067	8,463
Late Migration up to 60% via type II	30%	40%	27,005	27,005	27,005	27,005	27,005
Total Redo		50%	57,755	59,262	60,842	62,500	64,240
EVAR Repair Revenue		Market Share	**2028**	**2029**	**2030**	**2031**	**2032**
		20%	$ 57,754,923	$ 59,261,694	$ 60,842,297	$ 62,500,349	$ 64,239,645
		30%	$ 86,632,385	$ 88,892,541	$ 91,263,445	$ 93,750,523	$ 96,359,468
		40%	$ 115,509,847	$ 118,523,388	$ 121,684,593	$ 125,000,697	$ 128,479,290
		50%	$ 144,387,308	$ 148,154,235	$ 152,105,741	$ 156,250,871	$ 160,599,113
USA market AAA Revenue Denovo and Repair		Market Share	**2028**	**2029**	**2030**	**2031**	**2032**
			127,642	132,573	137,746	143,173	148,865
		20%	$ 127,642,249	$ 132,573,499	$ 137,746,380	$ 143,172,732	$ 148,864,975
		30%	$ 191,463,373	$ 198,860,248	$ 206,619,569	$ 214,759,097	$ 223,297,462
		40%	$ 255,284,498	$ 265,146,997	$ 275,492,759	$ 286,345,463	$ 297,729,950
		50%	$ 319,105,622	$ 331,433,747	$ 344,365,949	$ 357,931,829	$ 372,162,437

Case Volume Data triangulated via WL Gore, Bank of Montreal (covering Endologix) and SVS

Demonstration Project – Go-to-Market Strategy

- 5 reps covering clinical trial sites and surrounding metro areas driving reorders to acquire sticky customer base
  - "Wide and deep" in accounts with multiple clinicians, repeat users
  - Validate, clinician/staff training, manufacturing, product sterilization, reliable shipping, in 5 territories for initial launch
  - "Demonstrate" prudent growth before scaling the sales team and commercialization

Q3 2028 Q3 2029 Goal

20	→	41	→	$102k	→	$2.0M
Accounts		Units per acct		/acct/yr		2028P Rev

"Need SUTURE-TIGHT *"for initial implant and repair"*

"We are in need of additional tools like this to increase EVAR/TEVAR durability."

Sean Lyden MD, Vascular Surgeon, Chairman Department of Vascular Surgery Cleveland Clinic, OH

"We can't predict which patient's aortas will dilate and which EVAR's will fail…with an easy to use, safe, fast, inexpensive system like this, every patient should get it."

William Gray MD, Interventional Cardiologist, Cardiovascular System Chief Main Line Health, Phila. PA

"VESTECK, SUTURE-TIGHT is a tool that interventionalists need now."

Dainis Krievins, Vascular Surgeon, Stradins University Riga Latvia

"I'll use VESTECK even in patients within the IFU and have increased risk of proximal failure."

Daniel Clair MD, Chairman Dept. Vascular Surgery Vanderbilt University Medical Center, TN

"Fits easily into my EVAR/TEVAR procedural workflow right away."

Venkatesh Ramaiah MD, Chief/Network Director Complex Vascular Services Honor Health Phoenix AZ

Competition:

Medtronic Heli-FX

Repurposed hernia mesh tac

Commercially available, insertion and removal for every implant, device is very challenging to use

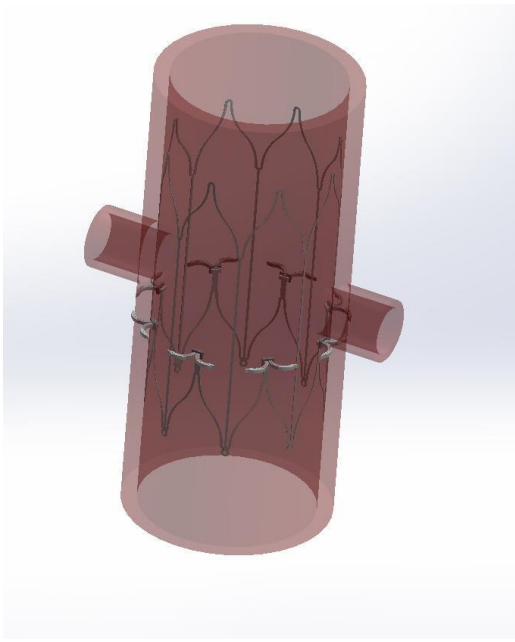
System list price ~$8,200, ASP ~$6,000 10 sutures

“~30% Heli-FX are maldeployed and...not useful” [19]

ENDORON VASCULAR SUTURING

Not commercially available

A Sofinnova Portfolio Company



8 sutures delivered in one shot

-challenge with calcium, thrombus, hostile neck, angles, not for repair procedure market

Not available for sale in USA/OUS

"SUTURE-TIGHT" has More clinical applications.

Designed by physicians to fit smoothly into existing procedural workflow.

VESTECK Inc.

- ✓ Very easy to use- single insertion
- ✓ Safety- sutures preloaded virtually eliminate embolization
- ✓ Speed- faster suture delivery
- ✓ Accuracy-precise placement
- ✓ Durability- Nitinol shape memory

Not available for sale in USA/OUS

Unit Economics of SUTURE-TIGHT

- $3,500 list price, $2,500 ASP catheter preloaded with 4 sutures
- 15%-17% cost of parts/labor for **83%-85% Operating Margin**
- $5,000 in gross revenue per patient
  - 2 devices per patient with 8 sutures

LTV per Patient
$4,150

Endovascular/Peripheral Big M&A

- $600M BSX acquires Bolt IVL $300M milestones (pre-FDA, $0 revenue)
- $415M Inari acquires LimbFlow (recent FDA, $0 revenue)
- $360M Endologix acquires PQ bypass (pre-FDA, $0 revenue)
- $890M Abbott acquires CSI ($36.9M loss)
- $370M Boston Scientific acquires Devoro, clot removal(pre-FDA $0 revenue)
- $360M Phillips acquires InTact, spot stent ($125M invested<$50M revenue)
- $340M Edwards acquires Valtech's repair of tricuspid +mitral valves
- $280M Terumo acquires Sequent Web's Embolization System
- $270M Boston Scientific acquires Claret Medical (<$20M revenue)
- $230M SpectraNetics acquires Angioscore
- $110M Medtronic acquires Aptus Medical *2015*
- $225M CryoLife acquires Jotec GmbH

M&A sales bags to tuck in FULLY PREPARED TO COMMERCIALIZE

EVAR/TEVAR Graft companies

TERUMO
TERUMO MEDICAL CORPORATION
COOK GROUP
GORE
Creative Technologies Worldwide
Meril
More to Life
Medtronic
BD
BARD
has joined BD
Endologix
MAQUET
GETINGE GROUP
Bentley

VESTECK Inc.

