NONPRECEDENTIAL DISPOSITION
To be cited only in accordance with FED. R. APP. P. 32.1

United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Submitted July 24, 2025*
Decided July 25, 2025

Before

MICHAEL B. BRENNAN, *Circuit Judge*

AMY J. ST. EVE, *Circuit Judge*

NANCY L. MALDONADO, *Circuit Judge*

No. 24-2699

RICKY N. ALEXANDER,
Plaintiff-Appellant,

v.

JEANIE M. KRAMER and SANDRA MCARDLE,
Defendants-Appellees.

Appeal from the United States District Court for the Eastern District of Wisconsin.

No. 22-C-750

William C. Griesbach,
Judge.

O R D E R

Ricky Alexander, a Wisconsin prisoner, asserts that two prison medical professionals treated him with deliberate indifference in violation of the Eighth Amendment by delaying his treatment for bladder cancer. *See* 42 U.S.C. § 1983. The district court entered summary judgment for the defendants after concluding that no

* We have agreed to decide the case without oral argument because the briefs and record adequately present the facts and legal arguments, and oral argument would not significantly aid the court. FED. R. APP. P. 34(a)(2)(C).

reasonable jury could find that they were deliberately indifferent to Alexander's medical condition. We affirm.

We recount the facts in the light most favorable to Alexander, the party opposing summary judgment. *See Quinn v. Wexford Health Sources, Inc.*, 8 F.4th 557, 565 (7th Cir. 2021). Alexander was housed at the Wisconsin Secure Program Facility in Boscobel, Wisconsin, from 2015 to 2019. In October 2015, Alexander saw blood in his urine and sought medical attention. A urine test was normal, and Alexander was given information about hematuria (blood in the urine). In November 2016, Alexander again received medical attention for hematuria.

Sandra McArdle began working at the Facility as a nurse practitioner in February 2017. For over two years, McArdle saw Alexander regularly for medical treatment of his knee pain, hyperlipidemia, and hypertension. She attested that Alexander never complained about hematuria during these appointments. In March 2019, McArdle saw Alexander for a follow-up appointment about his elevated blood pressure. At that appointment, she prescribed tamsulosin, although her medical note does not state the reason for the medication. She attested later that tamsulosin is used to treat urinary frequency issues, and that she would not prescribe it for complaints of hematuria.

Shortly after this appointment, Alexander was transferred to Racine Correctional Institution in Racine, Wisconsin, and was treated by Jeanie Kramer, a nurse practitioner. His first appointment with Kramer was in June 2019 to address elevated lipids. At that appointment, Alexander expressed concern that he had not received tamsulosin since his transfer. Kramer explained that he had an active prescription but needed to request a medication refill.

Over the next two months, Alexander twice sought medical attention from a different nurse. First, he complained of frequent, painful urination and then noted blood in his urine. Two urine tests performed in response were normal.

Kramer saw Alexander again on August 14, 2019. Alexander told her that he started noticing blood in his urine two years earlier. He said that his current pain was at a level four to five (out of ten) and that his urine stream was inconsistent. Kramer ordered a repeat urine test and a kidney ultrasound to look for kidney stones, which can cause hematuria. She also increased Alexander's prescription for tamsulosin to reduce pain during urination and help with kidney stone expulsion. For unknown reasons, the urine test was not completed, but the kidney ultrasound was normal.

Kramer attested that after this appointment, Alexander's care was transferred to another provider.

A different nurse evaluated Alexander on August 26 for continuing pain, frequent urination, and blood in his urine. On September 2, Alexander had increased abdominal pain and his hematuria had worsened, so another nurse sent Alexander to the hospital's emergency room.

In the hospital, a cystoscopy revealed a cancerous mass in Alexander's bladder. The four-centimeter tumor affected only the inner lining of the bladder and had not spread. With treatment, bladder cancer caught at this stage has a good prognosis for cure.

Alexander filed this lawsuit under 42 U.S.C. § 1983, alleging that McArdle and Kramer were deliberately indifferent to his serious medical needs in violation of his rights under the Eighth Amendment. He asserted that McArdle should have treated his hematuria and that Kramer delayed his cancer diagnosis by failing to order appropriate testing to determine the cause of the blood in his urine.

After discovery, the district court granted McArdle's and Kramer's motions for summary judgment. It concluded that no reasonable jury could find that McArdle was deliberately indifferent because Alexander did not provide evidence that McArdle knew about blood in his urine. The court also concluded that no reasonable jury could find that Kramer was deliberately indifferent when she exercised her medical judgment to treat Alexander's condition while he was under her care.

On appeal, Alexander contests the entry of summary judgment, asserting that the district court disregarded evidence that McArdle knew about the blood in his urine and improperly concluded that Kramer provided adequate medical care. We review the district court's decision de novo. *Quinn*, 8 F.4th at 565.

