

Healthcare Data is Broken and Fragmented

Hospitals generate massive amounts of data:

- CT / MRI imaging
- Surgical video
- Patient monitoring
- Device telemetry

But today:

- Systems don't talk to each other
- Data is not used in real-time
- No system learns from every surgery

Result:

Missed insights, inconsistent outcomes, and preventable errors.

Cancer is the Entry Point — and the Breakthrough

Your platform starts with **high-value cancer use cases**:

- Early tumor detection using AI imaging
- Tumor margin precision during surgery
- Risk prediction before procedures
- Personalized surgical planning

Why this wins:

- Cancer = highest urgency + funding priority
- Immediate ROI for hospitals
- Strong FDA pathway (decision support first)

👉 “We start with cancer to get a faster cure but build the system that powers all surgery.”

The First Surgical Intelligence Operating System

GS AI Core Digital Twin Platform™

A next-generation platform that:

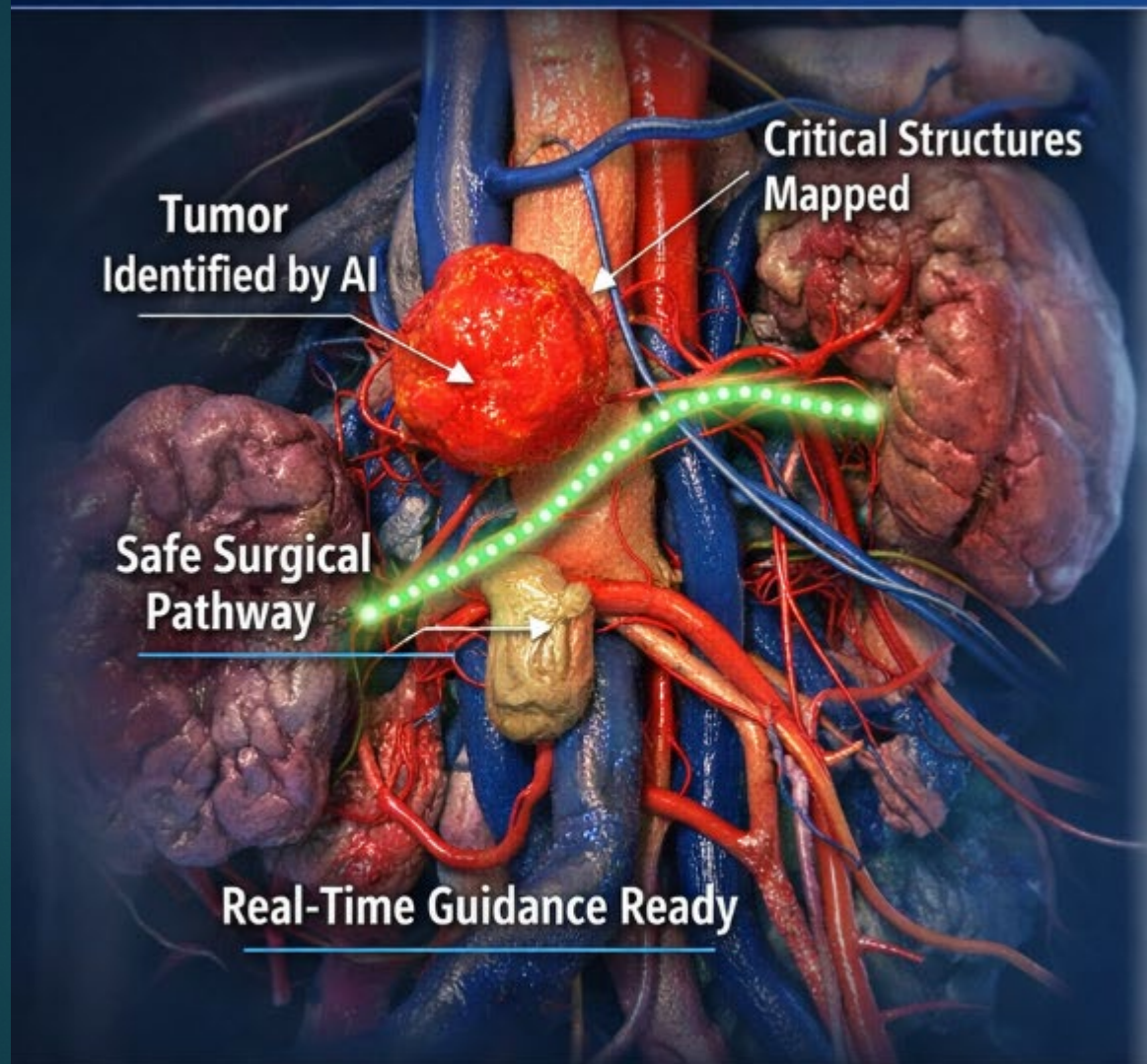
- Detects cancer earlier through AI-driven imaging analysis
- Creates patient-specific digital twins for surgical planning
- Improves surgical precision, outcomes, and training
- Learns from every surgery to continuously improve care

Impact:

- Earlier cancer detection
- Reduced surgical complications
- Higher survival rates
- Lower hospital costs

👉 “We are turning surgery into a continuously learning system.”