Peripheral companies' w/physician relationships

Abbott
HAEMONETICS
Boston Scientific
Cordis
A Cardinal Health company
Teleflex MEDICAL
PHILIPS
B BRAUN
SHARING EXPERTISE
MERIT MEDICAL
angiodynamics
BIOTRONIK
excellence for life
KAWASUMI
KAWASUMI LABORATORIES, INC

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VESTECK CMO
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Dr. Venkatesh Ramaiah
Honor Health Chief
Network Director, Complex Vascular Services

Prof. Ramon Varcoe
Director of Surgery Sydney AU

Dr. Daniel Clair
Chair Dept of Vascular Surgery
Vanderbilt University

Dr. Dai Yamanouchi
Chair. Department of Vascular Surgery Fujita University Hospitals Japan

Dr. William Gray
System Chief Division of Cardiovascular Disease at Main Line Health, PA

Dr. Sukgu Han
Chief Div. Vascular Surgery/Endovascular Therapy
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Director Northern Region
Interventional Radiology Service
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Endovascular Imaging and Innovation
University of Twente, Netherlands

Dr. Bao Bui
Endovascular Intervention
University Sherbrooke, Quebec CA

Prof. Dainis Krievins
Professor, Director: Institute of Research of P. Stradins University Hospital Latvia

Steve O'Hara
Chairman Board of Directors

Joseph W. Rafferty
CEO/Co-Founder

Dr. John Edoga Founder

General Surgeon

Dr. Thierry Richard Founder

CT surgeon

Deep endovascular market knowledge, execute, commercialize and exit

Laura Lund, PhD

Director Clinical Strategy

Kent Stalker

COO, VP R&D

Dennis McGrath
Chief Financial Consultant
Treasurer

Ted Wulfman

Chief Technology Officer

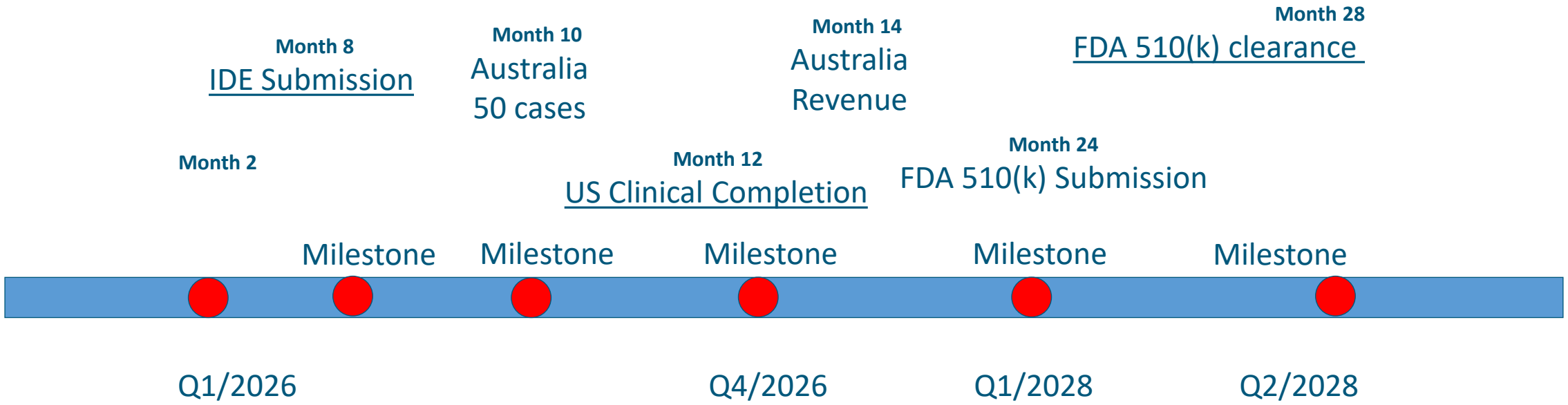
Elisa Harvey DVM, PhD
Regulatory Consultant

Milestone driven investment

Total Budget: $16M

- $6M (Months 2–8): complete testing for IDE submission
  -(Months 4-10) 50 clinical cases completed in Australia

- $10M (Months 8–12): U.S. Clinical Trial completed
  -(Month 24) FDA 510(k) Submission



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VESTECK
INC.

Appendix

Securing the Future of Endovascular Aortic Repair

-Achieve better long-term outcomes

-Improve patient safety

->$7BB aortic repair market

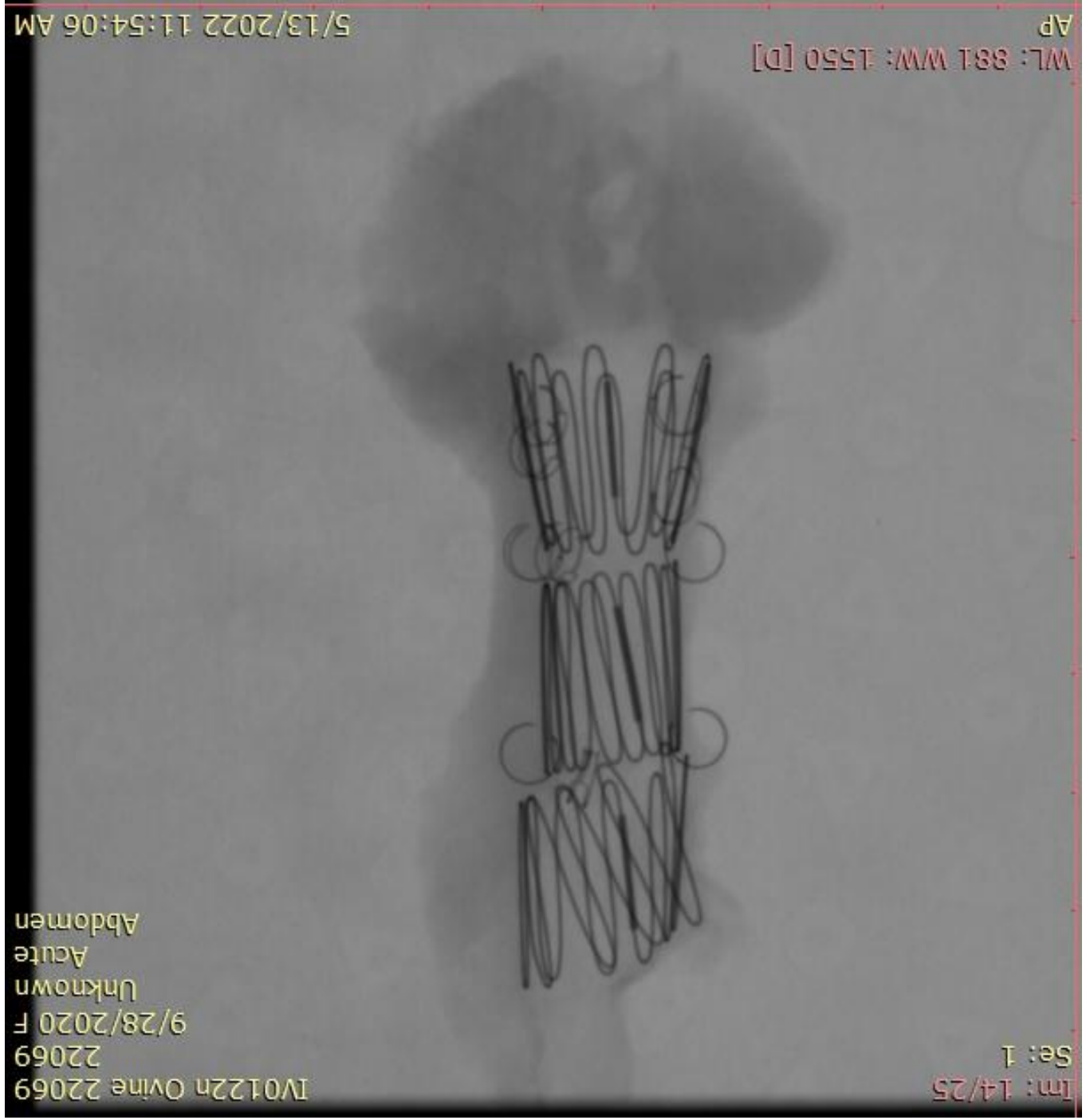
Not available for sale in USA/OUS

VESTECK INC.

