# Floating the invisible swan: noninvasive prediction of haemodynamics

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Pulmonary hypertension (PH) describes a heterogeneous set of diseases associated with increased morbidity and mortality, regardless of the aetiology [1–4]. The gold standard for diagnosing and phenotyping PH remains invasive measurement *via* right heart catheterisation [5]. Noninvasive estimation of pulmonary haemodynamics is an attractive alternative to reduce procedural risk and to more broadly study patient subsets who do not uniformly undergo right heart catheterisation for evaluation of PH (*e.g.* most patients with PH due to left heart disease) [5–7]. However, imperfect correlations between invasive and noninvasive measurements limit broad adoption of noninvasive strategies for the evaluation of PH [8–13].