To establish a violation of his rights under the Eighth Amendment, Alexander must show that McArdle and Kramer were deliberately indifferent to an objectively serious medical condition. *See Petties v. Carter*, 836 F.3d 722, 728 (7th Cir. 2016) (en banc). There is no dispute that blood in Alexander's urine and his bladder tumor are objectively serious medical conditions. His claim, therefore, turns on whether there is enough evidence to permit a trier of fact to conclude that McArdle and Kramer consciously disregarded a substantial risk to his health. *See id.*

We agree with the district court that Alexander lacks evidence that McArdle knew he had hematuria while she treated him. To show that McArdle was deliberately indifferent to his medical condition, Alexander "must provide evidence that an official *actually* knew of and disregarded a substantial risk of harm." *Id.* at 728. Alexander saw McArdle for several medical issues during the two years she treated him, but there is no evidence that he complained to McArdle about blood in his urine. None of Alexander's health services requests during that time sought medical attention for blood in his urine, and McArdle attested that Alexander never complained to her about hematuria. Alexander points to Kramer's sworn statement that Alexander told her in August 2019 that he had suffered hematuria for about two years and had sought medical treatment for it. But that testimony does not identify McArdle as the treatment provider, so it does not contradict her sworn statement that she was unaware that Alexander was suffering from hematuria when she treated him.

Alexander insists that McArdle should have known about his hematuria because medical records showed that he suffered from the condition in the years before McArdle began treating him. But evidence that Alexander had blood in his urine in the past is not evidence that McArdle knew he had blood in his urine while she was treating him. Similarly, Alexander's statement to hospital medical staff in 2019 that he had suffered from hematuria for years and had complained at some point to an unidentified nurse practitioner who then prescribed tamsulosin is insufficient to establish a material dispute about McArdle's awareness of the condition while she treated him.

Alexander argues that McArdle's prescribing him tamsulosin in March 2019 is some evidence that she knew he had blood in his urine. He points out that despite McArdle's later sworn statement that she prescribed tamsulosin to treat Alexander's urinary frequency from an enlarged prostate, the contemporaneous medical note did not provide a reason for the prescription. But Alexander cannot create a material dispute here by pointing only to an absence in the record. *See Quinn*, 8 F.4th at 567 (citing *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986)). Alexander presents no evidence undermining McArdle's sworn statement that she would not prescribe tamsulosin for hematuria. We cannot reasonably infer from a lack of explanation in the medical note that McArdle knew Alexander had blood in his urine and responded by prescribing tamsulosin.

We also agree with the district court that Alexander has not presented any evidence from which a reasonable jury could conclude that Kramer acted with

deliberate indifference to his urinary conditions. Kramer first saw Alexander for elevated lipids in June 2019, shortly after Alexander was transferred to Racine Correctional Institution. At that appointment, Alexander expressed concern about his access to tamsulosin, which his medical records (by that time) said was prescribed for an enlarged prostate. Although there is no evidence that Alexander complained about blood in his urine at this appointment, Alexander argues that Kramer should have ordered an ultrasound of his bladder to confirm the need for tamsulosin. But Kramer responded to Alexander's concern about access to tamsulosin by advising him to refill his medication and schedule a follow-up appointment. Nothing in the record suggests that any further testing would have been warranted at that time.

Moreover, two months later, when Kramer saw Alexander for complaints of hematuria and painful urination, she responded by increasing Alexander's dose of tamsulosin and ordering a kidney ultrasound to uncover a potential cause. Alexander says that Kramer should have also ordered an ultrasound of his bladder. But Kramer attested that she ordered the kidney ultrasound to check for kidney stones, which are a common cause of hematuria. This exercise of medical judgment to rule out a common cause of Alexander's symptoms does not reflect that Kramer acted with deliberate indifference. *See Dean v. Wexford Health Sources, Inc.*, 18 F.4th 214, 242 (7th Cir. 2021) ("[A] choice among different types of diagnostic tests is a 'classic example of a matter for medical judgment.'" (quoting *Estelle v. Gamble*, 429 U.S. 97, 107 (1976))).

Further, any delay in discovering Alexander's bladder cancer caused by Kramer's decision to order testing only of Alexander's kidneys was minimal. Kramer ordered the kidney ultrasound on August 14. Less than two weeks later, on August 26, Alexander saw a different nurse for worsening symptoms. A week later, on September 2, another nurse sent Alexander to the hospital, where doctors discovered the cancerous mass in Alexander's bladder. Nothing in the record suggests that this delay of less than three weeks worsened Alexander's prognosis. *See Duckworth*, 532 F.3d at 681–82 (ordering tests for potential cause of hematuria other than cancer not deliberately indifferent); *cf. Conley v. Birch*, 796 F.3d 742, 749 (7th Cir. 2015) (delay, not underlying condition, must cause some degree of harm). In any event, Kramer cannot be held liable for any treatment decisions made by providers after Alexander left her care following the August 14 appointment. *See Arnett v. Webster*, 658 F.3d 742, 759–60 (7th Cir. 2011).

AFFIRMED