"The case isn't finished until it is "SUTURE-TIGHT"tm"

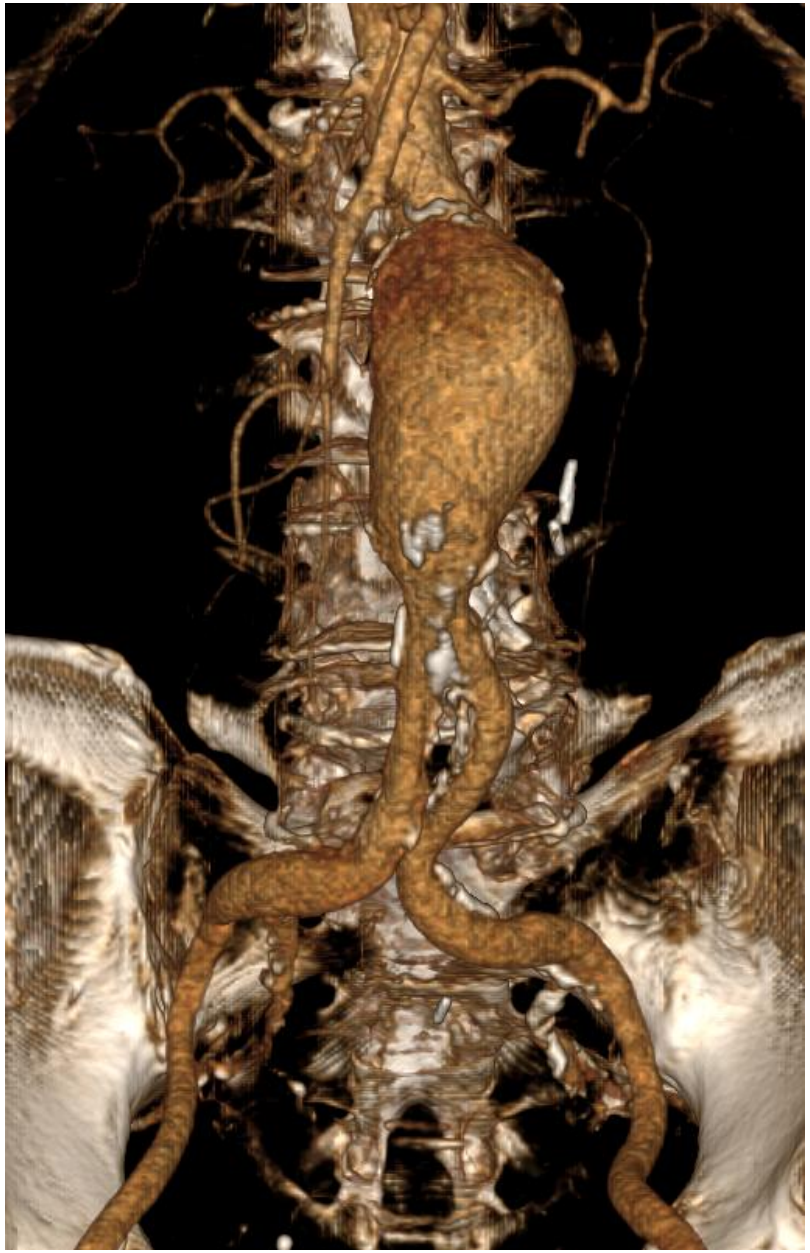
Dai Yamanouchi MD early preclinical work

- Initial preclinical case
  - 3 devices used; 10 sutures placed
- Demonstrates precision placement of sutures
- Reproducibility of his precision placement
- Consistency
  - device performance
  - suture deliverability
  - device manufacturing
- Total of 15 Preclinical studies performed