AI Digital Twin: *Transforming Surgical Precision*



What You're Seeing:

- AI-generated 3D model from CT & MRI data
- Tumors and critical anatomy identified
- Pre-op planning with precise pathways
- Guidance during surgery in real time
- Reduced risk, improved outcomes

Why This Matters

- Higher Surgical Accuracy
- Reduced Complications
- Faster Procedures
- Scalable Across Specialties

We are not showing data—we are showing the surgery before it happens.

Why AI DB is Different from Every Competitor

Global Surgical AI Healthcare will be setting up a new plan to configure and sell computers with the new Nvidia AI chip this fall.

The following will be an upgrade from the standard setup from networked version of Digital twin.

1. Digital twins shift from “pre-op tools” to *in-procedure intelligence layers*

Historically, digital twins were used mainly for:

- Pre-operative planning
- 3D visualization
- Simulation

With the new chips (Holoscan-class, GR00T-H, Cosmos-H), the digital twin can now:

- Update continuously during the surgery
- Fuse live imaging + sensor data + robotic feedback
- Predict tissue deformation in real time
- Provide dynamic risk alerts

2. Integration becomes *bidirectional* instead of one-way

Old model: Digital twin → surgeon guidance

New model: Digital twin ↔ AI agent ↔ surgical robot ↔ imaging pipeline

The chip enables:

- Real-time feedback loops
- Millisecond-level inference
- Continuous model updates
- Closed-loop robotic assistance

This is the first time the digital twin can *receive* intra-op data and *send back* updated predictions fast enough to matter.

This means your digital twin is no longer just a visualization — it becomes the **decision engine** for robotic assistance.

AI DATA BASE



4. Integration expands beyond the OR into the hospital digital twin

NVIDIA's Rheo hospital-twin framework allows your surgical twin to plug into:

- OR scheduling
- Patient flow
- Staff coordination
- Device readiness

This means your surgical digital twin becomes part of a **hospital-wide operational intelligence system**, not a standalone module.

5. Multimodal fusion becomes native, not bolted on

The new chips accelerate:

- CT/MRI/X-ray fusion
- Endoscopic video analysis
- Ultrasound interpretation
- Sensor fusion (force, motion, vitals)

This allows the digital twin to integrate *all* modalities in real time — something that was impossible without next-gen GPU throughput.



Yes — the new NVIDIA chip fundamentally changes how digital twins integrate into AI-assisted surgeries. This is a platform-level shift, not an incremental upgrade.

It enables:

- Real-time digital twin updates
- Closed-loop robotic control
- Multimodal fusion at surgical speed
- Hospital-scale integration
- Predictive, adaptive surgical intelligence

3-Year Revenue Model

From your platform document:

- Year 1: **\$1.5M**
- Year 2: **\$10M**
- Year 3: **\$45M**

Breakdown:

- AI Database → \$800K → \$4M → \$12M
- Digital Twin → \$700K → \$6M → \$33M

👉 High-margin SaaS + per-procedure scaling = exponential growth

Massive Market + Expansion Potential

- Healthcare AI + Surgical Tech = \$100B+ market
- Every hospital = potential customer
- Every surgery = recurring revenue

Expansion Strategy:

- Start with cancer
- Expand to all surgical specialties
- Scale globally

Future Licensing:

- Aerospace
- Manufacturing
- Energy
- Automotive

Surgery Specialty for Hospitals	Assigned Subscription Cost
Neurosurgery	\$200,000 USD
Orthopedics	\$190,000 USD
Ophthalmology	\$180,000 USD
Cardiothoracic Surgery	\$170,000 USD
Vascular Surgery	\$160,000 USD
Cancer	\$120,000 USD
Gastrointestinal Surgery	\$120,000 USD
Urology	\$120,000 USD

👉 Same platform → multiple trillion-dollar industries

Mark Kembel — Platform Builder

- Microsoft (Windows 95 team)
 - Worked on one of the most important OS launches in history
 - Produced engineering reports reviewed by Bill Gates
 - Microsoft “Ship-It” Award
- Founder, InterTest.com
 - Built multi-million-dollar software company (~\$7M revenue)
 - Clients included Microsoft & Boeing
 - Scaled with lean team and enterprise customers
- AI + Platform Architect
 - Designed GS AI Core Digital Twin Platform
 - Focused on building a new category: Surgical Intelligence Systems
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👉 “I build platforms that become industries.”



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