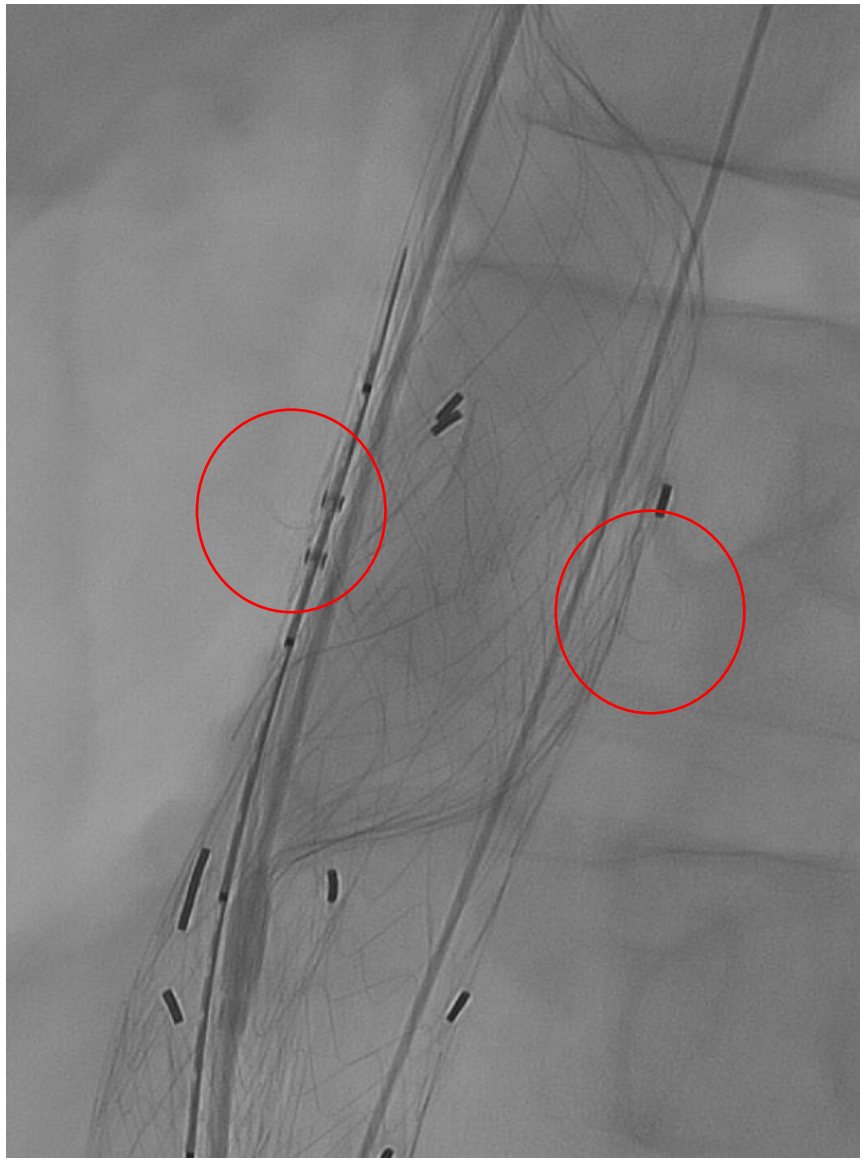


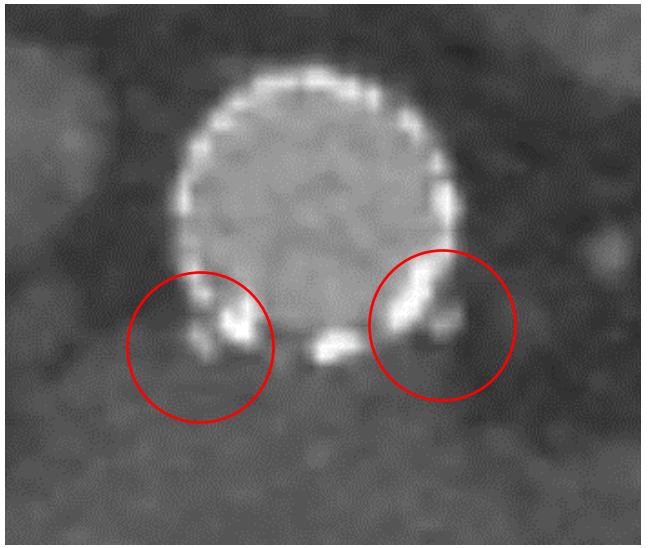
Suture-Tight Case Example

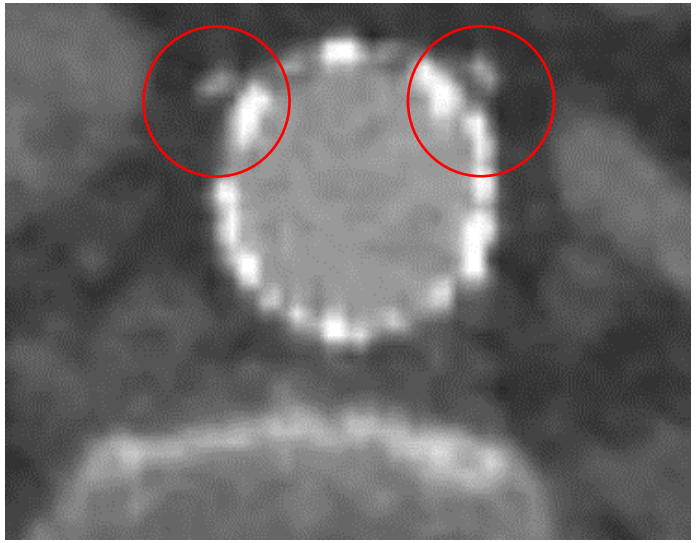
- Case conducted at Prince of Wales in Australia under FIH clinical study (sponsored by Vesteck, Pr. Ramon Varcoe as PI)
- 68 yo male
- AAA: 51mm sac, 17/22 mm neck length/diameter
- Elective EVAR with Gore Excluder
- 4 Suture-Tight Sutures placed in 4 quadrants
- Total time of Suture-Tight procedure was 12 minutes (using both right then left femoral access)
- Same Surgeon very first case ever, 4 minutes, 4 sutures delivered

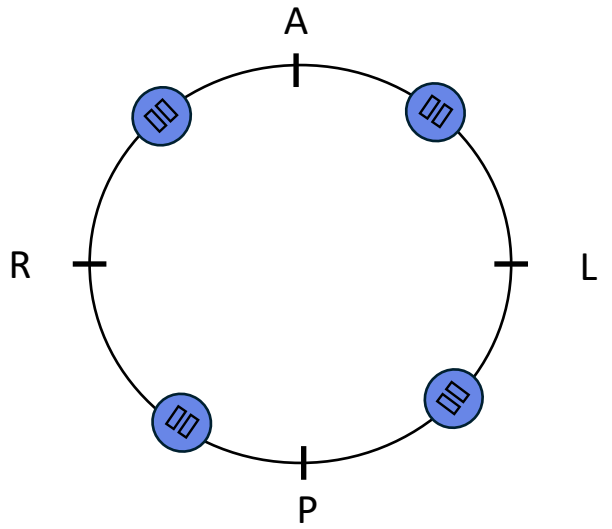


Suture Deployment



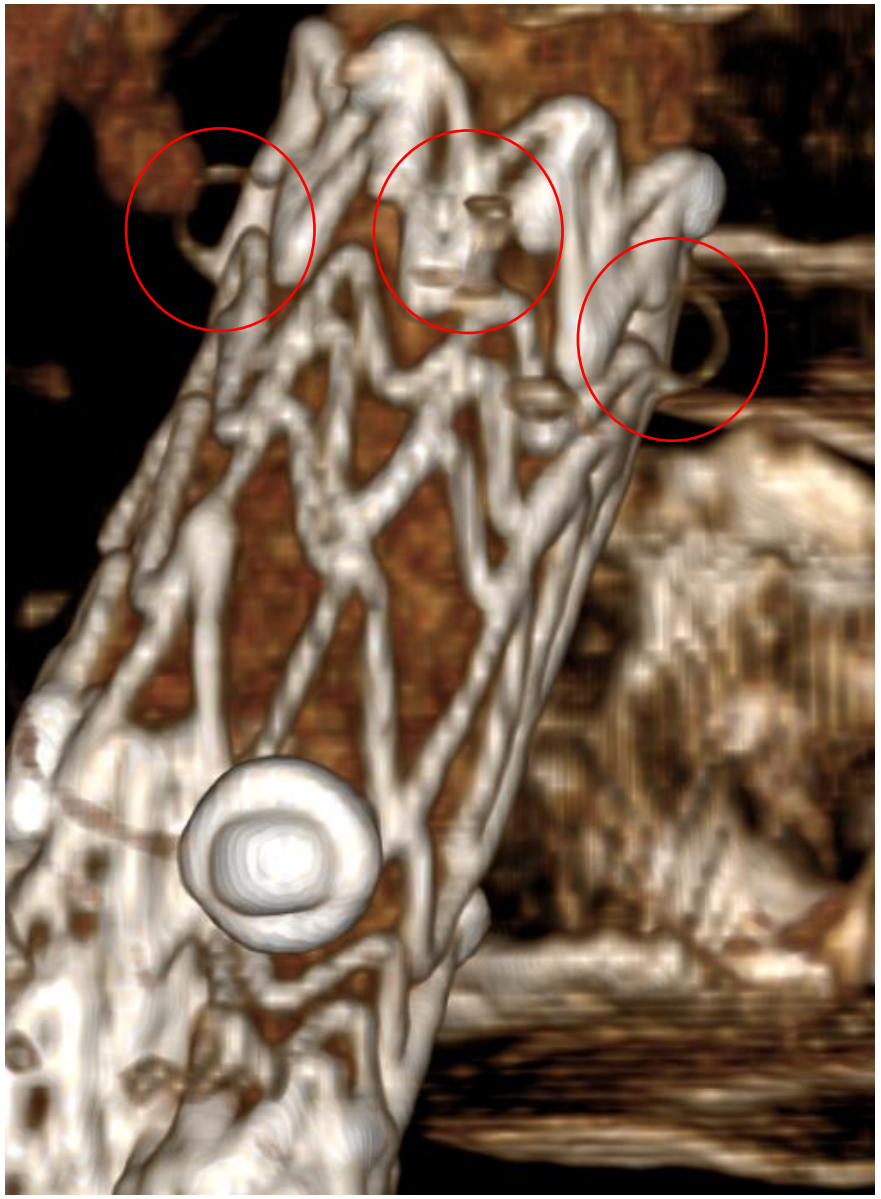


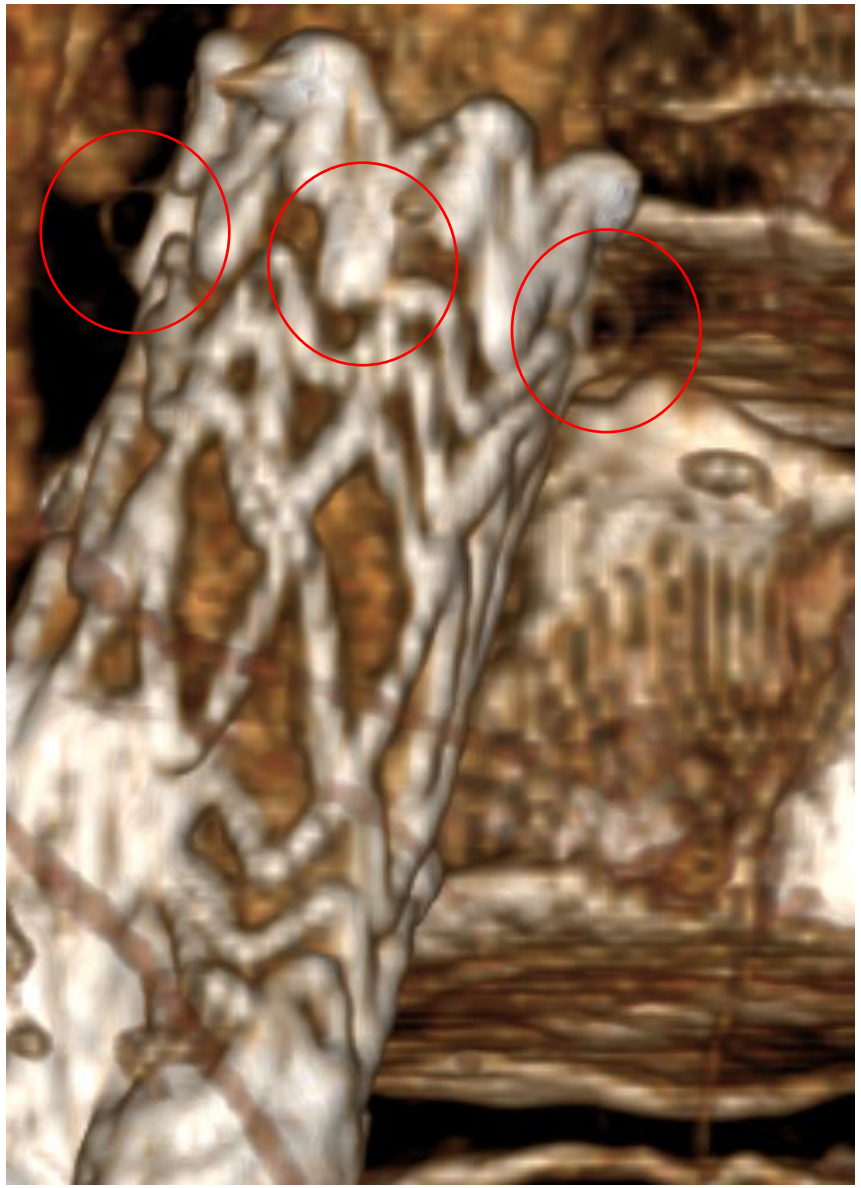




Follow-up Imaging (L-R: 40°)

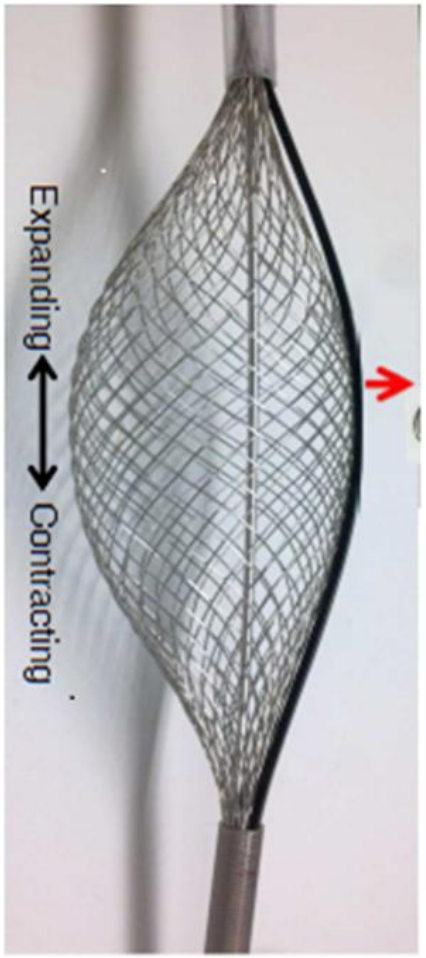
1 Month





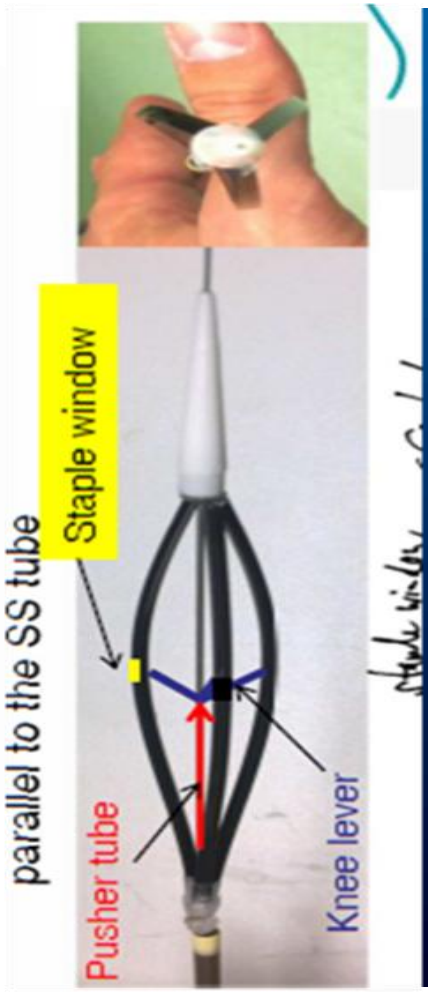
6 Months

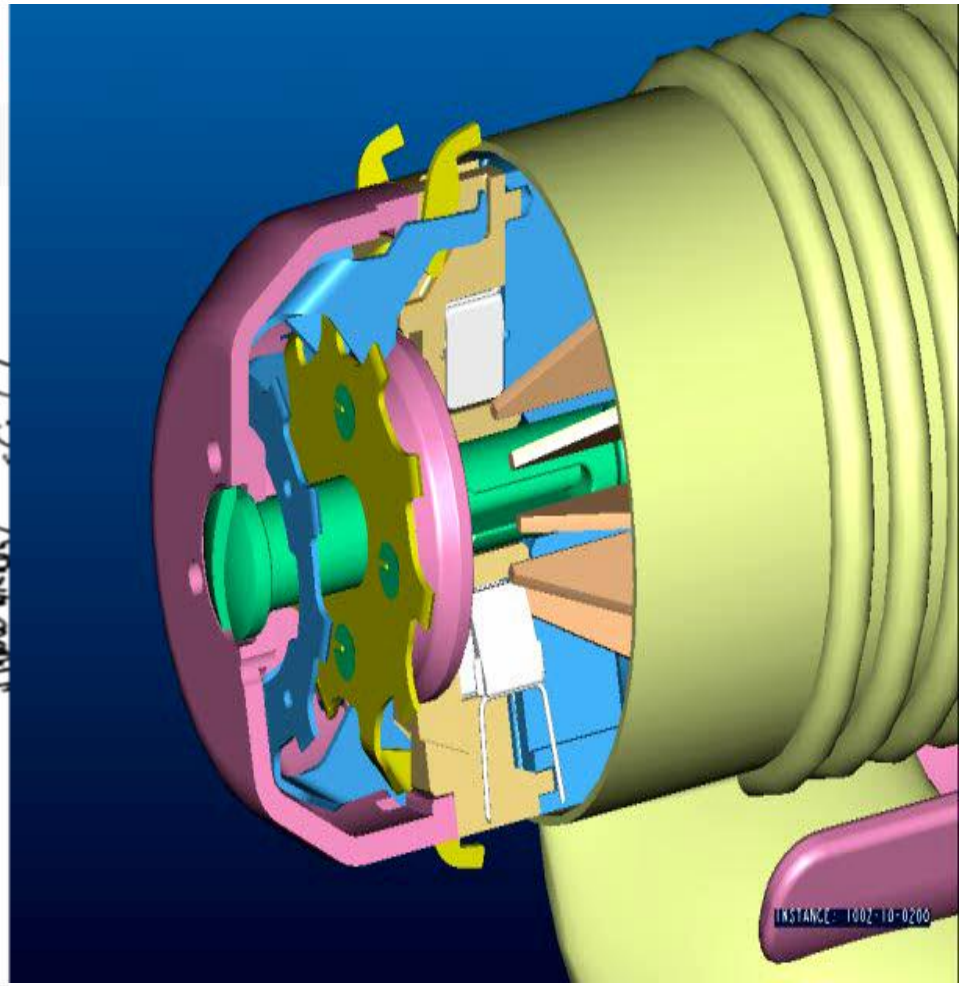
Platform technology, today and the future



TODAY

Multiple Suture Simultaneous Delivery





VESTECK, Inc. GRAFT RETENTION MECHANISM

OpenAI

AI ? on Durability & Longevity of EVAR

•**Short-term success**: EVAR has a high initial success rate (over **95%**), with lower short-term mortality than open surgical repair.

•**Long-term durability**: Most EVAR grafts last **10–15 years or more**, but durability depends on patient-specific factors and proper follow-up.

•**Complications over time**:

- **Endoleaks (15-30%)** – Blood leaks around the graft, requiring monitoring and possible reintervention.
- **Graft migration (~1-5%)** – The stent may shift, potentially leading to aneurysm growth or rupture.
- **Device fatigue & fractures (rare)** – More common in older-generation stent grafts.

•**Follow-up needs**: Lifelong imaging (CT or ultrasound) is required to detect complications.

•EVAR has a **lower initial risk** but **higher long-term reintervention rates (20-30% over 10 years)**.

Global Baby Boomers 1.1 - 1.4B

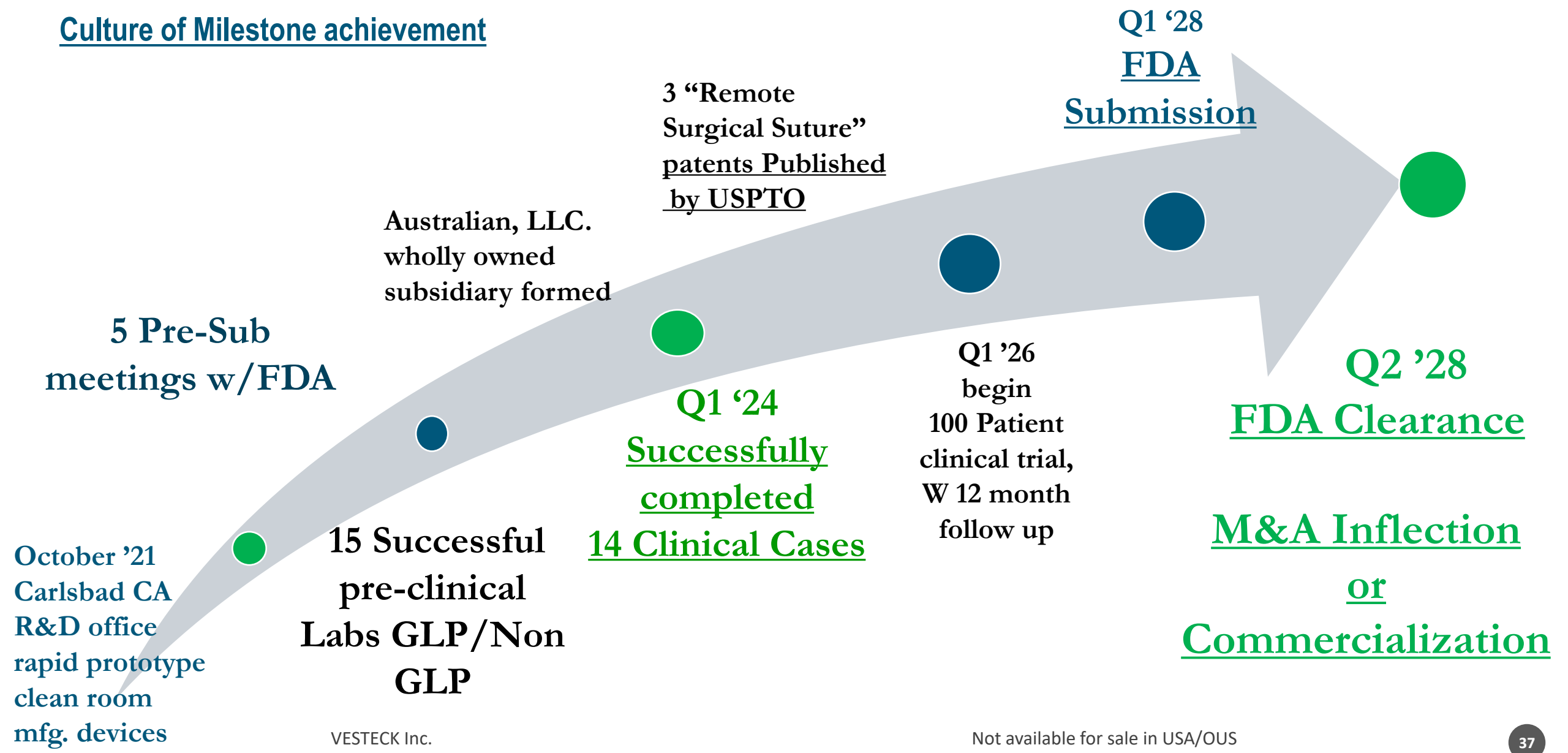
Abdominal aortic aneurysms (AAAs) are relatively common, especially among older adults. The global prevalence of AAA varies by population, risk factors, and screening efforts. Here are some key statistics:

- **Prevalence**: It is estimated that **2-8% of men over 60** have an AAA, with the condition being **less common in women**.
- **Incidence**: The annual incidence is roughly **4-8 per 100,000 people** in many Western countries.

- **Global burden**: Given that the world population is about **8 billion**, and assuming a conservative prevalence rate of **1-2% among adults**, **there could be tens of millions of people with an AAA worldwide.**

$16M Series B will be used to fund 100 PT FDA 510K clearance

Culture of Milestone achievement

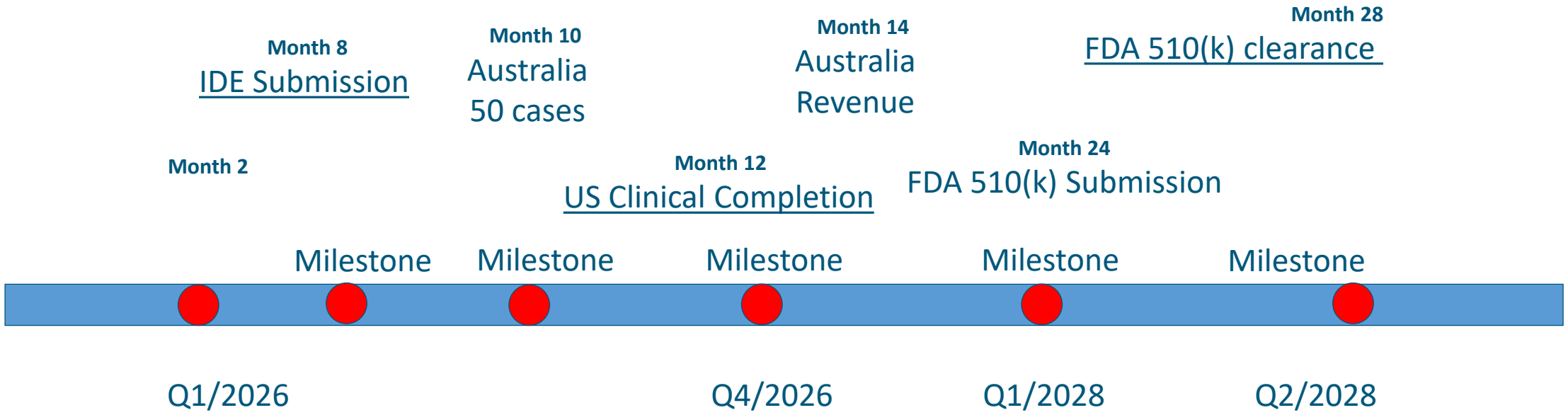


Milestone driven investment

Total Budget: $16M

- $6M (Months 2–8): complete testing for IDE submission
  -(Months 4-10) 50 clinical cases completed in Australia

- $10M (Months 8–12): U.S. Clinical Trial completed
  -(Month 24) FDA 510(k) Submission



From the New England Society for Vascular Surgery

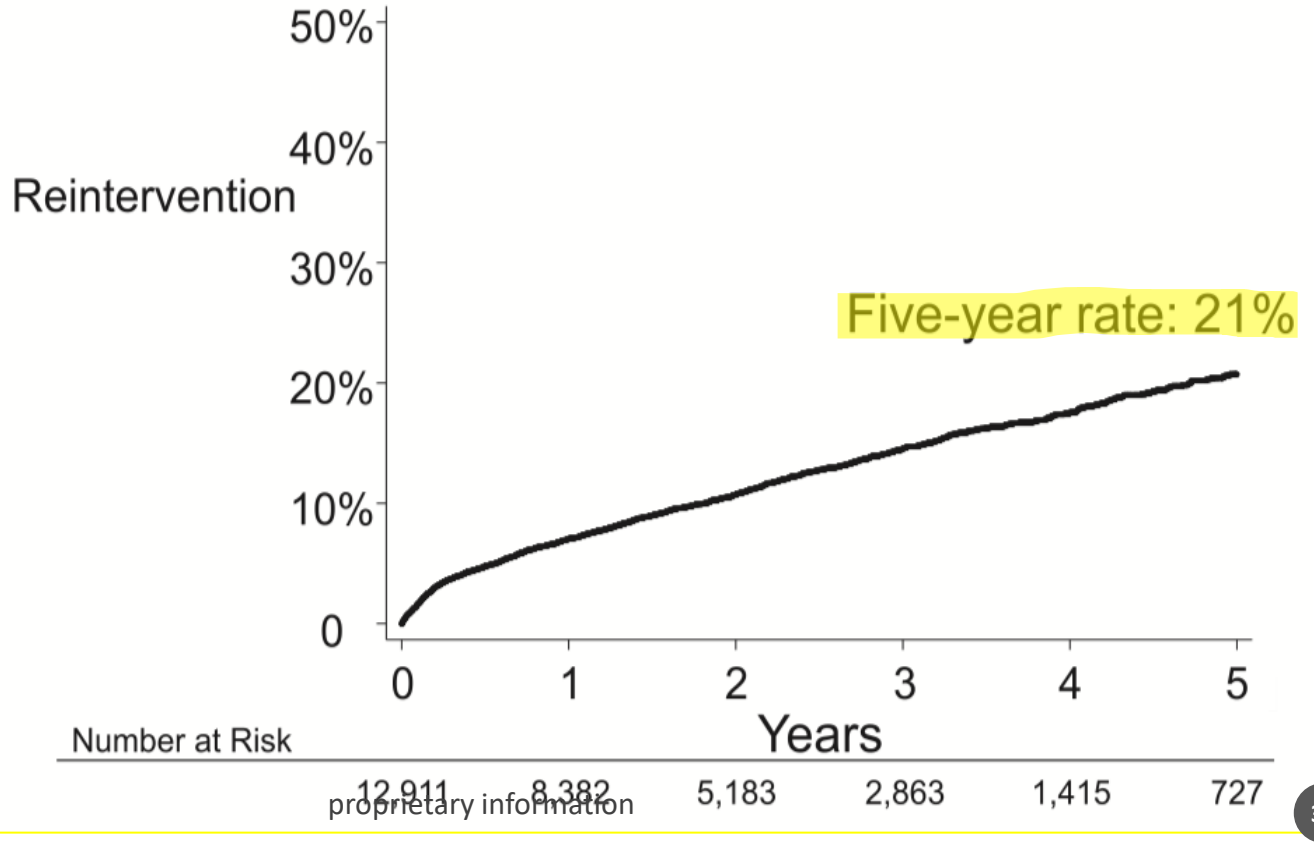
Journal of Vascular Surgery
March 2020

Five-year reintervention after endovascular abdominal aortic aneurysm repair in the Vascular Quality Initiative

Jesse A. Columbo, MD, MS,[a,b] Niveditta Ramkumar, MPH,[b] Pablo Martinez-Camblor, PhD,[b] Ravinder Kang, MD, MS,[b] Bjoern D. Suckow, MD, MS,[a] A. James O'Malley, PhD,[b] Art Sedrakyan, MD, PhD,[c] *and* Philip P. Goodney, MD, MS,[a,b] *Lebanon, NH; and New York, NY*

ARTICLE HIGHLIGHTS

- **Type of Research:** Retrospective analysis of the Vascular Quality Initiative-Medicare matched national database
- **Key Findings:** At 5 years, the reintervention rate after 12,911 endovascular abdominal aortic aneurysm repairs was 21%, and late aneurysm rupture rate was 3%. Black patients, those with aneurysms larger than 6 cm, and those who underwent repair urgently or emergently had higher rates of reintervention.
- **Take Home Message:** More than one in five Medicare patients who undergo endovascular abdominal aortic aneurysm repair can expect to undergo reintervention. High-risk subgroups have more adverse outcomes and should be the focus of diligent long-term surveillance.



From the Society for Vascular Surgery

Journal of Vascular Surgery
■■■ 2020

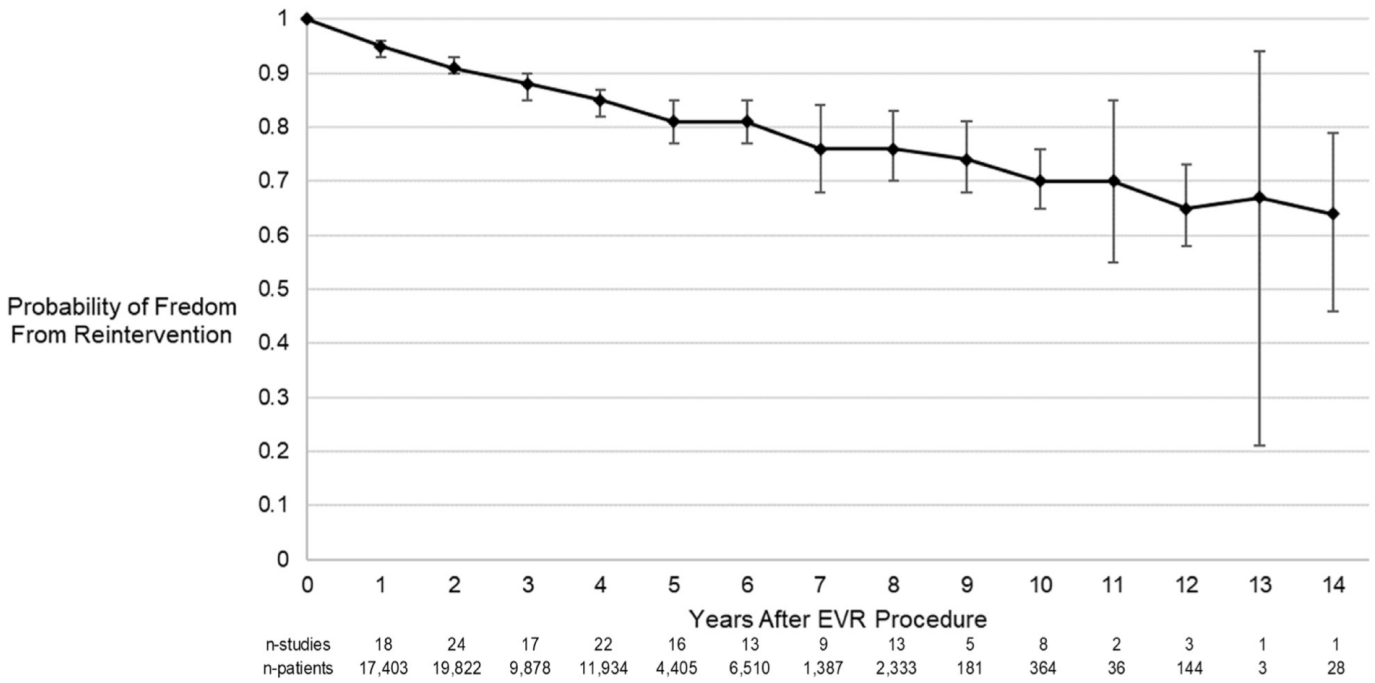
ARTICLE IN PRESS

A systematic review and meta-analysis of long-term reintervention after endovascular abdominal aortic aneurysm repair

Zachary J. Wanken, MD, MS,[a,b] J. Aaron Barnes, MD,[a] Spencer W. Trooboff, MD, MBA,[b] Jesse A. Columbo, MD, MS,[a] Tarun K. Jella, MPH,[b] Daniel J. Kim, MPH,[b] Arian Khoshgowari, MPH,[b] Natalie B. V. Riblet, MD, MPH,[b] *and* Philip P. Goodney, MD, MS,[a,b] *Lebanon and Hanover, NH*

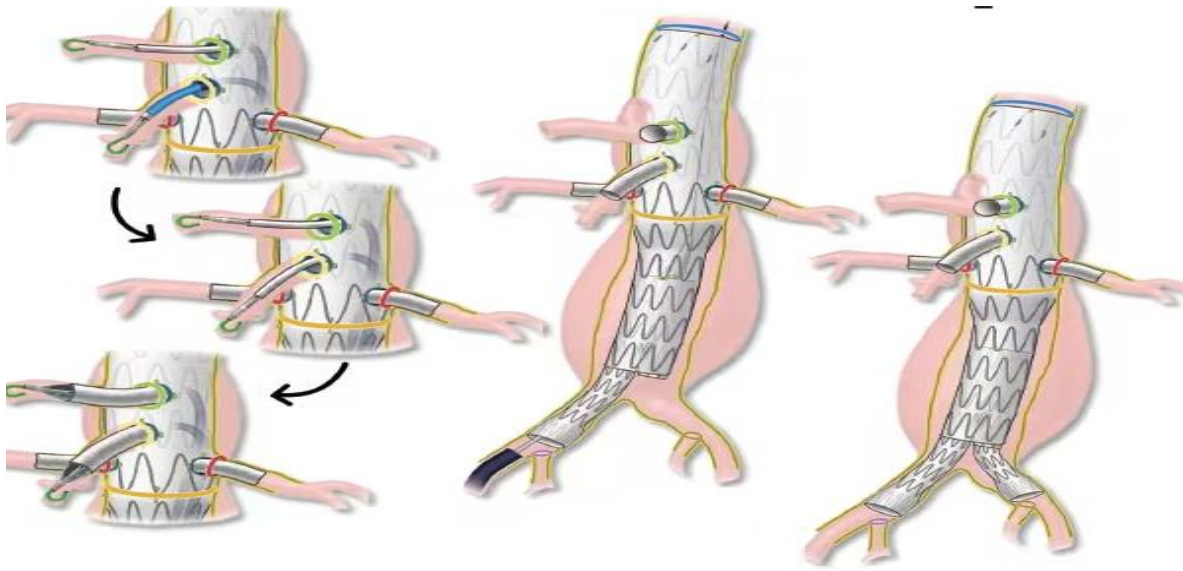
ARTICLE HIGHLIGHTS

- **Type of Research:** Systematic review and meta-analysis of published rates of reintervention procedures after endovascular aneurysm repair (EVAR)
- **Key Findings:** Up to 19% of EVAR patients will require a reintervention at 5 years, 30% at 10 years, and 35% at 14 years. However, reintervention rates have improved over time. Through 7 years of follow-up, the proportion of patients who do not require reintervention has improved from 50% in 1998 to 86% in 2008.
- **Take Home Message:** EVAR patients remain at risk for reintervention indefinitely. However, reintervention rates have improved over time, with newer devices exhibiting lower rates.



AI: "do branched grafts, FEVAR or BEVAR grafts leak or migrate?"

Yes, **Fenestrated EVAR (FEVAR)** and **Branched EVAR (BEVAR)** grafts can experience **leaks and migration**, similar to standard **EVAR**, **but their complexity introduces additional risks**.



Reintervention rate in FEVAR/BEVAR 21% 5 years
T.Huber MD

1. Endoleaks

- **Type I (attachment site leaks)**
  Can occur if there's an inadequate seal at the aortic or branch vessel connections.
- **Type II (retrograde flow leaks)**
  Common due to complex branch vessel anatomy.
- **Type III (graft component separation)** – Can happen if modular graft segments shift.
- **Type IV (porosity leaks)** – Less common with modern materials.

2. Graft Migration

1. More likely in cases of **short landing zones, severe tortuosity, or high blood flow dynamics**.
2. Proper preoperative planning and **customized fenestrations** help reduce migration risk.

AI: "Do venous stents migrate after implantation?"

Higher Migration Risk in Certain Locations

- **Iliac vein stents (for May-Thurner Syndrome, DVT, etc.)** → Migration risk is **low but possible** if **undersized or poorly positioned.** **66,000 iliac vein occlusion cases per year**
- **Superficial femoral or popliteal vein stents** → Higher movement potential due to leg motion and muscle contractions.

AI : What are the Complications of Venous Stent Migration

- **1. Blockage of Critical Blood Vessels (Embolization)**
  - If a stent **migrates into the heart (right atrium/ventricle)** or **pulmonary arteries**, it can cause:
    - **Arrhythmias** (irregular heartbeats)
    - **Right heart failure** (if large obstruction)
    - **Pulmonary embolism** (rare but severe)